Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Appendix A – BLMK Infrastructure Assessment June 2024

The BLMK Healthcare Infrastructure

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

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.

Our Acute Estate

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

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.**

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Place Profiles

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

3 Bedford – an overview

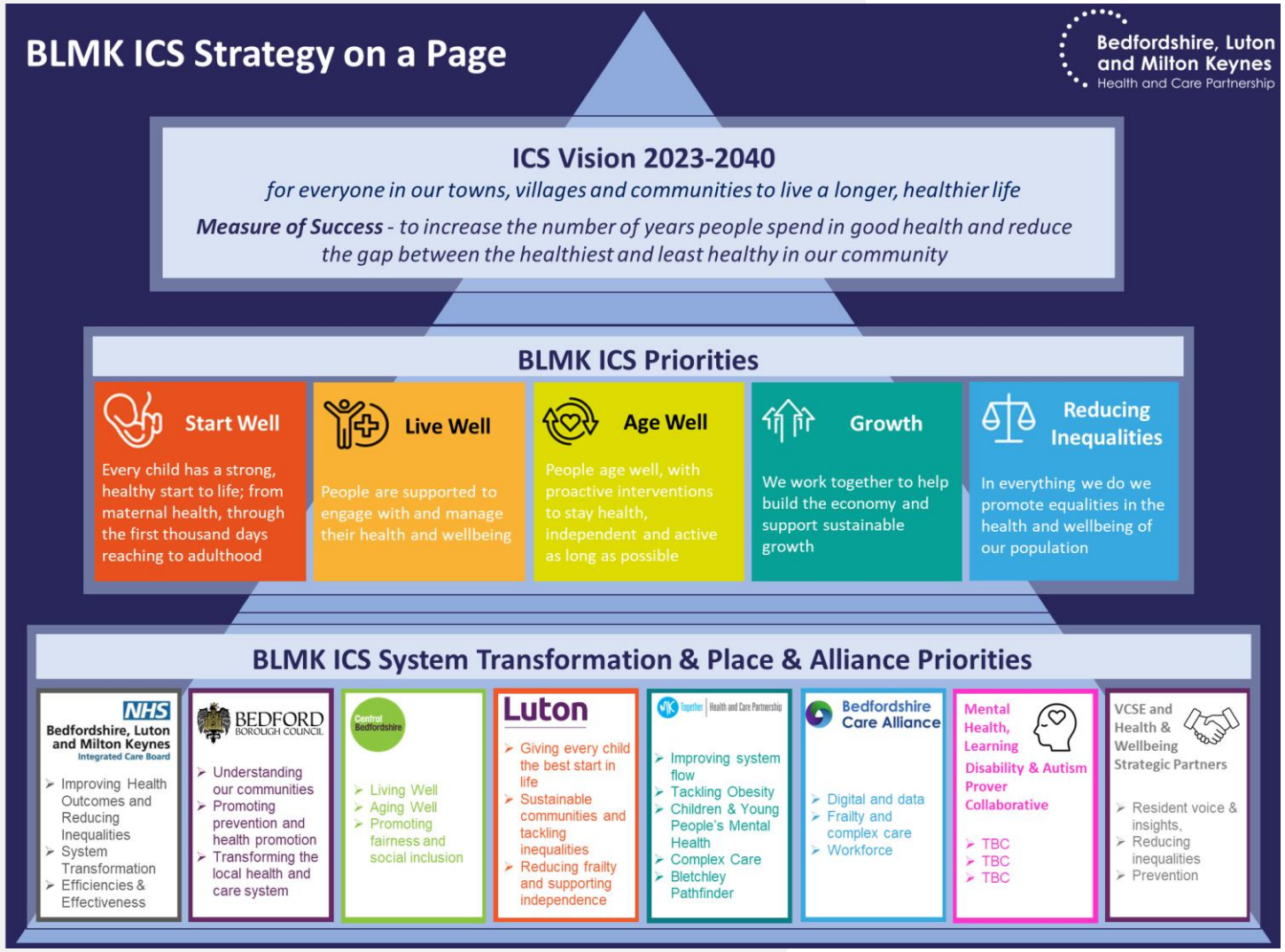
- Bedford Borough has 174,687 residents according to the Office of National Statistics 2020 estimate, with two-thirds living in urban areas and one-third in rural.
- Of the total population 41,173 (or 24%) is under the age of 18 and 31,422 (18%) is 65 and over.
- The Borough has a rich diversity with 28.5% non-White-British (compared to 20.2% nationally) comprising at least up to 100 different ethnicities and local schools report that there are 149 spoken languages.
- Bedford Borough covers 47,641 hectares. The majority of the population live in the urban centres of Bedford and Kempston, but a significant number of areas are covered by parish councils.
- The Borough sits within the important innovation corridor between London, Oxford and Cambridge.
- According to the Indices of Multiple Deprivation 2019, Bedford Borough is the sixth most deprived local authority in the East of England. Nationally, Bedford Borough is in the mid-range on overall deprivation with 13.6% of the 103 Lower Super Output Areas (LSOAs) being within the 20% most deprived in England.
- In 2020, 17% of children (under 16) were deemed to be growing up in relative poverty.

4 Joint Strategic Priorities in Bedford

Partnership working at Place

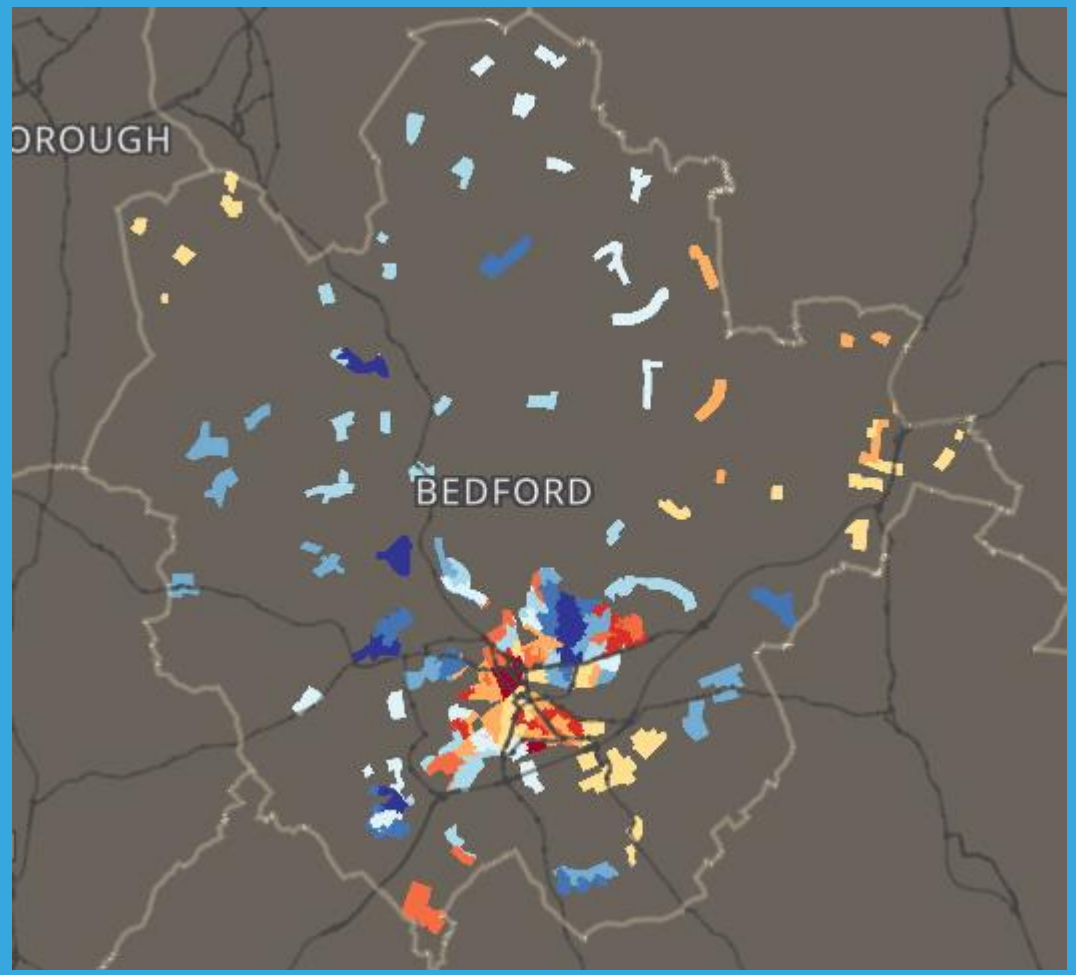
- Joint Place Lead
- Strategic Primary Care Estates Board
- Better Care Fund Group
- Health & Wellbeing Strategy

The Strategic Primary Care Estates Board is chaired by Bedford Borough Council's Chief Executive, and oversees delivery of a programme of jointly agreed priority projects.



5 Population Health Need

Bedfordshire, Luton and Milton Keynes Health and Care Partnership



Health and wellbeing indicators for Bedford indicate that generally the population enjoys better than average health compared to the rest of England. However, there is significant variation in levels of deprivation across the Borough, and this corresponds to variation in health outcomes. Some of the communities in Bedford are within the 20% most deprived in the country.

Across Bedford borough there are marked differences in physical and mental health, and life expectancy between the most and least deprived wards. Evidence shows that health inequalities are linked to the 'wider determinants of health', which include social and economic determinants.

6 Population Health Need

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Health Inequalities Bedford Borough

BEDFORD BOROUGH COUNCIL

Hospital Activity

In 2020/21, the number of **unplanned admissions** per 1,000 patients was **1.3 x higher** in the most deprived areas than the least deprived.

A&E attendances were **1.4 x higher** in the most deprived areas, compared with the least deprived areas.

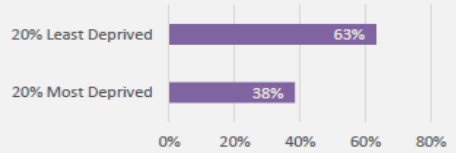
Diet

In 2021/22, just under **45 in 100 year 6 children were overweight or very overweight** in the 20% most deprived areas, compared to just under **30 in 100** in the 20% least deprived areas.

In 2020/21, **63 in 100 adults** across all of Bedford Borough were **overweight or obese.**

Cancer Screening

In 2020/21, the percentage of **50-70 year olds screened for breast cancer within 6 months of invitation** was just over **1.6 x higher** in the least deprived areas than the most deprived.



Smoking and Alcohol

In 2021/22, just under **53 in 100** people **successfully quit smoking after 4 weeks** in the 20% most deprived areas, compared with just under **49 in 100** people in the 20% least deprived areas.

In 2016/17 – 20/21, the **hospital admissions rate for alcohol attributable conditions** in the most deprived area was **2.6 x higher** than that in the least deprived.

Mental Health & Wellbeing

In 2016/17 - 2020/21, rates of **self-harm admissions** in the most deprived area were **3.6 x** higher than in the least deprived.

Premature Mortality

In 2016-20, **preventable mortality** in the most deprived area was **more than triple** that in the least deprived.

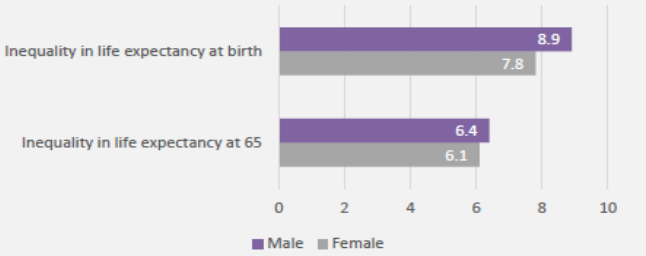
Under 75 circulatory disease mortality was **over 6.7 x higher** in the most deprived areas than the least deprived 2016-20.

Under 75 cancer mortality in the most deprived area was **1.6 x higher** than the least deprived in 2016-20.

Life Expectancies & General Health

The **life expectancy at birth** inequality gap in 2018-20 was **8.9 years** for males and **7.8 years** for females.

The **life expectancy at 65 years** inequality gap in 2018-20 was **6.4 years** for males and **6.1 years** for females.



Major Diseases & Health Checks

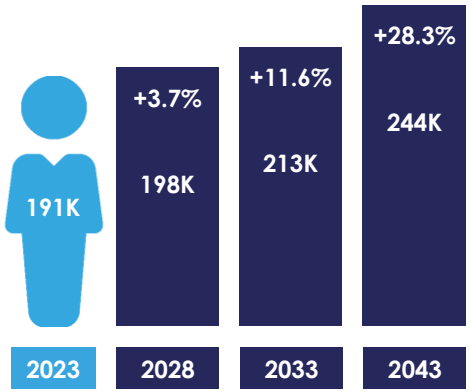
The rate of **COPD admissions** in the most deprived area was **more than 3.5 x** that of the least deprived areas.

In 2021/22, just under **59 in 100 health checks were completed of those offered** in the 20% least deprived areas, compared with just under **35 in 100** in the 20% most deprived areas.

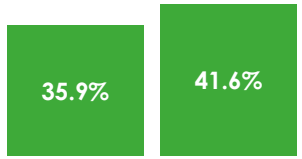
7 Bedford Growth Projections

Previous ONS population projections underestimated the rise in Bedford Borough's population hence the need to create our own.

We observed that population growth was closely linked to housing growth in Bedford Borough so have included a housing element in the projections.



Bedford Borough's population is projected to rise by 28.3% over the next 20 years. Most of this growth will be between 2033 and 2043.



Bedford Borough is set to become more diverse with a rise of 5.7% percentage points over the next 20 years in Black, Asian, and Minority Ethnic groups including white other.

The three points below lead to an increase of the proportion of elderly people in Bedford Borough and a fall in the proportion of people aged 0-15 and 16-64.

0-15 Population

Population Proportion

The number of children aged 0-15 is set to rise; 9% greater in 2033 and 23% greater in 2043 compared to 2023 figures. The proportion of 0-15 year-olds in Bedford Borough is projected to fall over time

16-64 Population

Population Proportion

People aged 16-64 have the smallest rise; 2% in 2033 and 15% in 2043. Although the population rises, the proportion of people aged 16-64 in Bedford Borough is projected to fall in the next 20 years.

65+ Population

Population Proportion

The number of people age 65+ is set to rise; 33% higher in 2033 and 64% higher in 2043). In the elderly, growth is greater as age increases and is higher in males than females. Proportionally, there will be more people aged 65+ in Bedford Borough in the years ahead.

8 Housing Growth

- The current Local Plan 2030 for Bedford was adopted in 2018.
- Bedford Borough Council is preparing Local Plan 2040 which builds on the Local Plan 2030 strategy and rolls the planning of the Borough on a further 10 years to 2040. The strategy explains where homes and jobs will be delivered through new allocations alongside the allocations already adopted in the Local Plan 2030.
- The Council is obliged to plan for 1,355 new homes per year to 2040, or 27,100 dwellings over the period covered by the plan (2020 to 2040). Taking account of existing commitments (planning permissions for homes yet to be built and allocations in earlier plans that don't yet have planning permission), the number of new dwellings to be allocated in this plan is around 12,275.

Existing 2030 local plan locations

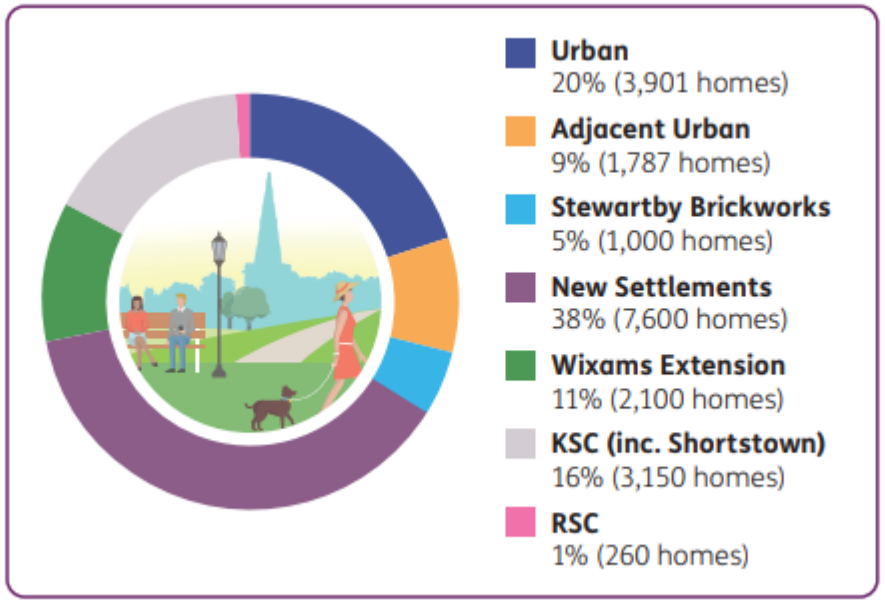
Urban Area
2,723 homes

Adjacent Urban Area
287 homes

Stewartby Brickworks
1,000 homes

Key Service Centres (KSC)
2,000 homes

Rural Service Centres (RSC)
260 homes



Proposed 2040 local plan locations

Urban Area
1,178 homes

Adjacent Urban Area
1,500 homes

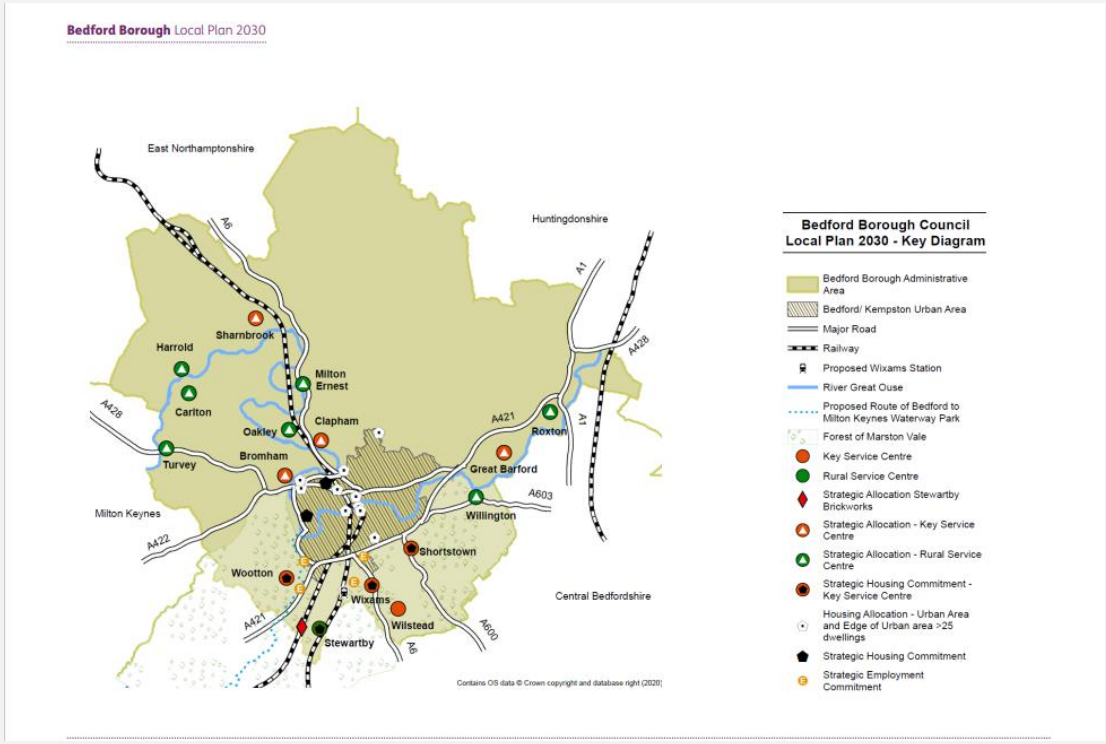
New Settlements (Kempston Hardwick and Little Barford)
7,600 homes

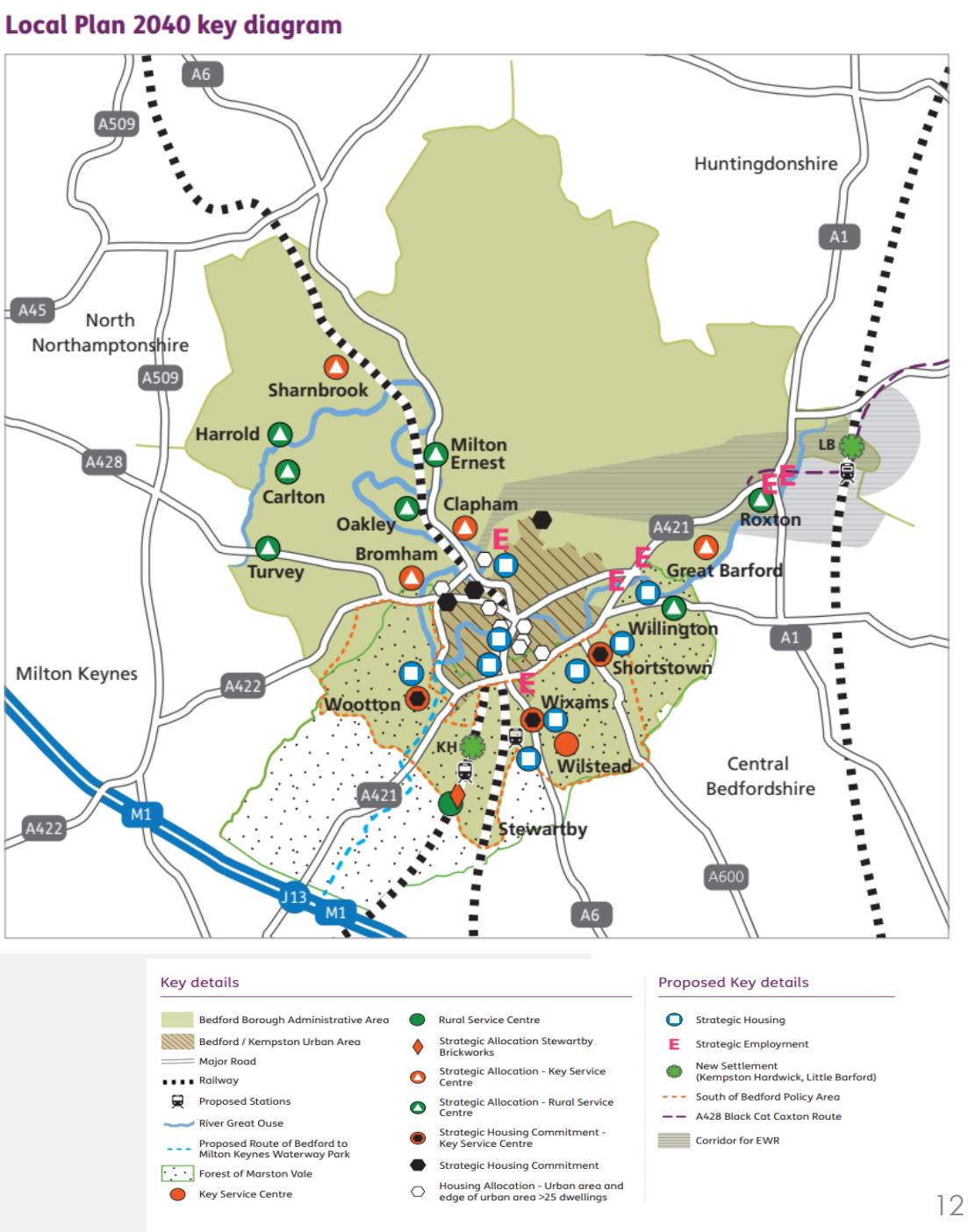
Wixams
2,100 homes

Shortstown KSC
1,150 homes

9 Housing Growth Sites

The map on the left shows the Bedford Local Plan 2030 site allocations, and the map on the right shows the proposed site allocations in the Local Plan 2040 (not yet adopted).



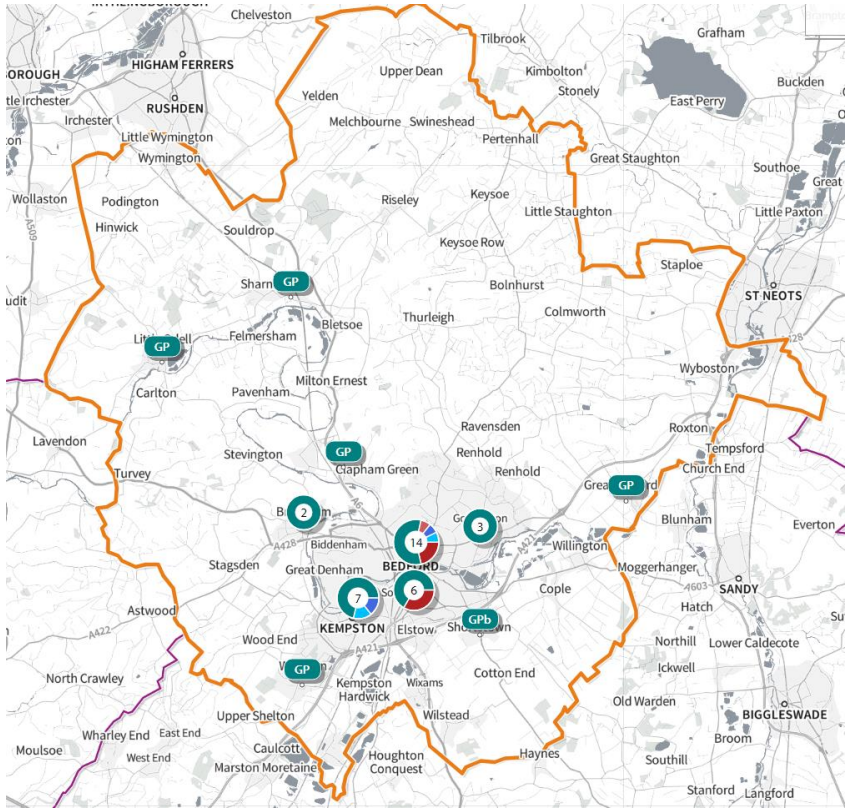


10 Redevelopment and Infrastructure Projects

A major development project which could impact on healthcare in Bedford Borough is the proposal to develop a Universal Studios Park near Stewartby. With an expected 8-12m visitors per year once operational, and with the creation of 8,000 direct jobs, and 20,000 indirect jobs, the park would be likely to contribute to an acceleration of housing growth in the local area which would impact on health infrastructure.

Another key regeneration project in the town is the Council-led redevelopment of the Mayes Yard area of the town centre.

11 Health Assets in Bedford



- ELFT provide Mental Health Services and Adult Community Health Services in Bedford, and CCS are the provider of children's community health services. Between them, they occupy 27 properties across 19 sites (excluding the GP practices that ELFT operate). ELFT occupies 9,960m² at a cost of £1.42m per annum and CCS occupy 3,711m² at a cost of £567k p.a.
- ELFT own the majority of the mental health estate freehold, but most of the community health properties they and CCS occupy are leasehold – the majority of which are rented from NHS Property Services.
- There are 26 primary care premises across the Borough, operated by 14 providers (practices). 8,138m² is occupied, and the ICB reimburses £1.56m for rent/notional rent each year.
- NHS PS have 15 assets in Bedford (including some of the community and primary care facilities above) and there is one property where CHP are the head leaseholder (the Enhanced Services Centre).
- Hospital services are predominantly delivered from the main hospital site, and their freehold property, Gilbert Hitchcock House – which is undergoing extensive reconfiguration to become a Community Diagnostic Centre as well as a base for some community services.
- A range of services operate from the main hospital site, including a GP practice (Cauldwell Medical Centre),the Bedford Urgent Treatment Cenre and the Out of Hours Medical Centre.

12 Benchmarking between Places

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

	Bedford	Central Bedfordshire	Luton	Milton Keynes
Total No. Primary Care Sites	26	35	33	31
Total Primary Care Space*	8,138m²	15,159m²	12,255m²	16,492m²
Total Registered Patients	206,681	332,585	275,781	343,642
Average No. of Patients per m²	25.4	21.9	22.5	21.3
% Very & Severely Constrained Primary Care Premises	62%	43%	48%	47%
% Severely Constrained Primary Care Premises	31%	26%	36%	16%
Total No. of Community/ Mental Health Trust Properties	27	34	19	21
Total Community / Mental Health Space*	13,671m²	14,455m²	13,027m²	13,856m²

13 Primary Care Estate

There are 26 GP practice premises in Bedford. 62% of these are considered very constrained, with 8 of these (31%) being severely constrained at over 30 patients per m². This is quite a blunt measure of capacity however, and the tables below and on the next slide also show information about appointment levels and perceived access levels from a patient perspective. Some practices operate from multiple sites, and whilst one property may seem constrained, additional capacity may be available at other sites. The column for Total Patients per m² indicates total capacity. Key available on Slide 121.

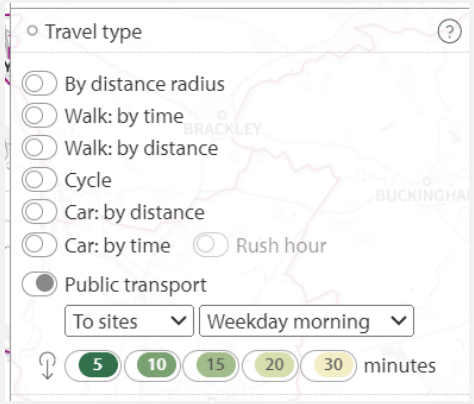
Property Name	Area m2 (occupied)	Total m² occupied by practice (all sites)	Partnership list size (latest)	Actual list size per surgery (estimate)	Patients per m2	Total Patients per m² (all sites)	Appts per 1,000 patients	Access: Average of 4 Questions	Overall condition RAG Rating	CQC Rating	Practice IMD	Freehold/ Leasehold	Date Built/ Converted	Training Practice
GOLDINGTON AVENUE SURGERY	249	405.89	19676	15446	62.03	48.48	377	65.07%		Good	13.46	Owned	1970	Training practice
GREAT BARFORD SURGERY	142	142	5283	5283	37.20	37.20	615	57.91%		Good	7.24	Owned	1970	
ST JOHNS SURGERY	164	811.99	22106	5969	36.39	27.22	448	53.46%	C	Good	13.2	Leased	1978	Training practice
PEMBERELY SURGERY	275	1403.23	38146	9998	36.36	27.18	425	47.63%		Good	32.99	Owned	1990	Training practice
PUTNOE MEDICAL & WALK-IN CENTRE	500	500	17620	17620	35.24	35.24	435	63.21%		Good	9.24	Leased	2000	Training practice
DE PARYS MEDICAL CENTRE	345	1403.23	38146	11348	32.89	27.18	425	47.63%		Good	32.99	Owned	1990	Training practice
BROMHAM SURGERY (LINDEN ROAD SURGERY)	90	207	6438	2897	32.19	31.10	475	65.16%		Requires Improvement	37.48	Leased	1988	Training practice
LINDEN ROAD SURGERY	117	207	6438	3541	30.26	31.10	475	65.16%		Requires Improvement	37.48	Owned	1988	Training practice
2 GOLDINGTON ROAD MEDICAL PRACTICE	350	1403.23	38146	10059	28.74	27.18	425	47.63%		Good	32.99	Owned	1930	Training practice
ASHBURNHAM SURGERY	153	153	4218	4218	27.57	27.57	556	69.69%	B/C	Good	50.92	Owned	1890	
UNION STREET CLINIC	156.89	405.89	19676	4230	26.96	48.48	377	65.07%	B/C	Good	13.46	Leased	?	Training practice
KING STREET SURGERY	508.99	811.99	22106	13706	26.93	27.22	448	53.46%	C	Good	13.2	Owned	1954	Training practice
CAULDWELL MEDICAL CENTRE	432.1	432.1	11507	11507	26.63	26.63	444	40.07%		Good	20.65	Leased	2019	
LONDON ROAD HEALTH CENTRE	436	933	22249	10457	23.98	23.85	516	51.70%		Good	38.69	Leased	1976	Training practice
ELSTOW MEDICAL CENTRE	497	933	22249	11792	23.73	23.85	516	51.70%	C	Good	38.69	Leased	2005	Training practice
SHARNBROOK SURGERY	264	264	6261	6261	23.72	23.72	451	81.13%	B/C	Good	4.76	Owned	1950	

14 Primary Care Estate

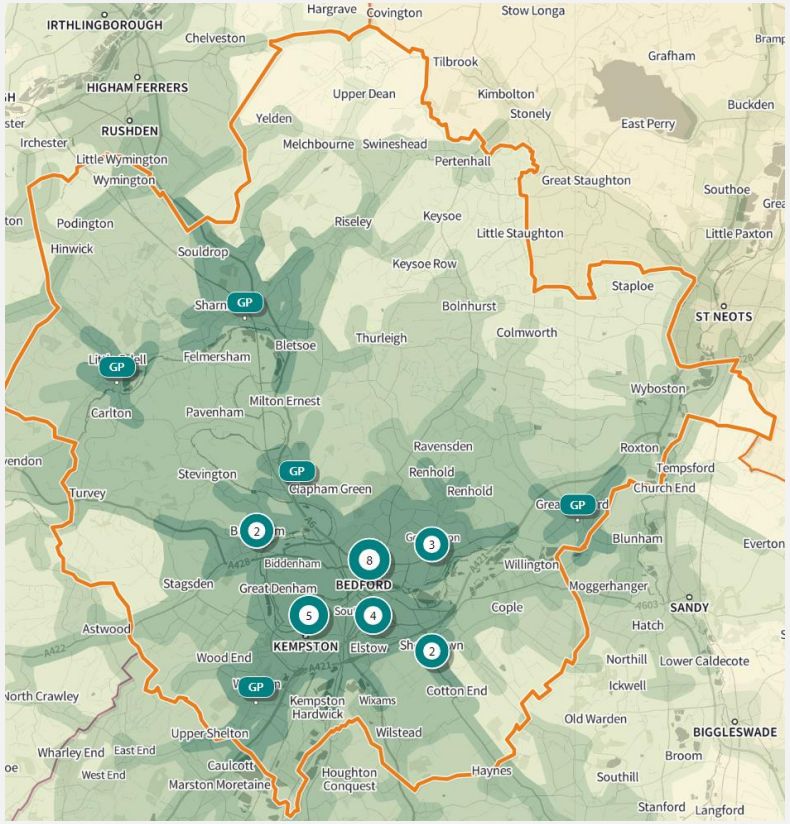
Property Name	Area m2 (occupied)	Total m² occupied by practice (all sites)	Partnership list size (latest)	Actual list size per surgery (estimate)	Patients per m2	Total Patients per m² (all sites)	Appts per 1,000 patients	Access: Average of 4 Questions	Overall condition RAG Rating	CQC Rating	Practice IMD	Freehold/ Leasehold	Date Built/ Converted	Training Practice
WOOTTON VALE HEALTHY LIVING CENTRE	470	769	15858	10825	23.03	20.62	417	55.60%		Good	6.66	Leased	2007	
QUEENS PARK HEALTH CENTRE	283.86	1216.53	14077	6475	22.81	11.57	342	0.00%		Good	35.51	Leased	1974	
HONEYSUCKLE WAY MEDICAL CENTRE	345	1216.53	14077	7602	22.03	11.57	342	0.00%		Good	35.51	Leased	2000	
HARROLD MEDICAL PRACTICE	330	330	6656	6656	20.17	20.17	649	75.39%	B/C	Good	10.12	Owned	1991	
CATER STREET SURGERY	139	811.99	22106	2432	17.49	27.22	448	53.46%	C	Good	13.2	Leased	1900	Training practice
SHORTSTOWN SURGERY	299	769	15858	5033	16.83	20.62	417	55.60%	C	Good	6.66	Leased	2020	
VILLAGE MEDICAL CENTRE (GREAT DENHAM)	587.67	1216.53	9043	9043	15.39	7.43	374	49.19%		Requires Improvement	10.65	Leased	2004	
CHURCH LANE SURGERY	298.23	1403.23	38146	4578	15.35	27.18	425	47.63%	B/C	Good	32.99	Leased	2014	Training practice
BROMHAM SURGERY (DE PARYS MEDICAL CENTRE)	135	1403.23	38146	1972	14.61	27.18	425	47.63%		Good	32.99	Owned	1996	Training practice
PRIORY MEDICAL PRACTICE	570	570	7734	7734	13.57	13.57	436	66.17%	B/C	Good	11.22	Leased	2010	

15 Primary Care – Travel Times

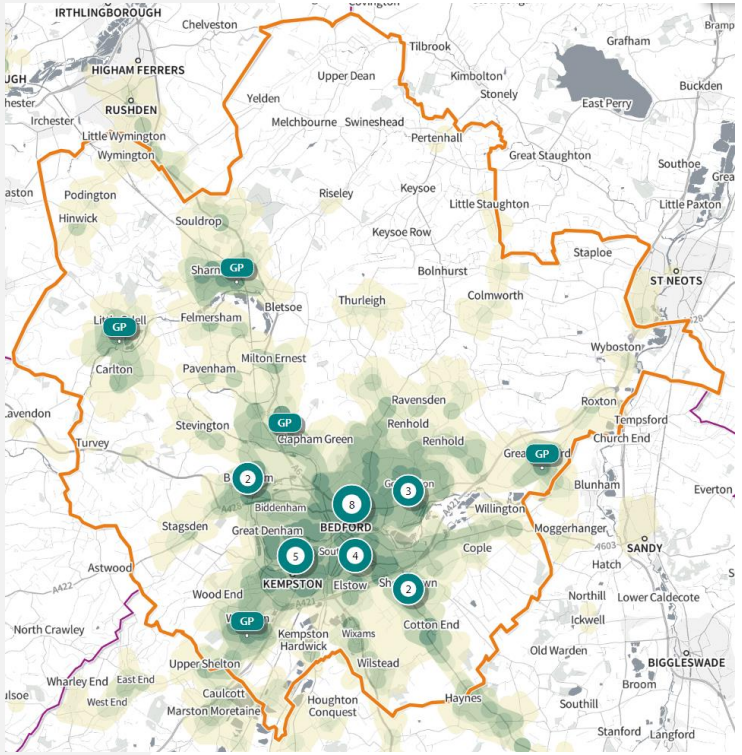
- The majority of the population within Bedford can access a GP practice within 15 minutes' drive time and 30 minutes by public transport.
- The exceptions are some of the less populated rural areas in the North of the Borough.



SHAPE data Travel Distance by Car 5 to 30 Minutes range



SHAPE data Travel Distance by Public Transport within 5 to 30 Minutes



16 Workforce Development

- The capacity and condition of the local healthcare estate can impact on the recruitment, retention and development of our workforce.
- Qualitative feedback from primary care providers in Bedford:

  - **East Bedford PCN**: *"Estates a limiting factor for trainees across all PCN sites. We have resources in terms of trainers both for GP and AHPs but no room space."*
  - **Caritas PCN**: *"We have very little space for additional services/trainees and already have 4 GP registrars on board. We have a wealth of approved educators but can only accommodate 4 GP trainees because of room allocation scheduling. If we had more space, King St could potentially have twice as many trainees. Queens Park and Wootton are now approved learning organisation and again are constrained by estates pressures. We now struggle to take additional roles in the surgery who request primary care placements to support their training. In the past we have been able to have Clinical pharmacy students, PA students, Nursing students - this is very difficult to accommodate now. We have in the past been able to support external clinical pharmacists with their prescribing qualifications and no longer have the ability to fit these into the estates that we have."*

17 The Community Estate in Bedford (ELFT)

Organisation Name	Address Line 1	Area m^2 (occupied)	Total Costs	End of tenure (if applicable)	Building condition (any known metrics)	Freehold / Head Leaseholder
ELFT	Barford Avenue	237	£ 9,527.40			Bedford Borough Council
ELFT	Florence Ball House, Bedford Health Village (Main Lease)	1052.15	£119,632.56			NHSPS
ELFT	Florence Ball House, Bedford Health Village (peppercorn)	154.48	£ 30,258.98			NHSPS
ELFT	Bedford Hospital 4th Floor	60	£ 15,330.00			Bedfordshire Hospitals NHS Foundation Trust
ELFT	Bedfordshire Police Station, Woburn Road	12	£ 410.40			Bedfordshire Police
ELFT	Cedar House	1074	£141,382.80			NHSPS
ELFT	Enhanced Services Centre (main Lease)	492	£281,051.89			CHP
ELFT	Enhanced Services Centre (Podatry Services rooms additional Lease)	187	£106,004.32			CHP
ELFT	Fountains Court	1091	£ 40,566.20			NHSPS
ELFT	Gilbert Hitchcock House	365	£ 51,446.00			Bedfordshire Hospitals NHS Foundation Trust
ELFT	Grove Place	331	£ 37,868.20			Tilehouse Properties LTD
ELFT	John Bunyan House	205	£ 54,397.73			NHSPS
ELFT	Kelvin Grove	112	£ 23,830.40			Freehold - ELFT
ELFT	Kempston Clinic	445.51	£132,548.49			NHSPS
ELFT	Recovery College	467	£ 23,830.40			Bedford Borough Council
ELFT	3 Rush Court	143.8	£ 31,531.21			Tilehouse Properties LTD
ELFT	Rush Court 3, 5-7 & 5-9	621	£138,238.20			Tilehouse Properties LTD
ELFT	21, The Crescent	400	£ 74,071.00			Bordcrest Properties LTD
ELFT	Twinwoods	2245	£ 97,528.00			Freehold - ELFT
ELFT	The Coppice	266	£ 12,718.20			Freehold - ELFT

18 The Community Estate in Bedford (CCS)

Organisation	Property Name	Address Line 1	Area m²	Annual Rent	Total Costs	End of Tenure (if applicable)	Building Condition (any known metrics)	Freehold / Head Lease Holder
CCS	Cauldwell Street	5 St John Street	405.00	£31,212				SIRA HOLDINGS
CCS	Child Development Centre	Hill Rise	1363.00	£71,528				BEDFORD BOROUGH
CCS	Enhanced Services Centre	3 Kimbolton Road	75.00	£196,077				CHP
CCS	Kempston Clinic	Halsey Road	595.98	£80,225				NHSPS
CCS	Putnoe Health Centre	93 Queens Drive	10.41	£3,014				NHSPS
CCS	Union Street Clinic	Union Street	462.38	£98,324				NHSPS
CCS	Woburn Court	Railton Road	800.00	£87,000				BEDFORD BOROUGH COUNCIL

19 NHS PS Estate in Bedford

Site Name	Property Name	GIA	Property Tenure	Total Cost Per Annum - all Tenants (24/25 Costs)	Void / Sessional Space (m^2)	Tenants	Overall Condition	Total Backlog Maintenance £
SITE AT: Bedford Health Village	John Bunyan House	1643.23	Long Leasehold	£346,641	0	Headway, ELFT, BHFT	B(C)	£ 1,158,733
Kempston Clinic	Kempston Clinic	567.4	Freehold	£190,336	19.65 sessional	ELFT, CCS, sessional	B(C)	£ 428,591
London Road Health Centre	London Road Health Centre	1079.4	Freehold	£276,371	0	GP practice, CDS	C	£ 394,060
SITE AT: Bedford Health Village	Florence Ball House	1312.72	Long Leasehold	£295,215	0	ELFT	B(C)	£ 324,284
Queens Park Health Centre	Queens Park Health Centre	536.11	Long Leasehold	£217,337	239.94 void	CDS, GP, void	B(C)	£ 230,971
Union Street Clinic	Union Street Clinic	754.52	Freehold	£90,850	202.41 void	GP, BHFT, CCS, void	B(C)	£ 93,193
SITE AT: Bedford Health Village	Dental Care Centre BHV	666.6	Long Leasehold	£237,742	0	CDS	B(C)	£ 24,198
Hurst Grove - Land Only	Hurst Grove - Land Only	N/A	Freehold			Void	Land - N/A	£ -
Bedford Health Village Car Park	Bedford Health Village Car Park	Null	Long Leasehold	£11,415		GP practice	N/A	£ -
Child Development Centre	Child Development Centre	741	Lease of Part Bldg					£ -
Putnoe Health Clinic	Putnoe Health Clinic	982.8	Lease of Whole Bldg	£210,296	40.69 void	GP practice		£ -
Shortstown Health Centre	Shortstown Health Centre	298.25	Lease of Part Bldg	£76,223	0	GP practice		£ -
SITE AT: Bedford Health Village	Fountains Court	666.55	Long Leasehold	£0	0	ELFT		£ -
SITE AT: Bedford Health Village	Cedar House	Null	Long Leasehold	£0	0	ELFT		£ -
SITE AT: Bedford Health Village	Shires House	Null	Lease of Whole Bldg	£0	Void and handed back	Void		£ -

20 Void NHS Estate in Bedford

- Following a review of the void estate across BLMK last year, action has been taken to reduce the amount of unoccupied space in NHS PS buildings.
- The remaining "void" space in Bedford is shown in this table.

Site Name	Property Name	Void / Sessional Space (m^2)	Comments
Kempston Clinic	Kempston Clinic	19.65 sessional	Reconfiguration of building taking place end May-July. This space will become shared space within new occupation agreements.
Queens Park Health Centre	Queens Park Health Centre	239.94 void	Exploring potential for practice/PCN to take on this space, but high service charges are a limiting factor. Capital funding secured in principle under Healthy Places Programme for reconfiguration.
Union Street Clinic	Union Street Clinic	202.41 void	Practice taking on more space in the building as a result of a list dispersal from a closed practice.
Putnoe Health Clinic	Putnoe Health Clinic	40.69 void	Under review with NHS PS – likely to need incorporating into practice lease, as this space is fully utililised.
SITE AT: Bedford Health Village	Shires House	Void and handed back	Uninhabitable, handed back to PS. Potential for redevelopment of site as part of Mental Health Inpatient project, subject to affordability and CDEL options.

21 Existing Pipeline

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Lead Organisation	Project Name	Project Description	Project Status
ELFT	ACCESSIBILITY IMPROVEMENTS (Fountains Court)	Internal improvements to make the ward accessible	ACTIVE
Cambridgeshire Community Services NHST	Reconfiguration of Child Development Ctr Kempston	Conversion of former admin space to clinical to increase utilisation for clinical delivery following creation of admin base at Woburn Court	Work proressing but behind proposed programme
Cambridgeshire Community Services NHST	Bedford Children and Family Hub	Creation of children and family hub in central Bedford. Health on the High St model. Occupation anticipated by CCS, maternity and LA children's services	Due diligence complete. Cost unviable for delivery in current form. Scheme paused.
BHFT	Community Diagnostic Centre & Hub	Redevelopment of Gilbert Hitchcock House building to create a new CDC facility, and as part of the Primary Care development in an adjacent building (i.e. improved accommodation for phlebotomy, retinopathy and therapy services)	Under construction, due for completion 2025
Primary Care	Biddenham	Move of De Parys Bromham branch and Linden Road Bromham branch to new build facility	
Primary Care	Reprovision of De Parys Medical Group	The De Parys Group relocation to Enhanced Services Centre (ESC) as part of an integrated Hub on the Bedford Health Village site	Under construction, due for completion end 2024
Primary Care	Relocation of Cater Street Surgery	Reconfiguration of Kempston Health Centre to enable relocation of surgery. Also an enabling scheme for De Parys reprovision - relocation of Community Eye Service from ESC to Kempston.	Expected completion Summer 2024
Primary Care	Reprovision of King Street Surgery	Relocation of 3 premises (1 GP Practice) into a consolidated primary care facility in Kempston	OBC due to commence 2024
Primary Care	Great Barford	Redevelopment of former school site to enable relocation of this exceptionally constrained practice & support them to absorb current/new housing growth	Feasibility completed April 2024, reviewing affordability
Primary Care	London Rd Surgery and East Bedford PCN Additional Rooms	Proposal for practice to take on additional rooms in current premises to mitigate severe space constraints (and avoid liability for void costs) following ELFT vacating premises	Minor works expected to be complete Summer 2024
Primary Care	Queen's Park Health Centre	Proposal to reconfigure void space to make it fit for purpose for primary care use, utilising Healthy Places funding	In planning
Primary Care	Union Street Clinic	Goldington Avenue Surgery taking on additonal void space to increase the amount of space available in their branch surgery in this building	In delivery

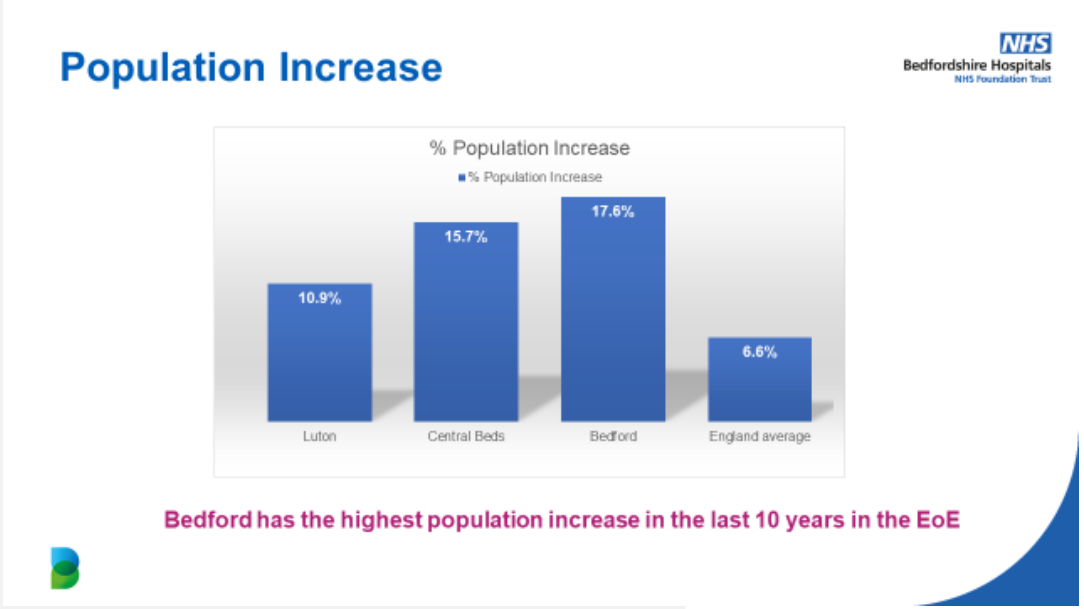
High-level feasibility work is also taking place to consider the cost and viability of relocating Wootton Vale Healthy Living Centre, in partnership with the Council

22 Existing Strategies – PCN Estate Toolkits

PCN	Practices	Case	Strategy
Caritas PCN	Queens Park Group, King Street Surgery, Ashburnham Road Surgery, Wootton Vale Healthy Living Centre, The Village Medical Centre	None of the practices within the PCN have sufficient capacity within the estates, to accommodate increases in patient demand. Kings Street Surgery is at risk of losing part of its estate.	• A future solution for King Street Surgery is required, to address issues around suitability of estates and capacity to manage patient demand and staff growth. • Wootton Vale Healthy Living Centre requires a feasibility study to determine the costs and viability of replacing the portacabins with a permanent structure. • Consider the viability of expanding into the vacant rooms at Queens Park Medical Centre. • Potential feasibility study for Ashburnham Road to understand the viability and cost of providing an accessible branch practice. • Feasibility study to understand the viability of rearranging and refurbishing the practice, in order to increase the provision of patient facing rooms.
East Bedford PCN	London Road Health Centre, Putnoe Medical Centre Partnership, Cauldwell Medical Centre, Linden Road Surgery	None of the practices within the PCN have sufficient capacity within the estates, to accommodate increases in patient demand. Potential need to relocate Cauldwell Medical Centre.	The PCN, with assistance from the ICB, should seek to identify community locations from which preventative care and multi-disciplinary meetings could be held, as per East Bedford' Clinical Strategy. Need to relocate Linden Road's branch surgery (Bromham) – planned relocation to Biddenham new build. Two feasibility studies should be conducted to determine potential locations for new branches for Putnoe Medical Centre and London Road Surgery, costs will also have to be confirmed. The relocation of Cauldwell Medical Centre should be a priority. Linden Road Surgery should have a feasibility study undertaken to understand the viability of expanding their current building, in order to increase provision of patient-facing rooms.
Unity PCN	Harrold Medical Practice, Sharnbrook Surgery, Great Barford Surgery, Goldington Avenue Surgery, Priory Medical Centre, Goldington Road Surgery	Forecast population growth by 2032 is expected to be 5.9% with higher growth for the village practices. None of the practices in the PCN currently have sufficient space within their immediate estate to accommodate the projected population growth	Feasibility studies should be carried out to explore the use of the vacant school sites situated close to both Sharnbrook Surgery & Great Barford Surgery. Explore the potential to host additional clinical rooms in a new community hub in Bedford town. Explore section 106 opportunities with support of the ICB in relation to the new housing development outlined in the Sharnbrook neighbourhood plan. Improve the condition rating of Goldington Avenue, Harrold Medical Practice and Sharnbrook to a minimum rating B. Ensure all practices, with support from the ICB, improve the energy efficiency of its estate to support with NHS net-zero targets.

23 Existing Strategies - BHFT

1. Two strategic estate schemes now being delivered by Bedfordshire Hospitals NHS Trust, both to complete 2025:
   i. L&D new clinical buildings
   ii. North Bedford community diagnostic hub project
2. The Trust has a very high level of backlog condition liability totaling over £190 with over 40% being in the High or Significant risk category. The average Trust backlog liability in England is c£50m. The condition of the Estate is of major concern to the Trust.
3. Due to financial and CDEL constraints, the Trust's maintenance plan is primarily reactive at this stage.
4. Significant population growth is anticipated within the Trust's catchment area, and growing health need in terms of deprivation/access/outcomes, with little to no investment in health infrastructure (no significant contributions sought from developers by any of the Local Authorities in Bedfordshire and Luton into secondary care in preparation for, or as a result of, planned population increase).
5. The Trust has a robust and phased master plan to address critical infrastructure risk and enable advancements in the clinical strategy, and will bid for all funding opportunities

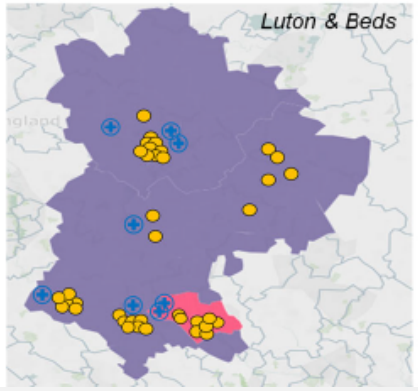


24 Existing Strategies - ELFT

East London Foundation Trust developed their Estate Environmental Strategy in 2023. It aims to set the direction of travel for their estate development over the next five years.

A vast majority of our **Luton and Bedfordshire estate** is leasehold and clinical space, with 60% older than 40 years and c.30% of the estate with poor energy performance. 27 leases are either ending or potentially breaking within the next five years. The average costs of our leaseholds are considerably lower than East London, reflecting lower cost of occupying real estate outside of London, coupled with the older estate.

- 66 Properties
- 27 leasehold properties can be exited in next five years
- 38,027 sqm Total size of estate
- 62% Leasehold Based on sqm
- 81% of estate footprint is clinical
- 60% of estate is over 40 years old
- 26% of properties have an EPC rating of E or below
- 172 Inpatient beds
- £208 psm Average Cost of LH Occupation (rent, s.c & rates)
- £33 m Value of Freehold Estate
- 50% in partner buildings Based on sqm

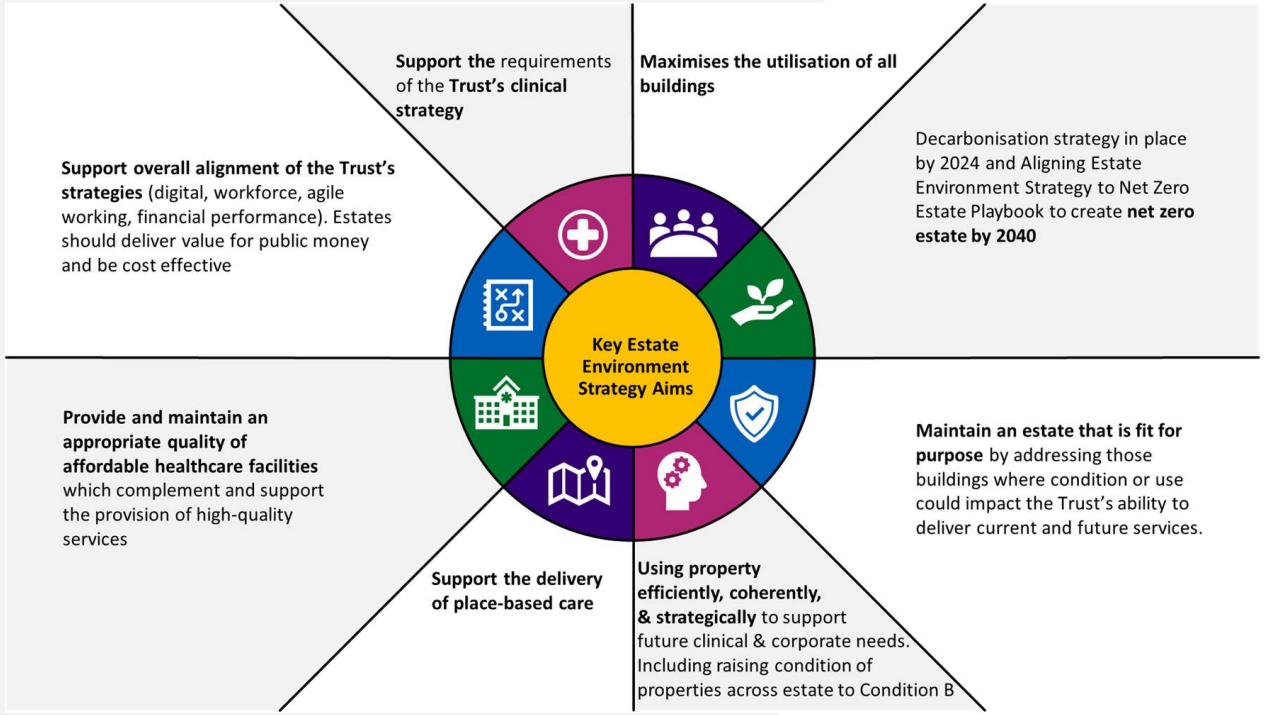


Map Reference
Community Properties
Inpatient Properties

25 Existing Strategies - ELFT

The following is a high-level summary of where ELFT want to be in terms of the development of their Estate:

- **Rationalise** the estate, making the best use of the existing space and **closing buildings** that do not represent good value for money and/or are not fit for purpose;
- **Dispose of** the property that is no longer required;
- Work with the partners (ICSs, OPE, etc.) to **co-locate appropriate services** to achieve efficiencies in occupancy costs and realise benefits for patients and staff;
- **Improve the condition, performance, and compliance** of the retained estate;
- Aligning the Estate Environmental Strategy principles to the Net Zero Estate Playbook to create **net zero estates by 2040**; and
- Promote **new facilities** as an aid to staff recruitment and retention.



26 Existing Strategies – ELFT

Five specific project aspirations for ELFT in Bedford are shown below.

Title of Scheme	Scheme Description	Scheme Status	Scheme Value (£,000) - including Optimism Bias Uplift
PATH 2 RECOVERY SERVICE (P2R) Refurbishment or relocation	Locate and develop a new 'fit for purpose' location for clinical services	PIPELINE SCHEME - *No funding available within current CDEL allocation*	£1,500,000
PINPOINT ALARM SYSTEM INSTALLATION - CAMHS , Rush Court - Bedford	Staff security system for emergency call assistance	PIPELINE SCHEME - *No funding available within current CDEL allocation*	£25,000
GARDEN ACCESS ENABLING WORKS: Fountains Court (Phase 1)	Remedial works to garden to allow semi-ambulalant access	PIPELINE SCHEME - *No funding available within current CDEL allocation*	£50,000
BEDFORD HEALTH VILLAGE Inpatient Development (New Build)	Purpose built facility to improve provision and reduce the need for out of borough accomodation of inpatients	PIPELINE SCHEME - *No funding available within current CDEL allocation*	> £80,000,000
SPECIALIST SERVICES EXPANSION: St Pauls Square, Bedford	New property to accommodate expanded team and provide clinical capacity.	PIPELINE SCHEME - *No funding available within current CDEL allocation*	£700,000

27 Existing Strategies - CCS

Cambridgeshire Community Services NHS Trust (CCS) provides a range of community health services across a large geographical area encompassing Bedfordshire, Cambridgeshire, Luton, Milton Keynes, Norfolk, Peterborough and Suffolk. Services are provided under a range of contracts from a variety of commissioning organisations, and provided from in excess of 150 properties, ranging from Freehold, Leasehold and subtenancy arrangements.

The Trust's estates vision is to *"provide well maintained facilities for the delivery of outstanding care and accessible to the communities served. The estate will be:*

- ***highly utilised and support service integration and shared use across system partners***
- ***sustainable and flexible to suit changes in healthcare needs, including the delivery of care closer to home***
- ***digitally enabled to support the continuing shift towards virtual consultations, remote diagnosis and healthcare monitoring***
- ***ready to support future technological innovations as they become available."***

The capital programme for CCS is set one year at a time due to funding challenges. Currently for 24/25 there are no plans for CCS to spend capital at its existing BLMK buildings.

The CCS Estates Strategy 2023-26 includes the following ambitions:

Ambition 1 – During the life of this strategy we seek to make annual improvement in the assessments recorded within the Premises Assurance Model
Ambition 2 – During the life of this strategy we seek to make annual improvement in relation to the Violence Prevention and Reduction Standards
Ambition 3 – By 2026 the Trust's estate will be digitally enabled to ensure effective delivery of the Digital Transformation Strategy.
Ambition 4 – By 2026 all estates led change projects will follow clearly established, consistent and documented engagement and communication processes.
Ambition 5 – During the life of this strategy we seek to make continued progress with reshaping the estate to support the strategic ambitions of the systems in which we operate.
Ambition 6 – By 2026 we will have flexible tenure arrangements in place covering identified shared spaces across the estate, supported by appropriate digital infrastructure.
Ambition 7 – During the life of this strategy we seek to make year on year improvement in the space utilisation within the premises we control.
Ambition 8 – By 2026 we will have identified spaces within key community assets and made them available for use by community groups outside operational hours.
Ambition 9 – During the life of this strategy we will continue to contribute positively and effectively within system estates fora to present the community service perspective and share experience across systems.
Ambition 10 – During the life of this strategy to achieve continued innovation and service development from our principal facilities management partners.
Ambition 11 – During the life of this strategy to make continued progress with harmonisation of reporting processes from the different facilities support services across the estate.
Ambition 12 – By 2026 all estates data will be stored in a single database providing accurate and consistent data to support strategic decision making.
Ambition 13 – By 2026 clear plans will exist in relation to carbon reduction across key strategic assets within the portfolio.
Ambition 14 – During the life of this strategy continuous improvement will be made towards carbon reduction targets in line with the Trust's Green Plan.
Ambition 15 – By 2026 generic plans will be in place to deal with the impact of a series of identified external influences across the estate, with detailed site specific plans in place where justified by risk assessment.

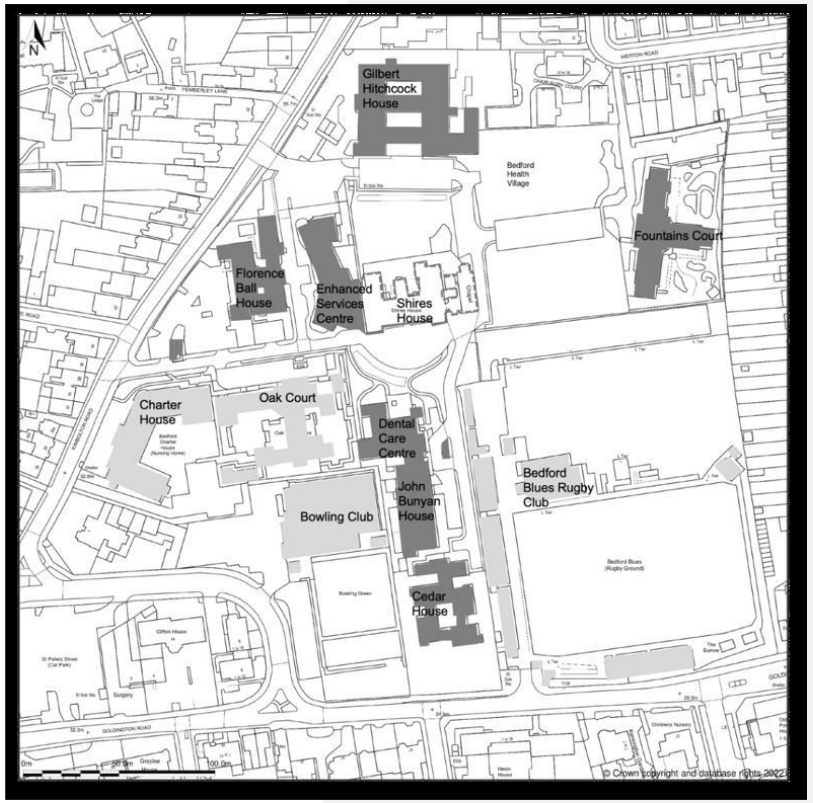
28 Bedford Health Village

Bedford Health Village is a key healthcare asset in the heart of Bedford, and accommodates a range of services. Two of the buildings on the site are currently undergoing major reconfiguration/development works to create a Community Diagnostic Centre and a new primary care facility. It is also the preferred site for a new potential inpatient mental health facility in Bedford.

As part of the inpatient development work, partners based at the North Wing / Bedford Health Village site have engaged in the development of a masterplan, alongside a Transportation Strategy for the site.

The masterplan charts out the current buildings and respective ownership/ lease arrangements, and maps out the current and potential future developments on the site to ensure a coordinated approach across all partners, including:

- Whole site coherence and appropriate zoning for the new developments
- Alignment with clinical, digital and workforce strategies
- Environmental quality for service users, carers and staff
- Effective traffic management and car parking solutions aligned to the Greener NHS and planning authority requirements
- Consistency of approach between the Trusts' respective design teams.



29 Bedford Health Village

Key Issues:

- Ambition for green civic space
- Car parking requirements and capacity for green space will be understood as part of transport strategy development
- Approach to vehicular access to be agreed
- Future implications of further out of hospital requirements

There may be a future requirement to accommodate the national drive for moving more secondary care routine services to the community. This would comprise, more outpatients, diagnostics and routine elective care. This may include extending the ESC and GHH accommodation. This would potentially impact on capacity for green civic space and infrastructure requirements.

potential pedestrian and cyclist access only to be explored as part of design process for the site

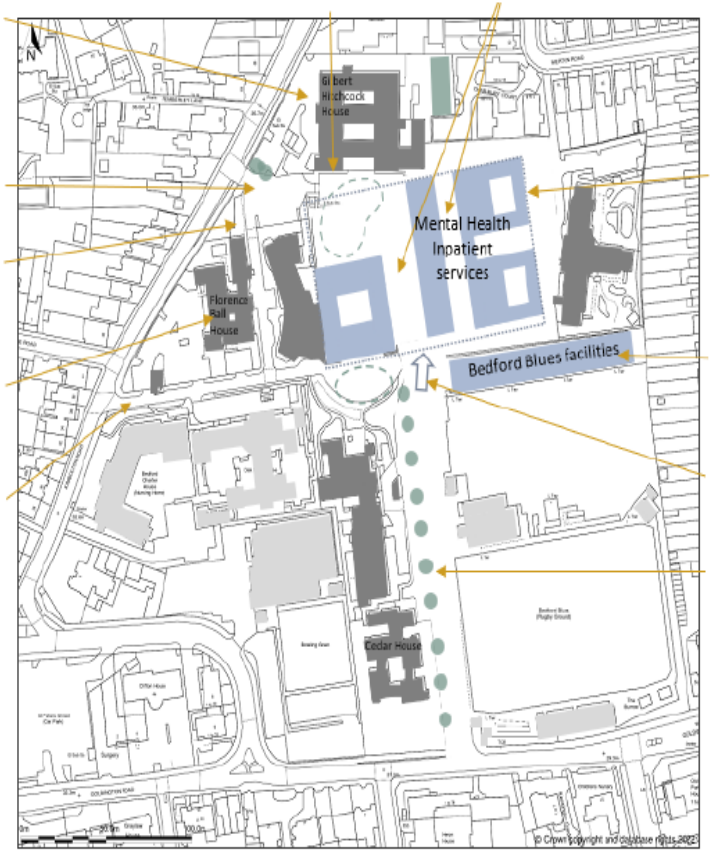
retain service delivery for ESC/Florence Ball House

future changes in phase 2 to Florence Ball House may allow improved use of space to support green civic space, recreation, rewilding and allotment garden

approach to access into car parking will need to be developed as part of design process for the site

green civic space will need to be understood as part of the transport analysis and infrastructure requirements development for the site during stage 1 design

creation of pedestrianised 'streets' within new development of mental health inpatient unit, one with public access, one dedicated to IP unit.



underground parking structure, shared between Bedford Health Village and Bedford Blues Rugby Club or multistorey approach may facilitate landscaped green areas, dependent on transport requirements for the site

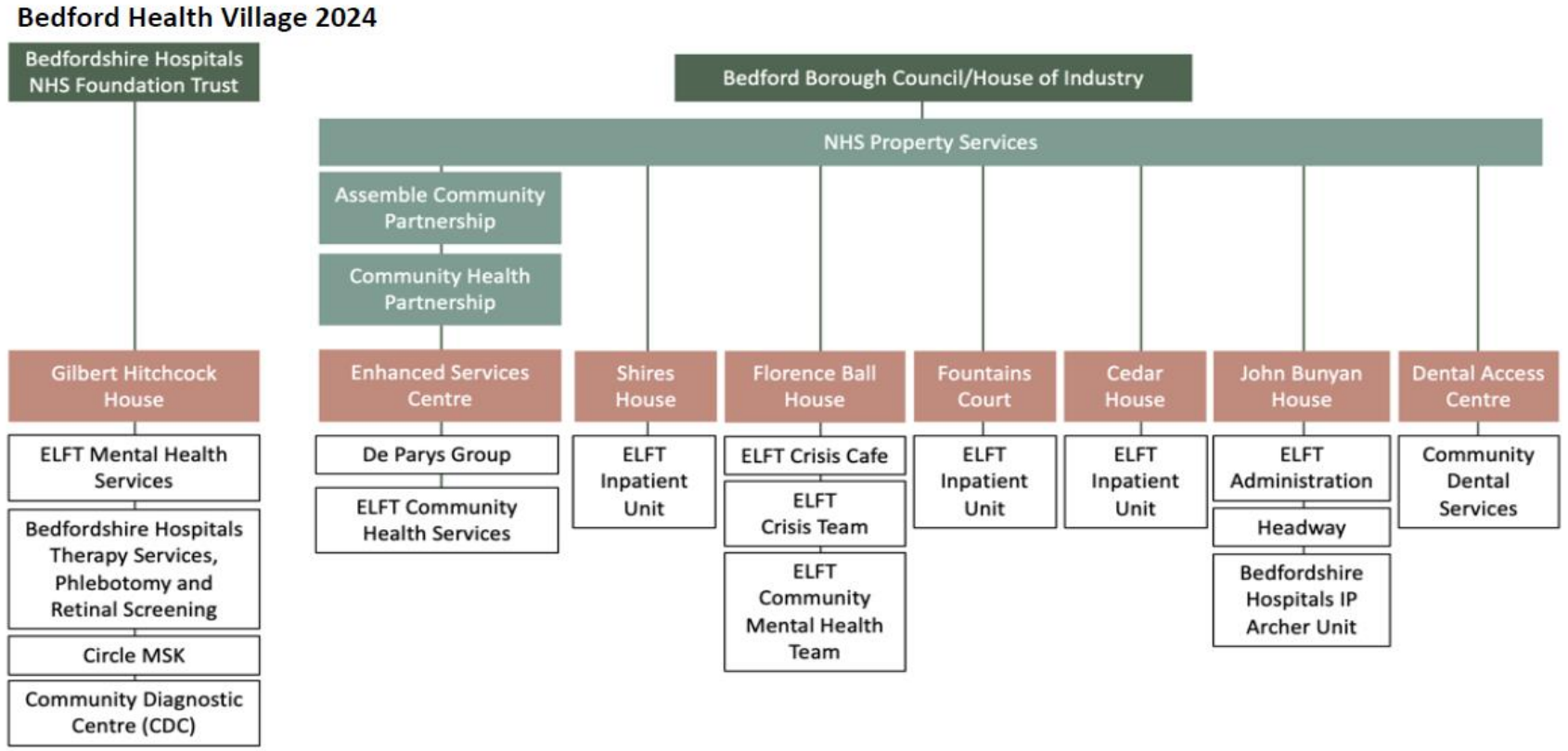
new Bedford Blues Rugby club facilities on existing car park including enhanced sports therapy facilities

approach to access into car parking will need to be developed as part of design process for the site

explore vehicular access onto the site with neighbours to the health village

Note:
Some of these recommendations are outside of the control of the NHS and would require a partnership approach with neighbours to the Health Village

30 Bedford Health Village



31 Funding Sources

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Disposal Opportunities

- Land at Hurst Grove, Bedford (0.183ha) has been identified as a potential NHS disposal opportunity. The site is currently owned freehold by NHS PS.
- The ICB has not declared the site surplus, as a future requirement for additional primary care capacity in the Queen's Park area of Bedford has not been ruled out.

32 Funding Sources

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

S106 Funding

- Bedford Borough introduced the Community Infrastructure Levy in 2013. No health projects were added to the CIL list at that time, and therefore there was a period of time where no financial contributions were requested from developers towards health.
- A number of sites were designated for health in S106 Agreements however, but in the absence of any financial contributions and NHS capital funding for primary care, it has not been possible to deliver health facilities on some of these sites.
- More recently, the Council has started to request S106 contributions from developers for some housing schemes, in addition to the CIL.
- The table lists the S106 available to health as at March 2024. The funding for Biddenham has been committed in principle to the new-build Biddenham healthcare facility.
- The Parishes across the Borough receive CIL funding towards local infrastructure projects, and in some instances it would be feasible to work with the Parishes to consider investment towards health infrastructure.

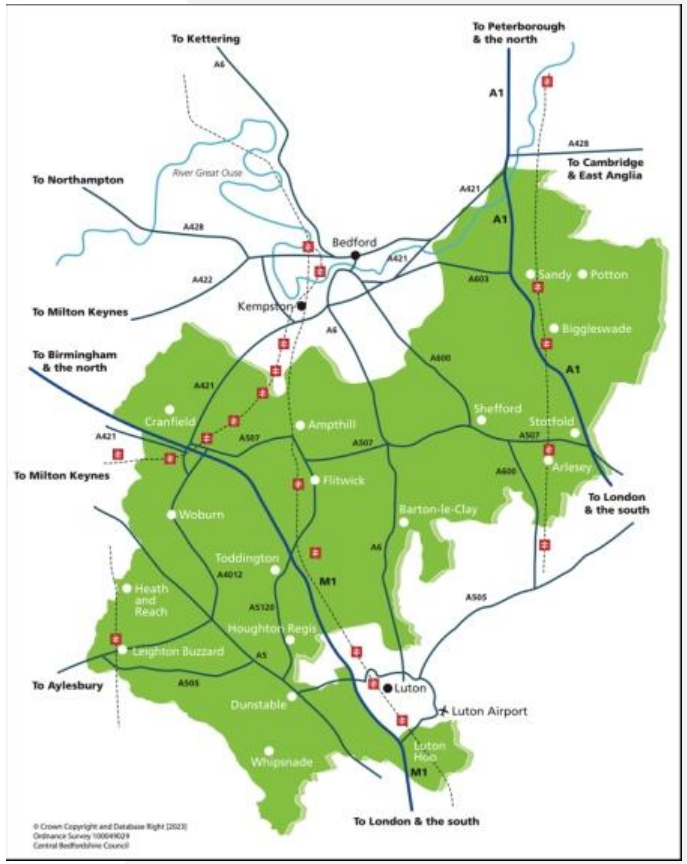
Parish	Total Available	Primary Care	Acute	Spend By Date
Elstow	£38,517.99	£38,517.99		22/03/2027
Sharnbrook	£34,001.80	£34,001.80		18/10/2026
Biddenham	£323,780.50	£323,780.50		03/10/2032
	£396,300.29			

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Central Bedfordshire

34 Central Bedfordshire – an overview

- Central Bedfordshire comprises attractive market towns and villages, complemented by a beautiful local countryside which boasts 30 sites of special interest and 14 nature reserves.
- The area has excellent road and rail transport links. The A1, M1 and A428 connect north, south, east and west. Three major rail lines run through Central Bedfordshire, connecting directly with two international airports.
- Central Bedfordshire is a popular place to live with a growing population. It is one of the top ten fastest areas of growth in the country.
- Central Bedfordshire's population increased by around 39,900 between the last two censuses (held in 2011 and 2021), an increase of 15.7%, from just under 254,400 in 2011 to around 294,300 in 2021.
- Over half of the population in Central Bedfordshire live in rural areas and the remainder in market towns. The area is generally affluent but there are some areas of deprivation. It is the least ethnically diverse of the four Places in Bedfordshire, Luton and Milton Keynes.
- Central Bedfordshire has seen higher than average growth in its older population, with the number of people aged 65 and over increasing by one third since 2011and it is expected to continue to rise.
- The area is generally prosperous. People living in Central Bedfordshire earn more than the national average, with above-average levels of employment and low rates of claiming Universal Credit. But there are some residents across all parts of Central Bedfordshire who are struggling; demand for food banks and debt advice is increasing.
- More and more employers are looking to come to the area. With excellent transport connections, Central Bedfordshire is an attractive location for businesses and has a strong and growing economy, with growth in medium and large businesses outpacing the national average. Collins Aerospace, Nissan, Lockheed Martin, MBMA Systems and Amazon have chosen to make Central Bedfordshire their home.



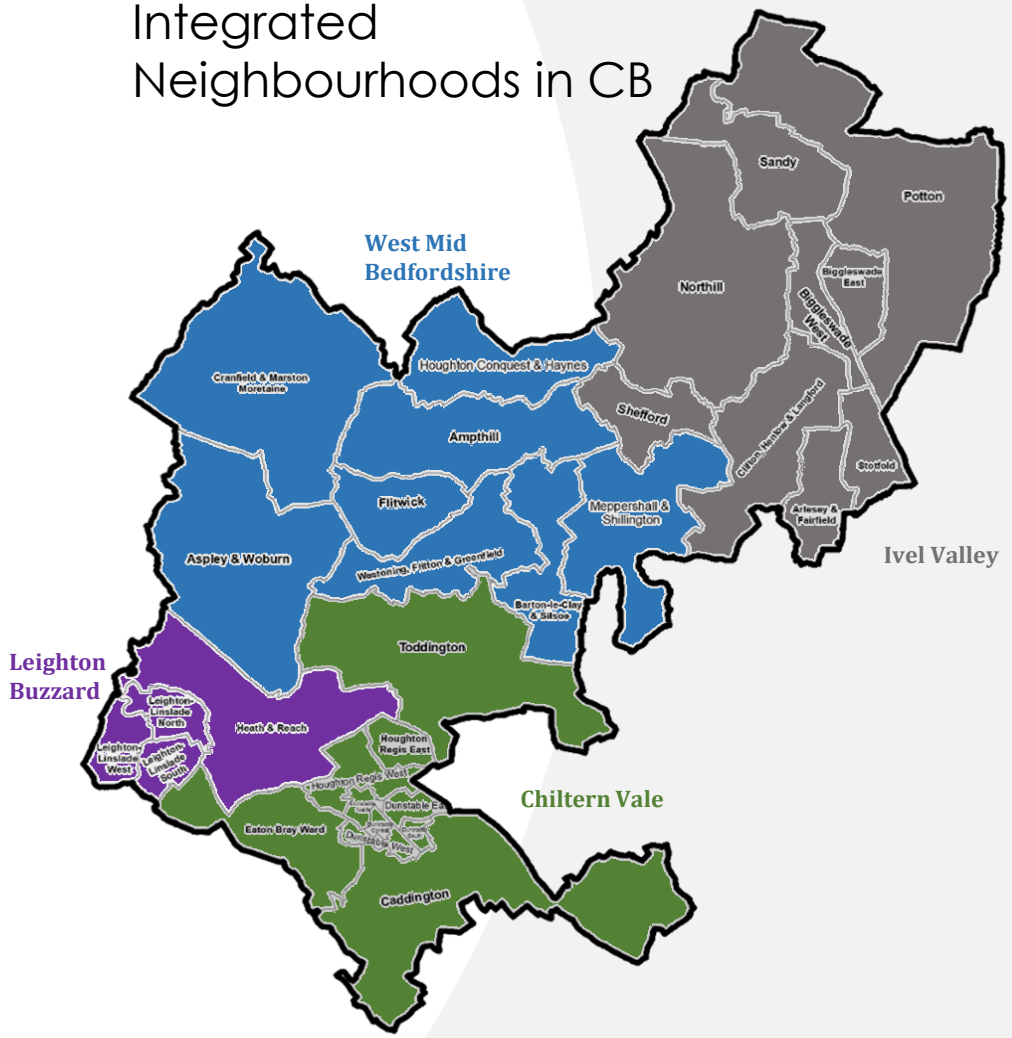
35 Joint Strategic Priorities in Central Bedfordshire

Priorities from the Central Bedfordshire Joint Local Health and Wellbeing Strategy 2024-29:

- Improving access to primary care and dentistry
- Early diagnosis of cancer
- Children's mental health
- Improving mental health services and support for those with Learning Disabilities and Autism
- Improving Out of Hospital Working (Neighbourhoods)
- Reducing excess weight in children and adults

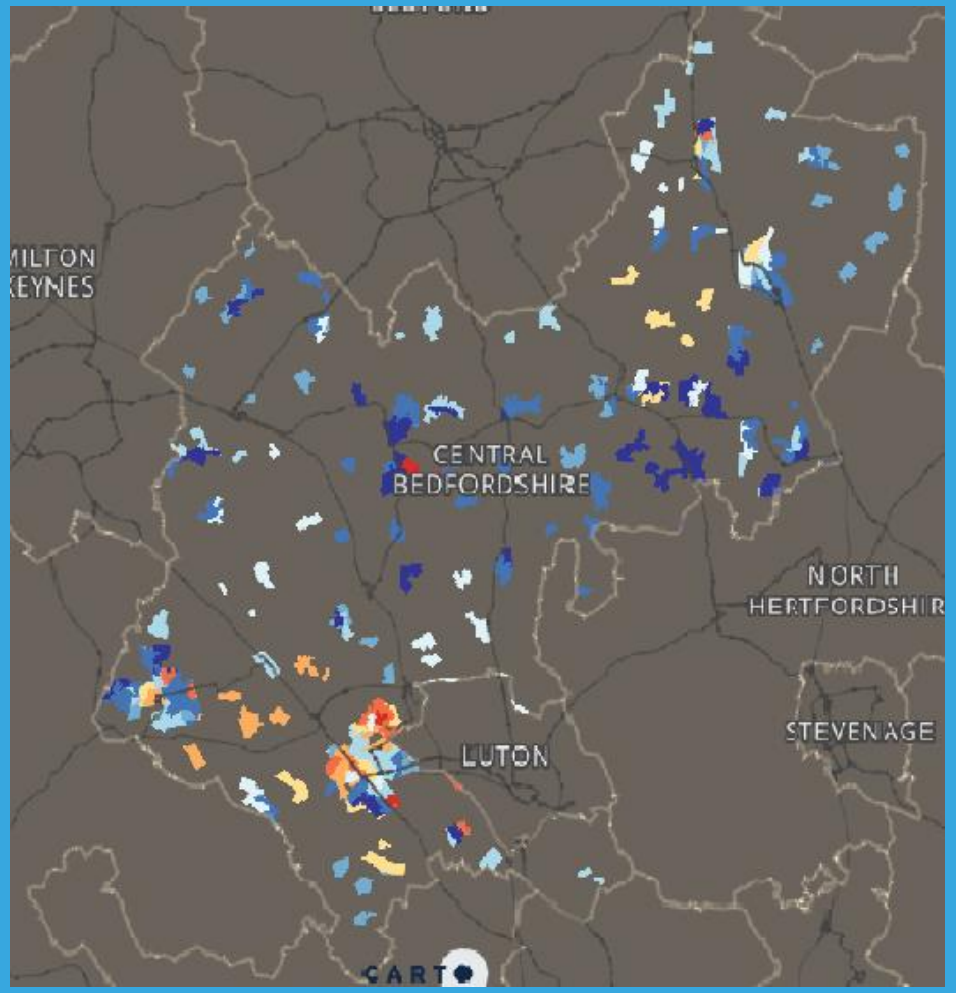
- One of the key joint workstreams in Central Bedfordshire is around Integrated Neighbourhood Working, which is focusing on how we deliver integrated health and care pathways, and maximise use of existing estate to deliver these where co-location is beneficial.
- Given that 50% of residents live in 11 market towns and villages, services need to be as local as possible whilst delivering on economies of scale
- We will need to work with communities to ensure that access to services is not limited to those with car ownership, particularly through working with neighbourhood / VCSE partners.

Integrated Neighbourhoods in CB



36 Population Health Need

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership



Health and wellbeing indicators for Central Bedfordshire indicate that generally the population enjoys better than average health compared to the rest of England, and the rest of BLMK. However, there are some areas of deprivation.

- No data
- Most deprived decile
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- Least deprived decile

37 Population Health Need

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Health Inequalities Central Bedfordshire

Central Bedfordshire Council

Hospital Activity

In 2020/21, the number of **unplanned admissions** per 1,000 patients was **1.5 x higher** in the most deprived areas than the least deprived.

A&E attendances were **1.5 x higher** in the most deprived areas, compared with the least deprived areas.

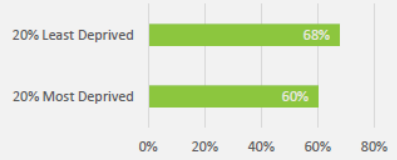
Diet

In 2021/22, just over **41 in 100 year 6 children were overweight or very overweight** in the 20% most deprived areas, compared to just over **28 in 100** in the 20% least deprived areas.

In 2020/21, **66 in 100 adults** across all of Central Bedfordshire were **overweight or obese**

Cancer Screening

In 2020/21, the percentage of **50-70 year olds screened for breast cancer within 6 months of invitation** was just over **1.1 x higher** in the least deprived areas **than** the most deprived.



Smoking and Alcohol

In 2021/22, just over **63 in 100** people **successfully quit smoking after 4 weeks** in the 20% least deprived areas, compared with just under **54 in 100** people in the 20% most deprived areas.

In 2016/17 – 20/21, the **hospital admissions rate for alcohol attributable conditions** in the most deprived area was **1.4 x higher** than that in the least deprived.

Mental Health & Wellbeing

In 2016/17-20/21, rates of **self-harm admissions** in the most deprived area were **1.3 x higher** than the least deprived.

Premature Mortality

In 2016-20, **preventable mortality** in the most deprived area was **more than double** that in the least deprived.

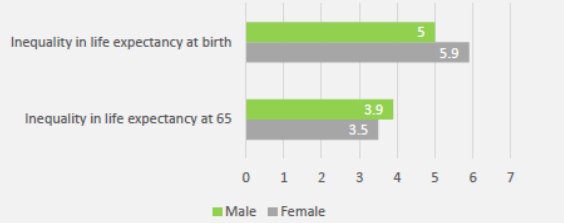
Under 75 circulatory disease mortality was almost **1.9 x higher** in the most deprived areas than the least deprived 2016-20.

Under 75 cancer mortality in the most deprived area was **1.4 x higher** than the least deprived in 2016-20.

Life Expectancies & General Health

The **life expectancy at birth** inequality gap in 2018-20 was **5.0 years** for males and **5.9 years** for females.

The **life expectancy at 65 years** inequality gap in 2018-20 was **3.9 years** for males and **3.5 years** for females.



Major Diseases & Health Checks

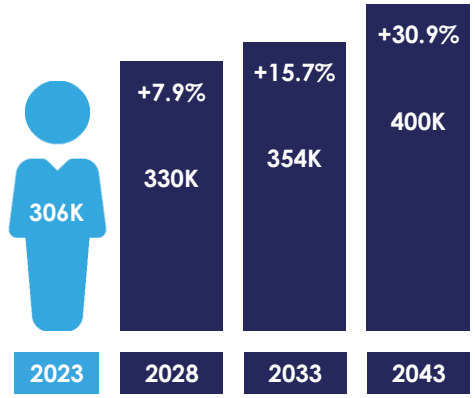
The rate of **COPD admissions** in the most deprived area was **4.5 x higher** than that of the least deprived areas.

In 2021/22, just under **48 in 100 health checks were completed of those offered** in the 20% most deprived areas, compared with just over **42 in 100** in the 20% least deprived areas.

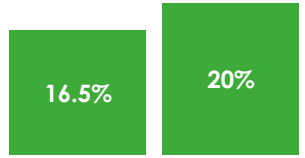
38 Central Bedfordshire Growth Projections

Previous ONS projections underestimated the rise in Central Bedfordshire's population hence the need to create our own.

We observed that population growth was closely linked to housing growth in Central Bedfordshire so have included a housing element in our projections.



Central Bedfordshire's population is projected to rise by 30.9% over the next 20 years. The growth is quite even over time.



Central Bedfordshire is set to become more diverse with a rise of 3.5% percentage points over the next 20 years in Black, Asian and Minority Ethnic groups including White Other.

The three points below lead to an increase in the proportion of elderly people in Central Bedfordshire and a fall in the proportion of people aged 0-15 and 16-64.

0-15 Population

Population Proportion

The number of children aged 0-15 is set to rise; 9% greater in 2023 and 20% greater in 2043 compared to 2023 figures. This is the smallest rise and the proportion of 0-15 year-olds is projected to fall in the next 20 years

16-64 Population

Population Proportion

The population of people aged 16-64 is set to increase by 12% in 2033 and 26% in 2043. Despite the increase in actual numbers, the proportion of people aged 16-64 is projected to decline in the years ahead.

65+ Population

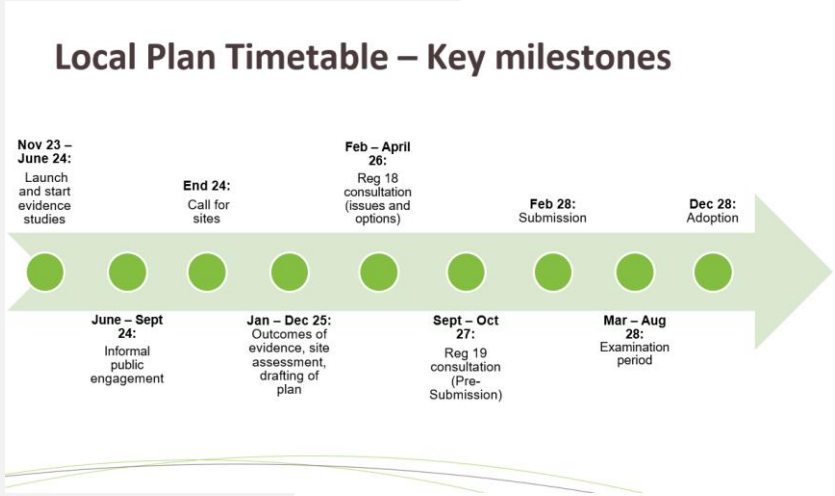
Population Proportion

The largest percentage growth is in people age 65+ (35% higher in 2033 and 60% higher in 2043 compared to 2023). In the elderly, growth is greater as age increases. The proportion of the 65+ population is projected to rise over time.

39 Housing Growth

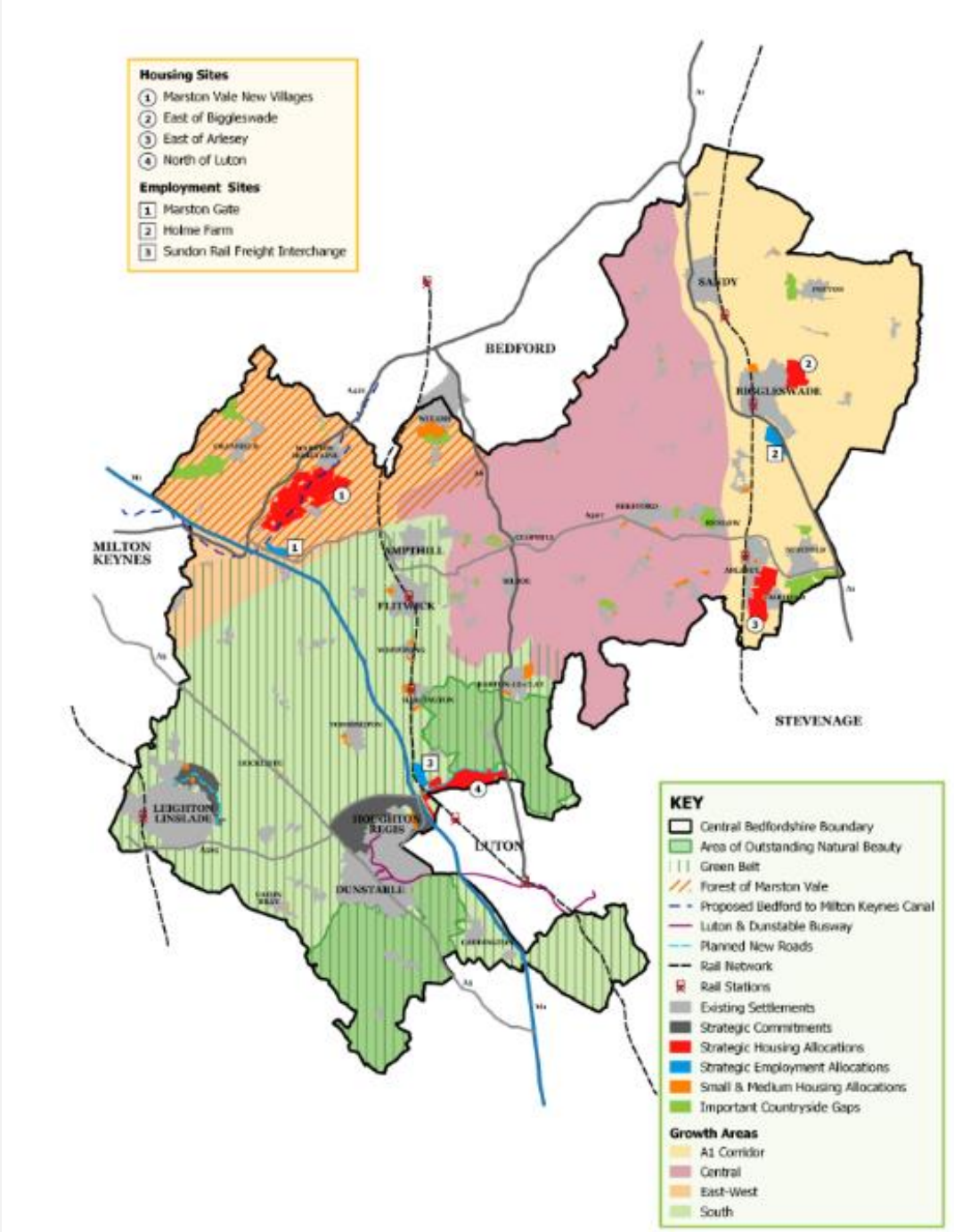
- The current Central Bedfordshire Local Plan was adopted in 2021 and sets out a vision for how the area will develop in the future up to 2035. The Plan considers future needs and opportunities in relation to infrastructure, homes, jobs and businesses, community facilities and the environment.
- The Local Plan provides for a **target supply of housing growth of 39,350 homes** across the Place by 2035, with the **potential to deliver up to 44,756 dwellings** (based on the period 2015-2035).
- 10,226 of these dwellings were delivered between 2015-2020. Existing commitments totalled 17,470, and new developments totalling 17,060 were identified. The table below indicates that **circa 9,000 of these new homes will be delivered in four strategic sites:** North of Luton; Marston Vale; East of Arlesey; and East of Biggleswade.
- Work has now begun on refreshing the Local Plan, with an initial call for sites planned from end 2024, and an expected Adoption date of end of 2028.

Proposed Housing Supply	Number of dwellings to be delivered in the plan period
Small and Medium Allocations	5,162
New Strategic Allocations	9,025*
Windfall Allowance (post five years)	2,640
Windfall Allowance (five-year supply period only)	233
Total	17,060



40 Housing Growth Sites

	A1 Corridor	Central	East-West	South	Total
Completions	2,861	1,323	1,888	4,154	10,226
Existing Commitments	3,696	1,313	3,155	9,306	17,470
New Strategic Allocations	2,800	0	3,125	3,100	9,025*
Small & Medium Allocations	878	811	771	2,702	5,162
Sub Total	10,235	3,447	8,939	19,262	41,883
Windfall Allowance					2,873
Total					44,756



41 Redevelopment and Infrastructure Projects

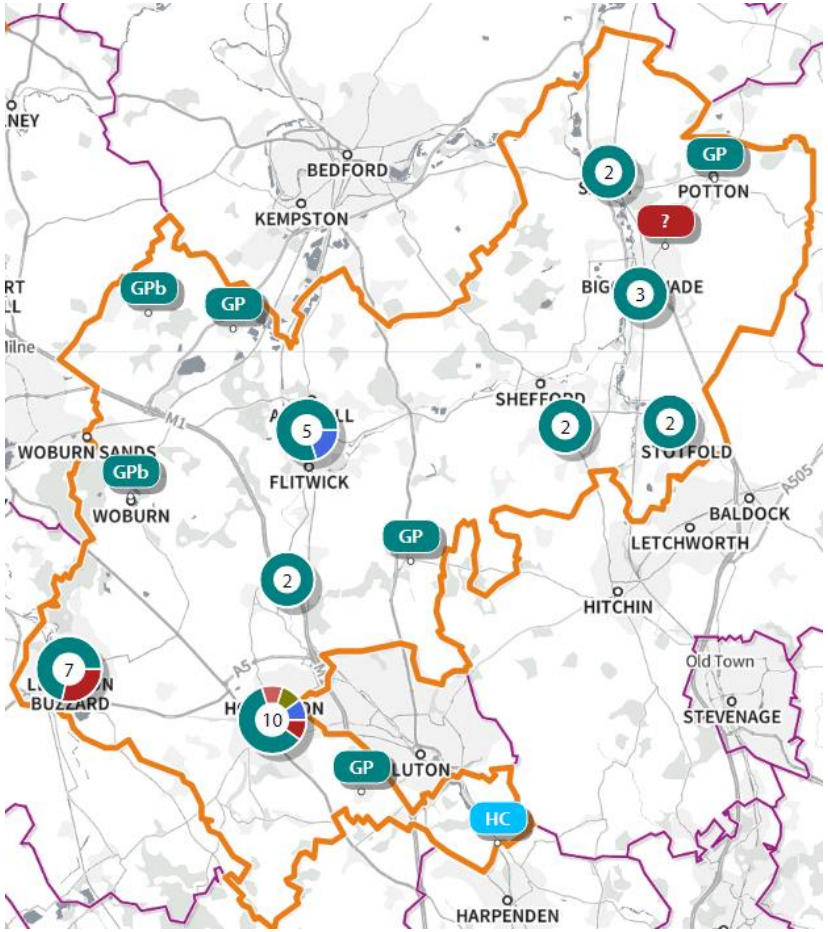
This coming year, 24/25, the council plans to spend £153million on infrastructure projects. Below is a summary of the plans:

- £70million on schools - this includes new school places, transitioning schools to two-tier and special educational needs provision (£14million which has not been reduced or spread out over a longer period).
- £13.7million on roads. £12.9million is for highways works, including resurfacing and pothole repairs. £50,000 on Arlesey relief road and Clophill roundabout schemes.
- £19million on new leisure centres and other leisure and outdoor activity improvements – this includes the new leisure centres in Houghton Regis and Leighton Buzzard and new leisure provision in Sandy, as well as active travel and green wheel improvements.
- £11million on new care homes and other facilities for people with a physical or learning disability – this includes the new older people village in Flitwick (Steppingley Road) and the new care home in Leighton Buzzard (Marigold House, Hockliffe Road) the council is building.
- £3.2million on replacing vehicles and equipment to maintain services such as adult social care transport and waste collection. This includes buying new waste vehicles in 2024/25 so the council can collect glass from households in 2025/26.
- £3million on sustainability projects - this includes renewable energy schemes and electric vehicle charging.

A major development project which could impact on healthcare in Central Bedfordshire is the proposal to develop a Universal Studios Park near Stewartby. Whilst the park is expected to be located in Bedford Borough, the scale of the development could impact across both Local Authority areas should it gain approval to proceed. With an expected 8-12m visitors per year once operational, and with the creation of 8,000 direct jobs, and 20,000 indirect jobs, the park would be likely to contribute to an acceleration of housing growth in the local area which would impact on health infrastructure.

*This excludes space occupied at Grove View Hub – awaiting validated information.

42 Health Assets in Central Bedfordshire



- ELFT provide Mental Health Services and Adult Community Health Services in Central Bedfordshire, and CCS are the provider of children's community health services. Between them, they occupy 34* properties across 20 sites (excluding the GP practices that ELFT operate). ELFT occupies 13,272m² at a cost of £2.17m per annum and CCS occupy 1,183m² at a cost of £398k p.a.
- ELFT own the majority of the mental health estate freehold, but most of the community health properties they and CCS occupy are leasehold – the majority of which are rented from NHS Property Services.
- There are 35 primary care premises across Central Bedfordshire, operated by 27 providers (practices). 15,159m² is occupied, and the ICB reimburses £2.52m for rent/notional rent each year. One Primary Care Network is also being reimbursed for additional shared clinical and admin space (not included in premises slides below).
- NHS PS have 26 assets in Central Bedfordshire (including some of the community and primary care facilities above).
- The residents of Central Bedfordshire access several acute hospitals, none of which are situated within the borough. Some outreach hospital services are being developed at Grove View Integrated Hub in Dunstable.

43 Primary Care Estate

NB the IMD score is based on the deprivation levels for the Ward where each practice's main surgery is located. This can skew the figures for some branch surgeries, when they are located some distance from the main surgery. Oliver Street below is a notable example (located in same building as Greensand).

There are 35 GP practice premises in Central Bedfordshire. 43% of these are considered very constrained, with 9 (26%) being severely constrained at over 30 patients per m². This is quite a blunt measure of capacity however, and the tables below and on the next slide also show information about appointment levels and perceived access levels from a patient perspective. Some practices operate from multiple sites, and whilst one property may seem constrained, additional capacity may be available at other sites. The column for Total Patients per m² indicates total capacity, and the appointment levels and patient survey data are also for the whole practice. Key available on Slide 121.

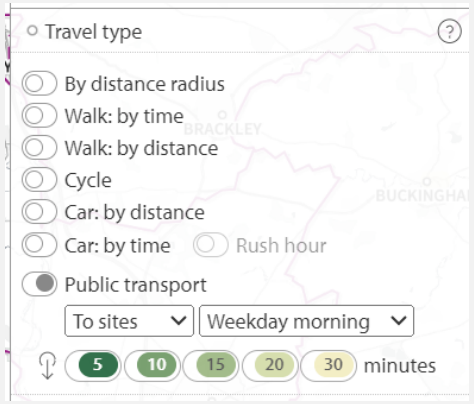
Property Name	Area m2 (occupied)	Total m² occupied by practice (all sites)	Partnership list size (latest)	Actual list size per surgery (estimate)	Patients per m2	Total Patients per m² (all sites)	Appts per 1,000 patients	Access: Average of 4 Questions	Overall condition RAG Rating	CQC Rating	Practice IMD	Freehold/ Leasehold	Date Built/ Converted	Training Practice
OLIVER STREET SURGERY	240.85	1138.06	47095	10247.872	42.55	41.38	441	50.56%		Outstanding	42.24	Leased	1980	Training practice
GREENSAND SURGERY	253.43	253.43	10099	10099	39.85	39.85	692	72.88%		Good	6.53			
KINGSBURY COURT SURGERY	270	270	10166	10166	37.65	37.65	584	58.04%	B/C	Good	20.01	Leased	1991	
CRANFIELD SURGERY	175	719.7	12880	6440	36.80	17.90	339	44.73%		Good	17.03	Leased	1900's	Training practice
HOUGHTON REGIS MEDICAL CENTRE	378.2	378.2	13312	13312	35.20	35.20	626	59.52%	B/C	Good	14.32	Owned	1974	
LANGFORD SURGERY	60	761.28	19200	2014	33.57	25.22	436	70.19%	B/C	Good	17.45	Owned	1900	
SAFFRON HEALTH PARTNERSHIP	512.12	761.28	19200	17185.92	33.56	25.22	436	70.19%	C	Good	17.45	Leased	1989	Training practice
LOWER STONDON SURGERY	215	215	7157	7157	33.29	33.29	393	50.71%		Good	5.19	Owned	1990	
WEST STREET SURGERY	397	397	12338	12338	31.08	31.08	664	58.11%	B/C	Good	21.56	Owned	1985	
ARLESLEY MC	173	882.4	20062	4991.4256	28.85	22.74	279	40.61%		Good	6.96	Leased	1995	
CADDINGTON SURGERY	185	185	5087	5087	27.50	27.50	470		B/C	Good	4.71	Leased	1994	Training practice
BASSETT ROAD SURGERY	791.1	791.1	20483	20483	25.89	25.89	465	56.31%	B/C	Good	19.9	Owned	1985	Training practice
FLITWICK SURGERY	577	577	14459	14459	25.06	25.06	421	44.25%	B/C	Good	4.89	Owned	1982	Training practice
KIRBY ROAD SURGERY	330	330	8269	8269	25.06	25.06	607	43.59%		Requires Improvement	21.56	Owned	1985	
PRIORY GARDENS HEALTH CENTRE	748.5	748.5	18449	18449	24.65	24.65	527	51.72%		Good	20.01	Leased	2023	Training practice

44 Primary Care Estate

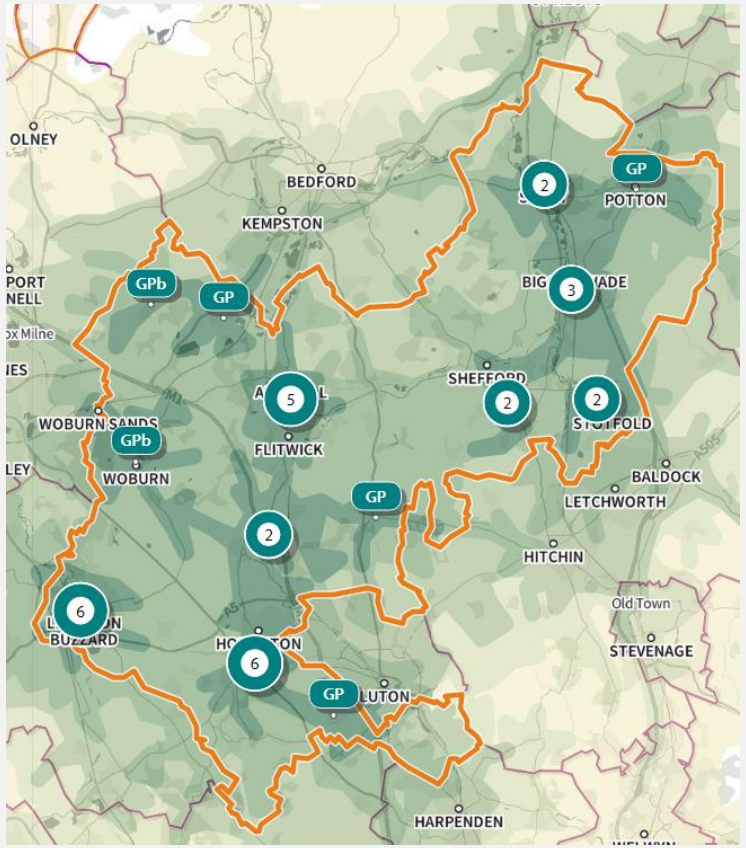
Property Name	Area m2 (occupied)	Total m² occupied by practice (all sites)	Partnership list size (latest)	Actual list size per surgery (estimate)	Patients per m2	Total Patients per m² (all sites)	Appts per 1,000 patients	Access: Average of 4 Questions	Overall condition RAG Rating	CQC Rating	Practice IMD	Freehold/ Leasehold	Date Built/ Converted	Training Practice
EASTGATE SURGERY	255	255	5950	5950	23.33	23.33	657			Good	20.01	Leased	1990	
BARTON-LE-CLAY SURGERY	418.6	542.77	12065	9652	23.06	22.23	567	63.57%		Good	7.66	Owned	1986	Training practice
WHEATFIELD ROAD SURGERY	589	589	12790	12790	21.71	21.71	424	40.56%	B/C	Requires improvement	22	Leased	1982	Training practice
LARKSFIELD SURGERY MEDICAL PARTNERSHIP	709.4	882.4	20062	15070.5744	21.24	22.74	279	40.61%		Good	6.96	Leased	1999	
SHEFFORD HEALTH CENTRE	994.3	994.3	19469	19469	19.58	19.58	383	49.90%	B/C	Good	18.54	Leased	2011	Training practice
SANDY HEALTH CENTRE MEDICAL PRACTICE	489.8	489.8	9380	9380	19.15	19.15	549	57.15%		Good	13.67	Leased	1976	Training practice
GREENSANDS MEDICAL PRACTICE - GAMLINGAY	312.11	761.81	12902	5805.9	18.60	16.94	505	53.96%	B/C	Good	9.45	Leased	1991	
ASPLANDS MEDICAL CENTRE	530	721.8	12888	9537.12	17.99	17.86	669	79.12%		Good	5.87	Owned	1983	Training practice
HOUGHTON CLOSE SURGERY	661	661	11846	11846	17.92	17.92	466	64.34%	B/C	Good	2.81	Leased	2001	Training practice
WOBURN SURGERY	191.8	721.8	12888	3350.88	17.47	17.86	669	79.12%		Good	5.87	Owned	1994	Training practice
IVEL MEDICAL CENTRE	801.7	801.7	13553	13553	16.91	16.91	405	35.32%		Good	19.32	Leased	1975	
LEIGHTON ROAD SURGERY	403	1372.6	20557	6783.81	16.83	14.98	579	52.26%	B/C	Good	19.9	Leased	1964	
MARSTON FOREST HEALTHCARE	392.7	719.7	12880	6440	16.40	17.90	339	44.73%		Good	17.03	Leased	2002	Training practice
GREENSANDS MEDICAL PRACTICE - POTTON	449.7	761.81	12902	7096.1	15.78	16.94	505	53.96%	B/C	Good	9.45	Owned	1970	
RIDGEWAY COURT SURGERY	443.6	1372.6	20557	6783.81	15.29	14.98	579	52.26%	B/C	Good	19.9	Leased	2013	
SALISBURY HOUSE SURGERY	798.61	798.61	11958	11958	14.97	14.97	447	43.62%	B/C	Good	23.23	Owned/part leased	1970	
TODDINGTON MEDICAL CENTRE	545	545	7717	7717	14.16	14.16	488	59.29%		Good	10.6	Leased	1998	
GROVEBURY ROAD SURGERY	526	1372.6	20557	6783.81	12.90	14.98	579	52.26%		Good	19.9	Leased	2012	
SHANNON COURT SURGERY	189.16	761.28	19200	1920	10.15	25.22	436	70.19%	C	Good	17.45	Leased	1993	Training practice
MARSTON SURGERY Admin premises	152	719.7	12880	0	0.00	17.90	339	44.73%	B/C	Good	17.03	Leased	2018	

45 Primary Care – Travel Times

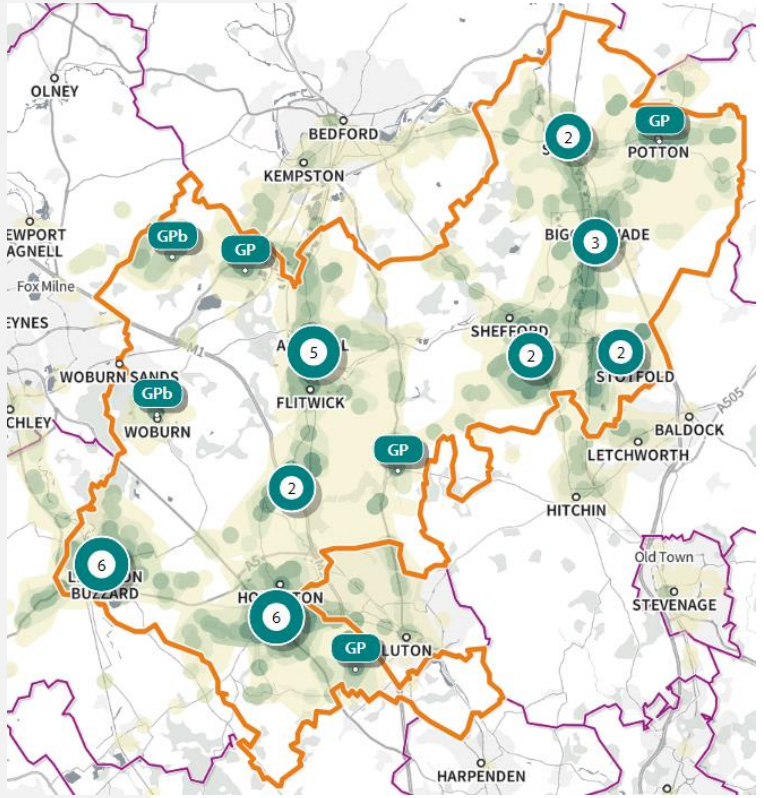
- The majority of the population within Central Bedfordshire can access a GP practice within 15 minutes' drive time and 30 minutes by public transport.
- The exceptions are some of the less populated rural areas. Housing growth could lead to more dense population in some of these areas.



SHAPE data Travel Distance by Car 5 to 30 Minutes range



SHAPE data Travel Distance by Public Transport within 5 to 30 Minutes



46 Workforce Development

- The capacity and condition of the local healthcare estate can impact on the recruitment, retention and development of our workforce.
- Qualitative feedback from primary care providers in Central Bedfordshire:

  - **Priory Gardens Surgery: "***Current capacity x2 GP Trainees but could take x4 if had another 2 consulting rooms."*
  - **Wheatfield Road Surgery:** *"As many of the surgeries around the UK, we do have limited room capacity at the surgery. It is definitely one of the factors we are unable to increase the number of GP trainees."*
  - **Houghton Close Surgery:** *"Estates directly affects our training capacity. It is a constant juggling act to ensure we have enough rooms to accommodate the trainees allocated to us. This becomes even more complex these days as often trainees reduce from 100% to less and therefore extend their training thereby staying longer and impacting the next set of trainees due to come to us."*
  - **Saffron Health Partnership**: *"Capacity within the surgery is definitely something that affects are ability to take additional trainees. Capacity is certainly a problem for us in Sandhills PCN. We are already "hot desking" our staff including GPs other clinicians and admin staff. There are often empty rooms at the practices but we don't have a contract to use them!"*
  - Other primary care providers reporting struggles with recruitment and training capacity due to premises constraints include the practices and PCN in Leighton Buzzard, Ivel Valley South PCN, Barton-le-Clay Surgery and Sandy Health Centre.

47 The Community Estate in Central Bedfordshire (ELFT)

Organisation Name	Address Line 1	Area m² (occupied)	Total Costs	End of tenure (if applicable)	Building condition (any known metrics)	Freehold / Head Leaseholder
ELFT	2&4 Beech Close	281	£160,002.20			Grand Union Housing Group
ELFT	67 High St Dunstable	350	£100,970.00			Natan LTD
ELFT	Ampthill Health Centre	149.53	£ 43,561.80			NHSPS
ELFT	Beacon House	464	£ 22,360.80			Freehold - ELFT
ELFT	Beech Close Resource Centre	552	£ 28,878.40			Freehold - ELFT
ELFT	Biggleswade Health Centre	169.87	£ 46,866.74			NHSPS
ELFT	Biggleswade Hospital	941.5	£192,863.48			NHSPS
ELFT	Biggleswade Hospital (Portakabin)	170	£ 12,539.22			NHSPS
ELFT	Biggleswade Hospital (Whitbread & Lindsall Ward)	941.5	£192,863.48			NHSPS
ELFT	Crombie House	368	£ 17,335.60			Freehold - ELFT
ELFT	Flitwick Health Centre	375.48	£121,143.89			NHSPS
ELFT	Houghton Regis Health Centre	196.48	£ 75,234.29			NHSPS
ELFT	Leighton Buzzard Health Centre	612.23	£101,468.78			NHSPS
ELFT	Mountbatten House	1108	£ 96,643.60			Hyatt Plaza
ELFT	Queensborough House	509.16	£199,302.61			NHSPS
ELFT	Grove View Hub					Bedfordshire Hospitals NHS Foundation Trust
ELFT	Shefford Health Centre	1933.87	£263,684.76			NHSPS
ELFT	Steppingley Hospital (Admin Block)	44.44	£ 25,721.39			NHSPS
ELFT	Steppingley Hospital (Verandah)	103.28	£ 27,498.34			NHSPS
ELFT	Steppingley Hospital (Thornton/ Russell Ward)	276.98	£ 83,025.08			NHSPS
ELFT	Steppingley Hospital (Orchard Ward)	209.35	£ 74,887.13			NHSPS
ELFT	Steppingley Hospital (Meadow Lodge)	186.35	£ 63,486.23			NHSPS
ELFT	The Lawns, Biggleswade	488	£ 26,389.60			Freehold - ELFT
ELFT	The Poplars	1038	£ 95,499.60			Freehold - ELFT
ELFT	Townsend Court	1132	£ 72,013.40			Freehold - ELFT
ELFT	Whichellos Wharf	564	£ 22,288.80			Freehold - ELFT
ELFT	Whichellos Wharf Cottage	107	£ 4,979.40			Freehold - ELFT

48 The Community Estate in Central Bedfordshire (CCS)

Organisation	Property Name	Address Line 1	Area m²	Annual Rent	Total Costs	End of Tenure (if applicable)	Building Condition (any known metrics)	Freehold / Head Lease Holder
CCS	Biggleswade Hospital Lindsall ward	Potton Road	98.41	£34,288				NHSPS
CCS	Flitwick Health Centre	Highlands	60.00	£87,022				NHSPS
CCS	Grove View Hub		TBC	TBC				BHFT
CCS	Houghton Regis Health Centre	Peel Street	95.00	£5,177				NHSPS
CCS	Houghton Regis Health Centre Pop Office	Peel Street	277.86	£155,394				NHSPS
CCS	Leighton Buzzard Health Centre	25 Bassett Road	263.88	£45,384				NHSPS
CCS	Shefford Health Centre	Hitchin Road	388.80	£71,113				NHSPS

49 NHS PS Estate in Central Bedfordshire

Site Name	Property Name	GIA	Property Tenure	Total Cost Per Annum - all Tenants (24/25 Costs)	Void / Sessional Space (m^2)	Tenants	Overall Condition	Total Backlog Maintenance £
Ampthill Health Centre	Ampthill Health Centre	976.9	Freehold	£290,133	86.55 sessional	2 GPs, ELFT, sessional	B(C)	£ 887,938
Shefford Health Centre	Shefford Health Centre	2167.1	Lease of Whole Bldg	£884,644	181.25 void	GP practice, ELFT, void	B(C)	£ 660,824
SITE AT: Biggleswade Hospital	Biggleswade Hosp Whitbread & Lindsall Ward	1032.25	Freehold	£75,320	0	ELFT	C	£ 595,666
SITE AT: Biggleswade Hospital	Halsey Ward Biggleswade Hospital	260.9	Freehold	£71,583	0	ELFT	B(C)	£ 564,076
SITE AT: Steppingley Hospital	Admin Block Steppingley Hospital	371.8	Freehold	£114,087	150.83	ELFT, ICB	B(C)	£ 556,813
SITE AT: Biggleswade Hospital	Locality Building Biggleswade Hospital	102.06	Freehold	£17,094	87.68	Void	C	£ 262,301
Sandy Health Centre	Sandy Health Centre	764	Freehold	£253,625	139.44 void 21.90 sessional	GP practice, CDS, void & sessional	B(C)	£ 250,997
Leighton Buzzard Health Centre	Leighton Buzzard Health Centre	734.8	Freehold	£255,658	0	PCN, CDS, BHFT, ELFT	B(C)	£ 250,153
SITE AT: Steppingley Hospital	Meadows Lodge	241.9	Freehold	£100,380	0	ELFT	B(C)	£ 220,018
SITE AT: Biggleswade Hospital	Kitchen Block Biggleswade Hospital	194.7	Freehold	£30,876	146 void	Void	C	£ 207,468
Biggleswade Health Centre	Biggleswade Health Centre	948.79	Freehold	£241,160	117.77 void 60.47 sessional	GP practice, ELFT, void & sessional	B(C)	£ 192,909
SITE AT: Flitwick	Flitwick Health Centre	647.4	Freehold	£215,805	6.46 sessional	CDS, BHFT, ELFT, sessional	B(C)	£ 164,686

50 NHS PS Estate in Central Bedfordshire

Site Name	Property Name	GIA	Property Tenure	Total Cost Per Annum - all Tenants (24/25 Costs)	Void / Sessional Space (m^2)	Tenants	Overall Condition	Total Backlog Maintenance £
Gooseberry Hill Surgery	Gooseberry Hill Surgery	292.5	Freehold	£97,257	44.12 void	GP practice, BHFT, void	B(C)	£ 122,555
SITE AT: Steppingley Hospital	Orchard Ward	270	Freehold	£122,138	0	ELFT	C	£ 98,959
SITE AT: Biggleswade Hospital	Spring House Biggleswade Hospital	276	Freehold	£98,490	0	ELFT	B	£ 83,731
SITE AT: Steppingley Hospital	The Verandah Block	110.3	Freehold	£51,126	0	ELFT	B(C)	£ 73,821
SITE AT: Steppingley Hospital	Steppingley Hospital Thornton-Russell Ward B04	451.9	Freehold	£97,977	0	ELFT	C	£ 67,353
SITE AT: Houghton Regis	Houghton Regis Health Centre	489.9	Lease of Part Bldg	£232,936	196.48 void 18.90 sessional	CCS, CDS, sessional	B(C)	£ 12,059
SITE AT: Steppingley Hospital	Porters Store	120.7	Freehold	£19,627	9.11 void	ELFT, EPUT	B(C)	£ 6,886
Dental Surgery at Biggleswade Health Centre	Dental Surgery at Biggleswade Health Centre	N/A	Freehold				Land - N/A	£ -
Land In Cranfield Bedford	Land In Cranfield Bedford	N/A	Freehold				Land - N/A	£ -
SITE AT: Steppingley Hospital	Orchid Lawns Land only	N/A	Freehold	£20,000		Care Home provider	Land - N/A	£ -
SITE AT: Biggleswade Hospital	Potton House Biggleswade Hospital	N/A	Freehold	£20,090		Care Home provider	Land - N/A	£ -
SITE AT: Flitwick	Flitwick Health Centre Land	N/A	Freehold	£4,023		GP practice	Land - N/A	£ -
Larksfield Surgery	Larksfield Surgery	201	Lease of Part Bldg	£16,393	201 sessional	Sessional?		£ -
SITE AT: Houghton Regis	Houghton Regis Health Centre POP Office	59.97	Lease of Part Bldg	£36,135	0	ELFT/CCS		£ -

51 Void NHS Estate in Central Bedfordshire

- Following a review of the void estate across BLMK last year, action has been taken to reduce the amount of unoccupied space in NHS PS buildings.
- The remaining "void" space in Central Bedfordshire is shown in this table.

Site Name	Property Name	Void / Sessional Space (m^2)	Comments
Ampthill Health Centre	Ampthill Health Centre	86.55 sessional	Was planned for ELFT occupation, but now part of a review of community estate across Mid Beds
Shefford Health Centre	Shefford Health Centre	181.25 void	Part of a review of community estate across Mid Beds, PCN also want to take on this space
SITE AT: Steppingley Hospital	Admin Block Steppingley Hospital	150.83	Hand-back process underway, expected to complete in May 2024
SITE AT: Biggleswade Hospital	Locality Building Biggleswade Hospital	87.68	Potential for hand-back, providing it doesn't undermine future strategic plans
Sandy Health Centre	Sandy Health Centre	139.44 void 21.90 sessional	Practice/PCN in process of taking on most of this space
SITE AT: Biggleswade Hospital	Kitchen Block Biggleswade Hospital	146 void	Potential for hand-back, providing it doesn't undermine future strategic plans
Biggleswade Health Centre	Biggleswade Health Centre	117.77 void 60.47 sessional	Practice in process of taking on additional space
SITE AT: Flitwick	Flitwick Health Centre	6.46 sessional	Under review with NHS PS to confirm what this space is
Gooseberry Hill Surgery	Gooseberry Hill Surgery	44.12 void	Have explored possibility of 2 practices/ PCNs taking on this space but not operationally viable/affordable.
SITE AT: Houghton Regis	Houghton Regis Health Centre	196.48 void 18.90 sessional	New void space. Exploring options for Practice/PCN to take on this space but high service charge costs are a limiting factor. CDS may also consider vacating this building, which may offer further strategic options.
SITE AT: Steppingley Hospital	Porters Store	9.11 void	Under review with NHS PS.
Larksfield Surgery	Larksfield Surgery	201 sessional	To be incorporated into practice lease.

52 Biggleswade Community Hospital

Extract from NHS Property Services Report

Site Plan and Image

1 Locality Building
2 Kitchen Block
3 Halsey Ward

4 Spring House (Detached Building)
5 Lindsall Ward (5 & 6 are connected)
6 Whitbread Ward (5 & 6 are connected)

Site Overview

- Located on Potton Road approx. 1.5 miles north-east of the town centre in a residential area.
- Freehold site which has 5 buildings totalling c1600 sqm NIA spread over a site of 1.64 ha. Main buildings date from 1898 and were originally an isolation hospital. An adjoining care home is let on a long ground lease (A). two vacant mothballed buildings on site, 1 & 2. Lindsall Ward (5) is used as a Covid vaccination Centre.
- ELFT are the majority occupiers of the site, approx. 20% of the space is vacant.
- The buildings on site are a mix of Flex and Tail.
- NHSPS are also freeholders of Biggleswade Health Centre located in the town center.

Context / Status

- The ICB have recently (Oct 23) appointed Archus to undertake the production of a Feasibility Study in relation to the provision of health and care services in and around the Biggleswade area, likely to include development of a Master Plan for the Biggleswade Hospital site and or a site on London Road held F/H by CBC. Study should be complete by March 2024.

Next Steps

- To reduce their void retained and funded liability the ICS considered handing back the two vacant properties (Locality Building & Kitchen Block) to NHSPS, however will await completion of the work being undertaken by Archus.
- Once the Archus work is complete it will provide guidance and strategic direction on the future of both the Hospital and Health Centre premises.

53 Biggleswade Community Hospital

Extract from NHS Property Services Report

Core, Flex, Tail - Key

1 Locality Building (Tail)

2 Kitchen Block (Tail)

3 Halsey Ward (Flex)

4 Spring House (Tail)

5 Lindsall Ward (Flex) (5 & 6 are connected)

6 Whitbread Ward (Flex/Tail) (5 & 6 are connected)

54 Steppingley Community Hospital

Extract from NHS Property Services Report

Site Plan and Images

Admin Block (Rear)

Thornton – Russell Ward (Front)

Site Overview

- Freehold, located approx. 1 mile to the northwest of Flitwick and 1.5 miles southwest of Ampthill, the hospital was built between 1903 & 1905 as an isolation hospital on land offered by the Duke of Bedford, the hospital comprises several individual properties, some of which have been extended during the 1960's & 70's.
- The site extends to circa 5 acres and the buildings have a combined GIA of circa 1600 sqm.
- A long lease of part was granted to the care home operator and Meadow Lodge has a 54 Act protected lease expiring in 2040.
- ELFT occupy the majority of the buildings, many of which are not well utilized.
- The properties are categorized as a mix of flex and tail.

Context / Status

- The site is subject to Pre-emption rights in favour of the Duke of Bedford should it no longer be used as a hospital (varied to allow for the care home).
- The site is wholly within the defined greenbelt & many of the buildings could be worthy of non-designated heritage asset status. It is partially designated as a County Wildlife Site.
- In 2018 a draft strategic Outline Case was prepared by Arcadis which considered site options for an integrated health & care hub for West Mid Beds, its draft conclusion suggested Steppingley Hospital be designated as the preferred way forward.

Next Steps

- An agreed ICS strategy will provide guidance and strategic direction on the future of the site.
- To reduce their void retained and funded liability the ICS are considered handing back part of the Admin Block.
- Consider obtaining planning advice on the potential redevelopment of the site.

55 Steppingley Community Hospital

Extract from NHS Property Services Report

Core, Flex, Tail – Key (TBA)

1 Admin Block – Tail

2 Meadow Lodge – Flex

3 Orchard Ward – Flex

4 Porters Store – Tail

5 Verandah Block – Flex

6 Thornton Russel Ward - Tail

56 Existing Project Pipeline

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Lead Organisation	Project Name	Project Description	Project Status
ELFT	LEWSEY ROAD SALE /TRANSFER	Sale or Transfer of Lewsey Road House (Dunstable) receipt to be re-invested within BLMK	UNDER NEGOTIATION/ ON MARKET
BHFT	L&D New Buildings	Redevelopment of Luton & Dunstable Hospital site	Under construction, due for completion 2025
BHFT	Community Diagnostic Centre & Hub	Redevelopment of Gilbert Hitchcock House building to create a new CDC facility, and as part of the Primary Care development in an adjacent building (i.e. improved accommodation for phlebotomy, retinopathy and therapy services)	Under construction, due for completion 2025
Primary Care	Leighton Buzzard PCN	Creation of an additional clinical room behind reception area of Health Centre building	Expected completion Summer 2024
Primary Care	Cranfield	Relocation of surgery to new build premises within housing development	Under construction, due for completion 2024
Primary Care	Hillton PCN	Proposal to reconfigure space in Houghton Close surgery to create additional clinical rooms for ARRS staff, using S106 funding	In planning
Primary Care	Flitwick Extra Care	Plans to construct two clinical rooms plus ancilliary space within Flitwick Extra Care Housing for use by nearby GP practice (S106 funded).	Under construction, due for completion 2024
Primary Care	Shefford Health Centre	Minor works to create additional clinical capacity within practice's existing demise, utilising S106 funding	In planning
Primary Care	Lower Stondon Surgery	Proposal to reconfigure and extend premises utilising S106 funding	In planning
Primary Care	Houghton Regis Health Centre	Proposal for PCN / practice to take on void space in the building	In planning
Primary Care	Sandy Health Centre	Practice/PCN taking on void space within the building	In delivery
Primary Care	Caddington	Proposal to reconfigure and extend premises utilising S106 funding	In planning

Recent studies have also been carried out to refresh the system's strategic intentions around service delivery and estates in Leighton Buzzard and Biggleswade, and there are ongoing discussions across partners around the future of healthcare delivery in Wixams.

57 Existing Strategies – PCN Estate Toolkits

The table below provides a brief summary of the outputs from the nationally funded programme to develop Clinical and Estates Strategies using the national PCN Estates Toolkit. Not all PCNs took part in the programme.

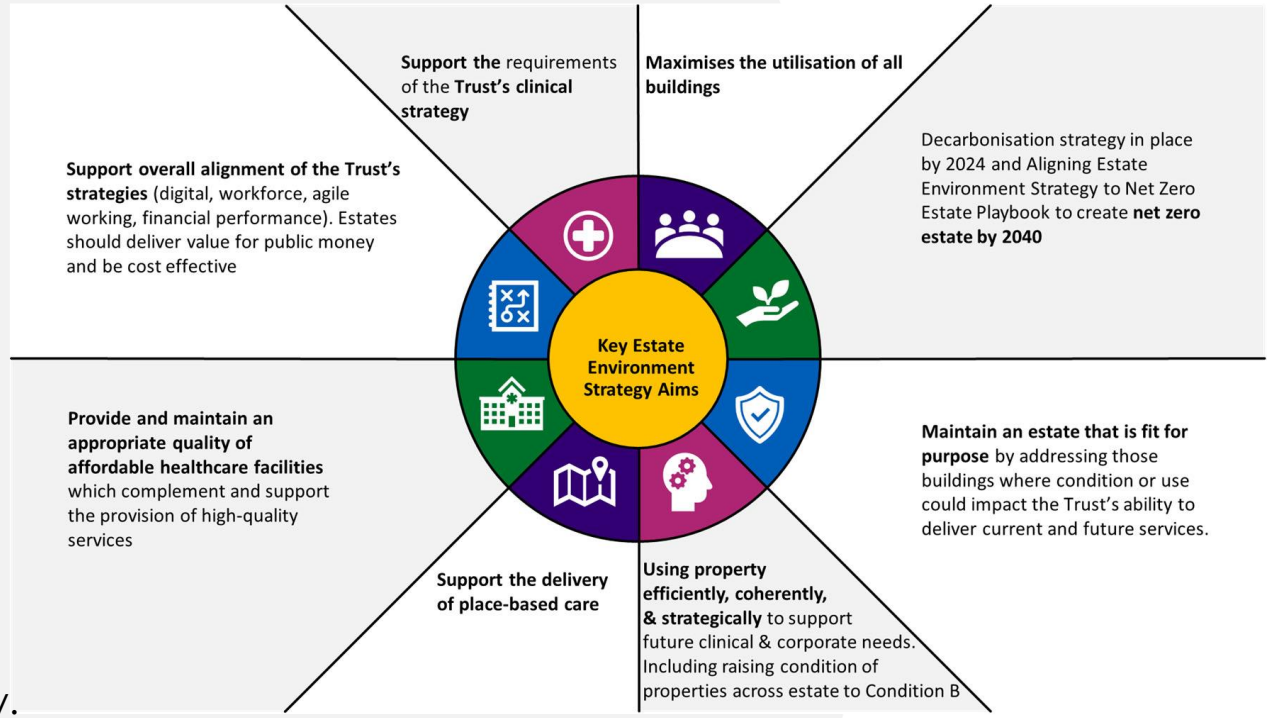
PCN	Practices	Case	Strategy
Hillton PCN	Greensand Surgery, Barton-le-Clay, Houghton Close	• High levels of growth anticipated from total registered population of 33,401 to 41,667 by 2032, an increase of 24.4%. • None of the practices within the PCN have sufficient capacity within the estates, to accommodate increases inpatient demand.	• The PCN should look to work with the ICB to identify potential locations for a PCN hub to manage the growth expected by 2032. • The PCN, with assistance from the ICB, should seek to identify community locations from which preventative care and multi-disciplinary meetings could be held, as per Clinical Strategy. Such facilities could also be used in the short to medium term to reduce the pressure on practices. • Practices, with support from the ICB, should seek to improve the energy efficiency of their estate, to support the NHS net-zero targets.
Sandhills PCN	Sandy Health Centre, Saffron Health Partnership (3 sites)	• The registered practice population is forecast to increase to 34,573 from 30,317 by 2032, an increase of 13.3%. • None of the practices within the PCN have sufficient capacity within the estates, to accommodate increases inpatient demand.	• The PCN, with assistance from the ICB, should seek to identify community locations from which preventative care and multi-disciplinary meetings could be held, as per Sandhills' Clinical Strategy. • A feasibility study is required to determine the cost and possibility of co-locating the main and branch of Saffron Health Partnership into one building. • Sandhills PCN should work in collaboration with the ICB to understand the viability of expanding into the vacant rooms where Sandy Health Centre is current located.

See Slides 23-27 for Estates Strategies for Bedfordshire Hospitals Trust, ELFT and CCS

58 Existing Strategies - ELFT

The following is a high-level summary of where ELFT want to be in terms of the development of their Estate:

- **Rationalise** the estate, making the best use of the existing space and **closing buildings** that do not represent good value for money and/or are not fit for purpose;
- **Dispose of** the property that is no longer required;
- Work with the partners (ICSs, OPE, etc.) to **co-locate appropriate services** to achieve efficiencies in occupancy costs and realise benefits for patients and staff;
- **Improve the condition, performance, and compliance** of the retained estate;
- Aligning the Estate Environmental Strategy principles to the Net Zero Estate Playbook to create **net zero estates by 2040**; and
- Promote **new facilities** as an aid to staff recruitment and retention.



Two specific project aspirations are shown in the table below.

Title of Scheme	Scheme Description	Scheme Status	Scheme Value (£,000) - including Optimism Bias Uplift
WHEELCHAIR SERVICES : NEW BASE	Consolidation of services in a more suitable and efficient premises	PIPELINE SCHEME - *No funding available within current CDEL allocation*	£1,200,000
PHARMACY HUB DEVELOPMENT	REDEVELOP Beacon House and create a localised Pharmacy Hub	PIPELINE SCHEME - *No funding available within current CDEL allocation*	£2,000,000

59 Planning for Growth

Central Bedfordshire Council's Infrastructure Delivery Plan (IDP) sits alongside the Local Plan, and sets out the infrastructure that will be required to support the delivery of the housing and employment growth allocated through the Local Plan to 2035. The health elements of the IDP were developed in partnership with the ICB and primarily focus on Primary Care, Community and Mental Health service provision.

The IDP includes the requirement for significant additional infrastructure in the following areas, and an intention to secure developer contributions towards health schemes. It is likely that new facilities will be required in each of these areas / major redevelopment of existing assets:

- East of Arlesey
- Biggleswade
- Marston Vale
- North of Luton and Houghton Regis

Smaller projects to increase capacity are also required to mitigate growth in a range of areas across central Bedfordshire, including Sandy, Leighton Buzzard, Barton-le-Clay, Toddington, Caddington, Harlington, Flitwick/Ampthill, Westoning.

Anticipated Delivery Rates of Strategic Sites

Year	Dwelling numbers by Strategic Allocation			
	North of Luton	Marston Vale	East of Arlesey	East of Biggleswade
2021/22	-	-	-	-
2022/23	-	25	-	-
2023/24	110	64	-	75
2024/25	220	150	-	140
2025/26	250	186	50	140
2026/27	280	300	100	140
2027/28	280	300	100	150
2028/29	280	300	150	150
2029/30	280	300	150	150
2030/31	280	300	150	150
2031/32	280	300	150	150
2032/33	280	300	150	150
2033/34	280	300	150	105
2034/35	280	300	150	-
POST 2035	500	1,875	700	0

60 Funding Sources

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Disposal Opportunities

- Land to the north of High Street (off Braeburn Way), Cranfield (0.3ha) has been identified as an NHS disposal opportunity.
- The site is owned freehold by NHS PS. It is not currently declared surplus by the ICB, but this is likely to be brought forward by the ICB once the legal occupation arrangements are finalised for the new-build GP surgery in the village.
- Planning considerations include a potential access issue – does not abut an adopted highway – and the impact of Biodiversity Net Gain legislation on developable area.
- The Dunstable Health Centre has recently been sold, following the relocation of services to Grove View Integrated Hub. Under national policy, 50% of the sale proceeds can be reinvested into a local stie/property in which NHS PS has a legal interest in.

61 Funding Sources

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

S106 Funding

- As an area that has experienced major housing growth, Central Bedfordshire Council has developed significant experience in working with partners and developers to plan for, and seek contributions towards, key public infrastructure – including for health projects.
- S106 funding has helped towards the planning and delivery of several critical health schemes in recent years, including the new GP practice in Cranfield under construction. £1.8m of S106 funding was spent on healthcare projects in Central Bedfordshire in 2023/24.
- S106 funding has served as valuable pump priming/enabling funding to help towards the costs of feasibility studies and business cases, as well as capital funding for the delivery of new build projects and improvement works.

Cranfield New Surgery, due for completion 2024

62 Funding Sources

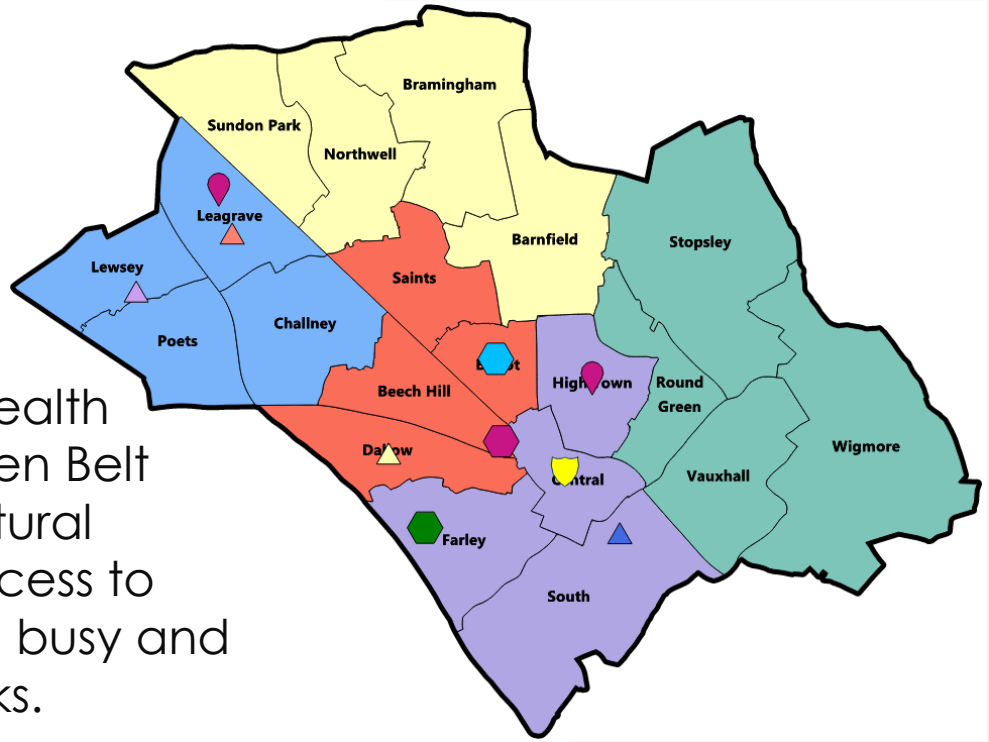
S106 Funding

- As at January 2024, there is a further £4.94m S106 funding available for healthcare infrastructure across Central Bedfordshire. This is made up from funding allocated within 161 separate S106 Agreements – each with their own requirements about where and how the funding can be spent.
- All of this funding is available for primary care.
- Some of this funding has already been allocated in principle towards specific projects, including the potential reconfiguration of Lower Stondon Surgery, and an extension to Caddington Surgery.

Town	Total Available
Ampthill	£791,647.25
Arlesey	£61,263.79
Aspley Guise	£144.14
Aspley Heath	£208.14
Barton-le-clay	£132.79
Biggleswade	£323,166.25
Great Billington	£113.30
Blunham	£26.90
Caddington	£470,619.86
Clifton	£80,923.35
Clophill	£1,810.64
Cranfield	£316,019.02
Dunstable	£19,029.76
Eaton Bray	£788.29
Fairfield	£22,573.70
Greenfield	£2,492.11
Flitwick	£586,145.36
Gravenhurst	£55.02
Harlington	£11,069.25
Heath & Reach	£8,691.94
Henlow	£46,878.06
Houghton Conquest	£63,402.66
Houghton Regis	£416,294.67
Hulcote	£73.03
Husborne Crawley	£193.83
Kensworth	£49.00
Langford	£186,945.42
Leighton Buzzard	£24,110.53
Lidlington	£2,054.65
Marston Moretaine	£112,097.35
Maulden	£8,983.11
Meppershall	£63,630.00
Moggerhanger	£47,397.31
Upper Caldecote	£29,027.00
Old Warden	£26.00
Potton	£216,110.77
Pulloxhill	£1,700.87
Shefford	£260,149.61
Shillington	£10,924.43
Silsoe	£88,151.63
Lower Stondon	£575,720.74
Stotfold	£88,071.19
Studham	£38.43
Tilsworth	£63.56
Toddington	£69.64
Westoning	£672.89
Whipsnade	£17.65
Woburn	£140.81
	£4,939,915.70

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

64 Luton – an overview



- Luton is a densely populated town with a rich history of wealth creation and cultural diversity. It is surrounded by the Green Belt and situated within the Chilterns 'Area of Outstanding Natural Beauty', and benefits from good strategic north-south access to the Midlands and Greater London and is also served by a busy and fast-growing airport adjacent to high quality business parks.
- Luton is an ethnically diverse town, with significant long-standing Indian, Pakistani, Bangladeshi, African-Caribbean and Irish communities, as well as complicated pattern of migration and population turnover.
- With a population density of 52 people per hectare, Luton is busier than some London boroughs.
- Luton has a younger than average population.

65 Joint Strategic Priorities

Luton 2040 vision:
A place where everyone can thrive and no one lives in poverty

Supporting a strong and empowered community, built on **fairness**, local pride and a powerful voice for all our residents.

Building an inclusive **economy** that delivers investment to support the growth of businesses, jobs and incomes.

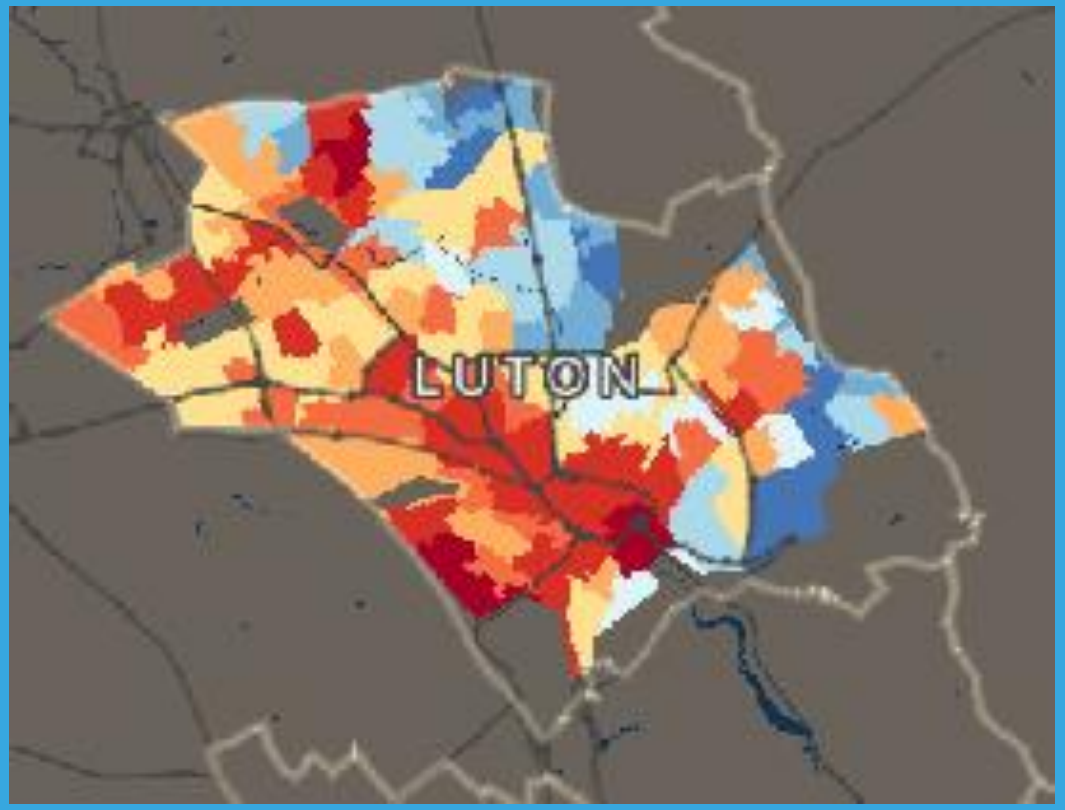
Improving population wellbeing and tackling **health** inequalities to enable everyone to have a good quality of life and reach their full potential.

Becoming a **child friendly** town, where our children grow up happy, healthy and secure, with a voice that matters and the opportunities they need to thrive.

Tackling the climate emergency and becoming a **net zero** town with sustainable growth and a healthier environment.

66 Population Health Need

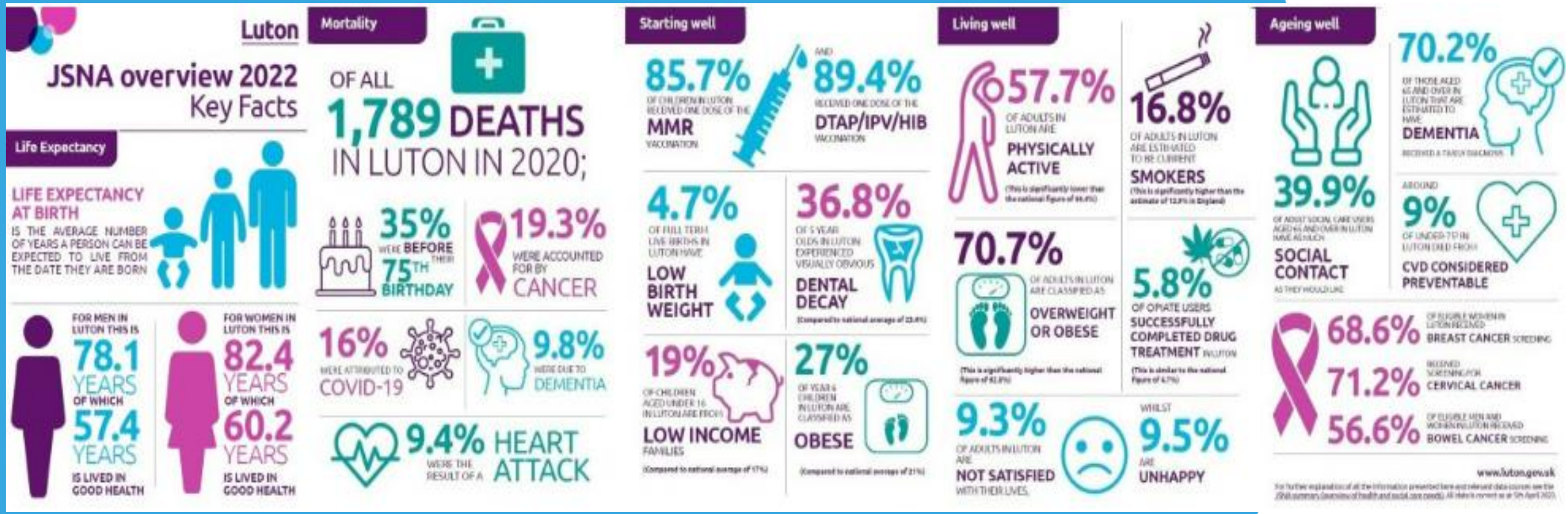
Bedfordshire, Luton and Milton Keynes Health and Care Partnership



- Luton is an ethnically diverse town with an estimated 150 languages and dialects spoken. It is densely populated, with some pockets of overcrowding. Luton has a younger than average population, however, forecasting suggests that this population will rise in the future with an increase in older age groups.
- Luton is also comparatively deprived, with some wards in the most deprived areas in the country and high levels of child poverty. These population characteristics contribute to the needs within the town.

67 Population Health Need

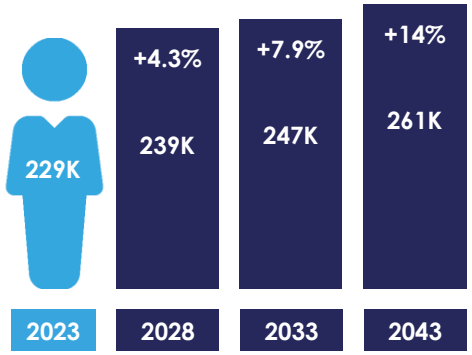
Bedfordshire, Luton and Milton Keynes
Health and Care Partnership



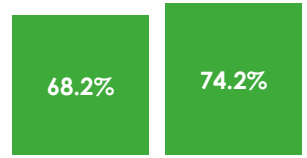
68 Luton Growth Projections

Previous ONS projections underestimated the rise in Luton's population hence the need to create our own.

We observed that population growth in was largely due to increased international migration in Luton so have included this in our projections.



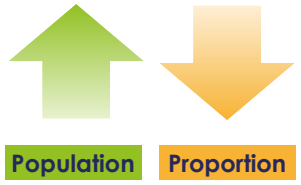
Luton's population is projected to rise by 14% over the next 20 years. Growth rates are fairly smooth over time.



Luton is set to become more diverse with a rise of 6 percentage points over the next 20 years in Black, Asian and Minority Ethnic groups including white other.

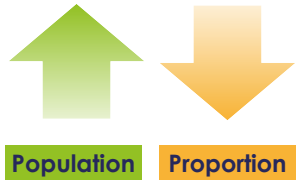
The three points below lead to an increase in the proportion of elderly people in Luton and a fall in the proportion of people aged 0-15 and 16-64.

0-15 Population



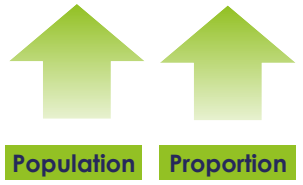
The number of children aged 0-15 is set to rise; 1% greater in 2023 and 6% greater in 2043 compared to 2023 figures. This is the smallest rise. The proportion of people aged 0-15 is projected to fall in the next 20 years.

16-64 Population



The population of people aged 16-64 is set to increase by 6% in 2033 and 9% in 2043. The proportion of working age people is projected to decline in the years ahead.

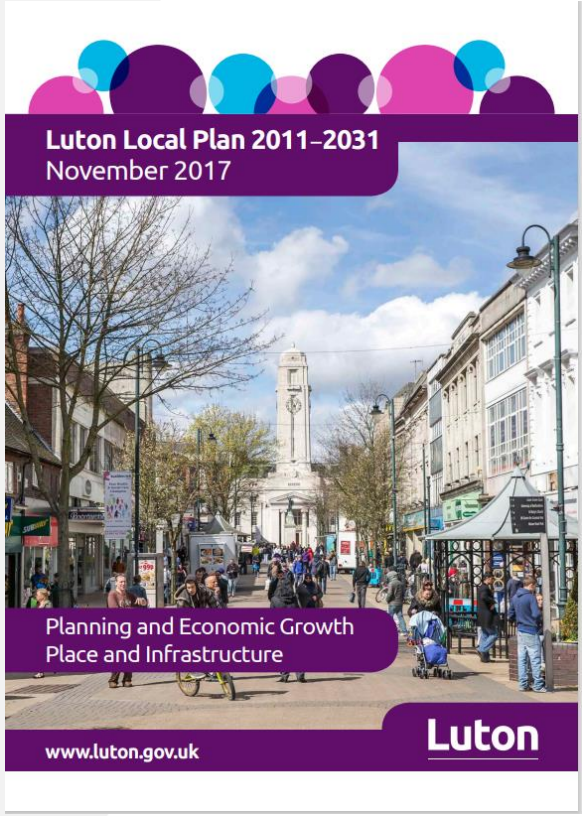
65+ Population



The largest percentage growth is in people age 65+ (31% higher in 2033 and 56% higher in 2043 compared to 2023 numbers). In the elderly growth is greater as age increases and is higher in males than females.

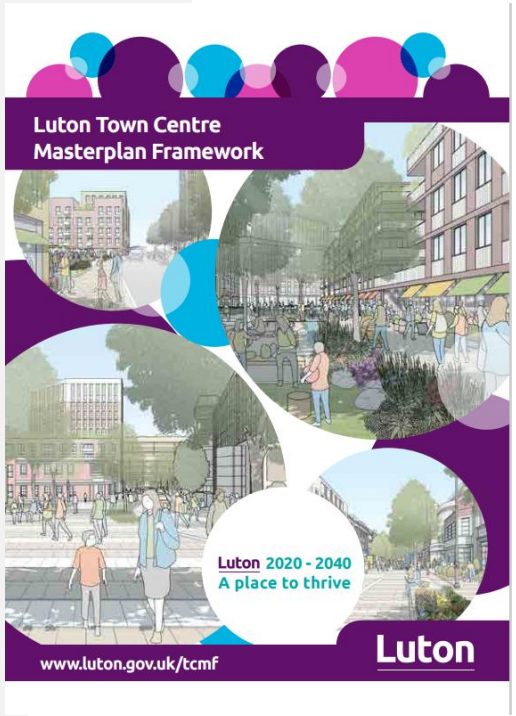
69 Housing Growth

- The current Luton Local Plan (2011-2031) was adopted in 2017, and provides for a supply of **housing growth of 8,500 homes across the Borough.** The Council is in the very early stages of the Local Plan Review.
- As a densely populated and multicultural town (in many ways similar to a London borough), Luton has provided access to relatively lower housing costs and rented accommodation compared to surrounding areas. However, in recent years there has been significant demand to accommodate a growing population, both from existing households and from people moving into the area, often with lower skills and wages.
- Without the greenfield land to build sufficient new housing to meet demand, there is not only a significant level of unmet housing need but an increasing affordability gap, as wages lag behind market rent and house price rises. Development market values within the town are also significantly low compared to neighbouring towns. Consequently, the viability of mixed-use development and recycling costly brownfield sites tends to be uneconomic or so marginal that the market has been unable to deliver affordable housing in recent years, except through major intervention by the Council.
- Luton's administrative boundaries are drawn tightly against the edge of the built-up area. This means the Borough is unable to accommodate all of the housing growth pressures. To address this the Council works closely with neighbouring Local Authorities, to ensure Luton's needs are met. This will include major growth on the periphery of Luton within both Central Bedfordshire and North Hertfordshire.

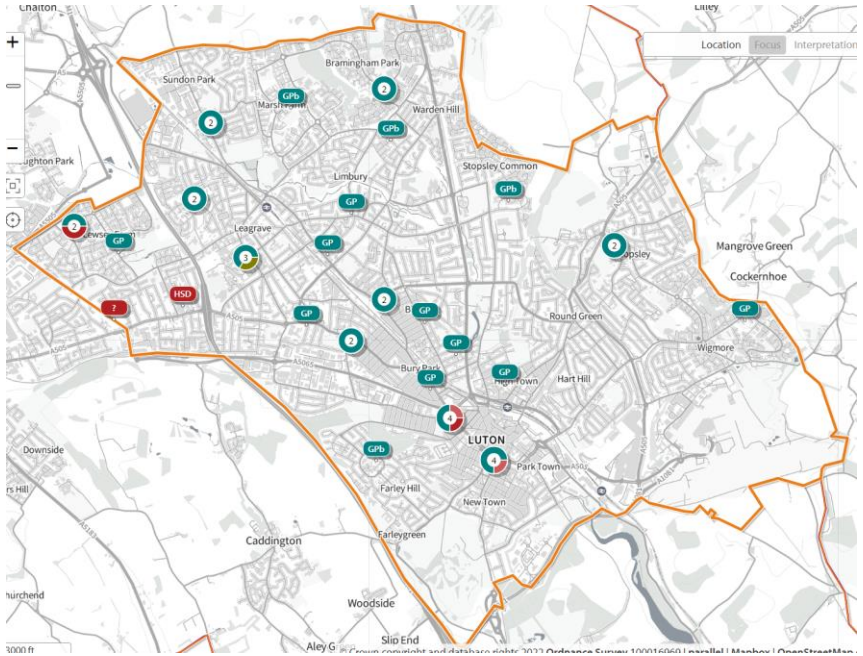


70 Redevelopment and Infrastructure Projects

- A number of significant regeneration initiatives and major infrastructure projects are underway across the borough.
- One of the most significant infrastructure projects is the proposed expansion of London Luton Airport from its current permitted cap of 18 million passengers per annum (mppa) up to 32 mppa, including: new terminal capacity; additional taxiways and other transport infrastructure; the construction of landside support buildings; surface access adjustments; mitigation works and other associated development. The planning process for this application is being managed as a national infrastructure project.
- Regeneration of the town centre as per the Luton Town Centre Masterplan Framework is also a key project for the Borough, which will support the wider determinants of health through the delivery of economic benefits for the town.



71 Health Assets in Luton



- ELFT provide Mental Health Services and Adult Community Health Services in Luton, and CCS are the provider of children's community health services. Between them, they occupy 19 properties across 14 sites. ELFT occupies 9,272m² at a cost of £1.3m per annum and CCS occupy 3,755m² at a cost of £542k p.a.
- ELFT own the majority of the mental health estate freehold, but most of the community health properties they and CCS occupy are leasehold – the majority of which are rented from NHS Property Services.
- There are 33 primary care premises across the Borough, operated by 24 providers (practices). 12,255m² is occupied, and the ICB reimburses £2.43m for rent/notional rent each year. One Primary Care Network has taken on additional administrative space at their own cost, and three PCNs have taken on additional space in Health Centres which is reimbursed by the ICB.
- NHS PS have 8 assets in Luton (including some of the community and primary care facilities above).
- Hospital services are delivered from the main hospital site, along with some satellite services at Arndale House.

72 Primary Care Estate

There are 33 GP practice premises in Luton. 48% of these are considered very constrained, with 12 (36%) being severely constrained at over 30 patients per m². This is quite a blunt measure of capacity however, and the tables below and on the next slide also show information about appointment levels and perceived access levels from a patient perspective. Some practices operate from multiple sites, and whilst one property may seem constrained, additional capacity may be available at other sites. The column for Total Patients per m² indicates total capacity, and the appointment levels and patient survey data are also for the whole practice. Key available on Slide 121.

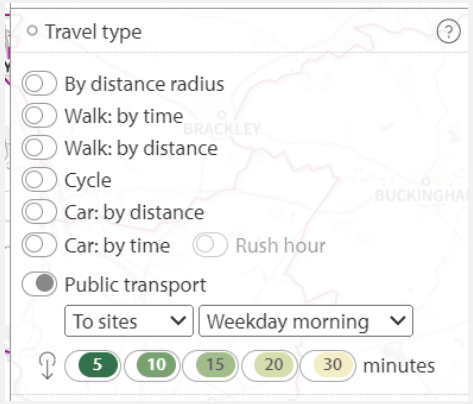
Property Name	Area m2 (occupied)	Total m² occupied by practice (all sites)	Partnership list size (latest)	Actual list size per surgery (estimate)	Patients per m2	Total Patients per m² (all sites)	Appts per 1,000 patients	Access: Average of 4 Questions	Overall condition RAG Rating	CQC Rating	Practice IMD	Freehold/ Leasehold	Date Built/ Converted	Training Practice
WHIPPERLEY MEDICAL CENTRE AKA Farley Hill MC	84.85	1138.06	47095	4907.299	57.83	41.38	441	50.56%	B/C	Outstanding	42.24	Leased	1950's	
MALZEARD ROAD MEDICAL CENTRE	168.6	168.6	9165	9165	54.36	54.36	457		B/C	Good	38	Owned	1990	
STOPSLEY VILLAGE PRACTICE	173	173	9387	9387	54.26	54.26	408	34.50%		Good	26.15	Owned	1960	
ASHCROFT ROAD SURGERY	101.3	101.3	5300	5300	52.32	52.32	410	83.27%	B/C	Good	26.15	Owned	1980	
OAKLEY SURGERY	150	150	7687	7687	51.25	51.25	279	60.99%		Good	36.5	Leased	1996	
LIVERPOOL ROAD HEALTH CENTRE	574.56	1138.06	47095	25709.1605	44.75	41.38	441	50.56%		Outstanding	42.24	Leased	1966	Training practice
NEVILLE ROAD SURGERY	140	140	4825	4825	34.46	34.46	389	66.58%	B/C	Good	13.88	Owned	1993	
BELL HOUSE MEDICAL CENTRE	333	333	11262	11262	33.82	33.82	268	59.44%	C	Good	34.83	Owned	1907	Training practice
PASTURES WAY SURGERY	158	158	5088	5088	32.20	32.20	475			Good	39.66	Owned	1986	
WOODLAND AVENUE SURGERY	402	402	12932	12932	32.17	32.17	383	46.13%	B/C	Good	28.65	Owned	1940	Training practice
GARDENIA SURGERY	323	451	13994	10075.68	31.19	31.03	277	45.56%		Good	24.95	Owned	1991	
MARSH FARM MEDICAL CENTRE	128	451	13994	3918.32	30.61	31.03	277	45.56%		Good	24.95	Leased	1984	
BARTON HILLS MEDICAL GROUP (White Horse Vale)	278	278	8140	8140	29.28	29.28	373	57.00%	B/C	Good	8.87	Leased	1980's	Training practice
CASTLE MEDICAL PRACTICE	394	1121	17772	10663.2	27.06	15.85	293	43.00%	B/C	Requires improvement	35.72	Leased	1960	Training practice
LEAGRAVE SURGERY	352.62	352.62	9473	9473	26.86	26.86	312	61.76%		Good	20.07	Leased	1989	
BUSHMEAD MEDICAL CENTRE	237.8	1138.06	47095	6216.54	26.14	41.38	441	50.56%	C	Outstanding	42.24	Owned	1995	Training practice

73 Primary Care Estate

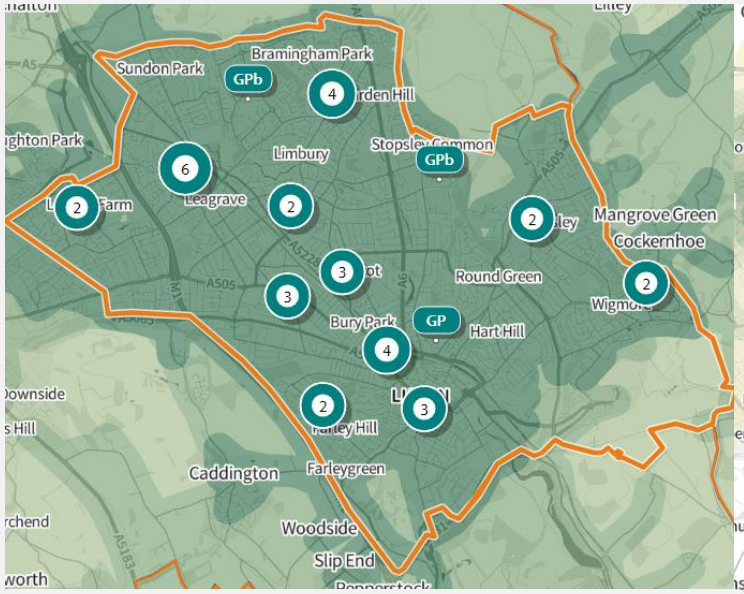
Property Name	Area m2 (occupied)	Total m² occupied by practice (all sites)	Partnership list size (latest)	Actual list size per surgery (estimate)	Patients per m2	Total Patients per m² (all sites)	Appts per 1,000 patients	Access: Average of 4 Questions	Overall condition RAG Rating	CQC Rating	Practice IMD	Freehold/ Leasehold	Date Built/ Converted	Training Practice
SUNDON PARK HEALTH CENTRE	123.94	512.37	9488	2846.4	22.97	18.52	380	51.95%	C	Good	23.01	Leased	1970	Training practice
HOCKWELL RING MEDICAL PRACTICE	190.4	361.8	6125	4046.175	21.25	16.93	425		C	Good	41.64	Owned	1986	
BUTE HOUSE MEDICAL CENTRE	525.3	525.3	10764	10764	20.49	20.49	661	60.39%		Good	42.24	Leased	1900	Training practice
GOOSEBERRY HILL	124.17	542.77	12065	2413	19.43	22.23	567	63.57%		Good	7.66	Leased	1970	Training practice
BLENHEIM MEDICAL CENTRE	727	857	16366	13911.1	19.13	19.10	495	49.44%	B/C	Requires improvement	32.08	Leased	2004	Training practice
LINK SURGERY	130	857	16366	2454.9	18.88	19.10	495	49.44%	B/C	Requires improvement	32.08	Owned	1983	
SUNDON MEDICAL CENTRE	307.23	512.37	9488	5692.8	18.53	18.52	380	51.95%	B/C	Good	23.01	Owned	1947	Training practice
KINGSWAY HEALTH CENTRE	683.83	683.83	12291	12291	17.97	17.97	411	51.13%		Good	41.94	Leased	2013	
LISTER HOUSE SURGERY	374.4	374.4	6457	6457	17.25	17.25	315	49.55%	B/C	Requires improvement	26.8	Owned	1976	
MEDICI MEDICAL PRACTICE	1090.7	1090.7	18513	18513	16.97	16.97	378	43.13%		Good	36.66	Leased	2008	Training practice
BRAMINGHAM PARK MEDICAL CENTRE	459.39	459.39	7278	7278	15.84	15.84	345	44.77%	C	Good	8.53	Leased	1990	
TOWN CENTRE SURGERY	1043	1043	15534	15534	14.89	14.89	.	41.55%		Good	35.72	Leased	2009	
LARKSIDE PRACTICE (CHURCHFIELD MEDICAL CENTRE)	703	703	10055	10055	14.30	14.30	438	55.40%	C	Good	8.64	Leased	2006	Training practice
BRITANNIA HOUSE SURGERY	171.4	361.8	6125	2078.825	12.13	16.93	425		C	Good	41.64	Leased	2011	
HARLINGTON SURGERY	81.2	512.37	9488	948.8	11.68	18.52	380	51.95%		Good	23.01	Owned	1987	Training practice
CONWAY MEDICAL PRACTICE	794.37	794.37	8639	8639	10.88	10.88	889			Good	41.94	Leased	2013	Training practice
CASTLE MEDICAL GROUP PRACTICE	727	1121	17772	7108.8	9.78	15.85	293	43.00%	C	Requires improvement	35.72	Leased	2006	Training practice

74 Primary Care – Travel Times

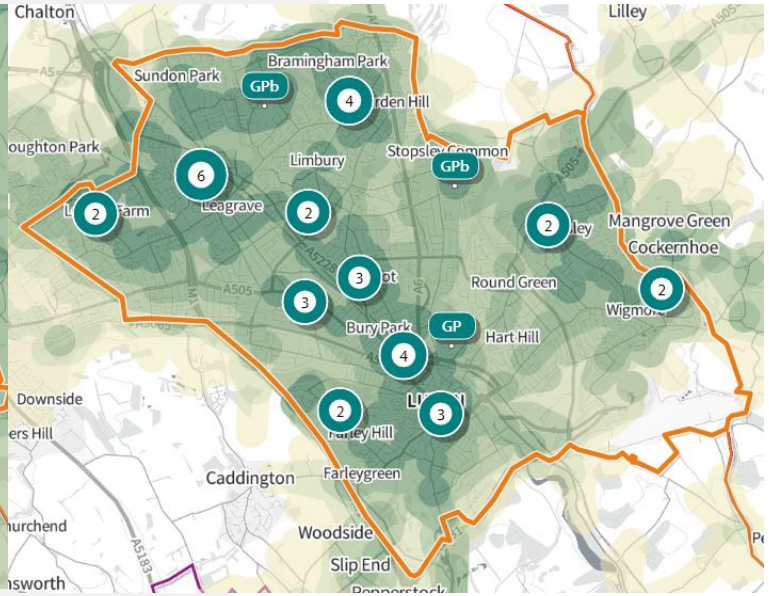
- The majority of the population within Luton can access a GP practice within 10 minutes' drive time and 20 minutes by public transport.
- The only exception is the less populated area in the South-East of the Borough.



SHAPE data Travel Distance by Car 5 to 30 Minutes range



SHAPE data Travel Distance by Public Transport within 5 to 30 Minutes



75 Workforce Development

- The capacity and condition of the local healthcare estate can impact on the recruitment, retention and development of our workforce.
- Qualitative feedback from primary care providers in Luton:

  - **Hatters PCN:** *"Estates is a huge issue for us. Sundon Medical Centre has to limit the amount of trainees we take due to room capacity. With PCN's and our regular staff we already have to implement "desk hopping" to accommodate the staff we have. At Lister House, we currently have 3 Trainees, However we can have another 3 if the deanery can support us with additional clinical room."*
  - **Larkside Surgery:** *"Estates capacity is a major contributing factor to restricting our training capacity."*
  - **Lea Vale Surgery/PCN:** *"Estates are the main limitation for us to be able to take placements, we have already had to say no to Pharmacist placements and we are no longer able to take Foundation Doctors (2 doctors per rotation) from the Hospital due to the room issues across our estates. We would love to be able to reinstate the Foundation Doctor rotation as we have had great success in the past providing a placement that meant that the Doctors selected GP as their further training, in fact one of Foundation GPs is now one of salaried GPs years later."*
  - **Medics PCN:** *"Clinical space is our huge problem!!! - which impacts the number of trainees that need a clinical room allocated e.g. GP Trainees"*
  - **Phoenix Sunrisers PCN:** *"We cannot take any more staff or trainees because we have no space."*

76 The Community Estate in Luton (ELFT)

Organisation Name	Address Line 1	Area m^2 (occupied)	Total Costs	End of tenure (if applicable)	Building condition (any known metrics)	Freehold / Head Leaseholder
ELFT	Calnwood Court Luton & Central Beds MH Inpatient Unit 1 - Ground Floor - Crystal Ward, Calnwood Road, Luton	741	£ 43,829.20			Freehold - ELFT
ELFT	Calnwood Court Luton & Central Beds MH Inpatient Unit 2 - Evergreen CAMHS, Calnwood Road, Luton	196	£ 25,190.20			Freehold - ELFT
ELFT	Calnwood Court Luton & Central Beds MH Inpatient Unit 2 - Multi Purpose Hall, Calnwood Road, Luton	464	£ 34,355.80			Freehold - ELFT
ELFT	Calnwood Court Luton & Central Beds MH Inpatient Unit 2 - Onyx Ward, Calnwood Road, Luton	765	£ 44,650.00			Freehold - ELFT
ELFT	Calnwood Court Luton & Central Beds MH Inpatient Unit 2 - ECT Suite and Pharmacy, Calnwood Road, Luton	236	£ 26,558.20			Freehold - ELFT
ELFT	Luton & Central Beds MH Inpatient Unit 3 - Coral Ward, Jade Ward and Section 136 Unit, Calnwood Road, Luton	1694	£ 76,421.80			Freehold - ELFT
ELFT	Charter House	2703	£423,292.60			Chamberlain Group
ELFT	Luton Central Library	92	£ 27,000.00			Luton Borough Council
ELFT	Luton Police Station	12	£ 990.40			Luton Police
ELFT	Oakley Court	1397	£338,066.40			EPUT
ELFT	Sundon Park Health Centre	63.91	£ 20,817.31			NHSPS
ELFT	105 London Road	658	£ 37,503.60			Freehold - ELFT
ELFT	54 Lewsey Road	123	£ 11,206.60			Freehold - ELFT
ELFT	Wigmore Lane Health Centre	127.91	£ 42,649.15			NHSPS

77 The Community Estate in Luton (CCS)

Organisation	Property Name	Address Line 1	Area m²	Annual Rent	Total Costs	End of Tenure (if applicable)	Building Condition (any known metrics)	Freehold / Head Lease Holder
CCS	Liverpool Road Health Centre	9 Mersey Place	559.80	£92,081				NHSPS
CCS	Luton & Dunstable Hospital	Lewsey Road		Nominal				BHFT
CCS	Redgrave Gardens	Edwin Lobo Centre	867.00	£100,000				CHILTERN LEARNING TRUST
CCS	The Poynt	2-3 Poynters Road	1766.00	£350,000				MAPP
CCS	Luton Treatment Centre	Vestry Close	563.00	£0				Freehold

78 NHS PS Estate in Luton

Site Name	Property Name	GIA	Property Tenure	Total Cost Per Annum - all Tenants (24/25 Costs)	Void / Sessional Space (m^2)	Tenants	Overall Condition	Total Backlog Maintenance £
Liverpool Road Health Centre	Liverpool Road Health Centre	2397.8	Freehold	£675,088	167.08 void 163.81 sessional	ELFT, CDS, GP practice, CCS, BHFT, void & sessional space	B(C)	£ 1,054,923
Luton Walk In Centre	Luton Walk In Centre	1201.5	Lease of Whole Bldg	£683,277	0	HUC - GP practice, OOH service, UTC	B(C)	£ 782,216
Wigmore Lane Health Centre	Wigmore Lane Health Centre	1009.9	Lease of Part Bldg	£167,699	24.15 void 23.40 sessional	Virgin, CCS, ELFT, void & sessional	B(C)	£ 574,894
Sundon Park Health Centre	Sundon Park Health Centre	276.4	Freehold	£93,099	0	PCN, ELFT	B(C)	£ 253,221
Queensborough House	Queensborough House	581.3	Lease of Whole Bldg	£235,293	0	ELFT	D(X)	£ 146,519
Kingsway Health Centre	Kingsway Health Centre	1413.5	Lease of Whole Bldg	£629,105	0	2 GP practices	B(C)	£ 66,899
Marsh Farm Health Centre	Marsh Farm Health Centre	1035.2	Long Leasehold	£261,772	385.95 void	GP, CDS, EPUT, BHFT	B(C)	£ 41,751

79 Void NHS Estate in Luton

- Following a review of the void estate across BLMK last year, action has been taken to reduce the amount of unoccupied space in NHS PS buildings.
- The remaining "void" space in Luton is in the three buildings listed below.

Site Name	Property Name	Void / Sessional Space (m^2)	Comments
Liverpool Road Health Centre	Liverpool Road Health Centre	167.08 void 163.81 sessional	In discussions with the GP practice/PCN based in the building about the potential for them to take on additional space. Affordability of additional service charge costs are a potentially limiting factor however.
Wigmore Lane Health Centre	Wigmore Lane Health Centre	24.15 void 23.40 sessional	Lack of clarity about sessional space in the building – under review with NHS PS. Potential for Ultrasound Service to take on space in the building.
Marsh Farm Health Centre	Marsh Farm Health Centre	385.95 void	New void costs in 24/25 – under review with NHS PS as former CCG previously handed back this property.

80 Existing Pipeline

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

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 wil generate revenue cost pressure. Reconfiguration will reduce footprint rquired 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.
BHFT	L&D New Buildings	Redevelopment of Luton & Dunstable Hospital site	Under construction, due for completion 2025
Primary Care	Liverpool Road Health Centre	Proposal for PCN / practice to take on void space in the building	In planning

- **There remains an aspiration to develop a Community Diagnostic Centre in Luton, but it has not been possible to yet secure national capital funding to support this. The ICB continues to make a case for central NHS funding towards this.**
- **Some feasibility work is also underway to consider options for relocating facilities from the Chapel Street building in Luton, which currently accommodates Luton Town Centre Surgery, the Out of Hours Service and Luton Urgent Treatment Centre.**

See Slides 23-27 for Estates Strategies for Bedfordshire Hospitals Trust, ELFT and CCS

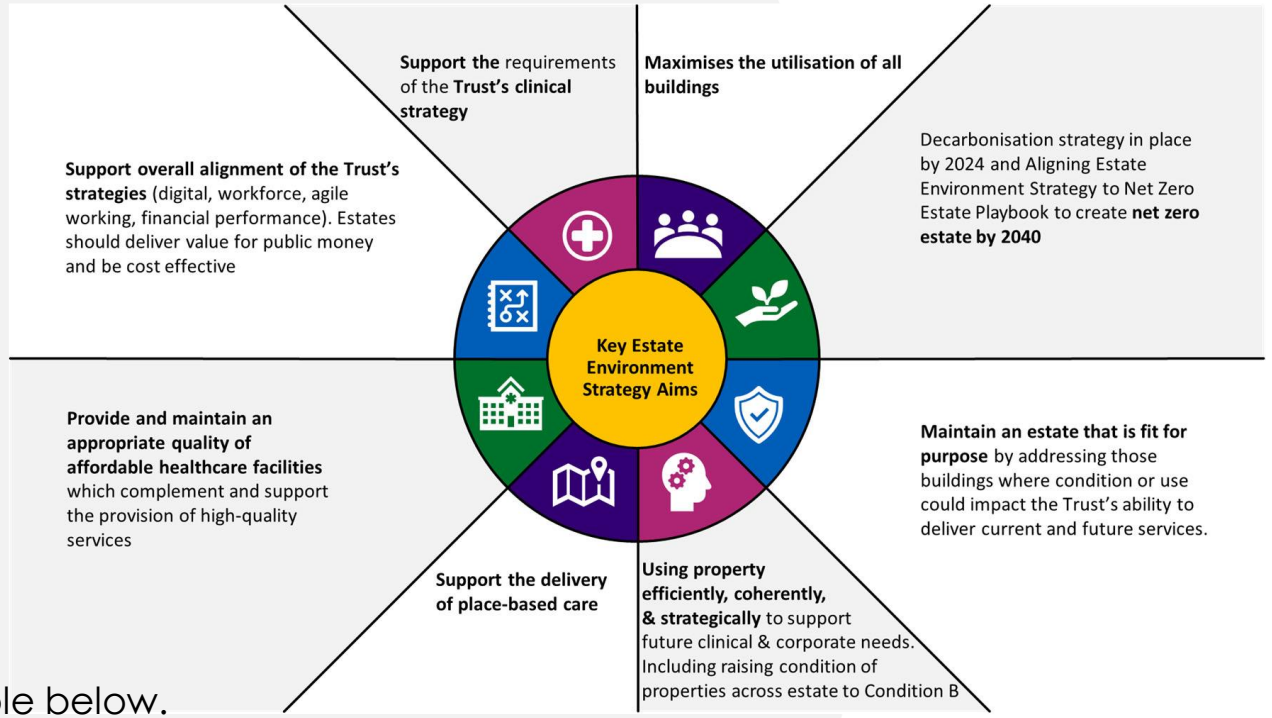
81 Existing Strategies – PCN Estate Toolkits

PCN	Practices	Case	Strategy
Hatters PCN	Leagrave Surgery, Lister House, Oakley Surgery, Sundon Medical Centre, Bute House, Drs Mirza & Ptnrs	Significant variation in patient-facing utilisation of estates Bute House is unable to accommodate future staff growth within estate footprint	• The PCN, with support from the ICB, should focus on improving the energy efficiency of the buildings • The PCN, with support from the ICB, should look to identify possible community buildings in which services and health education could be delivered • Feasibility studies recommended for Bute House and/or a PCN Hub • Practices should look to create digital consultation capacity within their existing footprints • Refurbishments needed for Bute House and Dr Mirza & Ptnrs
Lea Vale PCN	Lea Vale Surgery	To sufficiently accommodate staffing growth, the PCN will need another 7 clinical rooms by 2032	• The PCN, with support from the ICB, should focus on improving the energy efficiency of the buildings • The PCN, with support from the ICB, should look to identify possible community buildings in which services, health education and group support could be delivered • Feasibility studies recommended for expansion of Liverpool Road Surgery into unutilised space, and feasibility study for extension of Whipperley building
Medics PCN	Bell House, Woodland Avenue, Gardenia, Medici Medical Practice, Barton Hills	The Marsh Farm PCN site is currently operating at capacity. High capacity pressures at Bell House, Barton Hills and Woodland Avenue in particular.	• Feasibility Study to determine the viability of relocating PCN services from Bell House to Medici Medical Practice. The feasibility study should include a full utilisation analysis of both practices. (2024) • A number of feasibility studies will be required to understand the viability of expanding, extending, or re-optimising the layout of estates. The highest suggested priority is Bell House. (2025) • Identify spaces within the community from which services can be delivered. This could include community and leisure centres, existing health infrastructure, local authority, or education spaces. • Feasibility Study to determine the long-term viability of delivering services from Bell House Medical Centre. If PCN services were unable to be relocated to Medici Medical Practice (or alternative) and an extension was not viable, the PCN should consider identifying Bell House as Tail Estate and replacing with an alternative building. • Practices should seek to improve the energy efficiency of their buildings, in line with NHS Net Zero targets.
Phoenix Sunrisers PCN	Wenlock Surgery, Conway Medical Centre, Bramingham Park Medical, Pastures Way Surgery, Malzeard Road Practice, Neville Road Surgery, Kingsway Health Centre	Without intervention, levels of utilisation at Malzeard Road Surgery and Neville Road will be unsustainable by, or before, 2032. PCN has identified sites that have spaces that are currently under utilised i.e. Bramingham Park Surgery.	• The PCN, with support from the ICB, should focus on improving the energy efficiency of the buildings • The PCN, with support from the ICB, should look to identify possible community buildings in which services and health education could be delivered • All practices, with the exception of Kingsway, store patient records on-site; digitising these could provide an opportunity to increase clinical capacity. • A number of feasibility studies will be required to review the recommendations of this report, the suggested highest priority is Neville Road Surgery. • Practices should look for opportunities to create additional consultation capacity by creating digital consultation capacity within their existing footprints.

82 Existing Strategies - ELFT

The following is a high-level summary of where ELFT want to be in terms of the development of their Estate:

- **Rationalise** the estate, making the best use of the existing space and **closing buildings** that do not represent good value for money and/or are not fit for purpose;
- **Dispose of** the property that is no longer required;
- Work with the partners (ICSs, OPE, etc.) to **co-locate appropriate services** to achieve efficiencies in occupancy costs and realise benefits for patients and staff;
- **Improve the condition, performance, and compliance** of the retained estate;
- Aligning the Estate Environmental Strategy principles to the Net Zero Estate Playbook to create **net zero estates by 2040**; and
- Promote **new facilities** as an aid to staff recruitment and retention.



Two specific project aspirations in Luton are shown in the table below.

Title of Scheme	Scheme Description	Scheme Status	Scheme Value (£,000) - including Optimism Bias Uplift
CRISIS HOUSE: Luton	NEW SERVICE providing short term crisis accomodation in Luton	PIPELINE SCHEME - *No funding available within current CDEL allocation*	£2,000,000
EVERGREEN CAMHS: +6 bed expansion	Increase bed numbers from 8 to 14 due to demand	PIPELINE SCHEME - *No funding available within current CDEL allocation*	£5,000,000

83 Funding Sources

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

S106 Funding

- Delivery of affordable housing is a key priority for Luton Borough. As a result, the Council has a policy not to request health contributions from developers, to prevent the viability of housing developments being undermined. Therefore, there is no S106 funding available for health in Luton.

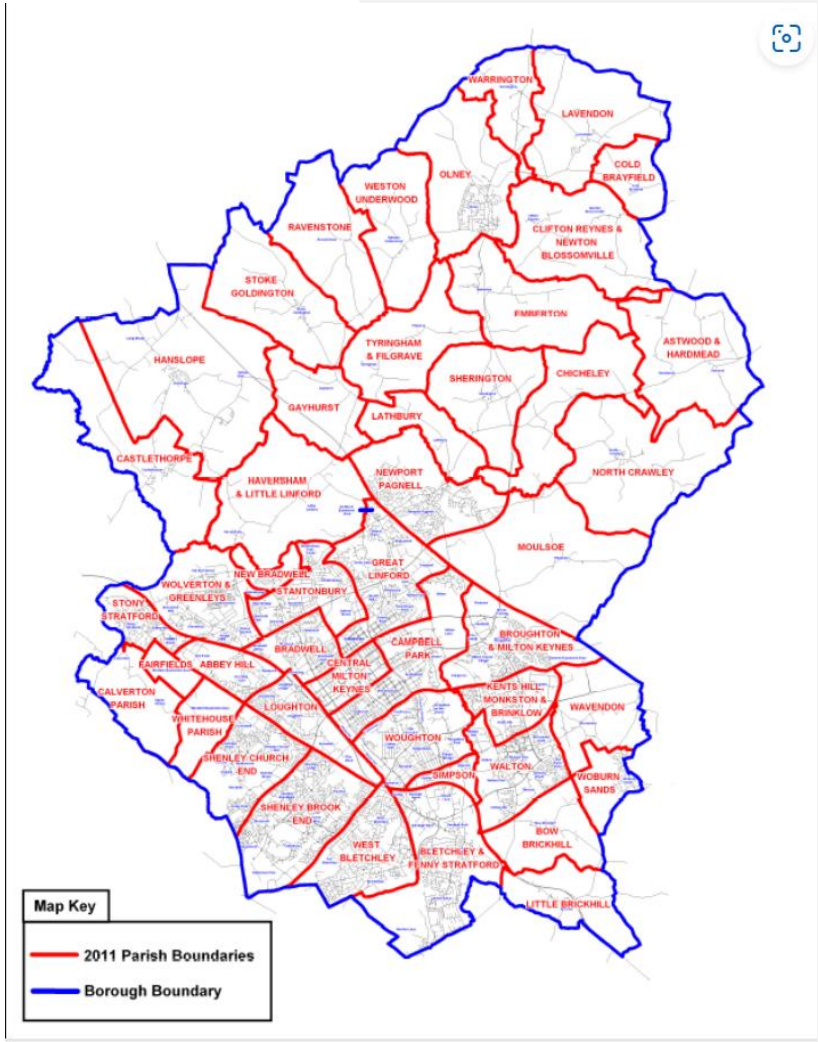
Disposal Opportunities

- No NHS disposal opportunities have been identified in Luton.

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

85 Milton Keynes – an overview

- In 1967, when Government dedicated 34 square miles of land to what it intended would become the New City of Milton Keynes, around 40,000 people lived in its small towns and rural villages. Since then, the population has grown to nearly 300,000 people and in May 2022 Milton Keynes was officially recognised as a city.
- Centrally located, Milton Keynes has consistently been one of the fastest growing cities in the country, both in terms of population and economic growth. MK is the third most productive UK city outside of London.
- Infrastructure before Expansion is a key principle for Milton Keynes City Council. The scale of growth has brought with it funding from developers, with significant infrastructure funded and planned in the future from S106 contributions.

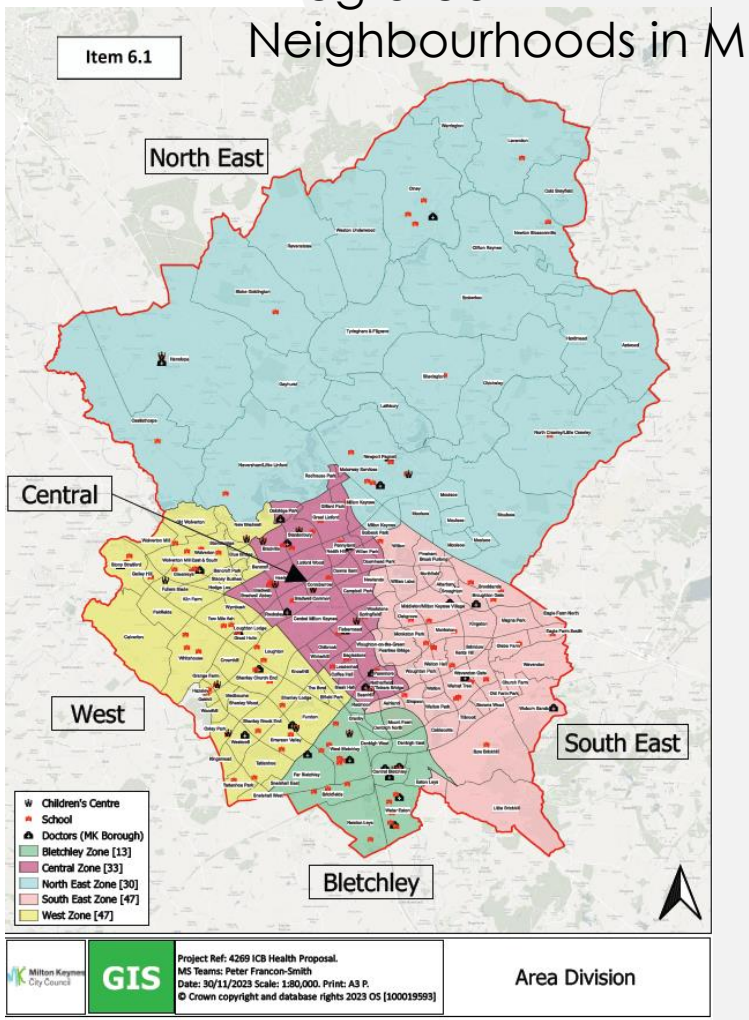


86 Joint Strategic Priorities in MK

Priorities for the MK Deal partners are focused around:

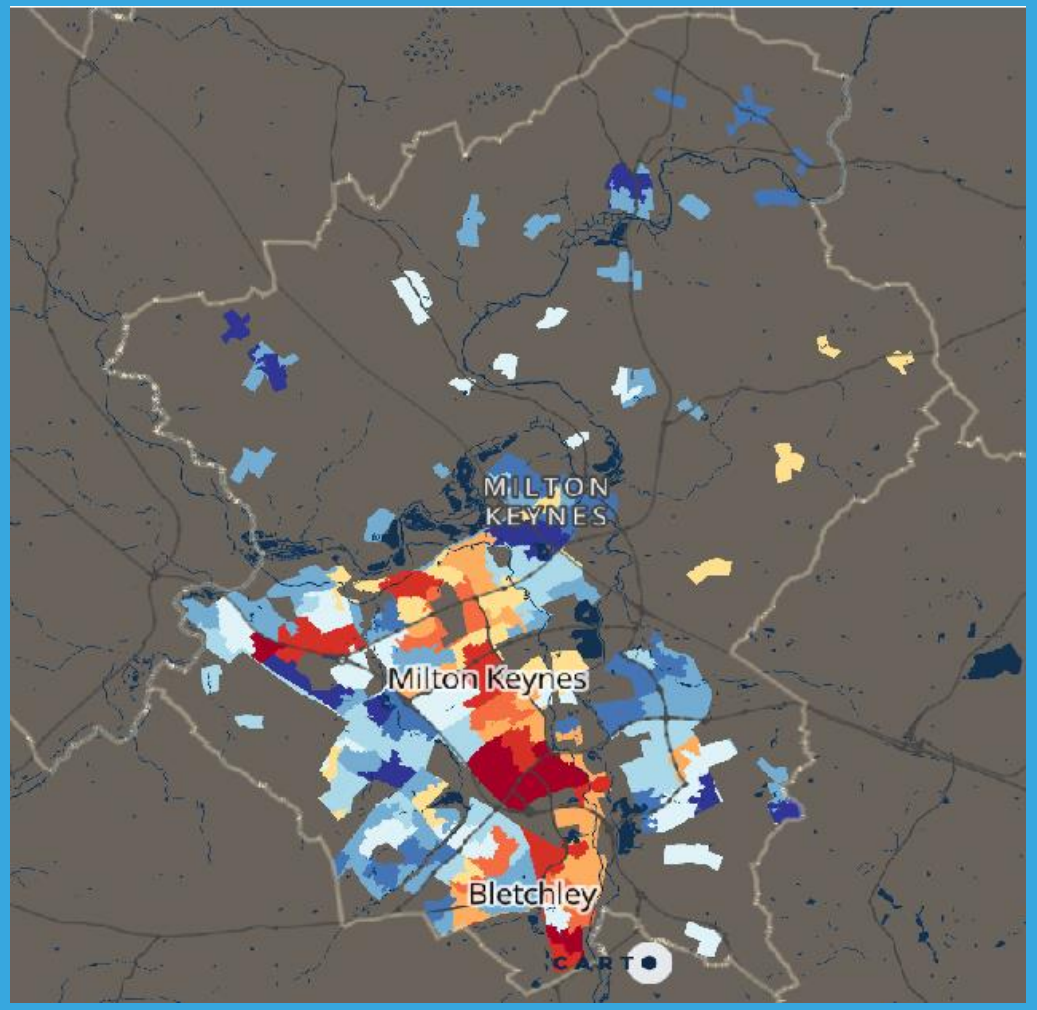
- Tackling obesity
- Improving system flow
- Children's mental health
- Neighbourhood working
- Bletchley Pathfinder
- Complex Care

Integrated Neighbourhoods in MK



87 Population Health Need

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

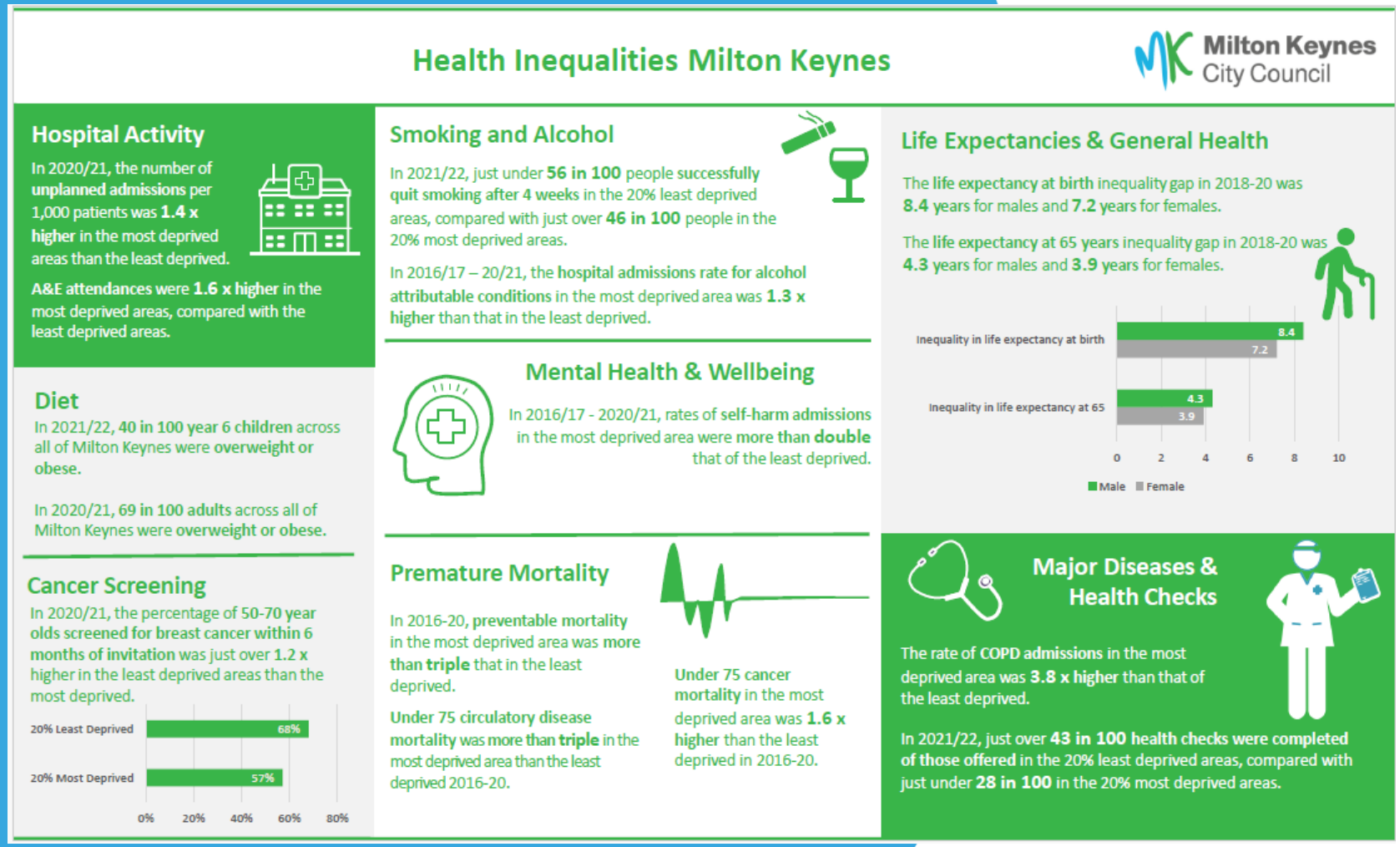


Health and wellbeing indicators for Milton Keynes indicate that generally the population enjoys better than average health compared to the rest of England. However, there is significant variation in levels of deprivation across the City, and this corresponds to variation in health outcomes. Some of the communities in Milton Keynes are within the 20% most deprived in the country.

88 Population Health Need

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

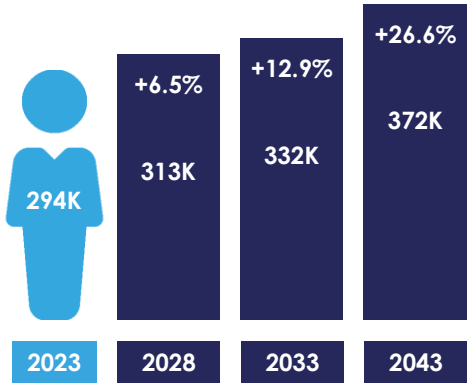
Milton Keynes City Council and Milton Keynes University Hospitals Trust have both signed up to the Healthy Weight Declaration -a **strategic, system-wide commitment made across all council departments to reduce unhealthy weight in local communities**, protect the health and wellbeing of staff and citizens and to make an economic impact on health and social care and the local economy.



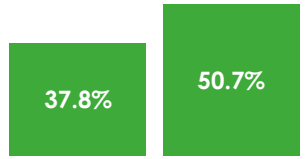
89 MK Population Growth Projections

Previous ONS projections underestimated the rise in Milton Keynes's population hence the need to create our own.

We observed that population growth was closely linked to housing growth in Milton Keynes so have included a housing element in our projections.



Milton Keynes's population is projected to rise by 26.6% over the next 20 years. Growth rates are fairly smooth over time.



Milton Keynes is set to become more diverse with a rise of 13 percentage points over the next 20 years in Black, Asian and Minority Ethnic groups including white other.

The three points below lead to an increase in the proportion of elderly people in Milton Keynes and a fall in the proportion of people aged 0-15 and 16-64.

0-15 Population

Population Proportion

The number of children aged 0-15 is set to rise; 5% greater in 2023 and 18% greater in 2043 compared to 2023 figures. This is the smallest rise. The proportion of people in the age group is projected to rise.

16-64 Population

Population Proportion

The population of people aged 16-64 is set to increase by 10% in 2033 and 20% in 2043. However, the proportion of people aged 16-64 is projected to fall.

65+ Population

Population Proportion

The largest percentage growth is in people age 65+ (37% higher in 2033 and 70% higher in 2043 compared to 2023 numbers). In the elderly growth is greater as age increases and is higher in males than females.

90 Housing Growth

- The current Local Plan for Milton Keynes, Plan: MK which was developed in 2018, provides for a supply of housing growth of 30,000 homes across the City.
- Work has now begun on refreshing the Local Plan – development of the New City Plan – and this will include significantly more ambitious growth projections. This figure will increase to 63,000 new homes, so the Council will need to allocate sites for an additional 33,000 homes.
- Based on housing-led growth alone, the population is expected to grow by up to 12% by 2031, and by up to 41% by 2050.
- As well as growing in number, the shape of the population is changing, with particular increases in the numbers of people between the ages of 45-85.

Milton Keynes City Council

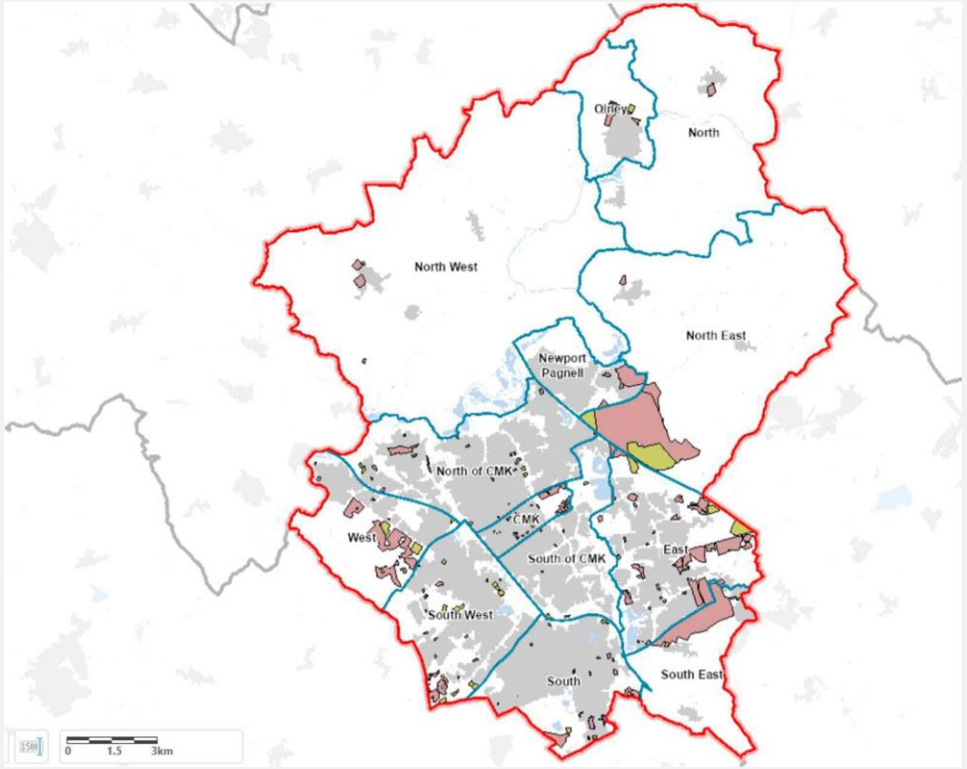
City Wide Growth 2022 – 2050 (HEDNA)

	2022	2031		2041		2050	
		Low	High	Low	High	Low	High
Total Dwelling	119,900	137,014	140,285	154,129	160,670	173,145	183,320
Dwelling Growth		17,114	20,385	34,229	40,770	53,245	63,420

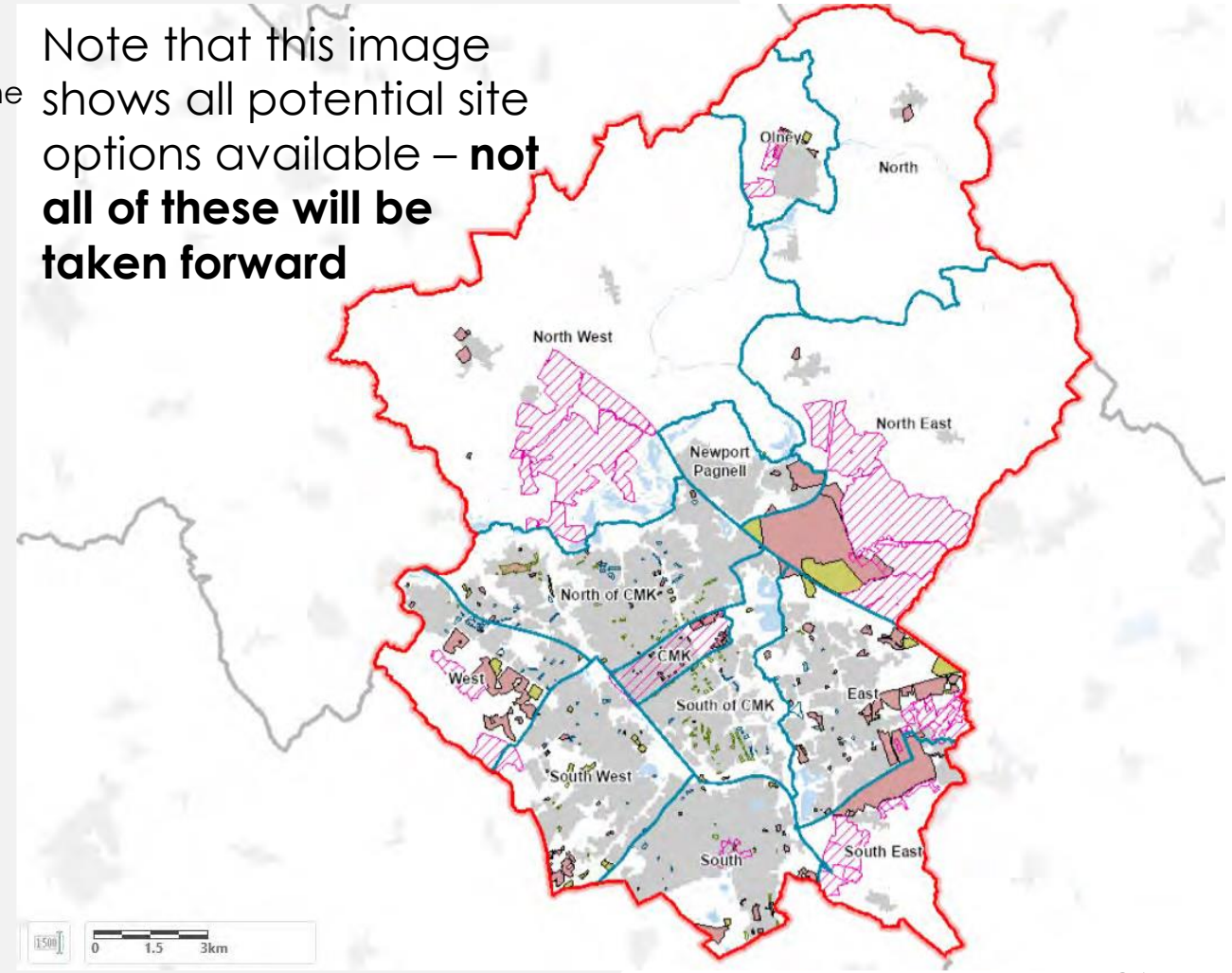
	2022	2031		2041		2050	
		Low	High	Low	High	Low	High
Total Population	290,182	316,503	326,015	349,533	367,711	384,425	409,961
Population Growth		**26,321**	**35,833**	**59,351**	**77,529**	**94,243**	**119,778**

91 Housing Growth Sites

The map on the left shows the Plan : MK Growth Locations (existing housing and employment site allocations and planning permissions). The map on the right shows the New City Plan Growth Options. Additional options (hatched areas) illustrated on the plan are not chosen growth locations. These are choices under investigation only at this stage.



Note that this image shows all potential site options available – **not all of these will be taken forward**



92 Redevelopment and Infrastructure Projects

- A number of significant regeneration initiatives are underway across the borough, the most prominent of which focus on **Bletchley town centre** and **Wolverton High Street.**
- Through the Towns Deal process, Milton Keynes City Council was awarded £22.7m across nine projects to support the regeneration of Bletchley and Fenny Stratford to drive transformational and sustainable growth in the area. These interventions individually and collectively seek to deliver the vision for Bletchley and Fenny Stratford, as identified in the Town Investment Plan. The nine projects funded by the grant are: Revolving Fund for investment in area, Redway improvements, Public Realm improvements, provision of an Innovation Hub, investment in a Tech Park, transformation at Bletchley Park, development of a transport hub, active marketing of vacant sites, and improvements to broadband fibre connectivity.
- The Agora high street regeneration in Wolverton is a long-standing Council Plan priority. Due to viability issues impacting on the progress of the scheme, the City Council is acting as developer to develop the former Agora site in Wolverton. This development in total comprises of 115 new homes with affordable housing, a local convenience store with small shops totalling 917m2 , along with car free 'little streets', new areas of public realm including a small public park.

93 Bletchley Pathfinder Project

What is Bletchley Pathfinder?

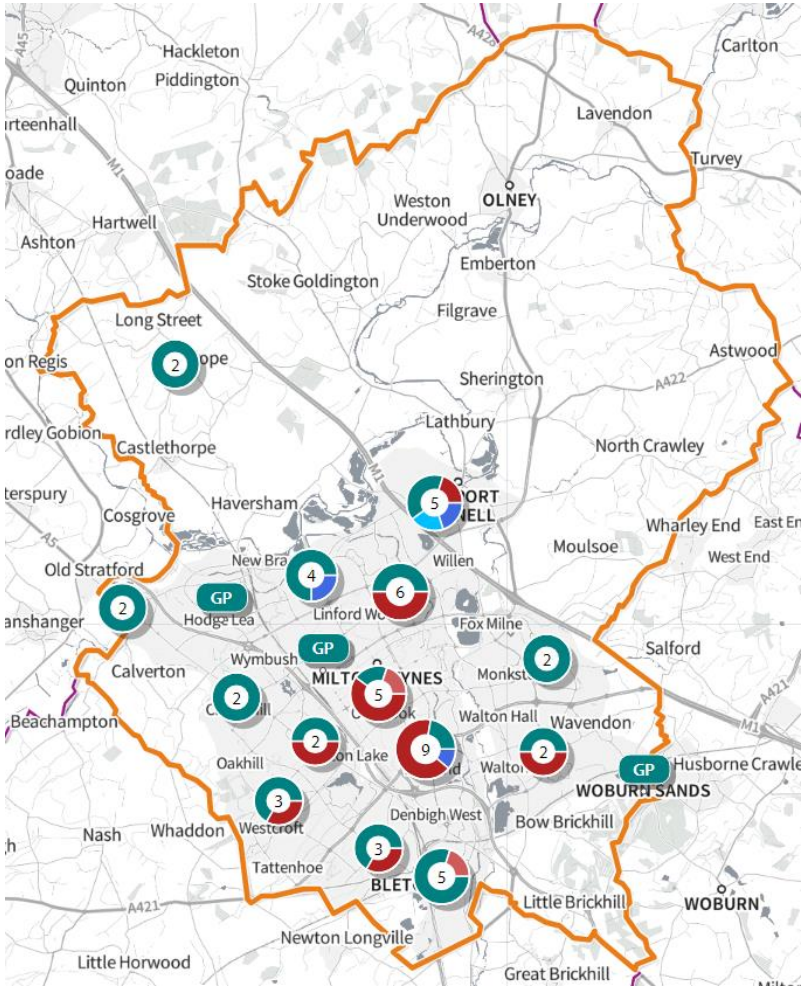
Bletchley Pathfinder is the fifth priority under the MK Deal as agreed by Milton Keynes Health and Care Partnership. The pathfinder is a new multi-agency initiative aimed at improving the ways our health and care services work together. Learning from the Bletchley Pathfinder will inform new ways of neighbourhood working across the city to progress two of Professor Clare Fuller Stocktake report which recommends:

- Provide more proactive and personalised care and support to people through a multi-disciplinary team approach.
- Help people to stay well for longer as part of a stronger focus on prevention of ill health.

Bletchley Pathfinder has 6 projects:

1. Create Team BLETCHLEY
2. Develop neighbourhood ways of working
3. Implement a neighbourhood conferencing model
4. Develop a health coaching model
5. Seed fund social and support clubs
6. Test programmes aimed at helping families eat well

94 Health Assets in Milton Keynes



- CNWL are the provider of community and mental health services in MK. They occupy 21 properties across 11 sites, including the MKUH hospital site, and are the only tenants at Bletchley Community Hospital. They occupy 13,856m² at a cost of £3.8m per annum. All of the properties they occupy are leasehold – the majority of which are rented from NHS Property Services.
- There are 31 primary care premises across the City, operated by 24 providers (practices). 16,492m² is occupied, and the ICB reimburses £3.2m for rent/notional rent each year. One Primary Care Network has taken on additional shared administrative space for back-office services at their own cost (and therefore not included in ICB data).
- NHS PS have 28 assets in Milton Keynes (including some of the community and primary care facilities above) and there is one property where CHP are the head leaseholder (Wolverton Health Centre).
- Hospital services are delivered from the main hospital site, along with some outreach services at the Whitehouse Health Centre and Stoney Stratford Health Centre. Community Diagnostic Centres are also being developed at Lloyd Court (City Centre) and at the Whitehouse Health Centre.
- A range of services operate from the main hospital site, including mental health inpatient care, the MK Urgent Care Centre, and a Child Development Centre.

95 Primary Care Estate

NB this currently excludes 2 small branch surgeries at Deanshanger and Permayne due to data validation issues. This affects the total capacity figures for Purbeck Health Centre and Stonedean practice (highlighted in red).

There are 31 GP practice premises in MK. 47% of these are considered very constrained, with 5 (16%) being severely constrained at over 30 patients per m². This is quite a blunt measure of capacity however, and the tables below and on the next slide also show information about appointment levels and perceived access levels from a patient perspective. Some practices operate from multiple sites, and whilst one property may seem constrained, additional capacity may be available at other sites. The column for Total Patients per m² indicates total capacity , and the appointment levels and patient survey data are also for the whole practice. Key available on Slide 121.

Property Name	Area m2 (occupied) of property	Total m² occupied by practice (all sites)	Total Partnership list size (latest)	Actual list size per surgery (estimated across multiple sites)	Patients per m2 for property	Total Patients per m² (all sites)	Access: Average of 4 Questions in Patient Survey	Appts per 1,000 patients	Overall condition RAG Rating	CQC Rating	Practice IMD	Freehold/ Leasehold	Date Built/ Converted	Training Practice
FISHERMEAD MEDICAL CENTRE	203.65	203.65	8469	8469	41.59	41.59	62.50%	352		Good	27.93	Owned	1990's	
KINGFISHER SURGERY	215.24	1567.53	29835	7639	35.49	19.03	59.66%	514		Good	7.39	Leased	1980's	Training practice
FURZTON MEDICAL CENTRE	294.79	529.24	15693	9886.59	33.54	29.65	52.03%	386	B/C	Good	24.27	Leased	1992	
WALNUT TREE HEALTH CENTRE	469.67	469.67	14301	14301	30.45	30.45	48.24%	348	B/C	Good	12.23	Owned	1990's	Training practice
WATLING VALE MEDICAL CENTRE	415	415	12586	12586	30.33	30.33	51.32%	328	C	Good	11.57	Leased	1980's	
WESTFIELD ROAD SURGERY	295.68	295.68	8600	8600	29.09	29.09	67.97%	404	B/C	Good	28.86	Leased	1982	
RED HOUSE SURGERY	486.1	486.1	14085	14085	28.98	28.98		574	B/C	Good	24.27	Owned	1980's	Training practice
SOVEREIGN MEDICAL CENTRE	409	409	11804	11804	28.86	28.86		480	B/C	Good	18.7	Owned	1993	Training practice
WILLEN VILLAGE SURGERY	271.49	1567.53	29835	7234.9875	26.65	19.03	55.69%	389		Awaiting report	7.28	Leased	1989	Training practice
WESTCROFT HEALTH CENTRE	606.4	606.4	16116	16116	26.58	26.58	44.36%	296		Good	15.1	Leased	1999	Training practice
STONEDEAN PRACTICE	295.69	295.69	8083	7840.51	26.52	27.34	76.62%	453		Good	10.88	Leased	1970's	
WHITEHOUSE HEALTH CENTRE	537	810.28	13898	13898	25.88	17.15	42.55%	341		Good	13.12	Leased	2021	
BEDFORD STREET SURGERY	234.45	529.24	15693	5806.41	24.77	29.65	52.03%	386		Good	24.27	Leased	1982	Training practice
GROVE SURGERY	392.54	392.54	9202	9202	23.44	23.44		521	B/C	Good	54	Leased	1992	Training practice

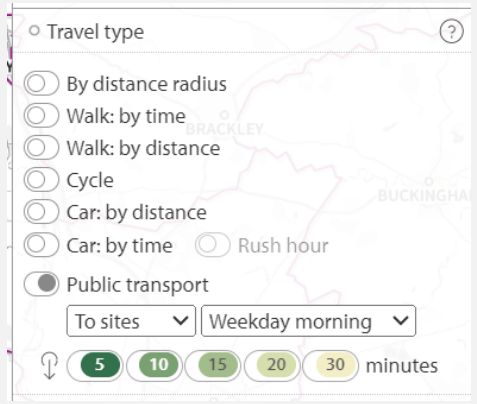
96 Primary Care Estate

NB this currently excludes 2 small branch surgeries at Deanshanger and Permayne due to data validation issues. This affects the total capacity figures for Purbeck Health Centre and Stonedean practice (highlighted in red).

Property Name	Area m2 (occupied) of property	Total m² occupied by practice (all sites)	Total Partnership list size (latest)	Actual list size per surgery (estimated across multiple sites)	Patients per m2 for property	Total Patients per m² (all sites)	Access: Average of 4 Questions in Patient Survey	Appts per 1,000 patients	Overall condition RAG Rating	CQC Rating	Practice IMD	Freehold/ Leasehold	Date Built/ Converted	Training Practice
COBBS GARDEN SURGERY	372.35	372.35	8607	8607	23.12	23.12	62.16%	585		Good	4.33	Owned	1992	
PURBECK HEALTH CENTRE	244.81	244.81	6187	5568.3	22.75	25.27	40.05%	423		Good	28.05	Leased	1980's	
WHADDON MEDICAL CENTRE	718	1068.97	22949	15490.575	21.57	21.47	49.49%	425		Outstanding	14.08	Leased	2009	Training practice
WATER EATON HEALTH CENTRE	350.97	1068.97	22949	7458.425	21.25	21.47	49.49%	425		Outstanding	14.08	Leased	1971	Training practice
CENTRAL MILTON KEYNES MEDICAL CENTRE	1060	1060	22406	22406	21.14	21.14	60.69%	380	B/C	Good	22.35	Leased	2005	Training practice
NEWPORT PAGNELL MEDICAL CENTRE	1080.8	1567.53	29835	22600.0125	20.91	19.03	55.69%	389	B/C	Awaiting report	7.28	Owned	1992	Training practice
STONY MEDICAL CENTRE	576.28	576.28	11054	11054	19.18	19.18	67.54%	675		Good	10.88	Leased	1970's	Training practice
BROOKLANDS HC (BROUGHTON GATE HEALTH CENTRE)	1171	1171	22377	22377	19.11	19.11		304		Good	10.32	Leased	2009	
MILTON KEYNES VILLAGE PRACTICE	943.6	943.6	16711	16711	17.71	17.71		414		Good	7.74	Leased	1993	Training practice
HILLTOPS MEDICAL CENTRE	935.42	935.42	16338	16338	17.47	17.47		460		Awaiting report	13.37	Owned	1990's	Training practice
OAKRIDGE PARK MEDICAL CENTRE	730.89	730.89	12312	12312	16.85	16.85		438		Requires Improvement	9.23	Leased	2012	Training practice
WOLVERTON HEALTH CENTRE	1024.19	1024.19	16822	16822	16.42	16.42	51.22%	428		Good	41.42	Leased	2014	
NEATH HILL HEALTH CENTRE	273.28	810.28	22377	4475.4	16.38	27.62		#N/A	C	Good	18.96	Leased	1970's	
PARKSIDE MEDICAL CENTRE	720	720	10617	10617	14.75	14.75	52.38%	467		Requires improvement	10.55	Owned	2003	Training practice
ASHFIELD MEDICAL CENTRE	814	814	10795	10795	13.26	13.26		589	B/C	Good	54	Leased	2008	

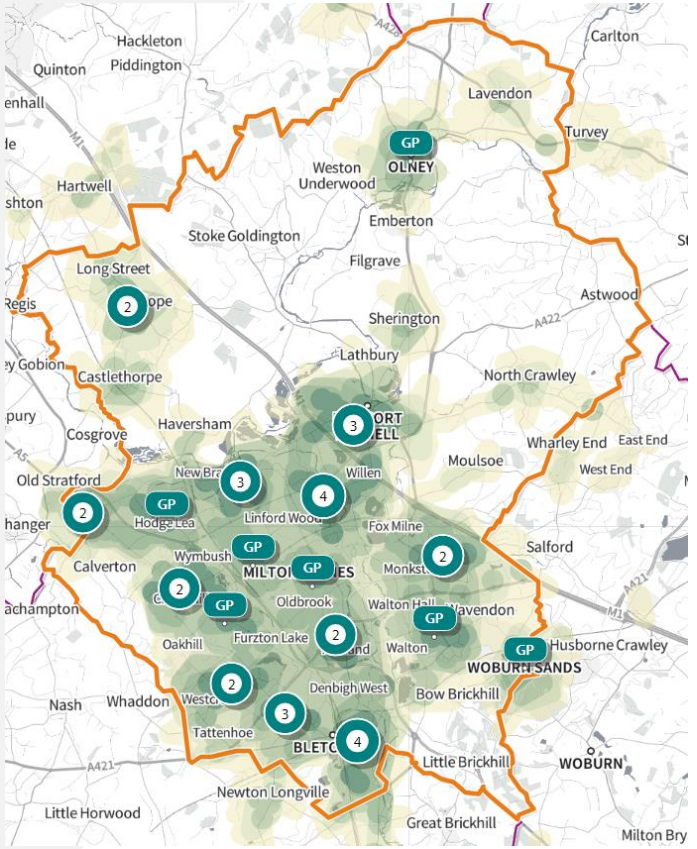
97 Primary Care – Travel Times

- The majority of the population within MK can access a GP practice within 15 minutes' drive time and 20 minutes by public transport.
- The exceptions are some of the less populated rural areas in North and East Milton Keynes. Housing growth could lead to more dense population in some of these areas in the future.



SHAPE data Travel Distance by Car 5 to 30 Minutes range

SHAPE data Travel Distance by Public Transport within 5 to 30 Minutes



98 Workforce Development

- The capacity and condition of the local healthcare estate can impact on the recruitment, retention and development of our workforce.
- Qualitative feedback from primary care providers in Milton Keynes:

  - **Redhouse Surgery:** *"We would be keen to accommodate additional trainees and have other GPs interested in becoming GP Trainers but unfortunately, we do not have capacity within our existing premises. We also have very experienced practice nurses, two who specialise in diabetes and respiratory care who are willing to help with the training and supervision of other nurses and student nurses but are unable to accommodate them unless they are just observing due to lack of rooms."*
  - **Watling Street PCN:** *"This is definitely an issue for Watling Street PCN however probably unlike many PCN's we have solutions (i.e. potential space) in 2 of our sites. Those 2 practices have empty space but that space is not included in the rent reimbursement scheme and therefore not theirs to use. It is also of note that that PCN has rented office space at our own expense so we can move some non-clinical/support staff out of the practices."*
  - **The Bridge PCN:** *"This is definitely a factor for us, and now that we will be taking over Kingfisher, estates becomes even more vital."*

99 The Community Estate in MK (CNWL)

Property name	Address Line 1	Area m^2 (occupied)	Total Costs	End of Tenure (if applicable)	Building Condition (any known metrics)	Freehold owner / head lease holder
Windsor Intermediate Care Unit (WICU)	Dovecote Manor Whalley Drive,	710	£ 475,149.00	23/06/2019	B - Good	Dovecote Manor Healthcare Ltd
Westcroft Health Centre	1 Saville Lane, Westcroft	340	£ 188,079.96	31/04/2031	B - Good	NHS PS
TOPAS	Water Hall Water Eaton, Bletchley	857.87	£ 462,838.88	31/07/2022	B - Good	Excelcare
Urgent Care Centre / Walk In Centre	Eaglestone Campus MKHFT	183	£ 73,972.47	31/04/2031	B - Good	NHS PS
Neath Hill Health Centre	Tower Drive Neath Hill	710.59	£ 240,677.91	31/04/2031	C - Reasonable	NHS PS
Child Development Centre	Eaglestone Campus MKHFT	242	£ 77,650.56	31/04/2031	C - Reasonable	NHS PS
Cherrywood	Gregories Drive Wavendon Gate	321.41	£ 99,196.57	31/04/2031	C - Reasonable	NHS PS
Shipley Court	Marsh End Road, Newport Pagnell	471.91	£ 145,001.61	31/04/2031	D - Poor	NHS PS
Stantonbury Health Clinic	Purbeck, Stantonbury	910.74	£ 258,242.12	31/04/2031	C - Reasonable	NHS PS
Wolverton Health Centre	Gloucester Road, Wolverton	459	£ 122,327.15	31/03/2022	B - Good	CHP
Bletchley Therapy Unit	Whalley Drive, Bletchley	511.92	£ 122,991.91	31/04/2031	D - Poor	NHS PS
Eaglestone Health Centre	Eaglestone Campus MKHFT	1561.45	£ 371,825.34	31/04/2031	C - Reasonable	NHS PS
Queensway Clinic	226 Queensway, Bletchley	330.2	£ 77,981.16	31/04/2031	C - Reasonable	NHS PS
Bletchley, Whalley Drive (Hawthorn) Clinic	Whalley Drive, Bletchley	450.41	£ 105,969.89	31/04/2031	D - Poor	NHS PS
Bletchley CH Intermediate Care	Whalley Drive, Bletchley	503.88	£ 117,783.43	31/04/2031	D - Poor	NHS PS
Bletchley Rehab Unit	Whalley Drive, Bletchley	533.29	£ 119,310.15	31/04/2031	D - Poor	NHS PS
Trust HQ Milton Keynes MKCHS	Eaglestone Campus MKHFT	1245.88	£ 241,711.78	31/04/2031	C - Reasonable	NHS PS
Bletchley Community Hospital - District Nurses	Whalley Drive, Bletchley	175.83	£ 32,726.55	31/04/2031	D - Poor	NHS PS
Campbell Centre	Eaglestone Campus MKHFT	2762.8	£ 443,162.70	31/04/2031	C - Reasonable	NHS PS
Bletchley Equipment Store	Whalley Drive, Bletchley	168.39	£ 21,159.83	31/04/2031	D - Poor	NHS PS
Acer Centre	Eaglestone Campus MKHFT Standing Way	405.53	£ 14,915.99	31/03/2026	B - Good	NHS PS

100 NHS PS Estate in MK

Site Name	Property Name	GIA	Property Tenure	Total Cost Per Annum – All Tenants (24/25 Costs)	Void / Sessional Space (m^2)	Tenants	Overall Condition	Total Backlog Maintenance £
Stony Stratford Health Centre	Stony Stratford Health Centre	1595.2	Freehold	£441,670	161.22	2 GP practices, CNWL, MKUH	C	£ 554,659
SITE AT: Milton Keynes Hospital	Walk-In Centre MKGEN	999.2	Lease of Whole Bldg	£349,120	0	MK Urgent Care Services, CNWL		£ 409,706
Shipley Court	Shipley Court	822.05	Freehold	£245,481	0	CNWL	C	£ 279,943
Neath Hill Health Centre	Neath Hill Health Centre	1105.3	Freehold	£346,262	0	GP practice, CNWL	C	£ 267,633
Oakridge Park Health Centre	Oakridge Park Health Centre	805.3	Lease of Whole Bldg	£172,042	0	GP practice	B	£ 254,416
Stantonbury Health Centre Purbeck	Stantonbury Health Centre Purbeck	1464.04	Freehold	£381,029	0	GP practice, CNWL	B(C)	£ 222,921
SITE AT: Bletchley Community Hospital	Bletchley Community Hospital - Main Bldng (Void)	896.81	Freehold		Void and handed back		B(C)	£ 179,429
SITE AT: Milton Keynes Hospital	Provider HQ MKGEN	1401.5	Freehold	£327,857	0	CNWL	B	£ 178,666
Water Eaton Health Centre	Water Eaton Health Centre	688	Freehold	£239,005	129.23 (now occupied by GP practice - awaiting legals)	GP practice	B(C)	£ 158,257
Queensway Clinic	Queensway Clinic	366.6	Freehold	£95,656	0	CNWL	B(C)	£ 132,397
Cherrywood Learning Disabilities Unit	Cherrywood Learning Disabilities Unit	401	Freehold	£98,221	0	CNWL	B(C)	£ 128,457
SITE AT: Bletchley Community Hospital	Bletchley Community Hospital - Rehab Unit (Neuro)	628	Freehold	£126,161	0	CNWL	B	£ 68,538
SITE AT: Bletchley Community Hospital	Bletchley Community Hospital - District Nurses	185.99	Freehold	£39,695	0	CNWL	B(C)	£ 40,836
SITE AT: Bletchley Community Hospital	Bletchley Community Hospital - Hawthorne Clinic	628	Freehold	£116,205	0	CNWL	B	£ 37,911

101 NHS PS Estate in MK

Site Name	Property Name	GIA	Property Tenure	Total Cost Per Annum - All Tenants (24/25 Costs)	Void / Sessional Space (m^2)	Tenants	Overall Condition	Total Backlog Maintenance £
4 & 6 Mathiesen Road - Respite Care	4 & 6 Mathiesen Road - Respite Care	563.2	Freehold	£263,011	0	MKCC	B(C)	£ 31,601
SITE AT: Bletchley Community Hospital	Bletchley Community Hospital - Therapy Unit	543.6	Freehold	£129,396	0	CNWL	B	£ 31,284
SITE AT: Bletchley Community Hospital	Bletchley CH - Intermediate Care (Homefirst)	503.88	Freehold	£132,582	0	CNWL	B	£ 25,135
SITE AT: Bletchley Community Hospital	Bletchley Community Hospital - Technicians Block	450.4	Freehold	£0	Void and handed back		B	£ 14,337
SITE AT: Bletchley Community Hospital	Bletchley Community Hospital - Equipment Store	184.34	Freehold	£36,359	0	CNWL	B	£ 10,933
SITE AT: Milton Keynes Hospital	Eaglestone Health Centre	1727.8	Lease of Whole Bldg	£348,421	0	CNWL	B	£ 4,739
SITE AT: Milton Keynes Hospital	Campbell Day Centre	2762.8	Freehold	£488,867	0	CNWL	B	£ -
Land at Wolverton Health Centre	Land at Wolverton Health Centre	N/A	Freehold	£0	0	Disposal	Land - N/A	£ -
SITE AT: Olney	Olney Health Centre - Land	N/A	Freehold	£1	0	GP practice	Land - N/A	£ -
SITE AT: Milton Keynes Hospital	Westcroft Health Centre	365	Lease of Part Bldg	£215,583	0	CNWL		£ -
SITE AT: Milton Keynes Hospital	Child Development Centre, MK General	268	Lease of Whole Bldg	£89,093	0	CNWL		£ -
Middleton Surgery	Middleton Surgery	210	Lease of Part Bldg	£45,172	0	MK Dental Practice		£ -
Neath Hill Health Centre - Antennae Mast	Neath Hill Health Centre - Antennae Mast	Null	Freehold	£3,000	0	EE		£ -

102 Void NHS Estate in MK

- Following a review of the void estate across BLMK last year, action has been taken to reduce the amount of unoccupied space in NHS PS buildings.
- The only remaining "void" space in Milton Keynes is at Stony Stratford Health Centre. There are discussions underway with one of the GP practices based in the building about the potential for them to take on this space.

103 Bletchley Community Hospital Site

Extract from NHS Property Services Report

Site Plan and Image

Site Overview

- Freehold site in the western suburbs in a residential location approx. 1.5 miles from Bletchley town centre.
- Most of the buildings are occupied by CNWL.
- Site extends to 1.83 hectares, seven buildings total 4021sqm GIA & 3695 sqm NIA.
- Three vacant buildings handed back which total circa 1425 sqm NIA, The main building of c 800 sqm is vacant but forms the middle section of the 70's/80s modular building and houses the incoming services for the site & the site fire alarm, there is also a gas main in the undercroft beneath the building, any refurb/reconfig would need to take account of this.
- Mix of Flex and Tail buildings on site.

Context / Status

- There are a number of incumbrancers/defects affecting the title including rights and wayleaves for utilities. Several utility mains & conduits pass through the site.
- Some buildings may have inherent defects.
- The site has an existing 'community use' and its policy designation is as an Existing Community Facility
- The adjacent ambulance station was acquired by Assura, working with QTS/CNWL, investigating potential for redevelopment, funding and CDEL challenges.
- Good engagement with the ICS , need to work through with CNWL to agree & adopt a strategy.

Next Steps

- There are a number of sites in central Bletchley that have redevelopment potential and may present an opportunity to include the relocation of a GP surgery and other services currently occupying the Hospital site.
- Investigate further with the ICS and CNWL, include opportunity in Estates Infrastructure Strategy.

104 Bletchley Community Hospital

Extract from NHS Property Services Report

Main Building
Forms the middle part of the central 1970s/1980s modular building, sandwiched between the Rehab Unit and Intermediate Care. Vacant since 4.1.16 and understand asbestos remains. Handed back to NHSPS with vacating payment paid on 27.9.19. Orange line denotes the indicative area which is vacant.

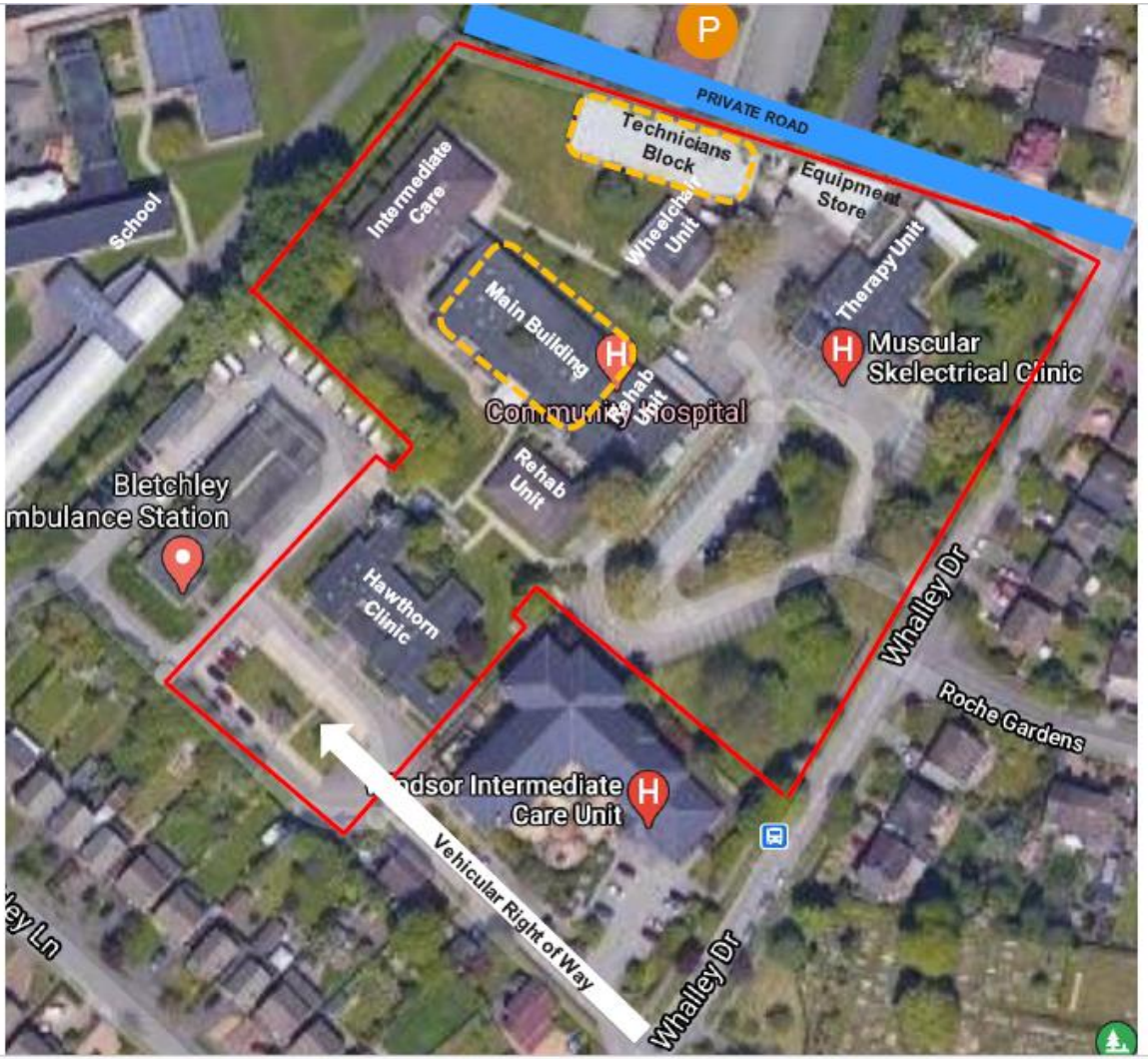
Intermediate Care
Offices for 'Home 1st' an organisation run by CNWL to support people returning home from hospital. 1990s brick & tile building in use. There is also a meeting room at the back of the Main Building used by this service.

Hawthorn Clinic
1960s flat roofed clinic, but used as offices for admin for DNs, HVs and SNs. Old dental wing is used by CNWL as offices and additional clinic space.

Site Car Parking 110 spaces.

NHSPS undertake all compliance work, but CNWL manage and maintain the site.

The Ambulance Station
Purchased by Assura, who were working with QTS (property arm of CNWL) on redevelopment of the site, funding and CDEL challenges.



NHS Property Services

Therapy Unit
Flat roofed clinic building (built 1961), but recently refurbished by CNWL for clinics (falls, podiatry, SALT, dermatology & as swab centre with rear portacabin, all in good condition. In constant use.

Equipment Store
Basic single skin brick building c1980s. Handed back to NHSPS. Vacation payment received 14.9.20, but still in use by CNWL.

Technicians Block
Basic single skin brick building c1980s. Handed back 27.9.19.

Wheelchair Unit
1970/80s modular flat roof building. Not used as the name suggests, but as District Nurse 'South Hub' offices. In use

Rehab Unit
Forms front part of the central 1970/80s modular building which is in poor condition, but also includes 1991 brick and tile-built annex, linked by corridor. In use for neuro services: stroke, MS, brain injuries.
Parkside Medical Centre P

105 Existing Pipeline – MKUH

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Project Name	Project Description	Project Status	Delivery Timing
Radiotherapy Centre at MKUH	Development of a new Radiotherapy Centre at MKUH, to be sited adjacent to the Cancer Centre. The Radiotherapy Centre will house a state-of-the-art medical linear accelerator (Linac) bunkers and will include a main reception, consultation rooms and a CT scanner area.	Under construction, to be complete in summer 2024	Due for completion summer 2024
Salix/ Decarbonisation Scheme	Salix/decarbonisation scheme at MK University Hospital, enabling a transition to a net carbon-zero heating system.	Funding granted, due for completion by March 2024	Due for completion by March 2024
Digital Twin Systems	Pilot project - Digital Twin. A digital replica ward using IoT (Internet of Things) sensors and an RTLS (Real Time Locating System) was developed. Known as a 'Digital Twin', the system collected data about room occupancy, the location of critical medical equipment, and the general movement of people on the ward. The Digital Twin was visualised as an interactive map that could be accessed by computer and smartphone. The results were that clinical staff could view and react to real-time events instantly and without the need to disturb patients.	Concept trials underway	
New Hospital Programme New Women's and Children's Hospital	It is proposed that the new hospital site will become the new home for paediatric and maternity care and include additional surgical capacity.	Funding agreed in principle preparing OBC – due for completion in 2030	Due for completion in 2030
New Imaging Centre	As part of the enabling works to deliver a New Women's and Children's Hospital, MHUH will construct a new 3-storey Imaging Centre to provide a central location for these services. This will include a new CT and MRI Scanner department, consisting of 2 MRI Scanners and 2 CT Scanners. A new Ultrasound Department will be included.	Funding requested as part of NHP enabling work. Completion date tbc.	Completion date tbc.
New Lloyd Court – Community Diagnostic Centre	Development of a community eye clinic, based in Lloyds Court to meet the projected increase in demand for Opthalmology services.	In delivery	Tbc
Whiehouse Community Diagnostic Centre	Endoscopy	In delivery	
Oak House Ward - increased capacity	Plans to expand ward capacity to meet ongoing and future demand. Feasibility options include options to build two 24 bed ward blocks at the current location of the car park.	Under consultation and proposal development. Feasibility testing ongoing.	Tbc
Additional car parking at MKUH	Relocation and accommodation of additional car parking capacity at MKUH. This will include an additional multi-storey car park as part of our New Women's and Children's Hospital enabling works and improved site space utilisation across the site.	Under consultation and proposal development.	Tbc

106 Existing Pipeline – Primary/ Community

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Project Name	Project Description	Project Status	Delivery Timing
Community health hub at MK East site	New community health hub with space for a GP practice plus associated physical and mental health services.	Under construction	Building will be delivered Q2 2024. But will not be operational until late 2025 due to wider infrastructure requirements
Westfield Road surgery extension	Proposal to extend surgery utilising S106 funding secured in relation to Newton Leys housing development; previously progressing with support from MKC Planning Dept but put on hold due to COVID.	Identified in BMLK ICB Primary Care Estates Plan. Supported in principle by BLMK ICB.	TBC
Stony Medical Practice to take on additional space at Stony Health Centre	Proposal to take on additional space at Stony Health Centre for Practice use.	Identified in BMLK ICB Primary Care Estates Plan. Supported in principle by BLMK ICB.	2024
Asplands Surgery extension / reconfiguration	Extension & reconfiguration of premises funded via S106 funding.	Completed	2024
Kingfisher Surgery	Improvement project via S106 funding to uplift the condition of the building and improve compliance with quality standards, and to enable improved utilisation of the building.	Supported in principle by BLMK ICB.	TBC

107 Existing Strategies – PCN Estate Toolkits

The table below provides a brief summary of the outputs from the nationally funded programme to develop Clinical and Estates Strategies using the national PCN Estates Toolkit. Not all PCNs took part in the programme.

PCN	Practices	Case	Strategy
East MK PCN	Ashfield Medical Centre; Central MK Medical Centre; The Grove Surgery; Milton Keynes Village Surgery	High levels of growth anticipated; insufficient capacity	Consider extensions to all four existing buildings or potential relocation for Central MK and The Grove if extensions not possible.
The Bridge PCN	Newport Pagnell, Kingfisher, (branch surgery at Willen)	Forecast patient increase of 24%. Kingfisher Surgery does not have sufficient capacity to accommodate the increases in patient demand.	• Consider hybrid working model for admin staff • Consider minor reconfiguration works to increase clinical capacity • The PCN, with support from the ICB, should look to identify possible community buildings in which patient education and group sessions could be held from. • [Kingfisher has since become a branch surgery of Newport Pagnell, which has provided some flexibility about capacity.]
OneMK PCN	Brooklands, Whitehouse, Neath Hill	Practices are currently projected to have sufficient space to accommodate patient demand until c.2032 and to host the expected increase in staff numbers.	The PCN, with assistance from the ICB, should seek to identify community locations for additional services that come from their clinical strategy.
Watling Street PCN	Stony Medical Centre, Hilltops Medical Centre, Watling Vale Medical Centre	Stony Medical Centre & Watling Vale Medical Centre are close to maximum clinical capacity. Significant expected rise of population in new homes.	• Consider viability of a new build for Stony Medical Centre due to current condition, accessibility issues and an inability to meet future population and workforce requirements within current estate. • With support of the ICB the PCN should look to re-purpose the large vacant space identified at Watling Vale which has recently been vacated by CNWL. Should be made fit for purpose to provide a site for the new urgent care team which is part of the PCN's future ambitions. • Consider digital enablers for the estate.

108 Existing Strategies - MKUH

Milton Keynes University Hospitals Trust (MKUH) are part of the national New Hospitals Programme.

Meet projected demand of a growing local population

- Milton Keynes population size increased by 15.3% from around 248,800 in 2011 to **287,000** in 2021.
- By 2035, the population is forecast to have increased by c.35% to **369,000**.
- The Milton Keynes City Council Strategy for 2050 sets out the vision for the future growth of Milton Keynes. It defines seven 'big ambitions' to set out the vision for this growth. Its aim is to grow by a steady population increase to around **410,000** people living in the borough by 2050.
- Projected population growth is driven by the planned housing growth, with **2,900** new homes per year being built.
- The number of people aged 85 and over is projected to double by 2035. There will be higher than average growth in the number of adults aged 65 and over and in the number of children and young people aged 10-19 years old.
- The MKUH NHP scheme will work to provide the increased healthcare demand of this forecasted population growth.

Key Milestones	
SOC refresh undertaken	January 2024
Main works contractor procured	September 2024
OBC completed	November 2024
FBC completed	Autumn 2025
Enabling works completed	Winter 2025
Main works start on site	**Winter 2025**
Main works completed	Autumn 2028

Scope

New Women & Children's and Elective Surgery Facility
- 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
New Imaging Centre
Additional Multi-Storey Car Park
Additional HV Supply

Capacity/Functional Content	
Elective surgery inpatient beds	48
Surgical outpatients rooms	16
Maternity inpatient beds	48
Delivery rooms	16
Obstetric theatres	2
Ante-natal assessment rooms	10
Maternity outpatient rooms	14
Neonatal cots	24
Paediatric inpatient beds	48
Paediatric outpatient rooms	15

109 Existing Strategies - CNWL

- CNWL operate from many properties which are poor quality / not fit for purpose, and do not support the efficient delivery of services.
- Community services are very disparate across MK despite a lot of rationalisation work already carried out – ideally would move to a more efficient Hub and spoke model.
- Challenging dynamic in that CNWL rent all of their properties in BLMK (mostly from NHS PS), so this system does not contribute to the capital the organisation achieves through depreciation, and it can be challenging to make a case for investing in assets they don't own.
- Where CNWL want to make changes to buildings, this would usually require NHS PS capital (which is in short supply) and would have a revenue impact for CNWL – which is not affordable within the current service contract.
- New leases also have a CDEL impact, so working with 3PDs to develop new premises is also very restrictive.
- However, safety and compliance issues – along with lack of sufficient funding from NHS PS / timeliness of funding via PS – can often require CNWL to invest (reactively) in the MK estate. E.g. Campbell Centre (Mental Health inpatient unit) where the Trust are investing £0.5m to address a safety issue.
- Making progress against the Green agenda for the Trust's MK estate is also very challenging, as would require investment into assets that CNWL don't own.
- Two of CNWL's big-ticket programmes would ideally be:
  - Reconfiguring community services (inc. community Mental Health) into a more efficient Hub and Spoke arrangement;
  - Relocating the existing mental health inpatient units into one fit-for-purpose facility.

- However, there has been lots of work carried out on these programmes in the past, but it has not been possible to get past the Finance/ CDEL issues.

110 Planning for Growth

The potential impact on healthcare structure associated with the further growth options is being considered as part of the development of the New City Plan. The potential number of additional dwellings being considered for each of the MK Urban Sub Areas is set out in the table below, along with the ICB assessment of the potential impact for primary care services. The Rural Sub Areas are shown on the next slide. Not all of these growth options will be taken forward.

Sub Area	Planned growth until 2050 – Plan MK	Further potential growth until 2050 – New City Plan	Healthcare impact
Central Milton Keynes (CMK)	6,300	15,500	The planned growth of 6,300 dwellings in the existing Plan MK will impact most on Fishermead and Central Milton Keynes (CMK) Medical Centres. Fishermead Surgery is the most constrained GP practice in Milton Keynes, and CMK does not have capacity to absorb significant growth. Accommodating the existing planned levels of growth will require additional infrastructure (i.e. significant extension to/relocation of one/both of the existing surgeries. The potential further proposed 15,500 dwellings if this were to be included in the New City Plan would have a very significant impact and would require a new additional healthcare facility in this area (potential relocation of one/both of the existing surgeries).
South of CMK	170	1,390 - 1,460	The closest GP surgeries are Grove Surgery and Ashfield. Ashfield appears to have capacity to absorb additional patients (approx. 4,000 patients), but Grove Surgery is already constrained. Depending on the specific locations of proposed housing growth, some additional capacity may be required for Grove Surgery to support them with accommodating this growth.
East	3,110	2,990 - 6,100	Walnut Tree Health Centre is the main primary care provider in this area, and their premises are severely constrained. Accommodating the existing planned growth will be very challenging and will require additional healthcare infrastructure. Should the further growth come forward, this will require relocation of Walnut Tree Health Centre into a larger facility.
South East	3,390	3,230 - 4,090	The existing South East Expansion Area will require additional healthcare infrastructure – most likely a relocation of an existing GP practice into a new facility. Further growth in this area would require a larger new facility.
South	1,390	1,640 - 1,680	These developments will affect the GP practices in Bletchley, many of which are already constrained. Planning is underway for an extension to Westfield Road Surgery, which will help with accommodating some marginal growth. There is a strategic ambition to relocate Redhouse Surgery, and this may be necessary to accommodate any further planned growth in this area – given that there is limited scope to further extend any of the other surgeries in this area.
South West	1,780	830 – 1,040	This development will impact on Westcroft Health Centre, also expected to be impacted by major housing growth in Buckinghamshire. It will also impact on Whaddon and Parkside Medical Centres. Westcroft is severely constrained for capacity, and Whaddon is also constrained. Parkside has some capacity to absorb growth, for approx. another 1-2,000 patients. It is likely that additional capacity would be required in this area, through an extension to a current facility of a relocation.
West	4,340	2,020 – 2,680	Growth in this area is likely to affect Hilltops and Watling Vale Medical Centres. Watling Vale is severely constrained. Accommodating both the existing planned growth and any potential additional growth will require significant additional capacity, i.e. relocation of Watling Vale Medical Centre / new additional facility.
North of CMK	1,090	1,720 – 1,900	Depending on the specific planned locations, development in this area could affect Central Milton Keynes Surgery, Purbeck Health Centre, Sovereign Medical Centre, Neath Hill Health Centre and possibly Oakridge Park Medical Centre and Wolverton Health Centre. Neath Hill, Oakridge and Wolverton all have a small amount of additional capacity – but the other practices are constrained/severely constrained, and additional infrastructure would be required.

111 Planning for Growth

Rural Sub Areas (not all of these options will be taken forward)

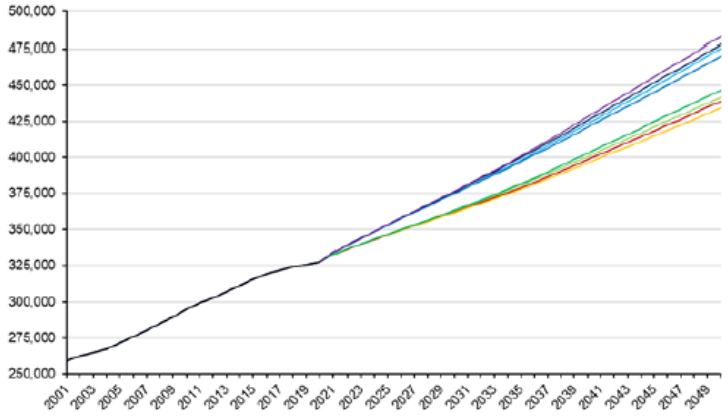
Sub Area	Planned growth until 2050 – Plan MK	Further potential growth until 2050 – New City Plan	Healthcare impact
Newport Pagnell	940	60	The two GP surgeries providing the majority of primary care services to residents of this area are Newport Pagnell Medical Centre and Kingfisher Surgery (now operating as one provider, with a further branch site in Willen). Their combined premises capacity is 1,567m² NIA. Their current combined patient list is 29,835, which is 19 patients per m². Growth in line with the planned levels may require a small increase in capacity over time.
North West	170	5,200 – 14,780	Significant growth in this area will require additional healthcare infrastructure capacity, a new healthcare facility. The nearest GP practices are Oakridge Park Medical Centre, Newport Pagnell and Hanslope Surgery (a branch surgery of a Northamptonshire GP practice). None of these practices would be in a position to absorb these potential levels of growth.
Olney	220	830 – 1,110	The current GP practice in Olney, Cobbs Garden Surgery, is constrained (exacerbated by a poor internal layout to their building) and have ambitions to relocate to an alternative site in the village, but there is insufficient S106 or NHS funding to enable this. Any further growth will exacerbate their constraints. It is not possible to extend their current premises, so absorbing significant levels of growth would require a relocation of the practice.
North	60	80 - 120	This growth is likely to impact on Cobbs Garden Surgery in Olney and Harrold Surgery, both of which are constrained with no potential to extend their current premises.
North East	5,750	14,590 – 28,220	The existing planned growth will be supported through the development of the East MK Hub, under construction – capacity for c.10,000 patients. Significant further growth in this area will require additional healthcare infrastructure capacity. The existing nearby GP practices – Newport Pagnell/Kingfisher, Brooklands and Cranfield Surgery – would not be able to accommodate these levels of growth. A new additional facility is likely to be required.

112 Planning for Growth

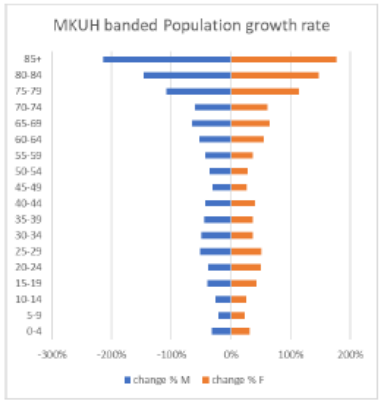
Growth in the MKUH catchment area has been modelled and incorporated into the Trust's Strategic Outline Case for the New Hospitals Programme.

Population Growth

Figure 4.1: Total Population Growth in the MKUH Catchment

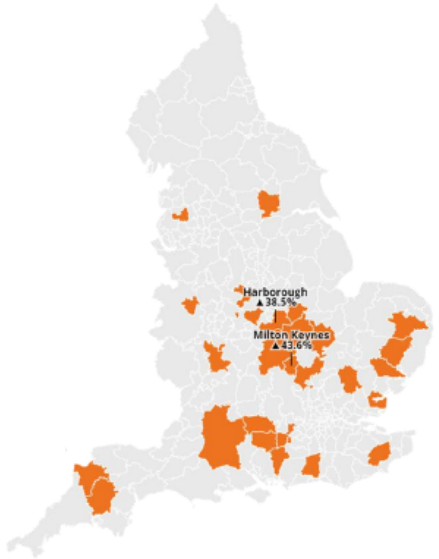


Scenario	Fertility	Life Expectancy	HRRs	Housing Growth
2	Increasing	Improving	Fixed at 2032	1,940dpa
5	Fixed	Improving	Fixed at 2032	1,940dpa
8	Fixed	Fixed	Fixed at 2032	1,940dpa
11	Increasing	Fixed	Fixed at 2032	1,940dpa
14	Increasing	Improving	Fixed at 2032	2,440dpa
17	Fixed	Improving	Fixed at 2032	2,440dpa
20	Fixed	Fixed	Fixed at 2032	2,440dpa
23	Increasing	Fixed	Fixed at 2032	2,440dpa



Average age of population:

2019	37.9
2050	41.1
Change	+3.2



MK has seen the largest over 65 population growth in England (UK Census 2021)

Creating **a healthier city**

113 Funding Sources

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Disposal Opportunities

- Land at Wolverton Health Centre (0.973ha) has been identified as an NHS disposal opportunity. The site is currently owned freehold by NHS PS and is expected to be sold during 2024.
- Part of adjoining health centre has built car parking on NHSPS land (NHSPS has sought to protect its position to prevent health centre gaining adverse possession).
- The ICB has declared the site surplus subject to retaining at least 86 car parking spaces for use by the health centre (majority to be provided on the health centre land with the shortfall in car parking provided on NHSPS's land).
- Potential planning issue including Biodiversity Net Gain.

114 Funding Sources

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

S106 Funding

- As an area that has experienced major housing and employment growth, Milton Keynes City Council has developed significant experience in working with partners and developers to plan for, and seek contributions towards, key public infrastructure – including for health projects.
- S106 funding has helped to deliver several critical health schemes in recent years, including the Whitehouse and Brooklands Health Centres (both part-funded by S106 and NHS capital funding), patient accessibility improvements to the main and branch surgeries of Asplands Surgery in Woburn Sands and Woburn, and is now supporting the construction of the MK East Community Hub (also being funded with Housing Infrastructure Funding secured by the Council).

115 Funding Sources

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

S106 Funding

- As of April 2024, there is a further £6.667m S106 funding available for healthcare infrastructure across Milton Keynes. This is made up from funding allocated within 76 separate S106 Agreements – each with their own requirements about where and how the funding can be spent.
- £882k of this funding is available for primary care and/or secondary care, £38k specifically for secondary care, and the remainder is for primary care only.
- Some of this funding has already been allocated in principle towards specific projects, including improvement works to Kingfisher Surgery (Newport Pagnell), an extension to Westfield Road Surgery (Bletchley), minor room conversions at Water Eaton and Stony to create more clinical space, and future potential projects for Red House and Cobbs Garden Surgeries.

Parish	Total Available
Abbey Hill Parish Council	£0.00
Bletchley & Fenny Stratford Town Council	£2,486,370.55
Bow Brickhill Parish Council	£47,842.02
Bradwell Parish Council	£55,492.06
Broughton & Milton Keynes Parish Council	£281,874.49
Campbell Park Parish Council	£16,870.00
Castlethorpe Parish Council	£0.00
Central Milton Keynes Town Council	£0.00
Fenny Stratford And Water Eaton Nc	£0.00
Great Linford Parish Council	£198,703.81
Hanslope Parish Council	£412,468.13
Haversham Cum Little Linford Pc	£0.00
Kents Hill & Monkston Parish Council	£161,848.77
Lavendon Parish Council	£201,336.50
Loughton & Great Holm Parish Council	£0.00
Moulsoe Parish Council	£0.00
New Bradwell Parish Council	£60,147.27
Newport Pagnell Town Council	£315,881.21
Olney Town Council	£491,407.82
Shenley Brook End & Tattenhoe Pc	£68,022.53
Shenley Church End Parish Council	£453,325.79
Sherington Parish Council	£65,611.82
Simpson And Ashland Parish Council	£0.00
Stantonbury Parish Council	£44,471.80
Stony Stratford Town Council	£40,794.74
Walton Community Council	£713,611.54
Wavendon Parish Council	£361,046.84
West Bletchley Council	£33,305.39
Woburn Sands Town Council	£0.00
Wolverton & Greenleys Town Council	£156,144.64
Woughton Community Council	£0.00
TOTAL	£6,666,577.72

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Further Information

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

BLMK Place, PCN, GP Practice Comparators

Link: Athena (ardengemcsu.nhs.uk)

Accessed: 22nd April 2024

Population Profiles

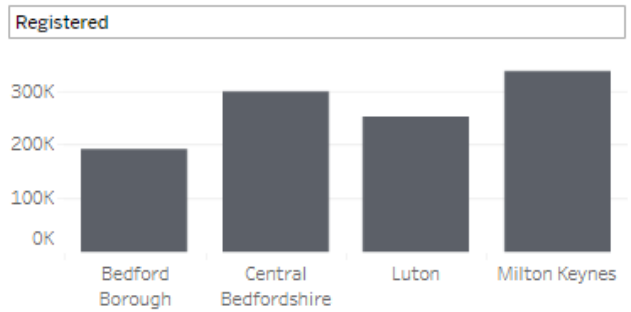
Demographics, disease prevalence, average activity and cost

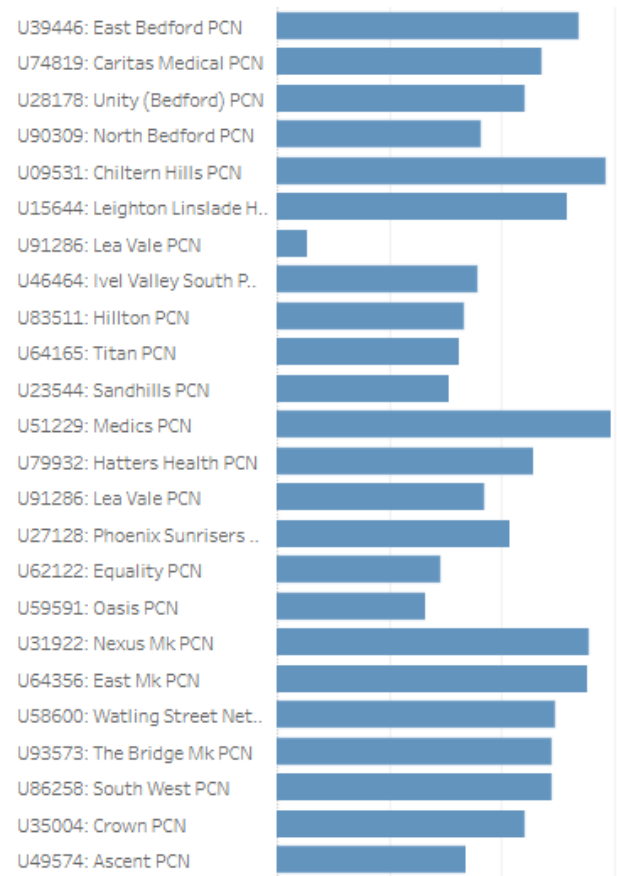
A series of measures at Locality, PCN and GP practice level that describe the area's population, socio-economic factors. The volume of health services activity and cost per person per year and the proportion of the population with health-limiting conditions or circumstances.

Click on a measure in the tables to update the charts.

A filter is available to select either Locality or PCN geographies.

		Central Bedfordshire	Bedford Borough	Milton Keynes	Luton	Grand Total
Population	Registered	299,212	191,289	335,312	251,022	1,076,835
	Male %	50%	50%	50%	52%	50%
	Female %	50%	50%	50%	48%	50%
	BAME %	27%	32%	33%	44%	34%
	Average (IMD) Decile	7.1	5.8	6.2	4.3	5.9
	Average number of LTC	1.2	1.2	1.1	1.0	1.1
Activity PPPY	AE Attendances	0.3	0.4	0.2	0.4	0.3
	Elective Admissions	0.1	0.1	0.1	0.1	0.1
	Primary Care Cons	4.6	4.2	4.2	4.0	4.3
	Community Contact	0.4	0.4	0.6	0.4	0.5
	Mental Health OP	0.3	0.3	0.2	0.2	0.3
£ PPPY	Elective Admissions	£130	£156	£170	£123	£144
	Non Elective Admissions	£36	£52	£51	£65	£50
	AE Attendances	£45	£63	£51	£52	£52
	Community contacts	£37	£30	£29	£27	£31
	Mental Health OP	£43	£83	£67	£93	£69
Mental Health	Depression %	3%	3%	2%	3%	3%
	Dementia %	1%	1%	1%	1%	1%
	Learning Disability %	0.6%	0.5%	0.6%	0.5%	0.5%
Physical Health	Asthma %	10%	11%	13%	13%	12%
	Cancer %	2%	4%	4%	5%	4%
	COPD %	1%	2%	2%	2%	2%
	Diabetes %	8%	9%	7%	6%	8%
	Epilepsy %	1%	1%	1%	1%	1%
	CVD %	15%	16%	18%	18%	16%
	Obesity %	13%	10%	13%	13%	12%
Others	Care home residents per 10,000 population	57	50	64	34	51
	Carer %	2.5%	2.4%	2.0%	1.4%	2.1%





NHS Framework

Monitoring the health outcomes of adults and children in England

The NHS Outcomes Framework (NHS OF) is a set of indicators developed by the Department of Health and Social Care to provide an overview of how the NHS is performing. These indicators are shown per locality compared against the England overall rate.
Actual indicator values can be seen by hovering over a data point.
The direction arrows ← → indicate whether 'better' for an indicator is higher or lower.

Central Bedfordshire Luton
Milton Keynes Bedford

				Eng. Avg.	Priority groups
1c	Neonatal mortality and stillbirths rate per 1,000 births	31/12/2020	←		1 5
1.6.i	Infant mortality rate per 1,000 live births	31/12/2020	←		1 5
2.3.i	Indirectly standardised rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population	31/03/2021	←		2 3 5
2.1	Directly standardised percentage of people who feel supported to manage their long-term condition (LTC)	01/03/2021	→		2 3 5
2.3.ii	Indirectly standardised rate of unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s per 100,000 population	31/03/2021	←		2 5
3.2	Directly age standardised mortality rate per 100,000 registered female patients (breast cancer)	31/03/2021	←		2 5
3a	Indirectly standardised rate of emergency admissions for acute conditions that should not usually require hospital admission per 100,000 population	31/03/2021	←		2 5
3b	Percentage of emergency admissions occurring within 30 days of discharge (Indirectly Standardised Rate which excludes cancer and obstetrics)	31/03/2021	←		2 5
4.4.i	Percentage of GP patient survey respondents reporting a very good or fairly good experience of making an appointment	31/03/2021	→		5
4a.i	Percentage of people reporting a very good or fairly good experience of GP services	31/03/2021	→		5
4a.iii	Directly age and sex standardised admission rate for emergency admissions for acute conditions that should not usually require hospital admission per 100,000 registered patients	01/03/2021	←		2 5
3.7.ii	Indirectly age and sex standardised ratio of mortality from all causes in the 12 months following a first	31/03/2021	←		3 5

Public Health

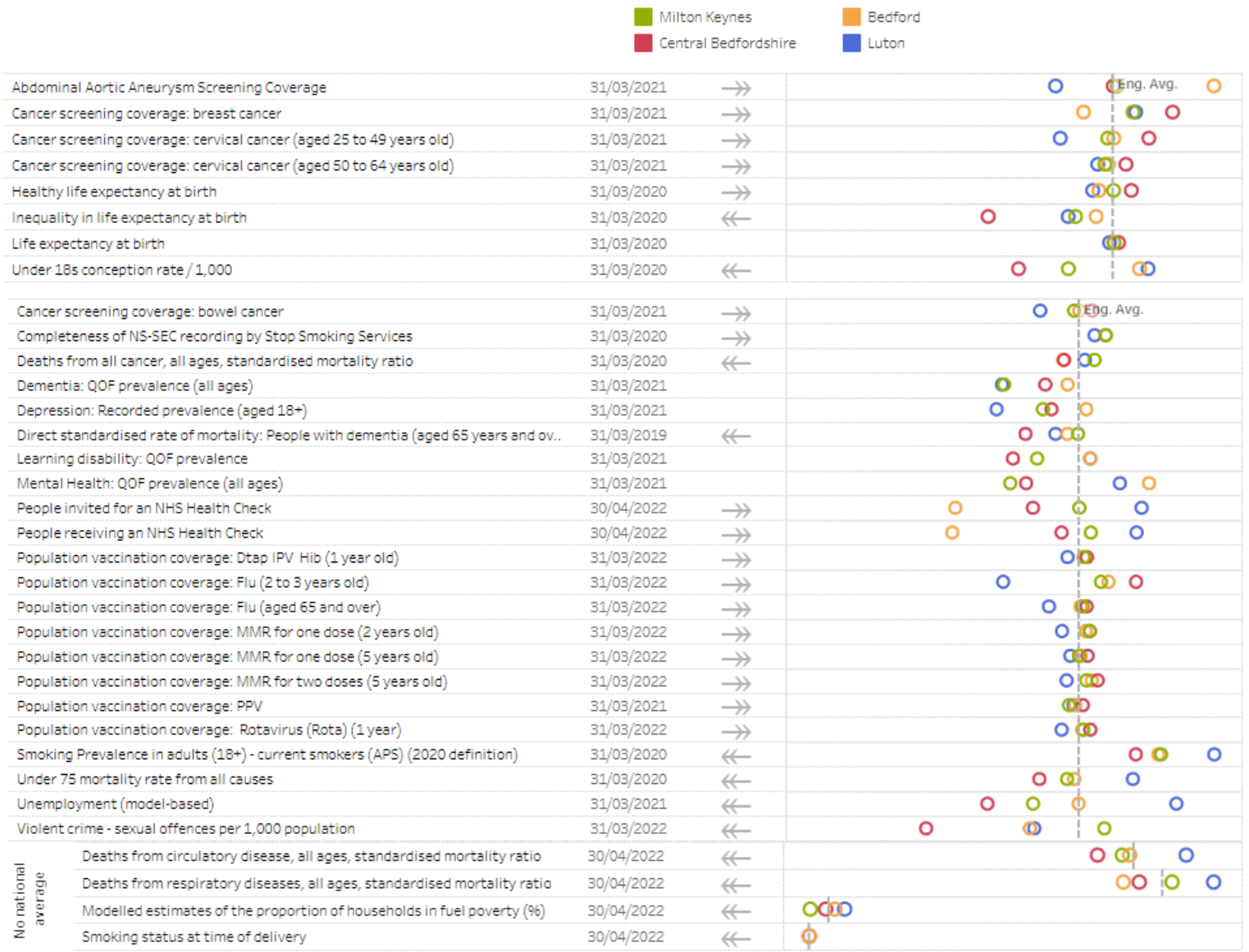
Indicators on a theme of population health from the Fingertips collection

Measures that can be taken to improve health such as screening and vaccination, and outcomes such as mortality and life expectancy.

Indicator values are shown relative to the average for England (where available). Where the locality value is to the right of the England average line it is higher than England and to the left is lower than England.

Actual indicator values can be seen by hovering over a data point.

The direction arrows ↞ ↠ indicate whether 'better' for an indicator is higher or lower.



121 Primary Care RAG Rating - Key

Patients per m²	Less than 18 patients per m²	18-23.3 patients per m² (BLMK average)	23.4 - 30 patients per m²	<30 patients per per m²
Appointments per 1,000 patients	<446.9 (BLMK average)	380-446.9	>380 (lowest quartile in BLMK)	
Access: Average of 4 Questions	<0.55 (BLMK average)	0.47-0.55	>0.47 (lowest quartile in BLMK)	
IMD Score			BLMK practices with a deprivation score of 30 or higher	Most deprived 20% of practices nationally