

Joint Capital Resource Use Plan – 2025-26

Region	East of England
ICB / System	Bedfordshire Luton & Milton Keynes
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Introduction

The Bedfordshire Luton and Milton Keynes Integrated Care Board (BLMK ICB) came into operation on 1 July 2022, as the statutory Board of the new Integrated Care System (ICS).

The population and geography of BLMK are diverse. Milton Keynes (*298,000 residents) is mostly urban with significant ethnic minority communities and some rural areas. Bedford Borough (*191,000 residents) has both rural and urban areas with about two-thirds of the population living in the towns of Bedford and Kempston. Central Bedfordshire (*311,000 residents) comprises of a mix of market towns and rural villages. Luton (*231,000 residents) is the most urban, deprived and ethnically diverse. In the most deprived areas of Bedford Borough, Luton, and Milton Keynes 1 in 4 children aged from 0 to 15 are living in families experiencing income deprivation. Central Bedfordshire is the most affluent and least ethnically diverse of the four areas. It does, however, have pockets of deprivation and an ageing population. (*Resident population figures at 2024)

The population is growing fast. Three of our four places saw population growth of over 15% in the decade to 2021. It is one of the fastest growing areas in the country. According to the Office for National Statistics (ONS) the population of Bedfordshire, Luton and Milton Keynes is projected to increase by 5.6% between 2020 and 2040. Planned housing developments suggest there will be around 6,000 new homes will be built each year. The number of people aged 85 and over in our area is projected to almost double between 2020 and 2040, increasing by 89%.

About our area

Our area

The four places in our Integrated Care System are vibrant and culturally diverse and cover a population of 1 million. Whilst there are health inequalities, there is growth and opportunities for us to improve the health and wellbeing of people who live here.

Bedford Borough

Primarily an urban area surrounded by many villages. Over 100 languages are spoken by an ethnically diverse population.

Milton Keynes

Ethnically diverse population with 90% of people living in Milton Keynes itself and 10% living in rural areas.

Central Bedfordshire

Older, more affluent population with less ethnic diversity than its neighbours. Life expectancy is better than the national average.

Luton

Young and highly culturally diverse population living in our most urban of areas.



*The area covered by the ICB also includes the following Lower Layer Super Output Areas in the County of Buckinghamshire: E01017695, E01017696, E01017669, E01017670

Bedford Borough Council
Bedfordshire Hospitals NHS Foundation Trust*
BLMK Integrated Care Board*
Cambridgeshire Community Services NHS Trust
Central Bedfordshire Council
Central and North West London NHS Foundation Trust
East London NHS Foundation Trust
East of England Ambulance NHS Trust
Luton Borough Council
Milton Keynes City Council
Milton Keynes University Hospitals NHS Foundation Trust*
South Central Ambulance NHS Trust

*These organisations form the financial control total for BLMK ICS. Our partner NHS organisations are based outside of BLMK and as such their plans form part of their host system revenue and capital programme, rather than BLMK. Both providers are currently rated Good by the CQC.

BLMK ICB has its headquarters in Shefford in Central Bedfordshire and further office accommodation for its staff co-located with each of our local authority partners. In total, the ICB employs 412 staff (31st March 2025).

Our aim is to increase the years of healthy life that every one of our residents have – adding life to years, not just years to life. Following discussions with our partners, local people and patient forums, our Integrated Care System (ICS) has identified five priorities for health and social care across our area. These build on the factors we know support a healthy life, including access to high

quality health care, healthy behaviours, education, economic stability, employment, and the built environment. Estates is one of our key enablers.

Our Strategic Priorities



The ICB Estates Team follows the ICBs overall governance structure and provides reports and briefings to key committees as required, in particular the Primary Care Commissioning and Assurance Committee and Finance & Investment Committee. The ICB Chief Finance Officer is SRO for estates. The Estates Team has a broad remit and is responsible for primary care and corporate estate.

2025-26 CDEL allocations and sources of funding

The system receives a system-level allocation (system CDEL) to cover day-to-day operational investments that have typically been self-financed by organisations in ICSs or financed by DHSC through normal course of business loans or system capital support PDC. This also includes capital for investment in primary care.

The table below shows the expected sources of capital income for NHS partners in 2025-26. The system has additionally submitted bids for national capital, which are currently being reviewed by NHSE or for which the System has been successful, subject to the next stage of working up programmes of work (business cases). These funding allocations sit outside the system operational capital envelope.

In 2025-26 the system has received capital as follows:

- A system CDEL allocation of £47.3m for Trusts and £2m for Primary Care;
- A capital bonus allocation in line with the NHSE financial framework, for achieving a break-even financial position in 2024-25 of £12.7m. This is subject to audit of 2024-25 accounts of all three system organisations.
- A capital bonus allocation for submitting a break-even plan in 2025-26 of £12m. This is subject to claw-back, should a break-even position not be achieved.

This provides a total of £74m of system operating capital.

- MKUH has received an allocation of £22.5m to continue the enabling work for its New Hospital Programme (NHP)
- The system has received indicative national capital for the improvement of primary care estate - £1.7m subject to NHSE approval. Thirteen bids have been supported in principle and further due diligence is underway to confirm a final list of affordable and viable schemes. Once finalised, these schemes will be progressed rapidly to utilise the capital before the end of the financial year. This capital must focus on improving an ageing primary care estate, supporting the Government's commitment to the left shift. It must improve existing infrastructure, create additional capacity for the GP and practice workforce and enable additional patient appointments.
- Capital to support Trusts to progress towards achieving constitutional standards has been provided to improve efficiency and productivity of existing workforce and sites. It may be used to increase capacity if possible. This capital is available subject to Trusts and systems being able to support the revenue requirements from within existing resources, as no additional revenue is available. Constitutional standards are separated into three areas, being Diagnostics, Elective and Urgent and Emergency Care (UEC).
£24m of Diagnostics capital is available for Trusts to bid for.
£3.5m of Elective capital can be used by the System
£5m of UEC capital has been made available.
- £15.5m of national Estates Safety capital has been made available to the system to mitigate critical infrastructure and safety risks.
- £2m of mental health capital is available to support systems to reduce out of area placements, reduce mental health learning disability and autism inpatient rehabilitation far from home and reduce placements outside natural clinical flow in adult and children and young people medium and low secure services.

This provides a total potential allocation of **£148m** of system and national capital.

All national capital schemes (with the exception of the NHP) are subject to a bidding process and will be reviewed and approved by NHSE. In some cases, the system has been invited (by NHSE) to submit a value greater than that indicated and equally we may receive less than indicated following the approval and business case process. There may be some opportunity to switch funding between categories within the constitutional standards allocation, subject to being able to justify reasons to do so and further approval with NHSE.

Bids must have no net revenue consequences for the system outside of Public Dividend Capital (PDC) payments. Incremental depreciation is currently funded by NHSE.

BLMK Capital Allocations	Allocation from NHSE
System Operating Capital Allocation incl IFRS 16	47,299.0
24-25 Revenue Fair Shares Allocation adjustment	12,666.0
25-26 Revenue Fair Shares Allocation adjustment	12,015.0
Adjustment for 24-25 BHFT overspend	
25-26 ICB Capital Allocation	2,006.0
System Operating Capital Allocation incl IFRS 16	73,986.0
New Hospital Programme (NHP) - MKUH	22,459.0
sub-total National Capital	22,459.0
National Primary Care Utilisation Fund	1,677.0
National Estates Safety Capital	15,463.0
Constitutional Standards - Diagnostics - CDC / Endoscopy	23,000.0
Constitutional Standards - Diagnostics - Imaging	100.0
Constitutional Standards - Diagnostics - Equip for psychological science	900.0
Constitutional Standards - for Surgical Hubs - Seed funding	2,000.0
Constitutional Standards - for Surgical Hubs - by weighted pop	1,500.0
Constitutional Standards - UEC	5,000.0
Mental Health	1,954.0
Total Indicative National Capital new in 2025-26	51,594.0
Total Capital included in Plans	148,039.0

The primary care BAU capital allocation has increased from 2024-25 by £0.3m, with the ICB being required to cover any IFRS16 requirements within this envelope for the first time. Previously, this has been covered centrally by NHSE. To date, IFRS16 liabilities have arisen from the leasing of office space for the ICB, rather than from primary care estate and is therefore limited in nature.

Capital guidance states further capital will be made available for technology transformation, to digitise frontline services, for cybersecurity and to improve productivity, amongst other things. Additionally, NHS England and the Department for Health and Social Care (DHSC) are working to secure capital to contribute, where appropriate, to the reduction of energy costs through the construction of renewable energy generation infrastructure.

New Hospital Programme (NHP) capital allocations relating to the 3 enabling schemes for the Multi Storey Car Park (MSCP), High Voltage (HV) power supply and the Imaging centre are also included in the capital allocation. The funding totals £22.5m.

The System CDEL is currently allocated to our in-system NHS acute providers based on historical depreciation (two-thirds Bedfordshire Hospitals one-third Milton Keynes Hospital).

The system ringfences the ICB capital allocation which is predominantly used to pay for GP IT infrastructure and premises schemes in General Practice (£2m). In addition to this the ICB is allocated £1.5m further funding from the bonus capital awards, with the balance split between the two Trusts.

There is a movement of £3m capital funding from BHFT to MKUH in 2025-26 (shown in the table on page 14), with a net nil impact on the system capital position. This has arisen as a result of both Trusts working together to manage the system capital position in 2024-25, with MKUH able to mitigate an overspend position in BHFT, by underspending itself by £3m. As a result, BHFT will provide £3m funding to MKUH in 2025-26, to recompense this position.

Capital Planning & Prioritisation

In prioritising operational capital, the system considers the following factors:

- Addressing operational risk such as estates infrastructure risk, equipment replacement requirements and IT upgrades/replacement.
- Supporting national programme capital using local funds.
- Capital requirements to support larger strategic priorities.

System operating capital prioritisation is initially undertaken at organisation level. Prioritisation criteria are bespoke to the individual organisations based on the operational and clinical needs of that organisation – capital programmes are ratified at the individual organisation's Finance Committee. The plan is reviewed at the ICS Directors of Finance group and the ICS Capital Estates Oversight Group.

Primary care funding is allocated for GP IT projects and GP estates projects that will specifically enhance existing registration and consultation capacity, with particular focus given to relieving pressure for the most constrained surgeries in BLMK and for those serving communities with the highest levels of patient need.

Project Initiation Documents (PIDs – short-form business cases) are produced jointly by the practice and/or ICB for all initiatives. Projects pass through the ICB governance process before being submitted to NHS England for final approval.

The ICS is seeking to further enhance the approach to managing our collective capital costs, to enable us to become more proactive in anticipating capital opportunities, more coordinated in our plans, and more transparent around our decision making for capital items.

To support longer-term capital planning, the system is developing an ICB Infrastructure Strategy. This builds on the work that was completed in 2024 for NHSE, in line with the national infrastructure template.

The draft Infrastructure Strategy is due to be presented to the ICB Board in June 2025 and will build on the comprehensive analysis and engagement completed in 2024 and include further engagement across partners. This JCRUP aligns broadly with the first year of the Infrastructure Strategy.

A primary care estates prioritisation process has been carried out during March-April 2025 to allocate available resources for 2025-26.

A further prioritisation process will be undertaken during September to October 2025 to develop the next three-year pipeline of primary care estates projects. This will use a prioritisation process developed in 2023, that was based on a national prioritisation tool and has been further enhanced with support from the Public Health Intelligence Unit.

Overview of ongoing scheme progression

Key Schemes included within the financial plan

Bedfordshire Hospitals Foundation Trust

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

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

This major programme will provide new accommodation for 4 of the 34 services delivered from the hospital site. The Acute Services Block at the Luton & Dunstable site will open mid 2025-26.

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

The Trust continues to invest in significant backlog maintenance projects and has aligned £3m from its own system operating capital. National capital has also been made available in 2025-26 and the Trust has submitted a bid for £10.5m for which a response is currently awaited from NHSE. The Trust reports that in 2023-24 the cost to eradicate backlog maintenance in BHFT is £291m, showing the gap between funding allocations and the level of investment required to manage this issue. Critical infrastructure risk was reported as c60% of this value.

Indicative national capital has been made available to Trusts to cover a number of areas in 2025-26 as outlined earlier in this report. This bidding process has taken place and BHFT submitted bids as follows:

Constitutional Standards Capital

a. Diagnostics

A bid was submitted for £25m capital for a CDC to be located in south Bedfordshire. This was £2m above the indicative value of £23m ear-marked for a CDC and advised by NHSE.

A business case for the CDC was submitted to NHSE with a profile that crosses over into next year, setting out a small amount of the £25m investment will be spent in 2025-26, whilst the majority is forecast to be spent in 2026-27.

b. Elective

A total of £2m of seed funding was indicated in capital allocations for a surgical hub, of which BHFT requested £1m for an options appraisal and development of a business case, with MKUH requesting the same.

c. UEC

£4.4m was requested across five schemes to support UEC initiatives, including relocation of rooms and upgrading pneumatic tube and creation of an outpatient pharmacy to improve 'to take-away' (TTA) dispensing.

Following the submission of the bid, NHSE invited BHFT to submit a further request for £1.6m (not included in summary table above) to support their outpatient pharmacy departments.

Milton Keynes University Hospital Foundation Trust

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

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

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

Other schemes in delivery include:

- The continued development in Oak House Ward, which is due to deliver two new 24 bed wards by the end of 2025-26.
- The second phase of the Trusts decarbonisation plan as commenced. This is to allow the Trust to prepare for and connect to a low-carbon District Heat Network. The work is planned to start during 2025-26 and be completed by the end of 2026-27.

The Trust reports that in 2023-24 the cost to eradicate backlog maintenance in MKUH is £38m, showing the gap between funding allocations and the level of investment required to manage this issue. Critical infrastructure risk was reported as 79% of this value.

The Trust has submitted a bid for £4.9m of back-log maintenance national capital to support this issue and is currently awaiting a response from NHSE.

Indicative national capital has been made available to Trusts to cover a number of areas in 2025-26, as mentioned previously. MKUH have submitted bids as follows:

Constitutional Standards Capital

- a. Diagnostics – equipment for psychological science and audiology £0.8m.
- b. Elective - A total of £2m of seed funding was indicated in capital allocations for a surgical hub, of which MKUH requested £1m for an options appraisal and development of a business case, with BHFT requesting the same.
- c. Elective – a further bid for £1.2m was submitted to provide additional outpatient rooms and a minor elective procedure room, to manage increasing demand.
- d. UEC - A bid for £0.6m was submitted to create cubicles in ED to allow patients to be offloaded from ambulances more speedily.

Primary Care Estates

BLMK ICB continues to recurrently invest in primary care estates. This funding in addition to BAU capital and S106 funding has enabled 15 schemes to be fully delivered since January 2023, and a further 32 projects are at various stages of planning and delivery. These include small tactical schemes, efficiency improvements / repurposing void spaces, and larger new build projects. Some examples are:

- Reconfiguration of Leighton Buzzard Health Centre to provide additional clinical capacity for primary care, due for completion June 2025
- Reconfiguration of Queens Park Health Centre to increase primary care capacity, due for completion June 2025
- New surgery in Cranfield (new build, developer-funded), construction complete and due to become operational in 2025 once legal arrangements are finalised.
- Community and health hub in the East MK development area (Council-led new build funded through Housing Infrastructure Fund, Council and NHS investment), due for site completion autumn 2025.
- Various extension and improvement projects funded via S106 contributions from housing developers.
- Feasibility work to explore options for increasing capacity in growth areas such as Wixams and Biggleswade.

These projects are in addition to the 13 projects supported in principle for 2025-26 under the Utilisation & Modernisation funding stream, discussed above.

Community and Mental Health Estate

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

Lead Organisation	Project Name	Project Status
CNWL	Heating and Radiator Upgrades at Campbell Centre	COMPLETE
CNWL	Drainage Works at Campbell Centre	ACTIVE
CNWL	Ceiling Upgrade Work at Campbell Centre	COMPLETE
Cambridgeshire Community Services NHST	Reconfiguration of Redgrave Gardens, Luton	Potential reconfiguration proposal being developed.
Cambridgeshire Community Services NHST	Reconfiguration of Child Development Centre, Kempston	COMPLETE
ELFT	Reopening and adapting existing MH beds (9) and creation of a crisis house (8	Proposal submitted to NHSE

	beds) with step down unit (4 beds)	
ELFT	Rehab Facility High Dependency Unit (HDU)	Proposal submitted to NHSE
ELFT	Health Based Place of Safety (HBPoS) Improvements (Coral Ward)	COMPLETE
ELFT	Accessibility Improvements (Fountains Court)	COMPLETE
ELFT	Bedford Mental Health Inpatient Unit	Case for change developed. Source of funding to be identified.

Risks and contingencies

In BLMK, we continue to face major infrastructure challenges, which, without new investment, will worsen. BLMK is the fastest growing area, with a rate of population growth two and half times greater than the national average. The system has significant health deprivation in areas, and funding allocations have not kept pace with the rapid growth. These two issues combine to create an increasingly unsustainable estate. As a result, there are major backlog maintenance issues which are growing. Delivery of services can be negatively impacted by the condition of the estate in which staff are working and patients being treated. Lack of available capital directly impacts the provision of primary care facilities in new housing growth areas, with patients needing to travel further to access GP appointments.

This has a direct impact on performance and therefore on the health outcomes of our residents across all sectors of care.

Increased labour costs and higher inflation continue to present risks and potential consequences of global conflicts are a continuing threat to the supply chain although this has eased when compared to previous years. Inflation continues to impact the cost of capital developments, especially for larger investments, which take a significantly longer time to implement. Business cases need revisiting to update with increasing costs when there are delays or challenges in reaching approval point to proceed, which can put the project at risk. System operating capital can be used to mitigate against this but impacts on Trust abilities to reduce the provision of backlog maintenance projects, causing further delay to Trusts projects and programmes.

The announcement to restructure NHSE and ICBs earlier in the year, adds a further risk to the development and approval process of business cases in 2025-26. Any capital that is not spent in-year will continue to be lost, in line with NHSE guidance.

BHFT has mitigated the cost of the Acute Services Block by using system operating capital. The Trust will complete this project in 2025-26.

It is currently exploring ways to mitigate the risks associated with developing a new CDC in south Bedfordshire and plans for mitigations are being discussed by its Executive to reduce delays and manage costs within the financial envelope, as the development and approval of the business case by the Trust and NHSE continues.

MKUH has indicated to NHSE and the ICB that given the Trust's current cash position, additional cash support will be required to fully utilise the system operating capital CDEL allocation. The ICB is

supportive in principle of this application being made which will be subject to a formal request for funding and final approval by the NHSE central team. This process is currently underway. If approval is not granted, there is a risk the Trust may not be able to fully utilise the allocation it has been given in 2025-26.

Guidance provided by NHSE indicated provision of capital for digital development and further information is awaited, with resultant risks it may not be spent before the end of the year. There has been no announcement related to capital to support net zero in 2025-26 and Trust's system operating capital is unable to stretch to cover these initiatives, reducing the ability to deliver against this priority.

The system continues to work collaboratively to identify alternative sources of funds in partnership with local authority partners, such as capital investment on joint initiatives and S106 funding and will continue to bid for capital funds where this is available and supports system priorities.

Business cases in 2025-26

Two schemes in BHFT included in the 2024-25 Joint Capital Resource Use Plan are due to complete in 2025-26, including the CDC in North Bedfordshire and the Acute Services Block in Luton, which should open mid-way through the year.

In MKUH there is continued work on the New Hospital enabling scheme programme relating to the imaging centre, multi storey car park and HV supply. The Trust is also continuing with the design work for the main NHP scheme.

Outside of the NHP, Oak Wards are due to be completed in quarter 4 and will deliver two 24-bed wards across two floors, increasing the hospitals capacity of medical beds, to meet the growing population.

The Salix decarbonisation scheme continues this year and is planned to complete in 2026-27. This will deliver energy efficient windows, upgraded theatre ventilation and a sterile service upgrade, supporting the move to a net carbon-zero heating system and is part funded by the governments public sector decarbonisation scheme.

Work continues on the Mount Vernon reprovision to relocate the current Mount Vernon facilities currently on the Hillingdon Hospital site to new, modern and fit for purpose facilities in Watford. This affects systems across London, South East region, Hertfordshire and West Essex and BLMK.

Preparations are currently underway to launch a public consultation on the reprovision options and following this, the business case will be updated. Further work continues to firm up the capital and revenue financial and activity implications of this potential significant relocation. This will continue throughout 2025-26.

The current go-live date is expected to be in 2031-32.

Cross-system and collaborative working

The system operating capital funding provided to the Bedfordshire Luton & Milton Keynes System is for use by the two in-system hosted acute provider organisations and the ICB, in line with NHSE guidance. Cambridgeshire Community Services NHS Trust, Central & North-West London NHS Foundation Trust, East London NHS Foundation Trust and our ambulance provider are key NHS service providers for the BLMK population and require capital resources to support service pressures and operational priorities. The capital funds for these providers are managed through other ICBs.

Examples of collaborative working across the system include the following:

- A monthly system wide capital and estates group which comprises capital leads, finance leads and subject matter experts. All system partners are represented on the Group. The aim of this group is to ensure a collaborative approach to capital and to ensure capital investment is prioritised and used effectively. The Capital and Estates Oversight Group reviews system assets with partners to identify opportunities to collaborate and reviews organisational capital bids / plans to facilitate synergy.
- In 2025-26 the ICB has worked jointly with MH providers, to submit a bid for capital to manage out of area placements and support flow of mental health patients to a more appropriate setting. If approved, this capital funding will sit outside of the BLMK system with ELFT but benefit residents and patients within BLMK.
- Integrated system working has also been demonstrated in the Grove View Integrated Care Hub in Dunstable, which was built by Central Bedfordshire Council, but leased and run by Bedfordshire Hospitals NHS FT, and includes various tenants, including a local GP practice.
- Capital works at the Bedford Hospital North Wing are a collaboration between the ICB and Bedfordshire Hospitals, through the development of a joint business case to successfully access DHSC capital.
- Milton Keynes City Council-led delivery of a community and health hub for the MK Eastern expansion area to serve the residents of this large housing development going forward.
- We have built strong foundations with local authority partners to understand local growth aspirations (housing and employment) and the associated trajectories for delivery. In developing these working relationships with the four local planning authorities across BLMK we continue to seek to secure additional capital to support the transformation and resilience of our estate i.e. through S106 contributions.

Net zero carbon strategy

The ICS Green Plan is aligned to the national net zero targets of 2040 (for controllable emissions) and 2045 (for all other emissions), with an ambition to meet the former by 2035.

The refreshed ICS Green Plan for 2025, to be submitted for approval at ICB Board in June 2025, reiterates these ambitions and sets out a detailed delivery plan. Both acute Trusts have indicated their intent to adopt the plan as their own respective Trust Green Plans.

Environmental sustainability and net zero are woven throughout the ICS strategies, including the Joint Forward Plan, and the Health Services Strategy, which draw the link between climate change and health impacts. The Green Plan 2025 will require all new and refreshed strategies to incorporate net zero impacts and activities.

Through its Environmental Sustainability System Leadership Group and Green Plan Working Group, the ICB oversees progress towards a net zero healthcare system; the former group develops the system strategy and oversees progress whilst the latter supports progress and collaboration between system partners. The ICB also holds twice-annual net zero progress meetings with the acute trusts. Both Trusts have outlined heat decarbonisation plans to reach net zero for buildings and energy,

which are contingent on receipt of sufficient capital funding.

Examples of recent capital projects supporting Net Zero carbon strategy include:

Bedfordshire Hospitals

- The Trust received additional funding from NHS England in Q4 2024/25 to complement its LED lighting replacement. The Luton estate has almost 100% LED coverage.
- Additionally, the Bedford site is upgrading its building management system, to support its energy efficiency work.
- A new garden and planting scheme has opened in Bedford to increase biodiversity.
- The Trust has some significant redevelopment ongoing – such as the new acute services block. These will increase capacity as well as replace some aging, less efficient infrastructure.
- The latest emissions data regarding energy, from the GreenerNHS dashboard (2023/24), suggests that the impact of increasing LED coverage (from 60% to 74% in the year to March 2024) and the new energy centre opened in 2023 are yet to be reflected in the energy usage, which is lower than the 2019/20 baseline, but variable (likely due to differences in annual and seasonal temperatures and on-site construction).
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Milton Keynes

- The Trust received additional funding from NHS England in Q4 2024/25 to complement its LED lighting replacement schemes, which are saving more than 3,000 MWh and nearly £800k.
- The Trust has received two tranches of Salix Public Sector Decarbonisation Scheme funding in 2023 and 2024, for heat pumps, window replacements, and other changes to heating systems.
- The Trust approved a future connection to a District Heat Network in Milton Keynes.
- Solar panels have been installed across the whole of the hospital; in 2023/24, 6.8% of electricity consumed by the Trust was from renewable generation.
- The latest emissions data regarding energy, from the GreenerNHS dashboard (2023/24), suggests that the impact of increasing LED coverage (from 49% to 57% in the year to March 2024) and other actions in recent years are having an impact on reducing energy usage, although it is not linear (likely due to differences in annual and seasonal temperatures and on-site construction activities). Many of the above changes are expected to be seen in the emissions data for 2024/25 and in the future.

Joint Capital Resource Use Plan: BLMK System CDEL – 2025-26

BLMK Capital Allocations	Allocation from NHSE	Total Plan Including Indicative Bids				
		BHFT	MKFT	Community & MH	ICB	Totals
		£000s	£000s		£000s	£000s
System Operating Capital Allocation incl IFRS 16	47,299.0	31,532.7	15,766.3		0.0	47,299.0
24-25 Revenue Fair Shares Allocation adjustment	12,666.0	8,110.7	4,055.3		500.0	12,666.0
25-26 Revenue Fair Shares Allocation adjustment	12,015.0	7,343.3	3,671.7		1,000.0	12,015.0
Adjustment for 24-25 BHFT overspend		(3,000.0)	3,000.0		0.0	0.0
25-26 ICB Capital Allocation	2,006.0	0.0	0.0		2,006.0	2,006.0
System Operating Capital Allocation incl IFRS 16	73,986.0	43,986.7	26,493.3	0.0	3,506.0	73,986.0
New Hospital Programme (NHP) - MKUH	22,459.0		22,459.0			22,459.0
sub-total National Capital	22,459.0	0.0	22,459.0	0.0	0.0	22,459.0
National Primary Care Utilisation Fund	1,677.0				1,677.0	1,677.0
National Estates Safety Capital	15,463.0	10,523.0	4,940.0			15,463.0
Constituional Standards - Diagnostics - CDC / Endoscopy	23,000.0	24,999.0	0.0			24,999.0
Constituional Standards - Diagnostics - Imaging	100.0		0.0			0.0
Constituional Standards - Diagnostics - Equip for psychological science	900.0	140.0	794.0			934.0
Constituional Standards - for Surgical Hubs - Seed funding	2,000.0	1,000.0	1,000.0			2,000.0
Constituional Standards - for Surgical Hubs - by weighted pop	1,500.0	360.0	1,200.0			1,560.0
Constituional Standards - UEC	5,000.0	4,395.0	572.9	170.0		5,137.9
Mental Health	1,954.0	0.0	0.0	4,540.0	0.0	4,540.0
Total Indicative National Capital new in 2025-26	51,594.0	41,417.0	8,506.9	4,710.0	1,677.0	56,310.9
Total Capital included in Plans	148,039.0	85,403.7	57,459.2	4,710.0	5,183.0	152,755.9

The table above shows the indicative and confirmed capital allocation published by NHSE for BLMK. Secondly it shows plans and bids made against the indicative allocations, as described in the plan above. Indicative bids are subject to final approval by NHSE and are higher than the plan published.

Note the community and Mental Health (MH) column shows bids made by our system partners sitting outside our system (working collaboratively with the ICB), for capital indicated for the BLMK system. This will benefit BLMK residents. There is no detail included in this plan, relating to Community and MH provider own system capital plans.