

Appendix 3

BLMK Estates Strategy Draft Key Principles

- i. BLMK is being seen by the NHS as a single unit for capital planning, but across the wider public sector we believe that One Public Estate is showing that this is an area where we can achieve more together, despite the overhead of working across partnerships.
- ii. Modelling the future will always be imperfect, and although we must develop the best plans possible, we need to acknowledge that the process will be imperfect.
- iii. Public sector estate is a rare asset and all efforts should be made to see it highly utilised, including by sharing and extending hours of operation.
- iv. BLMK is experiencing, and planning for further, rapid demographic growth, especially given its pivotal position within the Oxford-Cambridge Corridor. This brings challenges but also provides considerable opportunities: 1) to design healthy and sustainable communities, reducing the ongoing demand for services 2) to use developmental opportunities to provide our services from future-proofed, flexible locations. We also have experience of new town development within our patch to learn from the MK experience.
- v. Our service models will change and we require an estate which can flex to meet these need, therefore, generic design should be the norm.
- vi. Hospitals are important for our population, and should be delivered from premises that are fit for purpose, can be economically staffed, without a legacy of unmet backlog maintenance, and are scaled to meet our planned activity profile
- vii. Care should not be delivered face to face unless required, and where residents need to travel for care this should be minimised, and that travel should be efficient, sustainable and accessible.
- viii. In order to maximise the local provision and fast positive access for our residents, diagnostic and therapeutic interventions should be located as close as economically practical to our population.
- ix. Service location will need to balance the optimal scale of operation from a cost of provision basis, against the resident or system benefit of being delivery more locally.
- x. Our increasingly integrated and multi-disciplinary care models should be supported by our estates
- xi. Our investments will bring our teams together, and create the environment for multidisciplinary working by default.
- xii. Our estate investments should reflect the future of services, as best as we can assess them, and should focus on hospital facilities for those activities that will always be delivered by hospitals, and community facilities for those that can be delivered closer to home.
- xiii. The best bed for anyone in BLMK is their own bed, wherever the system can enable this.
- xiv. Health and care facilities are regenerative, bringing people into an area, and create a nucleus on which regeneration can be planned.
- xv. Community facilities are well located when interrelationship between independent living, primary care, wider public and third sector neighbourhood support, and regeneration are also considered.
- xvi. Investment should focus on resolving inequality within neighbourhoods, or across places, but should also be seen as a fair distribution of finite resources over time within BLMK
- xvii. The BLMK strategy needs to be comprehensive, covering the totality of our needs and plans, but divided into a medium to long term pipeline, to ensure our population's needs are proactively managed. This is particularly relevant given our population growth forecasts.
- xviii. There are many schemes within BLMK, but many of these are not sufficiently developed for an early slot in our pipeline. However, this pipeline is important given delivery lead-in times.

Cross Section of BLMK Capital Projects – including Central Bedfordshire

					0	37,350	64,480	35,270	7,700	144,800	130,300 0		
Existing	BCCG	BCCG / BHT	Development of stroke rehabilitation inpatient facility	NHS PS capital secured	2018-19	0,780				0,780			No additional funding requirement.
Existing	BCCG	Bedford Borough Hub Programme	Gilbert Hitchcock House	STP Funding secured-Wave 2-£6M									No additional funding requirement.
Existing	BCCG	Bedford Borough Hub Programme	Cauldwell	STP Funding secured-£1.55M									No additional funding requirement.
New	BCCG	Central Bedfordshire Hub Programme	Dunstable	OBC stage, LA funded scheme				11,225	10,225	21,450	6,000	2,000	STP capital contribution required to ensure viability of revenue costs (estimated at £6m at this stage - to be confirmed as part of OBC development)
New	BCCG	Central Bedfordshire Hub Programme	Biggleswade	OBC stage, LA funded scheme			6,000	9,427		15,427	5,000	2,000	STP capital contribution required to ensure viability of revenue costs (estimated at £5m at this stage - to be confirmed as part of OBC development)
New	BCCG	Central Bedfordshire Hub Programme	West Mid Beds	Feasibility stage, Arcadis engaged as consultancy			6,000	9,000		15,000	12,000	1,500	STP capital contribution likely to be required to ensure viability of revenue costs (estimated at this stage - to be confirmed as part of OBC development)
New	BCCG	Central Bedfordshire Hub Programme	Houghton Regis	Feasibility stage, Arcadis engaged as consultancy			5,000	3,000		8,000	3,000	0	STP capital contribution likely to be required to ensure viability of revenue costs (estimated at this stage - to be confirmed as part of OBC development)
New	BCCG	Central Bedfordshire Hub Programme	Leighton Buzzard	Feasibility stage, Arcadis engaged as consultancy			6,000	6,000		12,000	11,870	0	STP capital contribution likely to be required to ensure viability of revenue costs (estimated at this stage - to be confirmed as part of OBC development)
New	BCCG	Bedford Borough Hub Programme	Hub 3 (South West Bedford/Kempston)							15,000	14,200	0,800	Estimates at this stage
New	BCCG	Bedford Borough Hub Programme	Hub 4 (North-West Bedford Borough)							12,000		0	Estimates at this stage
New	BCCG	Bedford Borough Hub Programme	Hub 5 (North-East Bedford Borough)							5,000		0	Estimates at this stage