Turner & Townsend

12 April 2024

OBC

Outline Business Case

Additional Healthcare Services in Leighton Buzzard

NHS Bedfordshire, Luton, and Milton Keynes Integrated Care Board

making the **difference**

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NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

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Document Quality Management

The following quality checks have been carried out on this document:

- Review by Turner & Townsend Consulting Director
- Review by Nikki Barnes, Associate Director of System & ICB Estates, Bedfordshire, Luton & Milton Keynes (BLMK) Integrated Care Board (ICB)
- Review by Mike Goodwin, Estates Advisor to BLMK ICB.

Version control will be maintained throughout the life of this dynamic document and will adhere to BLMK ICB control of documents and audit standards.

Project Approval to date

A feasibility study was adopted by the ICB in Summer 2023.

In July 2023 BLMK ICB appointed Turner & Townsend to support the ICB and its stakeholders in developing an Outline Business Case.

NHS Bedfordshire, Luton, and Milton Keynes Integrated Care Board
Additional Healthcare Services in Leighton Buzzard

Contents

Rev	Status	Originator	Approved	Date
1.3	Draft	Christopher Roe	Claire Colgan	19/03/2024
1.4	Draft	Christopher Roe	Claire Colgan	11/04/2024
1.5	Final issue	Christopher Roe		30/04/2024

1 Executive Summary

1.1 Introduction

This document describes the work Bedfordshire, Luton, and Milton Keynes Integrated Care Board (BLMK ICB) has led to explore the needs and solutions for primary and community care in Leighton Buzzard. This document has been presented as an Outline Business Case (OBC), and follows the templates and guidance set out by HM Treasury in the Green Book.

The OBC follows a Strategic Outline Case (SOC) undertaken in 2019 and a Feasibility Study undertaken in 2023. The business case process is an iterative approach, balancing cost, and the analysis of options, and usually through the course of an OBC, a preferred option is identified. The purpose of the earlier document was to narrow the range of potential options that might meet the identified needs of the project. The aim of this OBC was further refine the options to identify a single proposal.

The work undertaken over the course of this OBC has identified that delivering a solution that meets the aspirations of all stakeholders is incredibly challenging. Whilst a large new building would increase the clinical capacity of the town, it is not affordable. Conversely, smaller schemes may not fully future proof against rising demand and present their own delivery challenges.

As a result, this OBC is presented as an option review, intended to support the ICB in identifying which option it would like to take forward.

1.2 Strategic Case

1.2.1 Overview

The purpose of the strategic case in the OBC is to identify the key policies and directives that guide how health and wellbeing services are delivered both nationally and locally. It also sets out the rationale for the proposal and makes the case for change at a strategic level. It sets out the background to the proposal and explains the objective that is to be achieved.

1.2.2 Strategic Context

This OBC reviewed the following policies:

- National policy
  - NHS long-term plan (2019)
  - Fuller Stocktake Report (2022)
  - GP Recovery Plan (2023)
  - Changes made to the commissioning of Pharmacy, Optometry and Dentistry contract administration (2023)
  - NHS long-term workforce plan (2023)
- Local policy
  - Bedfordshire, Luton and Milton Keynes Integrated Care System Strategy
  - Bedfordshire, Luton and Milton Keynes Joint Forward Plan
  - Leighton-Linslade Neighbourhood Plan, Leighton-Linslade Town Council
  - Bedfordshire, Luton and Milton Keynes Digital and Data strategy

These policies have been used to support the development of the OBC in a range of ways that include:

- Defining critical success factors
- Identifying strategic objectives
- Investment objectives that the project should fulfil
- Development of the target clinical model of care
- Developing evaluation criteria for assessing options
- The design of estate related solutions.

1.2.3 Case for change

For any project to be successful it needs to first understand why the current system needs to be changed. This understanding of the current shortcomings is brought together in the case for change. This OBC has identified a number of justifications for enacting change:

- **Capacity** The current model does not have the capacity to meet the needs of the local population in the medium term or the long term. Both population and clinical demand are increasing as a result of new housing and the increase in prevalence of chronic and complex clinical need. Failure to reconfigure and/or enhance health and care services in anticipation could put pressure on hospital services that are already vulnerable and undermine the quality-of-care provision.
- **Patient access** Providing care closer to where people live is a key priority for all system partners but requires a more innovative approach to shift the balance of care from hospitals to the community. An integrated, locally based, multidisciplinary workforce, accommodated in the local community will help to achieve service improvements and transformation and improve outcomes. This service cannot currently be fully accommodated in the community.
- **Affordability** Risk of new and future capacity challenges resulting in patients accessing services in an inappropriate way, such as A&E attendances for minor ailments. Supporting patients to proactively manage their health and wellbeing through ready access to preventative services in primary care settings allows management of heath in the community, where services can be delivered at lower cost and less disruption to individuals.

The above list represents internal and external forces. Internally Leighton Buzzard is expanding and developing as an urban centre, whilst externally, policy and technology are creating a need to realign how care and wellbeing services are delivered.

1.2.3.1 Community engagement

Leighton Buzzard healthcare services are supported by the three GP practice Patient Participation Groups (PPGs) who provide a valuable insight into the delivery of care from a patient perspective. The ICB has had an ongoing dialogue with these and other community groups who work with and alongside primary and community care providers. These groups are increasingly concerned that change to the current system is needed to ensure that it continues to support patients and have long term viability.

This project has reviewed the outputs from a patient survey organised by the three PPGs in 2023, which received over 5,000 responses, and this project has been informed by the wider community. The project team has also hosted a community engagement event, with representation from the PPGs, local community and voluntary sector groups, town and ward councillors and the local

Member of Parliament to understand first-hand their concerns and create opportunities for these groups and the people they represent to have meaningful input to the development of this project.

A number of key themes emerged from the open dialogue:

- Attending hospital locations remained a challenge for some service users due to the distance from Leighton Buzzard.
- The potential impact of new housing on the availability of the town's existing health and care services
- Treatment of illness in the town was generally good, however there was limited support for the treatment of minor injuries.
- The Clipstone Park site, whilst supporting the east side of the town, is difficult to access for the west.
- Greater use of the existing health centre building was favoured by the community, given the central location, despite car parking challenges.
- The project team were encouraged to explore the use of the Ambulance Station next to the Health Centre.
- The town centre is highly accessible, making it a good location for public services.

1.2.4 Strategic case conclusion

The strategic case has identified that the delivery of health and wellbeing services is a rapidly evolving field. Its delivery is partially dependent on buildings that are immobile and often difficult to alter. It is therefore appropriate that the estates suitability to meet the needs of patients and healthcare staff is continually reviewed. At the same time, Leighton Buzzard is undergoing a significant house building phase that has followed a number of historic house building periods. New housing will bring with it a larger population, who will require access to healthcare. Meanwhile existing patients are increasingly seeking to access more services from community settings as the NHS's vision for community-based care continues to roll-out, including in the form of the Additional Roles Reimbursement Scheme (ARRS) programme.

These factors combine to create a case for reviewing the suitability of health and wellbeing services in Leighton Buzzard from its existing estate.

1.3 Clinical Quality Case

1.3.1 Introduction

Health and wellbeing indicators for Leighton Buzzard indicate that generally the population enjoys better than average health compared to the wider county and England. The BLMK ICS Estates Workstream - Refresh of Strategic Objectives and Capital Pipeline (April 2021), did however, identify a number of priorities that are applicable to the town's health and wellbeing:

- Targeted prevention measures (more Stop Smoking support, increased uptake for cervical screening, flu and other vaccinations, more NHS Health Checks)
- Increasing the diagnosis of dementia
- Minimising premature mortality, especially heart disease
- Encouraging greater uptake of mental health support for children and young people (especially referrals to Kooth, and other online counselling platforms).

The Leighton Linslade Primary Care Network (PCN) has developed a clinical strategy setting out how it intends to respond to the health and wellbeing needs of the community. The clinical strategy

focuses on increasing the PCN's capacity to ensure that service expansion reaches the entire Leighton Buzzard population. All three GP practices have catchment areas that covers the entirety of the town, therefore increasing the capacity of the PCN allows all practices to access those services for their patients.

A focus on same-day access by the PCN is expected to divert some clinical activity away from practices, which currently accounts for around 40% of practice activity at present. By diverting same-day clinical activity away from practices, it will reduce pressure on their estate, creating space and opportunity for more training places within surgeries and greater capacity for planned and preventative care.

1.3.2 Clinical modelling

A healthcare planner formed part of the OBC project team, and worked extensively with the Primary Care Network (PCN) Clinical Director and PCN Operations Manager to map out how primary care services are delivered across Leighton Buzzard.

The development of the Leighton Linslade PCN supports the three practices in the town, allowing them and their patients to access more specialised services and a wide range of clinical specialities. Whereas traditional models of care focused on a GP supported by nursing staff, primary care today in Leighton Buzzard is a network of clinicians and professionals. Whilst GPs remain central to this network, specific care needs are met by clinicians employed through the Additional Roles Reimbursement Scheme[1] .

To create an accurate model of how care is currently and needs to be delivered in the future in Leighton Buzzard, the healthcare planning team analysed primary care (including GP, nurse led services and those provided by the ARRS) alongside services in community health, delivered by a range of providers, including Foundation Trusts.

It should be noted that the former Feasibility Study had already confirmed that Trust-led mental health services were outside the scope of this project.

The healthcare planning team also met with wider health and wellbeing providers to ascertain and plan for foreseeable changes to the delivery of services in Leighton Buzzard. Whilst concluding that no providers planned any significant changes to how services were delivered, the exercise provided a detailed understanding of both the present and future plans for health and wellbeing service delivery in Leighton Buzzard.

As shown below, the clinical model deploys a methodology heavily informed by Health Building Notes 11-01, which is the prevailing guidance for primary care estates. Whilst the guidance does not cover the role of PCNs the healthcare planning team adopted the same methodology.

	Service lead	Current Appointments per annum	Following population growth
Current model of Primary Care	GP practice	342,697	381,685
	PCN	40,662	42,954
	Sub total	**383,359**	**424,639**

[1] See NHS England Network Contract Directed Enhanced Series: Additional Roles Reimbursement Scheme Guidance December 2019

	Service lead	Current Appointments per annum	Following population growth
Future model of Primary Care	GP practice	287,866	320,615
	PCN	109,202	121,625
	Sub total	**397,068**	**442,240**
	Community care	23,245	25,890
Total -Future model of Primary Care + Community Care		**420,313**	**468,130**

The model concluded that primary and community care[2] in Leighton Buzzard needs to provide 420,000 appointments per year to satisfy the healthcare needs of the population. This would rise to 468,000 appointments as the population grows over the next decade.

To accommodate the future number of appointments (468,000) Leighton Buzzard would need 78 clinical rooms within its estate (currently 68 rooms are available). The number of clinical rooms is influenced by how many days each room is available and how many appointments can be accommodated each day during that period. As a result, increasing opening hours and improving turnaround time between appointments allows for the same number of appointments to be accommodated in fewer rooms.

Whilst the NHS aspires to eventually move more services to a 6-day service, no changes in opening hours were included in the clinical model for this project at this stage. Where services are already provided during evenings and weekends, e.g. some PCN services, it was assumed these arrangements would continue. The model therefore assumes that the healthcare buildings in Leighton Buzzard will continue to predominantly operate 50 hours per week as they currently do.

Turnaround time between appointments was set by the PCN's Clinical Director based on actual experience of delivering those services in Leighton Buzzard.

All services were assessed as being capable of being delivered from a consultation and examination rooms, the standards for which are set out in HBN 11-01 guidance. Whilst not all of the existing estate was fully compliant (some rooms are slightly smaller than the recommended 16sqm), all existing clinical rooms were confirmed by the healthcare planning team as adequate when effectively triaged.

The model identifies that across primary care, PCN and community services, people in Leighton Buzzard will have access to 8.1 appointments per year per person. By comparison, the national average access rate for England (excluding community care) is 6.997. Once the Same Day Access Service is at full scale, Leighton Buzzard patients will have access to 7.66 primary care appointments (including PCN) per person per year.

To accommodate this level of activity 78 clinical rooms are needed in Leighton Buzzard. There are currently 68 clinical rooms in the town. Therefore, a further 10 are required once all planned growth has taken place (current housing allocation and construction programme runs to 2033) and the PCN led same day urgent care service has been scaled up.

[2] Community care in this context refers to nurse and therapy-led clinical services.

1.4 Economic Case

The economic appraisal has been undertaken in accordance with the HM Treasury Central Government Guidance on Appraisal and Evaluation (The Green Book) and the Department of Health & Social Care Comprehensive Investment Appraisal (CIA) model and consists of six analyses:

- Capital Costs
- Recurring annual revenue costs
- Risk
- Benefits
- Net Present Social Value (NPSV)
- Benefit Cost Ratio (BCR).

This range of measures assesses the available options through a number of lenses to identify which option has the best value outcome and what the associated costs are in delivering that option.

1.4.1 Options Appraisal

The previous Feasibility Study considered both new and recurring options. As the healthcare landscape continues to evolve rapidly, changes in service delivery and policy/strategy can have a significant impact on the project. The business case process therefore requires, in addition to assessing the options brought forward from the earlier stages, a full review to consider any new options.

Since the authoring of the Feasibility Study, this OBC identified several key changes summarised below:

- The land value of Vandyke Road has significantly decreased since the Feasibility Study. New national planning legislation known as biodiversity net gain (BNG) has been introduced. It requires all planning applications to demonstrate a 10% net increase in the biodiversity of the site after completion. Where a disused car park is being redeveloped for example, this requirement is relatively easy to obtain. However, at Vandyke Road, the site's mature hedgerow and meadow already provides a very diverse habitat. To increase biodiversity by a further 10% would result in much of the site having to remain in its current state, or significant off-site credits bought to compensate for the loss of this habitat. In some scenario modelling the cost of off-site credits is greater than the market value of the site.
- As a result, whilst previous work correctly identified that the sale of the site could provide a significant funding contribution towards a new primary care building, this is likely to be considerably reduced.
- East London Foundation Trust (ELFT) currently provides a range of community services from the Leighton Buzzard Health Centre. Whilst these services are remaining, ELFT's onsite administrative team are being centralised and moved out of the building. The building is under NHS Property Services (NHS PS) management and the terms of this management specify vacated space is now classed as void and must be funded by the ICB. The impact of ELFT's patrial departure from the health centre has been to increase the ICB's estate costs. The ICB can mitigate this increase by either handing the space back to NHS PS (this is not possible in this circumstance) or working with NHS PS to find a new occupant. This provides additional opportunities to consider options for using the vacant space in this building differently to meet local health needs.

1.4.1.1 Site identification

The OBC undertook a review of available sites for a potential new-build facility, as indicated in the SOC and Feasibility Study. No new sites in Leighton Buzzard were identified. The OBC therefore took forward Vandyke Road and Clipstone Park which were previously identified in the Feasibility

Study and land south of High Street which had been identified in the SOC but not fully discounted in the subsequent Feasibility Study. Figure 1 illustrates the evolution of available sites.

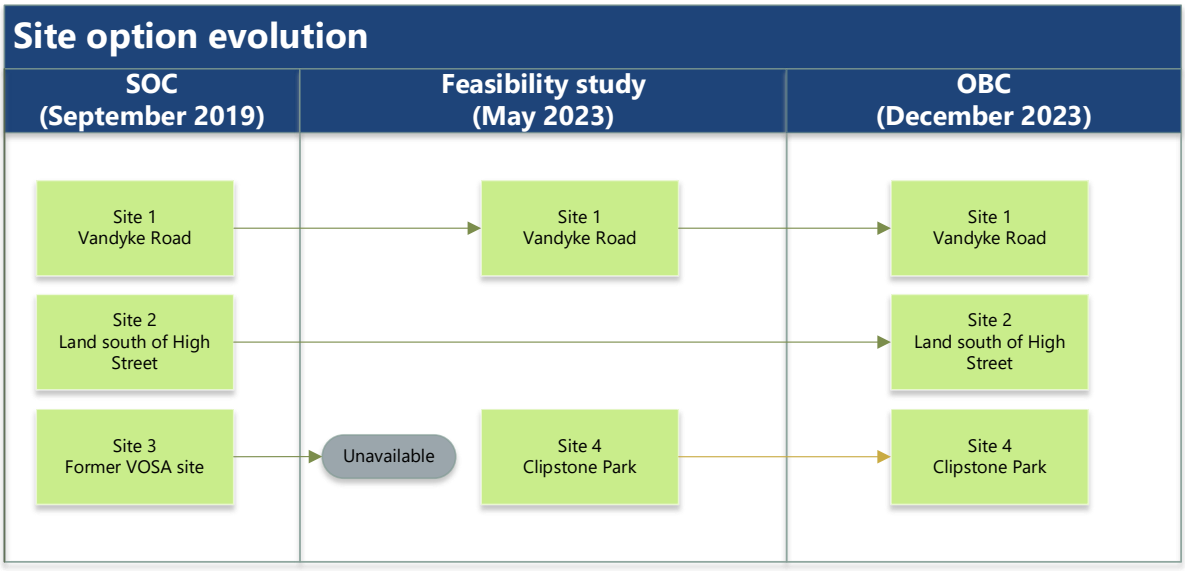


Figure 1 – Development of site options

In partnership a range of options were considered that would meet the clinical demand identified in the Clinical Model. As with the site selection, a review of previous work was undertaken, and new and emerging information was used to provide an up-to-date list of options to be explored.

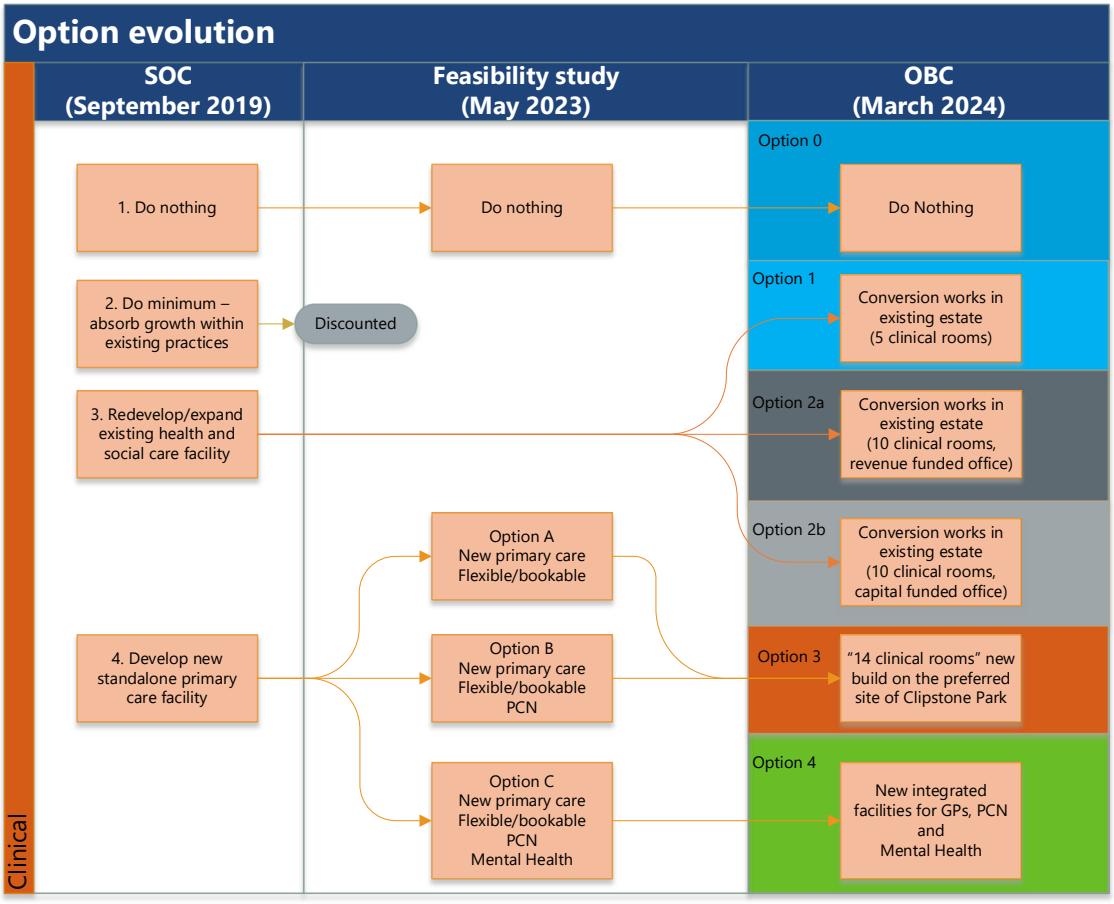


Figure 2 – Summary of Option evolution pathways

The Option to 'do nothing' is mandatory for all business cases and provides a baseline from which the future state enabled by each option can be considered. The options have been arranged in Figure 2 in order of scale of change needed to meet the clinical objectives of the project. The options explored are:

- **Option 0** Do nothing - no change to the estate is made and all services remain at their current level.
- **Option 1** Relocation of the administrative functions on the ground floor of the Leighton Buzzard Health Centre to void space on the first floor. This would allow ground floor office space to be converted into 5no. new clinical rooms.
- **Option 2a** Similar to option 1, however the administrative function currently on the ground floor would be moved to an off-site location. This would allow office space on both the ground and first floors to be converted, creating 10no. clinical rooms.
- **Option 2b** Similar to option 2a, but the administrative function would be moved into void space in the adjacent ambulance station which would be converted into office space.
- **Option 3** Creation of a 14 clinical room new build on the preferred site of Clipstone Park.
- **Option 4** Relocation of all primary and community services, including mental health (considered unaffordable in the Feasibility Study).

1.4.2 Critical Success Factors

The project's Critical Success Factors (CSF) were used to assess all of the options initially. Options 0 and 4 failed to meet most of the CSF and were discounted. The remaining options were taken forward.

Critical Success Factors	**Option 0** Do nothing	**Option 1** 5 Clinical rooms	**Option 2a** 10 Clinical rooms and off-site office	**Option 2b** 10 Clinical rooms and Ambulance Station	**Option 3** 14 clinical rooms	**Option 4** Do maximum
Summary	**Mostly red**	**Mostly green**	**Mostly green**	**Mostly green**	**Mostly amber**	**Mostly red**

Table 1 – Summary of Critical Success Factors

1.4.3 Economic Appraisal

The main costs and benefits associated with each of the four short-listed options, along with key assumptions, have been reconciled in a Comprehensive Investment Appraisal (CIA) to identify which option provides the greatest benefits for the least cost.

The following tables are extracts from the CIA and detail the evaluations which underpin the process for selection of the Preferred Option from a Benefit to Cost Ratio at conclusion:

	Option 0	**Option 1**	**Option 2a**	**Option 2b**	**Option 3**
Incremental costs:					
Revenue	£0	£0	£0	£0	-£2,807,122
Capital	£0	-£681,974	-£1,412,248	-£3,156,651	-£2,594,410
Transitional costs	£0	£0	-£1,555	-£488	-£19,246
Total incremental costs	£0	-£681,974	-£1,413,803	-£3,157,138	-£5,420,777
Incremental benefits:					
Opportunity cost	£0	£0	£0	£0	£2,380,452
Revenue	£0	£482,202	£77,374	£250,984	£0
Risks	£0	£1,787,519	£3,575,037	£3,575,037	£3,336,992
Societal benefits	£0	£26,800	£50,669	£50,669	£95,673
Total incremental benefits	£0	£2,296,521	£3,703,081	£3,876,690	£5,813,118
Net societal value	£0	£1,614,547	£2,289,277	£719,552	£392,340
NPSV rank	5	2	1	3	4

	Option 0	Option 1	Option 2a	Option 2b	Option 3
Benefit to cost ratio	0.00	3.37	2.62	1.23	1.07
BCR rank	5	1	2	3	4

Table 2 – Summary of CIA model outputs.

The CIA model provides a statistical analysis of the options. It is an internationally recognised assessment process and a mandatory requirement of all Business Cases. Whilst it is expected that the project should follow the findings of the CIA model, it is acknowledged that not all factors influencing a project can be modelled, and so the OBC team should use the model to inform their thinking.

The key outputs of the CIA model are the NPSV (net present social value) score and BCR (benefit to cost ratio).

- **NPSV** Provides a holistic perspective on the impact of a project or investment, taking into account not only financial returns but also social and environmental benefits. By incorporating these factors into financial analysis, NPSV helps make more informed decisions that align with broader societal goals and values, promoting sustainable development and responsible practices.
- **BCR** Provides a simple and intuitive way to assess the economic feasibility of a project or investment. By comparing the present value of the project's benefits to its costs, the BCR helps decision-makers evaluate whether the expected returns justify the resources required to undertake the initiative. A BCR greater than 1 indicates that the benefits outweigh the costs, suggesting a potentially favourable investment opportunity. Best practice is for a project to demonstrate a score of 4 of more.

There are several points to interest to note from the findings in Table 2.

- **Option 1** has the highest BCR, although it remains below 4.00 which is viewed as the preferred BCR for an option to be taken forward (not binding).
- **Option 2a** has the highest NPSV.
- **Option 2b** has a lower BCR than 2, but value engineering the cost of the Ambulance Station works could increase the score.
- **Option 3** has the highest opportunity cost, primarily through not deploying the value locked in the land at Vandyke Road.

Guidance on interpreting BCR scores in the HMT Green Book guidance stresses that decisions should not be reduced to a single score and that the project team and sponsoring/approving organisations should consider all measures, including those that cannot be converted to a numerical indicator. This holistic approach will need to be taken for this project where advantages, and disadvantages, exist for each option.

In reflecting upon the lack of a single solution that meets the needs and aspirations of all stakeholders, whilst remaining deliverable and affordable, the project team developed the following list of pros and cons to conclude and summarise their understanding of what remains a complex challenge.

Option	Pros	Cons
Option 0 Do nothing	▪ None	▪ Failure to meet growing clinical demand. ▪ PCN unable to deliver planned service developments. ▪ Some under-utilisation of existing assets.
Option 1 Creation of 5 new clinical rooms in health centre	▪ Partial delivery of clinical model. ▪ Net financial saving to ICB (Revenue), compared to BAU. ▪ Relatively fast deployment (subject to available funding). ▪ Improves Value for Money (VFM) on existing assets. ▪ Best VFM option.	▪ No capital budget identified (likely to require ICB capital funding unless Vandyke Road is released. ▪ Unable to deliver full PCN service. ▪ Lack of parking (whilst increasing activity on-site). ▪ May not meet patient/resident expectations. ▪ Doesn't maximise all available resources (e.g. Vandyke Road site). ▪ Potential resistance from stakeholders regarding release of Vandyke Road to fund this solution.
Option 2a Creation of 10 new clinical rooms in health centre with off-site PCN office	▪ Provides sufficient clinical space to enable delivery of clinical model. ▪ Improves VFM on existing assets. ▪ Net financial saving to ICB (Revenue), compared to BAU.	▪ Separation of admin and clinical space compromises operational delivery. ▪ No capital budget identified (likely to require release of Vandyke Road). ▪ Lack of parking (whilst increasing activity on-site). ▪ May not meet patient/resident expectations. ▪ Potential resistance from stakeholders regarding release of Vandyke Road to fund this solution.

Option	Pros	Cons
Options 2b Creation of 10 new clinical rooms in health centre with PCN office moved into the converted ambulance station	▪ Enables delivery of clinical model. ▪ Improves VFM on existing assets. ▪ Net financial saving to ICB (Revenue), compared to BAU.	▪ No capital budget identified (likely to require release of Vandyke Road). ▪ Lack of parking (whilst increasing activity on-site). ▪ May not meet patient/resident expectations. ▪ Potential resistance from stakeholders regarding release of Vandyke Road to fund this solution.
Option 3 Creation of 14 new clinical rooms in a new-build at Clipstone Park	▪ Enables delivery of clinical model. ▪ Provides additional capacity to future proof primary and community services. ▪ Enables space for potential mobile diagnostics and screening in the future. ▪ High quality clinical environment. ▪ Adequate parking. ▪ Increases choice of locations for accessing health and wellbeing services. ▪ Improves access for residents to east of the town meeting demand from housing growth. ▪ Whilst this may not meet all patient/resident expectations, this is likely to be the most acceptable option. ▪ Potential to engage in joint working with other public sector organisations.	▪ Highest capital cost option with capital shortfall (even with release of Vandyke Road). ▪ Requires significant revenue investment from ICB and PCN. ▪ Leaves existing assets poorly utilised (void space in health centre). ▪ This option offers poorest VFM to taxpayer. ▪ Potential for access challenges, for residents of west of the town (with limited public transport). ▪ Potential challenges around delivery mechanism. ▪ Option would take the longest to deliver.

1.5 Commercial Case

1.5.1 Procurement Strategy

Procurement options will depend on the preferred delivery option and preferred lead delivery partner. Each stakeholder has unique challenges and opportunities:

Stakeholder	Challenges	Opportunities
Local Authority	▪ Unlikely to be willing to manage building moving forward. ▪ Possible financial constraints.	▪ Low cost of borrowing. ▪ Invested in the health and wellbeing of the population. ▪ Experienced in capital project delivery.
Third Party Developer (3PD)	▪ High cost (revenue). ▪ Currently it is challenging for 3PDs to pass the District Valuer's value for money assessment, which may make it difficult to progress this route.	▪ In-house expertise in clinical capital projects. ▪ Low risk delivery method. ▪ Low delivery cost to ICB and PCN.
NHS Property Services	▪ No access to capital. ▪ Unable to accept/manage all delivery risks.	▪ Some in-house expertise in delivery of capital projects. ▪ System partner. ▪ Expertise in managing operational assets.

1.5.2 Changes to operations

Any changes to operations would depend on the delivery option and route chosen. For any changes to utilisation of the existing Health Centre, as the PCN already operates from the Health Centre site, changes to the management of the building will be minimal. NHS PS would continue to run and manage the building on behalf of all tenants. This already reduces the management burden for the PCN.

The operational management of a new-build facility would need to be determined, depending on the proposed lead delivery partner and landlord.

1.6 Financial Case

The ICB currently spends £0.8m in respect of primary care premises in Leighton Buzzard. This figure is set to increase when ELFT vacate their admin area of the Health Centre building, and this space becomes chargeable to the ICB instead. Expanding the primary care estate in Leighton Buzzard will require additional revenue.

	Option 0	Option 1	Option 2a	Option 2b	Option 3
Current premises costs	£802,008	£802,008	£802,008	£802,008	£802,008
Additional LB Health Centre costs	£44,852	£19,667	£19,667	£19,667	£44,852

	Option 0	Option 1	Option 2a	Option 2b	Option 3
New premises costs	£0	£0	£22,022	£14,942	£198,118
Total recurrent revenue costs	**£846,860**	**£821,675**	**£843,697**	**£836,617**	**£1,044,978**
Change from BAU		-£25,185	-£3,163	-£10,243	£198,118
% change		-3%	0%	-1%	23%
Change from current spend	£44,852	£19,667	£41,689	£34,609	£242,970
% change	6%	2%	5%	4%	30%

Where the health centre is utilised more intensively and void space brought into operation there will be a small saving to the ICB. Option 3 will require significant additional revenue from both the ICB and PCN to be deliverable.

For the PCN specifically, it will need to establish which of the options it is able to afford. If current capitation payments are applied to this new population, the local practices would receive between them an additional £783,048.00 pa in income based on the current rate. The amount allocated to individual practices would be determined by which practice patients register with and a practice with more patients registering with it will receive a greater share. This funding would need to meet all of the costs of delivering healthcare to these additional patients, including clinical workforce and increased overhead costs.

GPs will be reimbursed for rent and rates associated with new facilities leaving the practices/ PCN to fund service charges and FM costs. Per annum these are estimated to be:

- Option 1 £25k
- Option 2a £51k
- Option 2b £53k
- Option 3 £133k.

These costs are in addition to the rent and rates costs illustrated in the table above. The PCN will also need to fund additional clinical staff to operate from these rooms to ensure it is able to deliver the activity identified in this business case.

1.7 Management Case

1.7.1 Future project management

The scale and approach to project management beyond this OBC is dependent on the preferred option chosen. Option 1 is comparatively simple to implement and could be delivered with a condensed project delivery team. This would help to reduce the cost of delivering Option 1 against the current estimates. Option 2a could be delivered in a similar manner, provided that fitout of the

office space was minimal. Whilst the project and clinical output would be greater, the project remains relatively non-complex to implement and could be adequately managed with a small project team.

Option 2b would require additional management and likely the deployment of a full design team to scope out and design the alterations to the Ambulance station. Contractor procurement should be considered alongside the works to the health centre to avoid consequential damages as the Ambulance station works need to be completed before works to the health centre can begin.

Depending on the delivery route chosen for Option 3, a larger or smaller design team will be needed. Most 3PD's have their own design team and the contractual relationship between PCN and 3PD would most likely be by an agreement to lease based on a performance specification. Under this scenario no design team would be needed by the PCN or ICB.

A local authority led development would likely require a design team, given the authority's lack of in-house expertise in healthcare building development.

1.7.2 Project programme

Indicative project programmes have been developed for all options. The delivery time of each option varies and whilst programmes have been prepared, no key dates are yet attributable as none of the options have a clear delivery pathway. A summary of the expected durations are (once capital funding is available):

- Option 1 10 months
- Option 2a 17 months
- Option 2b 26 months
- Option 3 35 months

1.7.3 Engagement

1.7.3.1 Clinical stakeholders

Engagement with clinical stakeholders has occurred throughout the project. The project stakeholder group is attended by many ICS stakeholders, including acute provider representation, community, primary care, and mental health. These stakeholders have been frequently updated and key emerging information shared through the OBC production process to ensure their feedback was incorporated into this OBC.

Focused consultation was held with the PCN who were instrumental in the development of the clinical model used in the project and providing feedback on the design solutions for all options. The ability to develop this OBC with the support of clinicians has helped to ensure that it is clinically grounded and is focused on supporting staff to deliver high quality care to the community.

1.7.3.2 Community

Leighton Buzzard's community play an active role in guiding the development of healthcare services in the town. Prior to the commencement of the OBC, information gathered by the community members and patient participation groups (PPGs) was reviewed, including the outcomes of a large patient survey conducted by the PPGs. Throughout the process, the ICB has provided updates via its website every 6 weeks and an in-person community engagement event was also held. This was attended by members of the patient participation groups, members of the public, representatives from the voluntary and community sector, local councillors, and the local MP.

The engagement session was held towards the middle of the OBC's development (9 November 2023) to ensure the outputs from the group could be included within the final OBC output. Key messages from the meeting included ensuring the needs of the Linslade community continued to be met and maximising the potential of the Leighton Buzzard Health Centre, which was centrally located within the town. The group's input also resulted in the exploration of how void space in the Leighton Buzzard Ambulance Station could be better used by the system (Option 2b).

1.7.4 Risk

A risk management process has been followed throughout the delivery of the OBC. This has been continued to cover delivery of the identified options, with associated mitigations to reduce the implementation risk.

1.8 Recommendation

The OBC does not make a recommendation of a preferred option.

Each option has been rigorously investigated by the project team, who have in turn sought feedback from wider ICS stakeholders, and the local PCN in attempting to identify a preferred option.

However, all options have scored below 4.00 on the CIA model (the best practice benchmark for business cases) and whilst all have benefits to the delivery of care in Leighton Buzzard, all have constraints (financial and operational) that inhibit the identification of a viable delivery path.

The project team has therefore chosen to present this OBC to the ICB for consideration.. The project team believe that it may be appropriate to continue engagement with the community regarding the best way forward from among the potentially deliverable options that have been identified.

2 Introduction

2.1 Overview

Within Bedfordshire, Luton, and Milton Keynes Integrated Care Board (BLMK ICB), there is an agreed ambition to deliver high quality, integrated care, closer to the places where people live. Currently, the estate in place does not fully support a collaborative and sustainable model of care and BLMK ICB together with the Leighton-Linslade Health Connections Primary Care Network (PCN) and wider Integrated Care System (ICS) partners wish to develop the estate infrastructure so that it enables delivery rather than presents limitations. The current estate places limitations on care providers' ability to meet the long-term health and wellbeing needs of the local community.

Following the endorsement of the 2019 Strategic Outline Business Case (SOC) for this project, and an updated Feasibility Study in May 2023, this Outline Business Case (OBC) now takes the Business Case process forward based on the key objective of the project, to provide sustainable primary and community care services for the Leighton Buzzard community.

2.2 Background

In 1988 a parcel of land was gifted to the Department of Health and Social Care, referred to in this document as Vandyke Road. The land was transferred on the express requirement that it be used to support the delivery of health and wellbeing services for the people of Leighton Buzzard. It is important to note that the gifting of the land to support the health and wellbeing needs of the people of Leighton Buzzard was made without detailed analysis of the needs of the community. A well-managed existing estate, coupled with a generally healthy and affluent population (compared to other parts of the county and the wider nation), and an absence of capital funding, has resulted in the land being left undeveloped, pending a point in time when healthcare needs had grown to the point where the site would be needed.

In 2019 a SOC identified that the clinical needs of the town had grown and there was potential to consider how the Vandyke Road land could be used for development. Following a public meeting in February 2023, BLMK ICB established a review of how the Vandyke Road site could be used to support the delivery of care in the town.

The ICB conducted a Feasibility Study, identifying that many of the reasons for change identified in the SOC remained applicable and the three Patient Participation Groups (PPGs) undertook a survey of patients focusing on satisfaction with existing services in the town and their concerns of how a growing population could be supported in the future.

Policy initiatives over the last ten years have encouraged public sector organisations to work together to deliver services that are more efficient, effective, and economic. These policies underpin developments within Central Bedfordshire and the wider BLMK footprint, where health and local government bodies are actively implementing collaborative approaches to service design.

The ICB's vision is for care provision closer to home, delivered through an integrated approach that represents value for money for the public purse. Out of hospital services, primary care at scale and the development of Primary Care Networks are all pivotal and built assets must reflect and facilitate a model of care that delivers these objectives.

This is underpinned by the Fuller Stocktake Report (May 2022) which sets out a vision for accelerating implementation of the primary care, out of hospital care and prevention ambitions in the NHS Long Term Plan at an Integrated Care System and Place level.

2.3 Updates and changes since the SOC

Health and wellbeing is a continually evolving arena, as such it is important to review what pertinent changes have taken place since the publication of previous documents on this subject, and what impact those changes might have. The following summarises the key changes in scope since the previous business case stage (SOC):

- Lessons learnt from Covid have helped care and wellbeing to become more adaptive and embrace new ways of working. This has happened throughout the BLMK system with a number of changes in how care is provided and pathway improvements, giving patients more direct access to the care they need. This has resulted in more care being delivered in the community, and new modes of communicating with patients and between health and care professionals.
- Access rates post covid remain elevated, resulting in more appointments being needed across all health and wellbeing services.
- Health and wellbeing services are needing to deal with more complex patients who have greater clinical demands. This has increased demand for appointments across the system.
- The way in which care is provided has evolved with a greater use of digital throughout care pathways such as wearable monitoring and online consultations. This has potentially reduced pressure on the system and the estate.
- Refinements in how system partners use primary and community space has changed the availability and demand for space within the existing estate.
- Closer working with the Central Bedfordshire Council has supported a more integrated approach to Section 106 land negotiations, creating new site opportunities.
- The town's Primary Care Network has continued to develop and become more integrated amongst its three partner practices. This integration is allowing practices to share greater amounts of resources and plan for future care in a more joined up way.
- Interoperability of IT systems has enabled multi-disciplinary teams (MDT) to operate without being physically present in the same space.
- There are now greater financial constraints placed on the public sector limiting ability to increase capital or revenue budgets.

2.4 Purpose of the OBC

The main purpose of the OBC is to:

- Revisit the case for change and the options identified in the SOC and feasibility study
- Establish the option which optimises value for money
- Reflect and consider the views of residents following the survey
- Outline the potential deal and assess affordability.

This OBC helps decision makers to understand the potential effects, trade-offs, and overall impact of options by providing an objective evidence base for decision making.

The OBC puts forward evidenced based options for consideration by the ICB to understand how stakeholders wish to proceed.

This OBC does not provide an identified preferred solution. Following guidance from stakeholders the OBC can be updated to focus on a single option (including detailed work needed for elements such as planning).

2.5 Structure and Content of the Document

This OBC has been prepared using the agreed standard template and format for business cases using The Green Book, Five Case Model which comprises the following key components:

- The **Strategic Case** which sets out the strategic context and the case for change, together with the supporting investment objectives of the project.
- The **Clinical Case** explores the clinical demand and defines the clinical output that is required from the successful project. It provides a common baseline from which the future Cases respond.
- The **Economic Case** which demonstrates that the ICB has selected the choice for investment which best meets the existing and future needs of the service and optimises value for money (VFM).
- The **Commercial Case** which outlines the commercial and procurement strategy
- The **Financial Case** which confirms funding arrangements and affordability and explains any impact on the capital and revenue funding of the ICB.
- The **Management Case** which demonstrates that the project is achievable and can be delivered successfully to cost, time and quality.

The OBC has been informed by the NHS England Business Case core and clinical quality checklists from Capital Investment and Property Business Case Approval Guidance dated February 2023.

3 The Strategic Case

The Strategic Case sets out the strategic context and rationale for the proposed investment, based on identified need and demonstrates how the project aligns with national, regional, and local strategic priorities. It also contains details of the existing and proposed future arrangements, business needs, scope of the project, likely benefits, risks, constraints and dependencies and any other likely considerations required.

3.1 Geography and Catchment Area

This OBC (Outline Business Case) is focused on the town of Leighton Buzzard, a town of circa 52,000 people in Bedfordshire. Figure 3 Shows the location of Leighton Buzzard within the wider Bedfordshire area. Luton to the east and Milton Keynes to the north are larger urban areas and are used by the residents of Leighton Buzzard to access less frequently used health services.

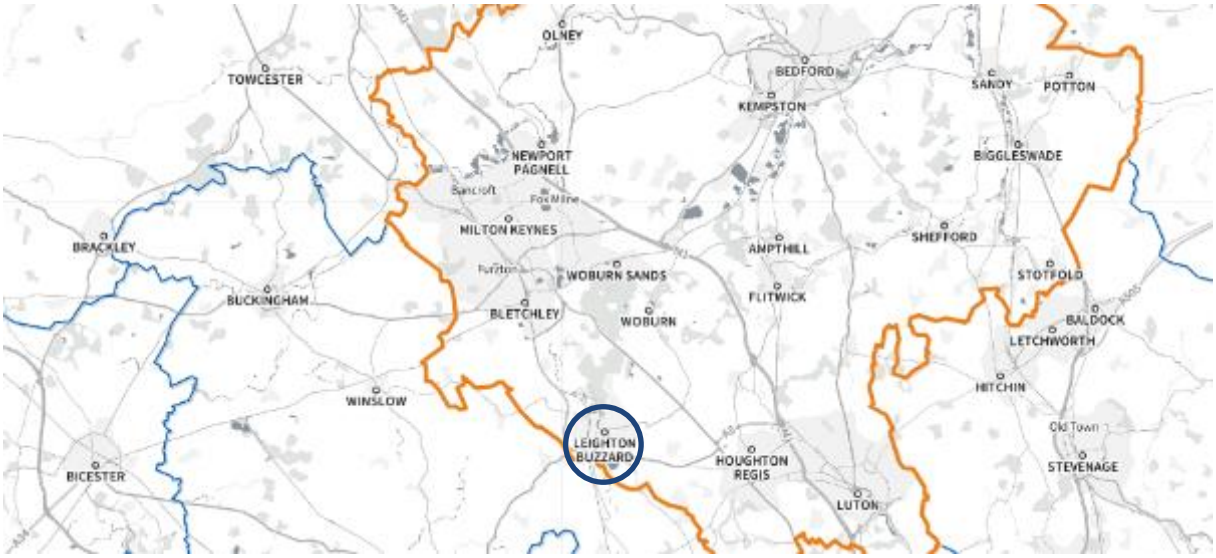


Figure 3 – Location of Leighton Buzzard

Central Bedfordshire covers the area to the south of Bedford and is served by Central Bedfordshire Council (CBC) and the Bedfordshire, Luton & Milton Keynes Care Board (ICB) in respect of local government and healthcare commissioning. Both are members of the Bedfordshire, Luton, and Milton Keynes Integrated Care System (BLMK ICS) which includes 12 organisations[3].

[3] NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board; Bedford Borough Council; Central Bedfordshire Council; Milton Keynes City Council; Luton Borough Council; Bedfordshire Hospitals NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; East of England Ambulance Service NHS Trust; South Central Ambulance Service NHS Foundation Trust

Figure 4 shows the combined catchment area (also known as practice boundary) for the Leighton Buzzard GP Practices. Leighton Buzzard is surrounded by open farmland and isolated rural settlements, providing a natural separation between the town and other settlements, a feature not seen in larger conurbations. This separation helps to define the catchment area of the town with the result that almost all residents in Leighton Buzzard are registered with one of the three GP practices in the town.

3.2 Strategy and Policy Context

3.2.1 National

Policy initiatives continue to encourage public sector organisations to work together to deliver services that are more efficient, effective and offer greater value. These policies underpin developments in the BLMK ICS where health providers and local government bodies are actively implementing collaborative approaches to service design. The vision is for care provision, closer to home, within the community, delivered through an integrated approach that offers wrap around care and represents value for money for the public purse. Built assets will reflect and facilitate a model of care that delivers these objectives and seeks to bring together providers from primary care, secondary care, mental health, community services, and social care.

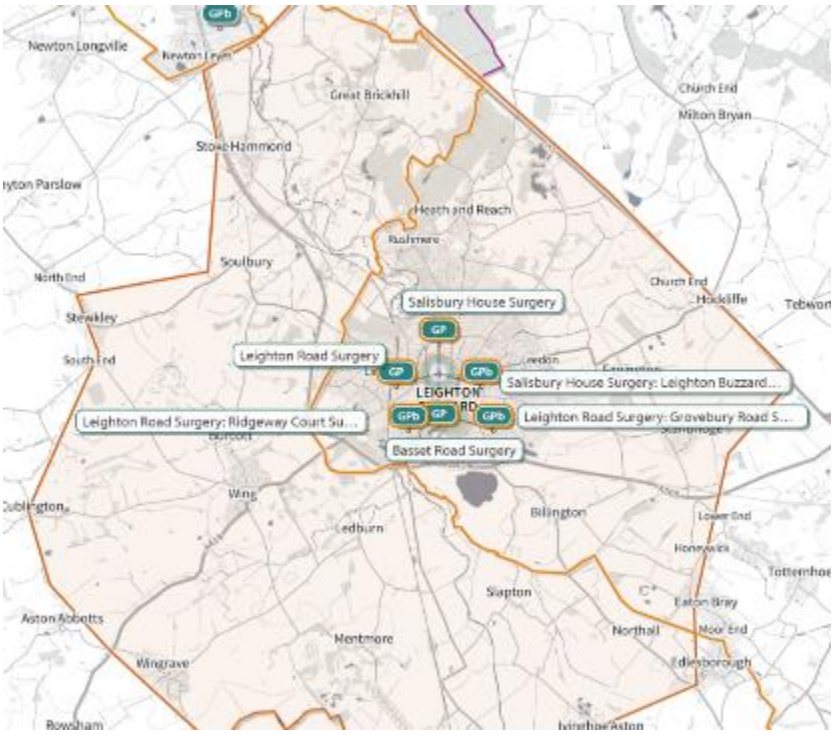


Figure 4 – Catchment area for primary care providers in Leighton Buzzard

This project is focused on providing greater access to low intensity diagnostic services and more capacity within primary care. This focus will help to support local and preventative services that are important in helping patients avoid the need to attend hospital locations. The project will be designed with flexibility in mind to allow it to respond to evolutions in how care is provided, with the aim of achieving multifunction rooms and the potential ability to integrate mobile services (through hook-up units) as part of the integrated package of services offered in the town.

3.2.1.1 The Fuller Stocktake Report

The Fuller Stocktake report, published in May 2022 is a comprehensive review of primary care in England, commissioned by the National Health Service (NHS) and conducted by an independent panel of experts. It identifies several key areas for improvement in primary care, including the need for greater investment, improved access, and better integration of services.

Key points NHS England and ICBs nationally have been tasked with focusing on are summarised as follows:

- The report highlights the need for increased funding for primary care services to meet the growing demand for healthcare services. It recommends that the NHS increase funding for primary care by at least 4.1% per year in real terms.
- The report identifies a shortage of healthcare professionals in primary care, particularly in areas such as nursing, mental health, and social care.
- The report emphasises the potential of digital technology to improve access to primary care services and increase efficiency. It recommends that the NHS invest in digital technology, including telemedicine and remote consultations, to improve patient access to primary care services. It recommends that the NHS invest in recruiting and training more healthcare staff to work in primary care.
- The report highlights the importance of integrating primary care services with other healthcare services, such as social care and mental health services, to improve patient care. It recommends that the NHS develop integrated care systems that bring together different healthcare services to better meet the needs of patients.
- The report emphasises the importance of involving patients in the design and delivery of primary care services. It recommends that the NHS involve patients in decision-making processes and give them more control over their own care.
- The report identifies the need for primary care to take a more proactive approach to preventing and managing chronic health conditions. It recommends that the NHS invest in proactive primary care services, such as health coaching and disease prevention programs, to help patients manage their health more effectively.
- Although not directly focusing on estates, the report proposes strategies that will have a significant impact on the way the primary care estate is used. Calls for greater capacity and broader range of services within primary care will increase demand for space. However, it should also be noted that the calls for digitalisation of services may reduce space needs by moving some activities remotely and making others more efficient, allowing more to be done within the confines of the exiting estate.
- Digitalisation will also change the way in which space is used, creating a need for confidential digital-consultation space. Notably, this runs counter to prevailing thinking which has called on practices to convert back-office space into consultation rooms.

This OBC aims to set out how these objectives will be achieved by:

- Creating capacity for more primary and community care staff to operate from in the town's surgeries and health centre.
- Where possible, bring more services together to support better coordination and joining up of care pathways within the community.
- Work with the local Patient Participation Groups and other patient-based stakeholder organisations to offer meaningful opportunities to input into the project.
- Incorporate a digital first approach to design and delivery that offers staff and patients greater connectivity and easier access to resources and services.

3.2.1.2 GP Recovery Plan (2023)

The GP Recovery Plan has two central ambitions:

- To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment - for patients to know on the day they contact their practice how their request will be managed.

This plan seeks to support recovery by focusing on four areas:

- Empower patients to manage their own health including using the NHS App, self-referral pathways and through services offered from community pharmacy. The NHS will invest up to £645 million over two years to expand services offered by community pharmacy. This will relieve pressure on general practices. By 2024 NHS England aims to have over 90% of practices able to offer patients online access to view their prospective clinical records (including test results), order repeat prescriptions, see messages from their practices as an alternative to text messaging and manage routine appointments.
- Implement Modern General Practice Access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment. Following the availability of £240 million in grants to practices to replace analogue phones the 2023/24 GP Contact requires practices to use the nationally set Cloud (digital) Telephony Framework for procuring digital telephony going forward.
- Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
- Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

The Recovery Plan is absent of funding through which estate changes can be made. As a result, the plan focuses on process and management changes within surgeries to increase capacity and meet clinical need. It does, however, recognise the pressure the Additional Roles Reimbursement Scheme (ARRS) has had on primary care estates nationally and the resources needed by practices to accommodate these additional staff alongside their own and beneficial co-location arrangements with preventative services.

The project set out in this OBC aims to support the GP Recovery plan increasing estate capacity, creating a range of clinical space that can support the increased primary care workforce and where staff from community care work alongside primary care providers. As a result, this OBC will need to also consider ways of working to support effective use of the primary care estate.

3.2.1.3 Role of pharmacy

Under changes to pharmacy contracts, management of pharmacy contracts has transferred from NHS England to local ICBs. This The aim of the programme is to maximise the diagnostic and treatment skills of pharmacists, transferring some clinical activity traditionally undertaken by GPs. Pharmacy First, the new service commissioned from all local pharmacies, will enable them to support delivery of primary care through the new seven pathways that have been commissioned as well as other minor illness.

The change to service delivery is intended to divert some clinical activity away from GP practices and into pharmacies.

The programme is still in its infancy and the impact on the primary care estate is not yet known. Whilst having the potential to reduce demand on GP services (and therefore space to accommodate), it is unclear if pharmacies have the space to accommodate the new activity. The absence of a confidential patient space within pharmacies may restrict the initiative's ability to redirect care activity away from surgeries.

It is therefore not possible to identify if these changes will have an impact on the estate needs of primary care.

3.2.1.4 Role of dentistry and optometry

This OBC acknowledges that NHS dental and optometry services have been transferred into ICBs and form part of primary care. These services are not currently provided in any of the estate reviewed as part of this OBC, with the exception of the specialist Community Dental Service based in Leighton Buzzard Health Centre. The Project Board has acknowledged that these services will not be included in this OBC.

3.2.1.5 Role of mental health

Mental health services are currently primarily provided from two sites within Leighton Buzzard (Whichello's Warf and Crombie House). The Project has not identified sufficient improvement to patient outcomes through their relocation to another site to justify the significant increase in capital and revenue costs, and as a result will not form a central role in the development of this OBC.

3.2.1.6 NHS Long-term Plan (2019)

The NHS Long-term Plan (LTP) sets out the vision for the provision of health services over the coming decade. It identifies where and how changes need to be made to keep it in pace with those requiring its services. Part of this focus is on providing more support and a joined-up approach to care at the right time, in the optimal setting.

Primary and community care services will require suitable accommodation from which they can deliver an integrated model of care. The plan recognises that some of the NHS estate is not fit for purpose or of a suitable quality. Higher standards are set for energy efficiency and the carbon footprint. This will require new investment and the need to ensure sustainable development.

Many of the elements in the LTP supersede the findings of the Lord Carter report, for conciseness, the findings of the report and how this project. supports those recommendations will not be discussed in this OBC.

The proposal set out in the OBC aims to achieve these objectives by identifying sustainable ways to maximise the capacity of the existing estate and identify how it can be expanded in a sustainable and affordable way.

3.2.1.7 Delivery plan for recovering urgent and emergency care services (2023)

In 2024, the ICB, is in the process of revising the Urgent Care Strategy for BLMK.

The main elements of the strategy include the support and empowerment of people to self-care, where possible, including guidance services from 111 and community pharmacies. Additionally, it aims to ensure access to accessible and high quality same-day primary care services. This is anticipated to be achieved via supporting GP practices, which will work in collaboration within their Primary Care Networks and their multidisciplinary teams in order to respond to people seeking support on-the-day.

People seeking care outside the core GP practice hours are also accommodated via the urgent care services available through the Urgent Treatment Centres and Out of Hours Services, found in locations that serve a sufficiently large catchment. Thus, ensuring an effective and efficient clinical, workforce, and financial model. There is ongoing detailed analysis to ascertain that these services are found in the optimal locations. Any potential future provision of out-of-hours services in the town would be likely to need access to flexible clinical space – although this is not currently a commissioning intention.

The "same day" services already in place in the GP Practices in Leighton Buzzard will be supported in continuing and improving their services, including through the development of some shared services across the Primary Care Network. Additional space is likely to be required for these services.

3.2.1.8 NHS Long-term Workforce Plan

Whilst the LTP outlines the overall strategy, the Long-term Workforce Plan (LTWP) specifically addresses strategies and initiatives related to the healthcare workforce. The Plan shows that without concerted and immediate action, the NHS will face a workforce gap of more than 260,000–360,000 staff by 2036/37. Three key areas are identified by the plan as central to the long-term sustainability of the healthcare workforce:

- Train more staff,
- Retain workforce,
- Reforms to ways of working.

This OBC aims to support the delivery of the LTWP by:

- Improving the capacity of the estate, providing space to train more clinicians across all health and wellbeing disciplines.
- Improving the quality of the estate, creating a working environment that supports clinicians to work effectively.

3.2.2 Local

3.2.2.1 Bedfordshire, Luton, and Milton Keynes Integrated Care System

The ICS has set out five priorities of focus:

- **Start well** – Children have a strong, healthy start to life; from maternal health, through the first thousand days, to reaching adulthood.
- **Live well** - People are supported to engage with and manage their health and wellbeing.
- **Age well** - People age well, with proactive interventions to stay healthy, independent, and active as long as possible.
- **Growth** – collaboratively working to help build the economy and support sustainable growth.
- **Reduce inequality** - Promote equalities in the health and wellbeing of our population, especially for people living in deprived or minority communities.

The OBC project will seek to support the ICS's priorities by increasing the capacity of community-based care facilities, allowing more appointments to be delivered for patients close to their homes and in their communities. It will help to create the space needed to allow health and community professionals to work collaboratively to offer a more joined up approach to care delivery. The project will also seek to increase choice of both location and times when patients can see clinicians.

Evaluation criteria developed for this OBC uses the priorities listed previously to help ensure they are embodied into the wider delivery of this project and the project's delivery directly supports the ICS.

3.2.2.2 Bedfordshire, Luton, and Milton Keynes Joint Forward Plan

The purpose of the Joint Forward Plan is to bring together the operational and strategic plans for the partners of the ICB to :

- Deliver the Integrated Health and Care Strategy to improve health outcomes and tackle inequalities
- Deliver strategic objectives in accordance with the statutory requirements of ICBs, including supporting partner NHS and Local Authority organisations
- Deliver the health service's objectives set out by NHS England
- Provide a medium-term view of how these will be delivered, for a minimum of five years.

The Joint Forward Plan is the medium-term, over-arching Plan that sets out how ICB partners will work together to support all communities to thrive. The plan sits within the national ICB core purposes of:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development.

The Plan also sets out the importance of delivering healthcare that is affordable. However, the plan also identifies several financial challenges that must be addressed:

Financial Challenges – Revenue	Financial Challenges - Capital
▪ Demand for services ▪ Inflationary costs ▪ Significant levels of efficiencies needed ▪ Achieving elective recovery targets ▪ Reduction in ICB running cost allowance of 30% by the end of 2024-25 ▪ Impact of delegation of pharmacy, ophthalmology and dental services and future delegation of specialist commissioning.	▪ Overall affordability of plans within the Capital Departmental Expenditure Limit (CDEL) ▪ Ensuring capital allocations are equitably and fairly distributed ▪ Investment to increase capacity in the primary care estate.

Table 3 – Joint Forward Plan financial challenges

The project outlined in this OBC responds to the financial challenges identified above through a range of methods and analysis/modelling techniques. Project risks will also be costed where possible and appropriate to minimise the risk of cost overrun. The Comprehensive Investment Assessment (CIA) will also support the assessment of final impact and benefit of the project to the ICB.

3.2.2.3 Local Plan

The Central Bedfordshire Council Local Plan identifies land to the north-east of the existing town, which is suitable for housing development, with increases to employment land denoted in the south of the town[4]. Construction on housing in the north-east quadrant of Leighton Buzzard has already begun with a significant amount of infrastructure built together with houses. House building is set to continue for a number of years, which will gradually increase the number of patients seeking to access health and wellbeing services within the town.

This OBC addresses this growth in demand by analysing the total planned growth over the construction period of 10 years and scaling the access rate of services required.

[4] Copy of Central Bedfordshire Council Local Plan can be found at https://t.ly/aF9VN

Separate analysis will be undertaken to assess the evolution of healthcare needs as the population demographic changes over time.

3.2.2.4 ICS Digital and Data strategies

The Digital Strategy is organised around five key themes:

- **A resident first approach:** Ensuring the needs of residents are at the heart of the strategy.
- **Digital as an enabler:** Using digital to provide better care across the ICS.
- **Putting Data at the heart of decision making:** Using data ethically and securely to make better decisions.
- **Personalised Care:** Discovering and implementing new ways of bringing care closer to residents.
- **Supporting Collaboration and Innovation:** Working collaboratively as a partnership to continually improve the health and care we provide.

These themes are built around the ICS's Data Strategy which envisages a future state that aims to provide a framework that will help to:

- Embed the notion of subsidiarity, with ICS level support providing ICS tiers and partners with the tools, insight, and access to make decisions at the most appropriate level –closest to the resident.
- Provide the infrastructure, skills, and leadership to both enable and expedite delivery.
- Develop a workplan that helps drive the system forward but allows partners to move at different speeds, depending on their maturity, without creating obstacles to innovation where it can progress independently.
- Ensure that alongside enabling the better use of data, core principles of resident privacy and technical security are embedded throughout.
- Foster a culture of evidence-based decision making, outcome evaluation and continuous improvement through providing better and more streamlined access to data for a more data literate workforce.

Both strategies are available electronically via the ICS website[5].

The OBC project will support delivery of the Digital and Data Strategies by ensuring adequate provision of digital access for staff and patients throughout the transformed estate. This will include responding to how the digital transition is impacting how patients and staff use the estate, such as driving a need for more confidential digital/electronic consultation space.

The project will also capitalise on advances in Digital that facilitate interoperability of teams and support MDT type working.

3.3 Existing estate

Health and wellbeing providers in Leighton Buzzard can be grouped into the following categories:

- **Primary care** – comprising three GP practices and the town's Primary Care Network (PCN)

[5] https://blmkhealthandcarepartnership.org/about/our-priorities/data-and-digital/

- **Community health** – supported by several providers, the largest single entity being East London Foundation Trust (ELFT)
- **Mental Health** – also operated by ELFT and provided primarily from two dedicated buildings – Whichellos Wharf and Crombie House. The project team agreed that it was not viable to include these buildings as part of the OBC, as evidenced by the previous Feasibility Study.
- **Social care** (Central Bedfordshire Council) – based at Dunstable.

3.3.1 Primary care estate

3.3.1.1 GP services

Primary care services in Leighton Buzzard are provided by three GP practices and delivered from three sites. The three GP practices are:

- Basset Road Surgery
- Salisbury House Surgery
- Leighton Road Surgery (with services also delivered from their Grovebury Road site).

Figure 5 illustrates the GP practice locations within Leighton Buzzard. Leighton Road Surgery is the only practice with multiple sites.

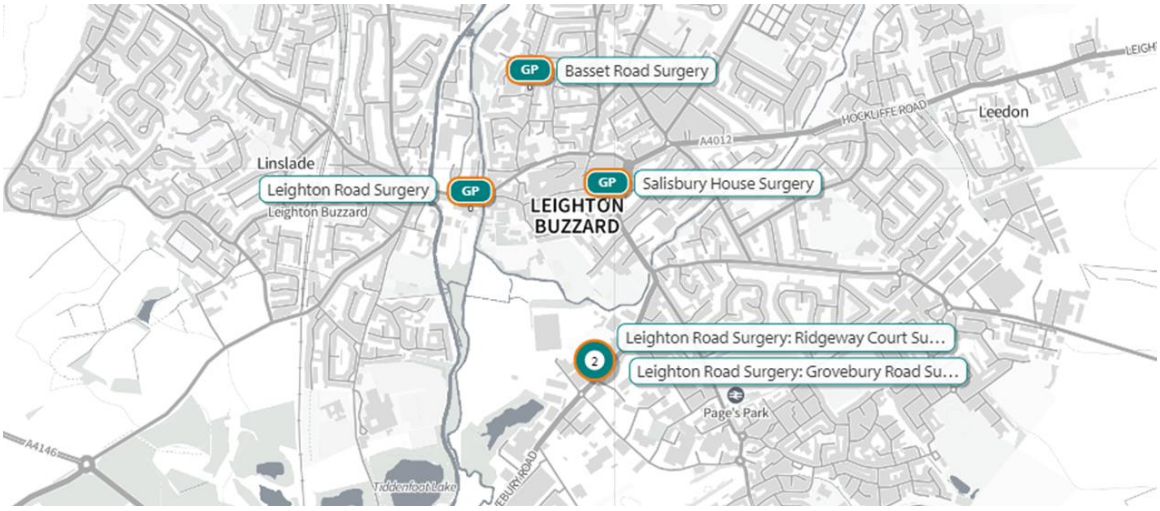


Figure 5 – Location of GP services in Leighton Buzzard

3.3.1.2 PCN services

The Leighton Buzzard Health Centre (LBHC) on Basset Road is the base for community nursing services, therapy, and nurse-led clinics and the Community Dental Service, whilst Community Mental Health Services are primarily delivered from Crombie House.

The building is also a key facility for the PCN to deliver services. Using workforce investment funding, the PCN has upscaled phlebotomy services, enabling the provision of around an additional 300 phlebotomy appointments per annum in the town. This has reduced the need for patients to

travel out of Leighton Buzzard for this service. The PCN has an aspiration to upscale a number of other services to build clinical capacity in the town.

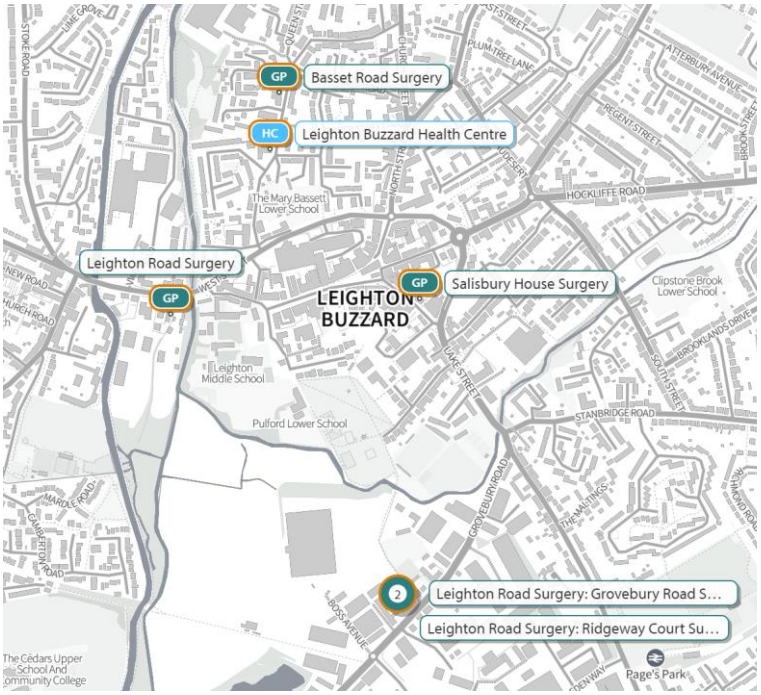


Figure 6 shows the location of the LBHC within Leighton Buzzard and in relation to the GP Practices.

Talking Therapies and CAMHS are provided from Whichello's Wharf.

Figure 7 illustrates the location of Whichello's Wharf within Leighton Buzzard and in relation to the GP Practices.

Figure 6 – Location of Leighton Buzzard Health Centre

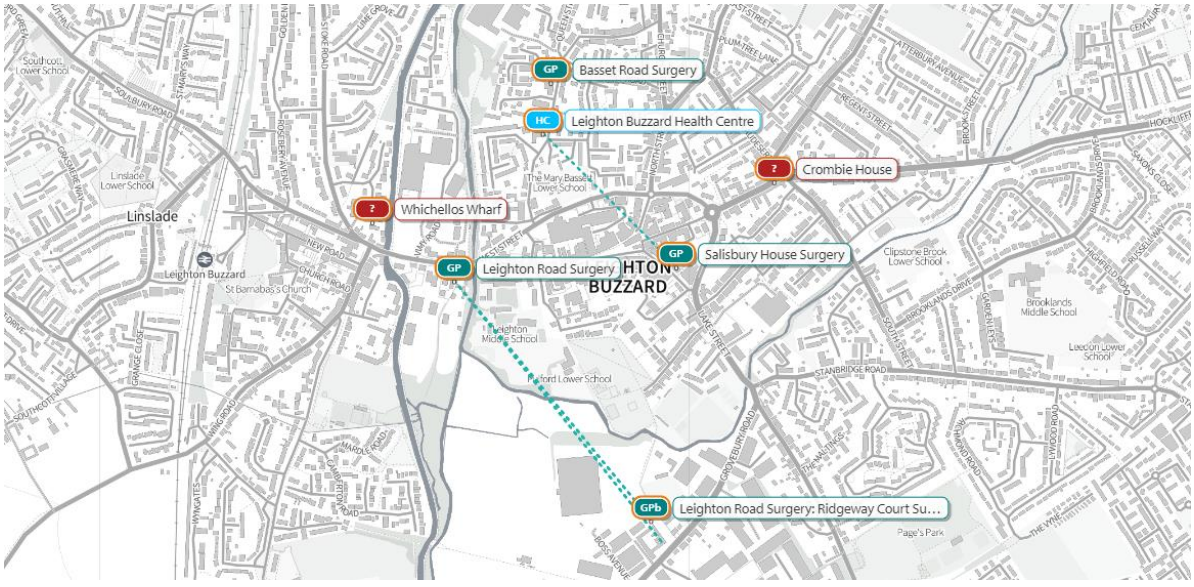


Figure 7 - Whichello's Wharf and Crombie House (mental health services) locations in relation to GP Practices

3.3.2 Estate condition overview

The GP estate is accommodated in buildings that are generally well suited to delivering healthcare services. All buildings are originally commercial (rather than converted residential properties) or

purpose built, which has supported staff and patients to use them for many years. Most buildings have had extensions and adaptations that has helped to prolong their useful life and all the buildings have the potential to remain useful for the foreseeable future.

Historic extensions to the primary care estate have now exhausted the potential to expand any of the estate within their existing curtilage. Although some of the buildings have external space, this is largely given over to parking. Construction on car parking space for additional clinical space creates future problems in managing transport needs of patients. This project has reviewed each site and concluded that none of the buildings can be further extended without significantly compromising the small amount of parking each building has. All sites are land-locked with active neighbouring land uses. Acquisition of neighbouring sites is anticipated to attract a premium marriage value and become prohibitively expensive to achieve.

Facet survey reports for the estate indicate a need for investment of £294,700 in the estate (5 buildings) over the next 5 years. Of this investment around a third is attributed to Leighton Road Surgery, which requires roof works. Further analysis to the above summary for the existing estate is included in Appendix 1. This includes key details on the Health Centre (largely supporting Community Health, dental and some PCN services) and the mental health estate.

As a result, the analysis in this OBC has concluded that the existing estate remains useful and integral to the delivery of care within Leighton Buzzard.

3.3.3 GP Practices' Capacity

The feasibility study undertaken in May 2023 identified that:

> *"At 17.36 patients per sqm, the premises capacity across the three GP practices in the town is better than the BLMK average. However, Bassett Road Surgery is considered constrained, and the Primary Care Network has plans to expand services which will be difficult to achieve without additional space longer term. Housing growth in the town is likely to impact on primary care estate capacity over the next ten years."*
>
> Feasibility Study: The development of additional health and care services in Leighton Buzzard
> 17 May 2023

This OBC, using the project team, healthcare planners and senior representatives from the PCN has developed a detailed individual service space calculation. The calculation is line with the Health Building Notes 11-01 (HBN11-01) methodology, although has been updated to reflect the inclusion of Additional Roles Reimbursement Scheme (ARRS) staff alongside core General Medical Services (GMS) staffing.

The estate currently has 68 clinical rooms across Leighton Buzzard which could be used to provide up to around 612,000 appointments, as shown in Table 4. The exact clinical capacity is analysed in more detail in the Clinical chapter of this business case, as appointment duration and the level of administration associated with each attendance will have an impact on the total number of appointments that can be accommodated.

As a result, clinical room capacity can range from around 7,500 appointments per year up to around 9,000 appointments per year.

Building	Clinical Rooms	Upper estimate of clinical capacity	Lower estimate of clinical capacity
Basset Road	17	153,000	119,000
Leighton Road Surgery	8	72,000	56,000
Leighton Road Surgery (Grovebury Surgery)	9	81,000	63,000
Salisbury House	17	153,000	119,000
Health Centre	17	153,000	119,000
Total	**68**	**612,000**	**476,000**

Table 4 – Distribution of clinical rooms and estimated clinical capacity

Future capacity, discussed in the clinical chapter of this OBC will look at the services needed by patients and how this impacts the capacity of each clinical room.

3.4 Case for change

3.4.1 Community feedback

Prior to the commencement of the OBC, the three local Patient Participation Groups worked together to undertake a survey with patients receiving over 5,000 responses or around 9% of registered patients. This information was provided to the ICB to support the evolution of primary care in line with service user's needs. The main challenges with Primary Care Services reported by Leighton Buzzard residents include:

- Access to same day appointments
- Access to basics tests carried out locally i.e., phlebotomy, spirometry, ultrasound.
- Access to a minor injury clinics
- Access to routine out-patients appointments locally
- Access to mental health services in the town
- Limited parking at town centre sites
- Average travel times to the two nearest hospitals (Luton & Dunstable Hospital and Milton Keynes Hospital) are 20-30 minutes for residents of Leighton Buzzard (longer in rush hour).
- Local access to urgent care services is a key priority for the residents of the town, especially for minor injury.

3.4.2 Case for change

The case for change, and investment in health and wellbeing services in Leighton Buzzard rests on the following key points:

Theme	Description
Capacity	▪ The current model does not have the capacity to meet the needs of the local population in the medium term or the long term. Both population and clinical demand are increasing as a result of new housing and the increase in prevalence of chronic and complex clinical need. Failure to reconfigure and/or enhance health and care services in anticipation will put pressure on hospital services that are already vulnerable and undermine the quality-of-care provision.
Patient access	▪ Providing care closer to where people live is a key priority for all System partners but requires a more innovative approach to shift the balance of care from hospitals to the community. An integrated, locally based, multidisciplinary workforce, accommodated in the local community will help to achieve service improvements and transformation, and improve outcomes.
Affordability	▪ Risk of new and future capacity challenges resulting in patients accessing services in an inappropriate way, such as A&E attendances for minor ailments. ▪ Supporting patients to proactively manage their health and wellbeing through ready access to preventative services in convenient local settings.

The prevailing view is that delivering care locally, in community settings, is key to reducing financial and activity pressures experienced in the NHS. One of the ways in which this reconfiguration can be achieved is by enabling the development of more local and appropriate health and social care services that help to reduce dependence on acute hospital provision and through a greater focus on prevention, early intervention, and proactive care management.

3.4.3 Demand

Demand for health and wellbeing services is increasing nationally. This increase is reflected in Leighton Buzzard where a growing and aging population, with an increasing prevalence of patients with chronic and complex needs is driving demand for services. Added to this is the population increase, also occurring nationally and coming to the fore in Leighton Buzzard in the form of new housing being built in the northeast of the town.

Primary and community care currently provide around 406,600 contacts per annum for patients within the town (383,400 primary care and 23,200 community care). This includes GP delivered services, alongside the activity undertaken by the PCN and community health providers.

The population increase in the town is expected to demand an additional 44,000 extra appointments per annum, and additional service provision across primary care could bring the total access rate to around 468,000 appointments per annum. The services to be delivered within the community are discussed in more detail in Section 4.

3.5 Estates Strategy

3.5.1 ICS estate strategy

The ICS Estate Strategy was last refreshed in 2021 and work is underway to update the BLMK Infrastructure Strategy during 2024. The 2021 Strategy identified that:

- Primary care was largely delivered from standalone surgery buildings. This configuration can limit transformational ability to facilitate more integrated working.
- Significant variation in capacity levels between primary care premises, with many GP practices considered constrained or severely constrained whilst others have a surplus of space. An absence of shared space within the system limits the ability of delivery partners to self-correct capacity levels.
- Significant variation in the condition and suitability of premises.

The strategy identifies that the ICS would like to create:

- An estates solution that supports integrated teams of GPs and other Network professionals, expanded community health and social care staff with other community-based services that can positively impact on health and wellbeing (e.g., via social prescribing and the voluntary sector)
- PCNs will be enabled through a range of virtual and physical estates arrangements, depending on local circumstances
- Services to be delivered in each area (over and above minimum service offer) will be based on local population health need
- Cost effective estates solutions that maximise existing premises, and that optimise opportunities to work with other public sector partners under the principles of One Public Estate.

The strategy identifies that the enablers to delivering these objectives will be the creation of:

- A range of primary care estates improvement projects. These schemes will enable the co-location of GP practice premises into one building to support PCN arrangements where appropriate, and where affordable these will be larger facilities which co-locate community, mental health, social care and other wellbeing services.
- Improvements to/relocations of a range of GP premises, to sustain key "spoke" sites where geographically required.
- Unlock as many small-scale quick-win projects as possible to help create extra space for the expanding PCN workforce.
- Estates and digital developments progressed in tandem.

3.5.2 Leighton-Linslade Health Connections PCN strategy

The PCN strategy identifies that the population of Leighton Buzzard generally enjoy an average level or better than average level of health and wellbeing. Life expectancy for both male and females is slightly above the national average. Deprivation within the Leighton Buzzard community is very limited and there are no significant pockets of deprivation, which can be common indicators of poor health and wellbeing. The area's absence of heavy industry has limited the number of industry related illnesses and diseases. With this backdrop of relatively good health, and in line with local Population Health Management analysis, the strategy focuses on:

- Management of urgent illness and same day demand
- Mental health and wellbeing
- Management of long-term illness
- Anticipatory care.

In delivering these objectives the strategy has identified the following enablers.

- Fit for purpose estate
- Recruit additional staff into primary care at all levels and across all disciplines
- Increase the amount of space available to accommodate additional staff
- Use the Leighton Buzzard Health Centre more intensively
- Invest in digital consultations.

This OBC will need to support the strategy and make progress on unlocking the identified enablers. There will also be a focus on providing a high-quality clinical environment that supports both patients and staff to access and deliver high quality care.

3.6 Future needs

Having analysed the existing estate, key estate documentation and the case for change, the future need has been defined as needing to respond to:

- A growing and ageing population.
- The housing growth planned for the town (3,500 new houses from 2019 to 2035).
- The general growth in service demand, urgent/same-day care, health, and wellbeing services.
- The lack of physical capacity in primary care to grow to meet increases in demand including the ongoing expansion of the Multi-Disciplinary PCN team.
- Adapting the estate to the future needs of PCN led MDT working.
- The need to find efficiencies by changing the way services are delivered and applying new models of care which this project supports.
- The increased need for staff to work collaboratively across, primary care, community, mental health services and social care to treat and support patients with complex needs. This is in addition to the increasing need for bespoke care packages to be tailored to patients' needs from across a range of services to ensure they can live healthy and independent lives.
- To remove the space constraints that hold the PCN back from achieving its full potential of delivering services at scale within the community.

3.6.1 Housing developments

There are several large housing development sites within Leighton Buzzard, which are expected to increase demand for health and care services. This growth, along with broader demographic changes may change the profile of clinical demand in the town over time.

The total site allocations in Central Bedfordshire's current Local Plan (until 2035) allow for a further 2,500 dwellings to be built out in the town beyond what has already been built since 2019. In line with ICBs elsewhere in the country, it is experiencing population growth of an average of 2.4 new residents per new build dwelling, this could increase the population of the town by a further 5,900 residents in the next ten years. However, it is also recognised that some new homes will be occupied following the subdivision of existing households (i.e. new houses being occupied by people who already live in the town). In this scenario the population would not increase as much. No data on the ratio of new vs relocating households exists, and house builders are unable to control who they sell newbuild properties to, or later, who they will be resold to. It is therefore appropriate that health and wellbeing service capacity aligns with housing capacity.

For the purposes of this OBC, it has been agreed by the project team in conjunction with healthcare providers that the population increase for Leighton Buzzard will be forecast at 5,900 between 2023 and 2033 based on health planning work commissioned for this OBC. Future activity levels will be modelled against this population increase.

3.6.2 Changing demographic profile

As well as growing in number, the shape of the population is changing. For Central Bedfordshire as a whole, a significant increase in the number of people over 65 is expected, and the number of those over 75 is forecast to increase by 71% between 2021-2041. This change in age profile is, in part, due to an increase in life expectancy. Whilst it is not unique to Leighton Buzzard, where nationally large cohorts of people are reaching retirement age, the changing demographic profile has an impact on the level of needs within the population, with an upward trend in conditions and illness linked to ageing, e.g., Cancer and long-term conditions such as Diabetes, COPD, Cardiovascular Disease.

Table 5 shows the current age profile of the PCN, which closely aligns to the overall population of the town.

Age	Population	% of total	Major age groups
95+	99	0.2%	18.1%
90-94	311	0.6%	
85-89	749	1.4%	
80-84	1,280	2.5%	
75-79	2,126	4.1%	
70-74	2,309	4.5%	
65-69	2,509	4.8%	
60-64	3,008	5.8%	63.2%
55-59	3,250	6.3%	
50-54	3,332	6.4%	
45-49	3,345	6.4%	
40-44	4,013	7.7%	
35-39	4,234	8.2%	
30-34	4,042	7.8%	
25-29	2,858	5.5%	
20-24	2,052	4.0%	
15-19	2,638	5.1%	
10-14	3,252	6.3%	18.7%
5-9	3,344	6.4%	
0-5	3,110	6.0%	
Total	51,861	100.0%	**100%**

Table 5 – Leighton Buzzard age demographic

3.6.3 Changing acuity of need

The changing demographic profile has an impact on the level of needs and care within the population.

The PCN in Leighton Buzzard has set out in their PCN strategy that improving access to same-day services is a key enabler to delivering good health in the community. Providing good access to same-day services is anticipated to ensure timely access to advice and treatment and will help to keep the population in good health. It is also expected to help reduce the need for patients to travel outside of the town to access urgent healthcare services. This service is likely to require additional space.

Providing a coordinated town-wide focus to same-day access services, delivered by a skilled multi-disciplinary team, also importantly frees up capacity within each of the three GP practices in the town. This will ensure additional capacity for the management of more complex and long-term issues, which will help to avoid the need to access secondary level services and to manage their health within the community.

3.6.4 Future space requirements

Patient growth and growth in patient need is expected to require additional staff to resource and therefore additional space to accommodate.

To deliver the full range of services identified by the PCN, extra space is needed. Whilst this could be in a single location, there is scope for it to be delivered across multiple sites with the correct systems in place.

The ICB has also identified the future potential for increased utilisation of mobile units for some types of diagnostic and screening services, such as certain cancer screenings and MRI units. Advances in technology have allowed these machines to be made smaller and made mobile. These are especially useful in a smaller town, such as Leighton Buzzard where mobile units can both reduce pressure on acute sites and negate the need for patients to travel to access essential diagnostic services. Non-complex diagnostics are already available locally, but it is expected that capacity will need to increase. Flexible clinical space is likely to be required to support this. Facilities to enable mobile diagnostic provision in the future could be valuable.

Phlebotomy, ultrasound, and spirometry services are already available in GP/Health Centre practice settings in Leighton Buzzard. Phlebotomy is a key area of activity growth the PCN is seeking to expand but is dependent on more space being made available in the town to accommodate the services. For example, the recently established phlebotomy (blood-testing) service is performing approximately 300 1blood tests in the town each month. As services like these continue to grow, their space requirements will also increase.

It has been noted by a range of professionals and services working across Leighton Buzzard that there are effective mechanisms in place for achieving multi-disciplinary team (MDT) working and joined-up care focused on service users – and that these aren't dependent on services being based in the same building together. A number of services have indicated that facilities which enable professionals to come together for specific MDT meetings in the town could be valuable, and additional flexible clinical space in the town will help services continue to grow and develop over time in line with service demand.

Further space requirements for specific services could be:

- Additional low-cost bookable clinical space could potentially enable more local clinics (e.g., some services currently only delivered in Dunstable for South Bedfordshire) and better support innovation/transformation.
- Service leads and clinicians delivering Mental Health Services, would welcome co-location with primary care/physical health services but only if this has no impact on revenue budgets.
- Additional low-cost bookable clinical space for Children's Services, could potentially enable more local clinic provision in Leighton Buzzard.
- Adult Social Care would consider co-location of the Adult Social Care team into a new facility, depending on mix of professionals and services, and considering affordability.
- With the increasing number of virtual outpatient appointments there is the potential for digital booths for patients in Leighton Buzzard who do not have access to their own digital devices.
- Low-cost bookable space for the voluntary and community sector (e.g. meeting/group rooms) could help to improve the capacity of these services and help to bring services closer together.
- At present the Leighton Buzzard Health Centre (LBHC) provides four rooms for PCN use. The PCN has a clinical strategy in place that can only be delivered through access to additional rooms.
- Creating space for multidisciplinary teams to come together (not necessarily patient facing) would be highly beneficial in providing support, training and high- quality clinical outcomes for patients.

These options cannot be delivered without transformational change to the way services are currently delivered.

3.6.5 Workforce growth

It is important to consider workforce growth as this will need to grow to meet clinical need. Thus, population growth, the existing estate and investment for staffing all need to be considered in the business case.

The scale of the preferred option will need staffing to ensure that it is able to deliver the anticipated benefits. Workforce implications of the preferred way forward are included in section 7.10.4.

3.7 Rationale and Investment Objectives

3.7.1 Spending Objectives

The project team has developed a set of spending objectives that have been used to assess the options. They were jointly developed and approved at a workshop attended by the project team on the 31 October 2023 and communicated to the Project Board Stakeholder Group and shared during the community engagement session on 09 November 2023. The objectives are to:

SO	Title	Objective
SO1	Reduce opportunity cost of sites	Use land at Vandyke Road to support the delivery of healthcare in Leighton Buzzard.
SO2	Increased capacity	Additional primary and community care capacity required due to forecast population growth / housing developments demand
SO3	Improved service integration	Greater integration of primary and community care services within Leighton Buzzard.
SO4	Enhanced scale and quality	Additional/new services available, enhancing patient choice and service quality and avoiding the need to access secondary care services.
SO5	Affordable	Meets financial tests of capital and revenue availability and affordability, and offers long term value for money
SO6	Improved early intervention, access, and support	Embeds wellbeing, prevention, protection, early intervention and enables fair access, considering specific needs of local communities
SO7	Sustainable workforce	Supports service delivery and attracts and supports a sustainable workforce, including anticipated technological changes, digital connectivity, and overall system shifts
SO8	Achievable	Scheme capable of being delivered within any capital timeframe requirements

3.7.2 Success Factors for residents

On the 9 November 2023 a community engagement session was carried out. The half-day event was held in Leighton Buzzard at the Astral Park Sports and Community Centre and attended by a wide range of community members and representatives. During the session the vision and latest position of the project was discussed. The attendees were also invited to submit their success factors for primary care in the town. They were recorded as below (although some of these

indicators would require commissioning/service improvement interventions which fall outside the scope of this project):

- Access to same day/urgent care
- More basic tests available locally for example blood tests, asthma testing and ultrasound
- Access to a minor injuries' clinic
- More local services for musculoskeletal/physiotherapy services
- Routine pre-operative assessments available locally
- Better access to mental health services in the town.

3.7.3 Critical Success Factors (CSFs)

Reflecting on the needs of the community alongside the Spending Objectives, this OBC has formalised the requirements for success into the following Critical Success Factors (CSFs). These CSFs have been agreed by the ICB and the Project Team and recorded in Table 6.

Key CSFs (5 case link)	Broad Description	Benefits Criteria for this project
Strategic Fit and Business Needs *(Strategic)*	▪ Meets agreed Spending Objectives' related business needs and service requirements ▪ Provides holistic fit and synergy with other strategies, programmes, and projects.	▪ **CSF 1: Alignment** with the project spending objectives, business needs and ICS/ICB/PCN estate strategies.
Potential value for money *(Economic)*	▪ Maximises the return on the capital investment in terms of economy, efficiency, and effectiveness from both the perspective of care providers and patients. ▪ Minimises associated risks.	▪ **CSF 2: Delivers** the proposed required benefits.
Potential achievability *(Management)*	▪ Is likely to be delivered in view of the respective organisation's ability to assimilate, adapt, and respond to the required level of change. ▪ Matches the level of available skills which are required for successful delivery.	▪ **CSF 3: Deliverability** within appropriate timescales and with minimal disruption to service delivery.
Supply-side capacity and capability *(Commercial)*	▪ Matches the ability of the service providers to deliver the required level of services and business functionality. ▪ Appeals to the supply-side.	▪ **CSF 4: Attractive** to the market to deliver.
Potential affordability *(Financial)*	▪ The project is affordable to implement and potentially offers efficiency savings.	▪ **CSF 5: Delivers** efficiency savings to the system if possible and is affordable to implement.

Table 6 – Critical success factors

3.8 Impact on existing services

The project has identified several services where there will be no impact. These include but are not limited to secondary care and mental health services. Whilst there would be an appetite for co-location of mental health services with other primary, community and social care, these services are currently delivered from adequate existing estate and previous work - the Leighton Buzzard Feasibility Study – identified that there would be substantial cost in enlarging the project for their inclusion and insufficient clinical or financial benefit to enable this to be affordable.

For secondary care services (currently delivered by Milton Keynes University Hospital, Stoke Mandeville Hospital and Luton and Dunstable Hospital), there are no current plans for re-providing outpatient activity into community facilities in Leighton Buzzard. Service models continually evolve, and it is difficult to predict how services may continue to transform during the lifetime of a new building. Therefore, ensuring flexible and generic capacity in the community best helps to future-proof for new models of care.

Equally there are no immediate plans to deliver complex additional diagnostic facilities requiring additional specialist equipment in the Leighton Buzzard community (except non-complex), but models of diagnostic provision continue to evolve. Ensuring appropriate space for a hook up mobile unit if possible would best help to future proof models of care.

The main, and intended impact of the project, will be to increase the availability of primary care clinical space within Leighton Buzzard. As part of the integrated working plan (see section 3.9) community services will have the ability to expand to accommodate growth in the population. Existing services will see no significant impact, other than benefitting from increased access to clinical space for scheduling appointments, and to enable service growth.

3.9 Integrated working

This proposal is founded on the principals of integrated System working. Despite refining of the project which has focused its outputs on primary care, the OBC has been overseen by a System wide stakeholder group which includes representatives from primary, secondary and community/mental health. The project has had an ongoing and productive dialogue with the local Council and worked with the local Ambulance trust.

Through a series of stakeholder engagements, primary care providers and the PCN and have been heavily involved in signing off the clinical model, which has jointly calculated the primary and community health needs.

The three GP practices that comprise the PCN in Leighton Buzzard have themselves demonstrated integrated working, collectively agreeing on a proposal focused on building capacity within the PCN rather than allocating to a single GP practice.

3.10 Service Planning Consistency

3.10.1 Primary care

The PCN has been instrumental in developing and approving the clinical model underpinning this project. Healthcare planners used as part of the OBC's development have worked closely with the PCN Clinical Directors and Manager to test and verify the data driving the clinical model.

Where the PCN is seeking to introduce new services, made possible through the increase in clinical space, there is currently limited detailed information on the demand. This gap in understanding was bridged through meetings held between the PCN and the project's healthcare planner during which modelling of possible clinical delivery plans was tested and refined (during Autumn 2023).

For consistency, all clinical modelling was based on current population. Once agreed, all current and proposed services were upscaled using the same methodology to reflect the new population expected in the town in future years.

3.10.2 Community care

Dialogue with community care providers confirmed that service providers saw no need to increase the range and variety of services currently delivered in the town. However, the principals developed in scaling up delivery of primary care services because of the increased population, were deployed for the community care model of care. As a result, whilst there are no current plans for the range of services to change, allowance has been made for the volume of appointments to increase over time using the same calculation deployed for primary care and the availability of additional flexible space may support future service developments.

3.11 Patient Choice

This project will help deliver a greater range of patient services in Leighton Buzzard and potentially reduce the need to access healthcare services outside of the town. The increased capacity within primary and community care will allow services to offer a wider range of appointment times, allowing patients to access care around their other commitments.

The increased capacity, provided to support PCN service developments will be open to all patients, irrespective of their current practice. This will ensure the proposal's benefits can be enjoyed by all patients in the town.

3.12 Equality and Diversity

Where possible, the existing estate has been modernised to improve accessibility. The designs for new build solutions include compliance with current equality and diversity design standards and allow for a Changing Places facility.

3.13 Stakeholder Engagement

The OBC has identified several groups as stakeholders, they are:

- Patients and service users
- Clinical and non-clinical staff members
- Building managers including NHS Property Services
- Central Bedfordshire Council
- NHS Bodies
- Patient representative groups/advocates (e.g., Patient Participation Groups, local politicians, Healthwatch)
- Department of Health & Social Care
- Leighton Linslade Health Connections Primary Care Network (PCN)
- Commissioning organisations (specifically the ICB)
- Estate operators and owning organisations
- Willis Dawson Limited.

The above list draws a distinction between individuals and the organisations they work for, reflecting that an individual's interest may vary from that of their organisation. Within this OBC a key example of this difference lies in the differences between organisations that seek to improve the health of the population and real estate solutions that are affordable and easy to maintain, and individual care specialists who are treating patients and need an estate solution that is easy to use and supports the way they work.

A series of stakeholder engagement sessions were held through September and October 2023. The primary aim of these sessions was to establish the future role each organisation would play in the future estate solutions. As indicated previously several organisations were confirmed through these processes as not being involved with the project, namely ELFT (adult community and mental health services), CCS (children's services) and the local Acute Trusts. However, it should be noted that ELFT have remained on the Project Board to ensure they are engaged with the project, and all of these organisations are involved in the wider work on developing more integrated working at a neighbourhood level.

A larger cohort of organisations were interviewed and whilst having no direct stake within the project, remain on the project's wider list of stakeholders, receiving updates and key information on the project. This oversight has helped to ensure the project follows a System approach.

A separate community engagement session was held in November 2023. The workshop was attended by representatives from the community including the patient participation groups (PPGs), community organisations, local councillors as well as the MP for Southwest Bedfordshire and patients that do not form part of the PPG.

The purpose of the workshop was to provide an update on the project and obtain feedback on key elements. The project team took the decision to focus community feedback on elements of the project that the community could best influence.

A number of key themes emerged from the open dialogue:

- Attending hospital locations remained a challenge for some service users due to the distance from Leighton Buzzard.
- The potential impact of new housing on the availability of the town's existing health and care services
- Treatment of illness in the town was generally good, however there was limited support for the treatment of minor injuries.
- The Clipstone Park site, whilst supporting the east side of the town, is difficult to access for the west.

- Greater use of the existing health centre building was favoured by the community, given the central location, despite car parking challenges.
- The project team were encouraged to explore the use of the Ambulance Station next to the Health Centre.
- The town centre is highly accessible, making it a good location for public services.

3.14 Community Sensitivities

A public event was held in Leighton Buzzard as part of the preparation for this OBC on 9 November 2023. In addition, the ICB has been issuing 6-weekly updates to the community on the progress of the project. Whilst the project is unable to meet the aspirations of every member of the community, including the development of a minor injury unit, there is general agreement that investment in primary care is beneficial to the community. The OBC's development has been directly informed by feedback from the community and elected members of local and national government with the detailed consideration of the Ambulance Station and Health Centre.

3.15 Support from other organisations

The development of this OBC has received ongoing engagement and scrutiny from across the ICS. The Project's Stakeholder Group represents a range of health and wellbeing providers that include primary, secondary, and community health providers and commissioning teams, and the Local Authority.

3.16 Project Scope

The OBC's clinical model has identified that the current estate within Leighton Buzzard is unable to accommodate the calculated activity that patients require over the next 10 years (up to 2033). As identified in the review of the existing estate, none of the existing GP practice premises can be expanded to provide additional space. Similarly, the majority of the estate cannot yield additional clinical space through internal alterations, except for the Health Centre building, which has several administrative rooms suitable for conversion into clinical space. Relocating the administrative function would allow the maximum amount of space to be converted. The project has also identified several land parcels that could be considered for inclusion in the project.

3.16.1 Identified sites

Sites that are identified for inclusion within the project's scope have been identified as:

- Land - Vandyke Road
- Land - Clipstone Park
- Land – Land south of high street
- Building – Leighton Buzzard Ambulance Station garages
- Building – Leighton Buzzard Health Centre

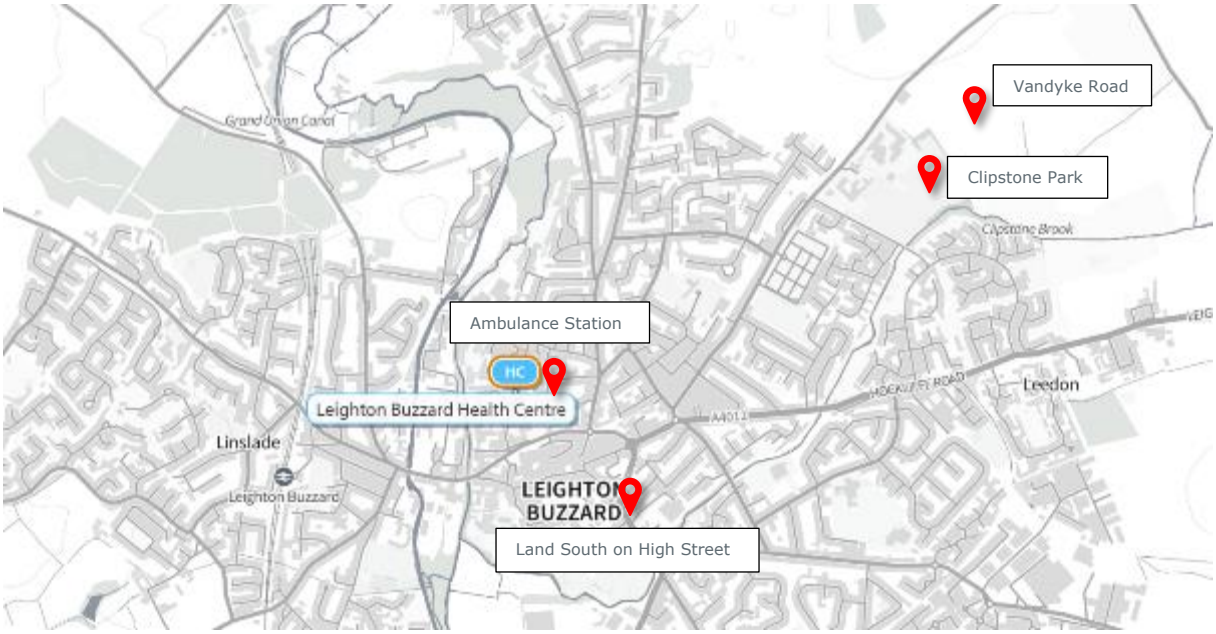


Figure 8 – Map of key locations

These sites and buildings will be assessed through the Economic section of this OBC (see Section 5.3), where a discussion of how these sites have evolved is also provided.

3.16.2 Identified clinical functions – In Scope

The following clinical functions have been identified as being within the scope of this project:

- GP examination and consultation, including digital consultation
- GP treatment
- PCN same-day access
- Phlebotomy
- Physio
- Electrocardiogram (ECG)
- Respiratory diagnostics
- Asthma
- Learning Disability Annual Health Check
- Serotonin-Plus Weight Loss Program and smoking cessation
- Face-to-face medication review
- Mental Health Worker
- Midwifery
- Diabetes
- Mobile diagnostic units, such as mobile Magnetic resonance imaging (MIR) and cancer screening units
- Musculoskeletal
- Enhanced Access
- Abdominal aortic aneurysm screening
- Eating disorder clinic
- Counselling service
- 0-19 mental health
- Podiatry
- Specialist nursing
- Speech and Language
- Pharmacy
- Hearing clinic
- Ultrasound clinic.

The individual requirements and activity levels for these in-scope services are covered in Section 4 of this OBC. All services are currently provided and following consultation with service providers, no new services are anticipated to be commissioned, although existing services are expected to scale up in line with population growth and service demand.

3.17 Out of scope

The project team has defined out of scope services as those where relocation of the service would yield insufficient clinical benefit or is unaffordable. The following services have been identified within this category:

- **Minor injury units** There are currently no plans to locate a minor injury unit in the town.
- **Complex diagnostics** These services require significant infrastructure, installation cost and staffing to operate, to ensure they offer value for money they must be intensively used and therefore tend to be in very large population centres or acute sites.
- **Community dental** The current facilities at Leighton Buzzard Health Centre (LBHC) are considered adequate.
- **Provision of a Pharmacy** Engagement identified that a full Pharmacy Needs Assessment could not be undertaken within the timeframes of the OBC preparation and that the last review of services did not identify a specific void in service delivery.
- **Community health** (ELFT and CCS) - The current facilities at LBHC are considered adequate.
- **Mental health services** The current facilities, primarily at Whicello's Wharf and Crombie House are considered adequate.
- **Secondary care** No current plans to provide outreach outpatient services in Leighton Buzzard.

3.18 Carbon Emissions

The business case has considered how carbon emissions can be avoided or lowered through the project. The construction industry is one of the largest single emitters of carbon and the construction of a building equates to around half of its lifetime carbon footprint. As a result, opportunities to retain existing buildings provides one of the single most effective ways of reducing carbon emissions.

The project has also considered low carbon energy solutions would reduce the building's carbon emission during its operation.

3.19 Green Plan

BLMK ICS has created its Green Plan to set out how it aims to achieve net-zero by 2035. The Plan sets out a commitment to achieving the goal by:

- Providing lower carbon and better quality care
- Innovating and adopting new models of care and ways of working
- Building resilience to the impacts of climate change across our communities
- Embedding sustainability in everything we do, from our workforce to our supply chain
- Facilitating better collaboration to enhance efficiencies and deliver positive impact.

The project has sought to align and support this Plan through its assessment of the options.

3.20 Natural Disaster Suitability

The sites considered in this business case are considered to be outside of natural disaster risk areas. Although some parts of Leighton Buzzard are subject to flooding, none of the sites within this OBC are within a flood risk area. As a result, no specific flood risk prevention measures are considered necessary. Global warming continues to destabilase the climate and in the south of England heatwaves are becoming more frequent and severe. Heatwaves are known to particularly affect the elderly. Any new building should therefore comply with appropriate thermal insulation building standards to ensure it is able to remain operational during heatwaves.

Of the remaining type of natural disasters[6] not mentioned above, none are thought to play a significant risk to any of the sites within this OBC.

Some assessments of natural disasters include pandemics. The project will take lessons from the recent Covid-19 pandemic. This will include consideration of the layouts and flow of people and air through the building, together with space standards and how infection prevention and control measures can be added to the design to make the building easier to manage should another pandemic occur.

3.21 Digital Technology Capability

Primary care in Leighton Buzzard is already enabled by a high degree of digital integration. Patient files have already been digitalised and patients and staff have access to e-booking and digital consultation facilities. Multi-disciplinary working between teams and services is enabled through electronic sharing of patient information, and virtual meeting technology.

The project is expected to create additional clinical capacity within the system. It is expected that digital triage systems are capable of being upscaled to accommodate the increased activity that will be delivered.

The GP IT contract may need to be amended to ensure consultation and examination rooms have access to patient records. The preferred option in this OBC will therefore include appropriate costings of IT infrastructure and equipment. These requirements have been developed with the ICB's Digital team and have been specified in section 6.2.

3.22 Department of Health and Social Care Standards

Key standards for this project will be fulfilment of the criteria set out in the Health Building Notes 11-01 (HBN 11-01). This document sets out the design requirements for primary care buildings ensuring the space is appropriate and useable.

In addition, the project will maintain compliance with all relevant Building Standards regulations for public buildings and an architect-led design team has been appointed to ensure the works set out in this OBC comply with all relevant legislation.

[6] The UK government classifies the following events as natural hazards: flooding, geological hazards (such as landslides) space weather, volcanic ash, weather (including extreme temperatures, snow, ice, and fog), air quality, wildfires.

3.23 Risks

A risk register has been developed for this OBC. It includes risks that are applicable to the production of the OBC, generic project risks associated with implementing any of the options identified in the OBC and risks that are specific to each of the options. In some cases, the risk for the options will be the same, however the likelihood, impact and cost implication will have a different profile. A full risk register is included in Appendix 2 with the top 6 risks included in the table below:

Risk	Probability	Impact
Affordability - Termination of project upon OBC completion due to project being unaffordable.	5	5
Shortfall of funding – Availability in capital funding due to revised land valuation may result in the project being cancelled/ put on hold.	4	5
Interest Rates – Any increase in Interest Rates will reduce Project Viability	4	5
Commercial – Unable to secure realistic commercial terms to pursue further the 'Do Minimum' options.	4	4
Inflation – Volatile and significant inflation causing prices to escalate.	4	4
Tenants – The Clinical Block model has advised the clinical groups largely comprise of: Practice, PCN, Community Dental, ELFT, CCS. Potential tenants/ Clinical Groups unable to commit to project.	3	4
Public Perception – The gifting of the Vandyke Road site has set an expectation that healthcare services can only be met by developing the site. As a result, there is a risk that the community would perceive anything short of a large development scheme as failing to meet the needs of the community despite significant evolution in the way care is now provided.	5	2

Table 7 – Key risks from risk register

3.24 Benefit realisation plan (BRP)

The BRP developed (see Management Case) sets out the previously identified benefits which will be realised due to the proposed investment and includes the following information:

- Confirmation of the benefits that are expected to arise from the project – Benefits Register
- Establish the baseline measure for each expected benefit.
- Who is likely to benefit from the expected benefits?
- Who is accountable for delivering the expected benefits?
- Confirmation of the alignment of the identified benefits to the project Objectives
- Identify the measure/indicators that will be used to assess whether the expected benefits are realised.
- Set out the timescales for delivery of the expected benefits.

- Set the target measure for each expected benefit, to be achieved through implementation of the project, in order that it can be measured against the baseline at regular intervals.
- Identification of the benefit type e.g., cash releasing benefit (CRB), non-cash releasing benefit (NCRB), societal benefit (SB), un-monetised benefit (UB)
- Where identified as either CRBs, NCRBs or SBs the data and assumptions used to quantify the benefit and how many years over the investment period the benefit is likely to be achieved / realised.
- Where identified as a UB, which short-listed option that applies to.

Such identified benefits were used to assess the extent to which each of the business case shortlisted options can meet the overall requirements of the project. This is undertaken through the economic appraisal. The benefits identified for this project were:

Benefit ref	Benefit Name	Benefit description	Type	Who benefits?	Accountable Owner
B01	WELLBY	Improved staff wellbeing	SB	Clinical staff	PCN
B02	Reduced A&E attendances	Reduction in unplanned hospital attendances	NCRB	Patients	ICB and PCN
B03	Meets capacity requirements	Assets provide sufficient capacity to meet requirements [with more efficient utilisation of estate]	UB	ICB	ICB and PCN
B04	Capacity for planned growth	Provides capacity for new growth within the town	UB	Patients and PCN	PCN
B05	Strategic fit – demand management	New arrangements provide strategic fit - from a demand management perspective	UB	Staff	ICB & GP Practice(s)
B06	Strategic fit – Promotes Health & Wellbeing	New arrangements provide strategic fit - promoting/improving health and wellbeing	UB	Users and Staff	ICB & GP Practice(s)
B07	Strategic fit – reducing health inequalities	New arrangements provide strategic fit - by reducing health inequalities	UB	Users and Staff	ICB & GP Practice(s)
B08	Strategic fit - Primary Care at Scale / New Models of Care	New arrangements provide strategic fit - by enabling primary care at scale/new models of care	UB	Everyone	ICB

Figure 9 – Benefits table

3.25 Constraints

Constraints are the external conditions and agreed parameters within which the project must be delivered and over which the project has little or no control. Constraints on the project need to be managed from the outset, since they will constrain the options that can be considered for project delivery. The project is subject to the following constraints. These constraints and their impact on the options are described in the table below:

Constraint	Impact
Political – Economical	Change of administration, general inflation, and interest rate increases.
Availability of operational and clinical staff for the new facility	The new facility cannot function without the necessary clinical staff (currently 112,000 vacancies in the NHS in England).
Site Constraints – accessibility and commitment to the environment	The Clipstone Park site is currently in third party ownership, and although it will be transferred through S106, this process has not yet commenced. Ability to access information and undertake surveys of the site is therefore limited.
Finite capital available to construct the building	May reduce the size and specification of what can be constructed within the capital budget available.
Rising construction costs	May reduce the size and specification of what can be constructed within the capital budget available.
Revenue affordability	Any preferred option must be affordable in terms of ongoing revenue costs.
Public involvement	Any preferred option will require appropriate engagement with the public.
Public transport	Leighton Buzzard is a rural town, with public transport services in proportion to its size. Some parts of the town are not well serviced by public transport. The project is unable to influence the route or volume of public transport options in the town.

Table 8 – Project constraints

3.26 Dependencies

These are things that sit outside the scope of the project upon which the ultimate success of the project is dependent. The successful delivery of the project depends fundamentally on a few factors. The table below describes these dependencies and the possible impact they could have if they are not delivered.

Dependency	Rationale	Impact
Funding	The primary source of capital for the project is the sale of the Vandyke Road site. The amount achievable will be subject to housing density, unit sale price and construction costs.	Project unviable if funding not available
Approvals	Internal and external approval of the OBC and FBC.	Delay or lack of approval will delay overall project
Information & Technology (IT)	For any new facility to operate efficiently and the provider to deliver their strategies, robust IT infrastructure will be required.	Building not used as designed i.e., flexible spaces (meeting rooms, multi-functional rooms)
Recruitment	There needs to be a comprehensive, credible recruitment strategy and plan to ensure that when the new facility becomes available, there are additional staff in place to ensure a seamless transition and to avoid there being empty / underutilised spaces	Estate available but potentially no staff / contracts in place to deliver services
GP network / practice resources / sustainability	The development of project and any new integrated service model(s) are dependent upon the continued collaboration between GP partners. All organisations have competing pressures and priorities which may inhibit their ability to sustain the required level of time or investment anticipated	No time to dedicate to supporting planning of new project
Planning	Land at Clipstone Park will need to be transferred to the Council and then onto the lead delivery partner. The timescales for the transfer are fixed within the planning agreement.	Development of Clipstone Park cannot commence until land has been transferred to the lead delivery partner

Table 9 – Dependencies

3.27 Strategic case conclusion

The strategic case has identified that the delivery of health and wellbeing services is a rapidly evolving field. Its delivery is partially dependent on buildings that are immobile and often difficult to alter. It is therefore appropriate that the estates suitability to meet the needs of patients and healthcare staff is continually reviewed. At the same time, Leighton Buzzard is undergoing a significant house building phase that has followed a number of historic house building periods. New housing will bring with it a larger population, who will require access to healthcare, meanwhile existing patients are increasingly seeking to access more services from community settings as the NHS's vision for community based care continues to roll-out, including in the form of the ARRS (PCN Additional Role Reimbursement Scheme) programme.

These factors combine to create a compelling case for reviewing the suitability of health and wellbeing services in Leighton Buzzard from its existing estate.

The OBC has established a number of Objectives and Critical Success Factors to enable the remainder of this OBC to robustly assess the options that it considers. To support the assessment process the next chapter will examine the Clinical Case, from which it will then explore how these objectives can be successfully achieved.

4 Clinical Case

The Clinical Case provides information and clinical reasoning for the intervention proposed in the business case. The chapter sets the baseline position of what is currently accessed by service users and what will be required in the future. Expressing this section as a standalone chapter signifies the importance of understanding and delivering the desired clinical outputs.

4.1 Introduction

For many population health indicators, Leighton Buzzard compares favourably to national and local (Central Bedfordshire) averages. From the latest Public Health report in 2021, priorities included:

- Targeted prevention measures (more Stop Smoking support, increased uptake for cervical screening, flu and other vaccinations, more NHS Health Checks)
- Increasing the diagnosis of dementia
- Minimising premature mortality, especially heart disease
- Encouraging greater uptake of mental health support for children and young people (especially referrals to Kooth, and other online counselling platform).

Whilst it is noted that the town does not have an acute unit, the population and demanded activity levels is such that it is unlikely to qualify for one in the foreseeable future. The clinical strategy for primary care is therefore focused on preventative care, which reduces the population's need to travel to complex diagnostic facilities and acute services.

4.2 Clinical Strategy

The Clinical Strategy focuses on preventative care and low intensity diagnostics. The PCN, in its strategy has identified phlebotomy services and same-day access as priorities. The same strategy has also identified that primary care lacks the space needed to accommodate these services.

The clinical strategy focuses on increasing the PCN's capacity to ensure that service expansion reaches the entire Leighton Buzzard population. Whilst the GP practices in the town all draw from across the entire town, increasing the capacity of the PCN allows all practices to access those services.

A focus on same-day access by the PCN is expected to divert some clinical activity away from practices, which currently accounts for around 40% of practice activity at present. By diverting clinical activity away from practices, it will reduce pressure on their estate, creating space and opportunity for more training places and more routine care within surgeries.

Although harder to quantify, the increased capacity in same-day access is also expected to increase patient choice with more access points and a wider range of appointment times, allowing patients to manage their healthcare needs around their other commitments.

Finally, the clinical strategy aspires to create multi-disciplinary team space within the community.

4.3 Clinical stakeholder engagement

A successful OBC depends on the right service model. A resident engagement workshop was held to support the ICB and PCN with prioritising some of the improvements local people would like to see achieved, and to feed into discussions about potential service models as part of the OBC process.

As set out in the consultation section of this OBC members of the community, including political and non-political representatives provided feedback on how services could be arranged to meet the needs of the patients.

Feedback from this session has helped the clinical leads refine how care will be delivered in Leighton Buzzard and benefits/opportunities of locating services in specific locations. The following section records the development of the clinical model undertaken jointly between the project's healthcare planners, the PCN and ICB.

4.3.1 Overview

The concept behind the service model is to understand the present and future primary care (including community care services) requirements within Leighton Buzzard. By understanding the volume of clinical activity the population require, it is possible to calculate the time, and therefore space needed to accommodate that activity. This section of the OBC will detail the methodology used and conclude with the quantum of clinical space needed in Leighton Buzzard.

4.3.2 Baseline information

Baseline information for the OBC was collected through meetings with the PCN manager and Clinical Director in autumn 2023 based on current (where available) and future predicted clinical activity. Additional information was sourced from publicly available data sources on clinical activity. Some information about community health activity levels were provided by the East London Foundation Trust (ELFT).

A recent PPG survey was available, however this lacked relevant information for baselining purposes and further information on how this data was used can be found in section 4.3.

It has been noted that several services were agreed as out of scope as previously discussed in section 3.17.

4.3.3 Clinical model assumptions

The following assumptions have been made in preparing the Clinical Model:

▪ Current population	51,861	Total number of patients registered to a practice within the PCN at the time of writing.
▪ Population growth over lifetime of the	5,900	Based on 2.4 occupants per new house.

	build which has full planning		
▪	Operational weeks per year	50 weeks per year	Agreed number of weeks primary care buildings are fully operational per year.
▪	Appointment duration	Variable, depending on services	Appointment lengths were agreed with the relevant service provider. Time based on duration the patient remains in the clinical room.
▪	No. of operational hours for building per week	50 hours per week	Based on discussion with service providers. This is an average figure – it is recognised that small amounts of activity are delivered over a longer time period, e.g. PCN Enhanced Access services.
▪	Room utilisation	60-80% depending on services	Based on discussion with service providers. Assumes patient will be in the room 60-80% of the time. The remaining time will be used by the clinician to write up notes and undertake administration associated with the patient, during which time they will remain in the room.

Using these assumptions, a standard clinical model was developed in line with guidance from Health Building Notes 11-01 using the following calculation:

$$Existing\ population + future\ population = Tot.pop$$

$$Tot.pop \times access\ rate\ of\ service = Expected\ contacts\ per\ annum$$

$$\frac{Expected\ contacts\ per\ annum}{Operational\ weeks\ per\ year} = Appointments\ per\ week$$

$$\frac{Appointments\ per\ week \times Appointment\ duration}{60\ mins} = Hours\ of\ appointments\ per\ week$$

$$No.of\ operational\ hours\ for\ building\ per\ week \times Room\ utilisations\ (60\%)$$

$$= Room\ avalibuility\ per\ week$$

$$\frac{Hours\ of\ appointments\ per\ week}{Room\ avalibility\ per\ week} = No.of\ rooms\ required\ for\ service$$

Figure 10 – room number calculation (based on Health Building Notes 11-01)

The calculation can be applied to all services within primary and community care to estimate the number of clinical rooms required to deliver the services.

Across all primary and community services (as listed in Table 11) the calculation estimates that patients in Leighton Buzzard currently require 420,313 appointments per annum. The majority of these would be delivered by primary care which requires approximately 243,000 GP led appointments and a further 99,000 nurse led appointment (total 342,000 appointments).

The model also includes population growth within Leighton Buzzard. As the population increases more appointments will be required. The model therefore calculates that the town's GP practices will need to offer 362,000 GP and nurse appointments in the future.

The PCN currently offers around 40,600 appointments per annum, rising to 43,000 after growth is included. In addition, the PCN is seeking to deliver a same-day urgent care (UC) service. The UC is expected to increase clinical capacity, but will also divert those types of appointments from core GP led activity. The UC services is therefore expected to provide 72,400 appointments per year when fully established, but enable GPs to undertake 58,000 fewer appointments (net increase of 14,400 additional appointments).

Following growth and the launch of the UC service, primary care (excluding community care) will provide 442,000 appointments.

In addition to primary care, community appointments are also included in the assessment. Currently, community care services provide around 23,200 appointments per year. No new services or changes to exiting services are planned, however it is expected that growth will require the number of appointments to increase to 25,890 per annum.

A comparison of the present and future model of care, together with pre and post population growth is shown in Table 10.

	Service lead	Current	Following population growth
Current model of Primary Care	GP practice	342,697	381,685
	PCN	40,662	42,954
	Sub total	**383,359**	**424,639**
Future model of Primary Care	GP practice	287,866	320,615
	PCN	109,202	121,625
	Sub total	**397,068**	**442,240**
	Community care	23,245	25,890
Total Future model of Primary Care + Community care		**420,313**	**468,130**

Table 10 – Comparison between current and future models of care

Following the introduction of the future model of care for using UC, patients in Leighton Buzzard will have access to 7.66 primary care appointments per annum in primary care and 0.45 appointments per annum in community care (total of 8.1 appointments per year). These figures represent an average per person, some cohorts, such as older or children will access more, whilst other groups will access fewer services.

Comparing this access rate to national averages has a number of challenges as the current nationally collected data does not readily support this estimation. However, the latest ONS estimate of the population in England is 60.2 million people. The latest primary appointment numbers (October 2023) that include PCN activity[7] note 35.1 million appointments in the month. Monthly appointments based on the October three month rolling average aggregated to an annual value, indicate that primary care is currently offering 6.997 appointments per person per year in

[7] The dataset notes that PCN activity recording is inconsistent.

England. By comparison Leighton Buzzard will enjoy access to 7.66 primary care appointments per person per year.

4.4 Workforce strategy

Additional workforce roles will be recruited through the ARRS (Additional Role Reimbursement Scheme). This initiative was introduced in 2019 and allowed PCNs to fund 17 new roles within primary care. ARRS is beginning to transition from its growth phase (2019 to FY23/24) into its business-as-usual permanent position.

4.5 Clinical schedule of Accommodation

Table 11 shows the indicative clinical schedule of accommodation (SOA) that meets the needs of the local community based on the provision of 468,130 appointments per year (as calculate in Table 10). The schedule illustrates that across Leighton Buzzard, health and wellbeing needs an estate of 78 clinical rooms to operate optimally. It is noted that the estate currently comprises 68 clinical rooms.

Provider	Clinical/community health activity	Room type	Rooms
Practice	Consulting and Examination	Clinical	30.04
Practice	Remote consultation	Digital	3.30
Practice	Treatment	Clinical	18.74
Practice	Reduction in Same Day appointments	Clinical	-9.54
PCN	Phlebotomy	Clinical	5.01
PCN	Physiotherapy	Clinical	0.61
PCN	ECG	Clinical	0.11
PCN	Respiratory DX	Clinical	0.56
PCN	Asthma	Clinical	0.22
PCN	LDAHC	Clinical	0.15
PCN	SP Inc weight/smoke cessation	Clinical	0.22
PCN	F2F meds review	Clinical	0.33
PCN	Same Day UC	Clinical	15.90
PCN	MH Worker	Clinical	1.73
Community	Midwifery	Clinical	4.17
Community	Hearing clinic	Clinical	0.28
Community	Ultrasound clinic	Clinical	0.28
Community	Circle MSK	Clinical	0.84
Community	On-call service	Clinical	0.00
Community	Thames Valley AAA screening service	Clinical	0.01
Community	Eating disorder clinic	Clinical	0.07
Community	Counselling service	Clinical	0.07
ELFT	0-19 mental health	Clinical	1.39
ELFT	Podiatry	Clinical	1.39
ELFT	Specialist nursing	Clinical	1.39
CCS	Speech and Language	Clinical	0.70
Total			**78.0**

Table 11 – Clinical activity SOA

Within the SOA it should be noted that reduction in same day appointments includes for a reduction of -9.54 rooms. The PCN intends to expand the rate of same-day access for patients in Leighton Buzzard. In becoming a major provider of same-day access to Leighton Buzzard, activity currently undertaken by the three practices will be diverted to the PCN. On average, 40% of activity undertaken by each of the three practices in Leighton Buzzard is same-day access. It is therefore anticipated that as PCN same-day access rates increase, there will be a partial reduction in practice same-day activity. It is not

anticipated that all activity will be diverted. This is due to two key factors: the volume of same day activity undertaken by the practices is too great for the PCN to replace all of it; and patient choice will mean some patients will continue to seek same-day access from their GP practice. Whilst the PCN services will allow a reduction in practice delivered same-day appointments, the PCN will expand the same-day service with a net increase of 14,400 appointments per year (25% increase on current activity levels).

The full calculation for the clinical schedule of accommodation can be found in Appendix 3.

This OBC will proceed based on the town needing access to 78.0 clinical rooms for delivery of the services within the scope of the project.

5 The Economic Case

The Economic Case sets out the options that have been considered to meet the needs, achieve the Spending Objectives (SOs) and deliver the project scope outlined in the Strategic Case. It also identifies any previous work / option(s), followed by a refreshed review to confirm the Preferred Option based on an assessment of the options that provides best value for money by assessing the latest costs, benefits, and risks using an appropriate appraisal methodology.

5.1 Option identification

The purpose of the economic case is to identify and appraise the options and to recommend the option that is most likely to offer best Value for Money (VfM) this being classified as the preferred option at this OBC stage. The first stage of the economic case explores any existing Preferred Way Forward (PWF), from any previous work by undertaking the following actions:

- Recap and summarise the previous/current PWF on this project
- Agree and re-asses the 'short-list' using the Comprehensive Investment Appraisal (CIA) model to recommend an OBC preferred option.

5.1.1 Previous work review

Following on from the SOC, which was prepared in September 2019, a Feasibility Study was carried out by the ICB in May 2023. The Feasibility Study's brief was to consider additional health and care services in the town, where any additional services could be located, and an initial exploration of what these services could be, subject to affordability and other considerations.

This OBC builds on this previous work and sets out to identify a Preferred Option for provision of additional capacity to support Primary Care services in Leighton Buzzard.

5.1.2 Approach to develop the Preferred Option

This business case reviewed and considered outputs from the previous work and considered if the previous options remained valid at this point in time, considering any changes. This involved re-engaging with stakeholders to ascertain the latest position.

To aid the reader's understanding of the evolution of this project, the next section the OBC will chart the site selection process from SOC through to work undertaken in this project. Having discussed the site selection process and having identified a suitable site to take forward, this OBC will then consider the preferred model of care. The two components of site options and model of care will be combined in the latter stages of this chapter and taken forward in the remainder of the document.

5.2 Options Appraisal

The option appraisal process has evolved over the lifetime of the business cases process. This evolution has been reflective of the wider project which has received new information and refined its needs and understanding since the original commencement of the SOC in 2019.

5.2.1 Terminology

This OBC uses the standard Green Book Business Case terminology. For clarity, some key definitions are noted below:

- **Do Nothing –** denotes the baseline position should no changes to current operating procedures be made. All services would continue to be run and operate as they currently do.
- **Do minimum** – refers to the amount of change needed to achieve the desired outcomes.
- **Do maximum** – also refers to the amount of change needed to achieve the desired outcome. Both minimum and maximum should be capable of meeting the desired output through varying degrees of effort and/or cost. The term minimum and maximum does not refer to the clinical output of the project.

Both 'do minimum' and 'do maximum' should be capable of achieving the same goal.

5.2.2 Long list

In 2019 a SOC for Leighton Buzzard was undertaken. Since its completion health and wellbeing services have undergone significant change in response to Covid-19 and other changes in the commissioning and delivery of services. As a result, the clinical model has changed significantly, and the list of available sites has also altered. Due to this level of change, this OBC will not undertake a detailed review of the partially outdated findings. However, the Project Team did review the SOC documentation and a summary of how the options from the SOC have been taken forward is illustrated in Figure 11.

The subsequent Leighton Buzzard Feasibility Study of May 2023 identified the following three Service Options:

- **Option A -** Primary Care & Flexible Space
- **Option B -** Primary Care & PCN & Flexible Space
- **Option C -** Primary Care & PCN & Flexible Space and Mental Health Reprovision.

5.2.3 Long List to Short List

At the commencement of the OBC a project workshop was held on the 26 September 2023 to review the Long List of options identified above. The workshop then considered the development and evolution of need and information since SOC stage to identify a Short List of Options to appraise in this OBC.

Figure 11 illustrates the evolution of the options considered by the business case from SOC, through Feasibility Study, and then OBC.

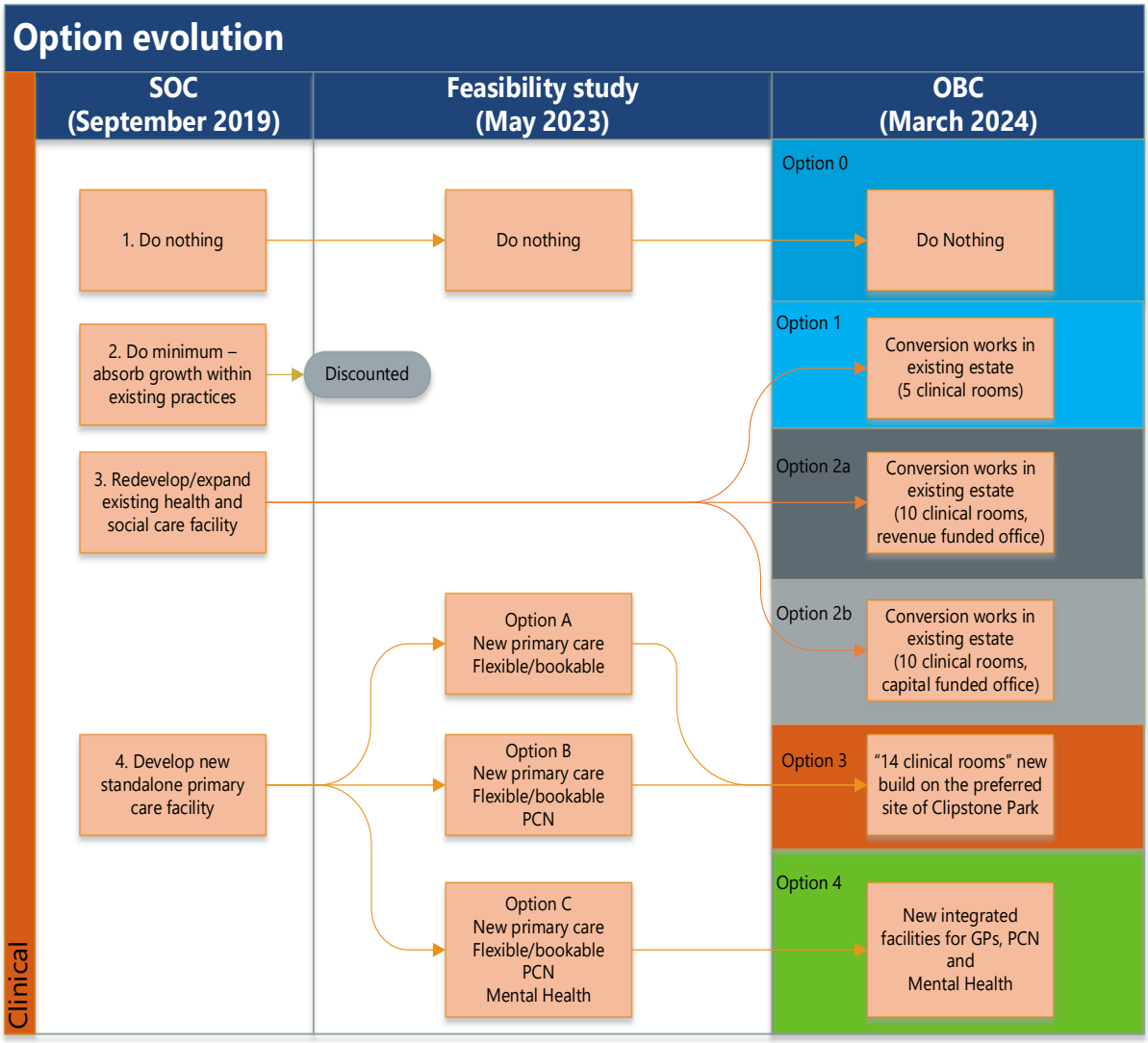


Figure 11 – Summary of Option evolution pathways

5.2.4 Short List

A Short List of five options was approved by the ICB to be taken forward within the OBC for economic appraisal.

5.2.4.1 Option 0 – Do Nothing

No change to the existing operating procedures. Periodic backlog maintenance is undertaken to maintain the existing estate. All existing clinical activity would be maintained at its current level. The Do Nothing provides the existing baseline position from which to start the business case process of assessing the need for change.

5.2.4.2 Option 1 – Creation of 5no. additional clinical rooms.

In this option, admin functions on the ground floor of the Leighton Buzzard Health Centre would be decanted to the vacant first floor of the building. The first floor, which can be accessed by lift or stairs, is already fitted for office space avoiding the need for any alterations. Figure 12 illustrates the parts of Leighton Buzzard Health Centre included in this option.

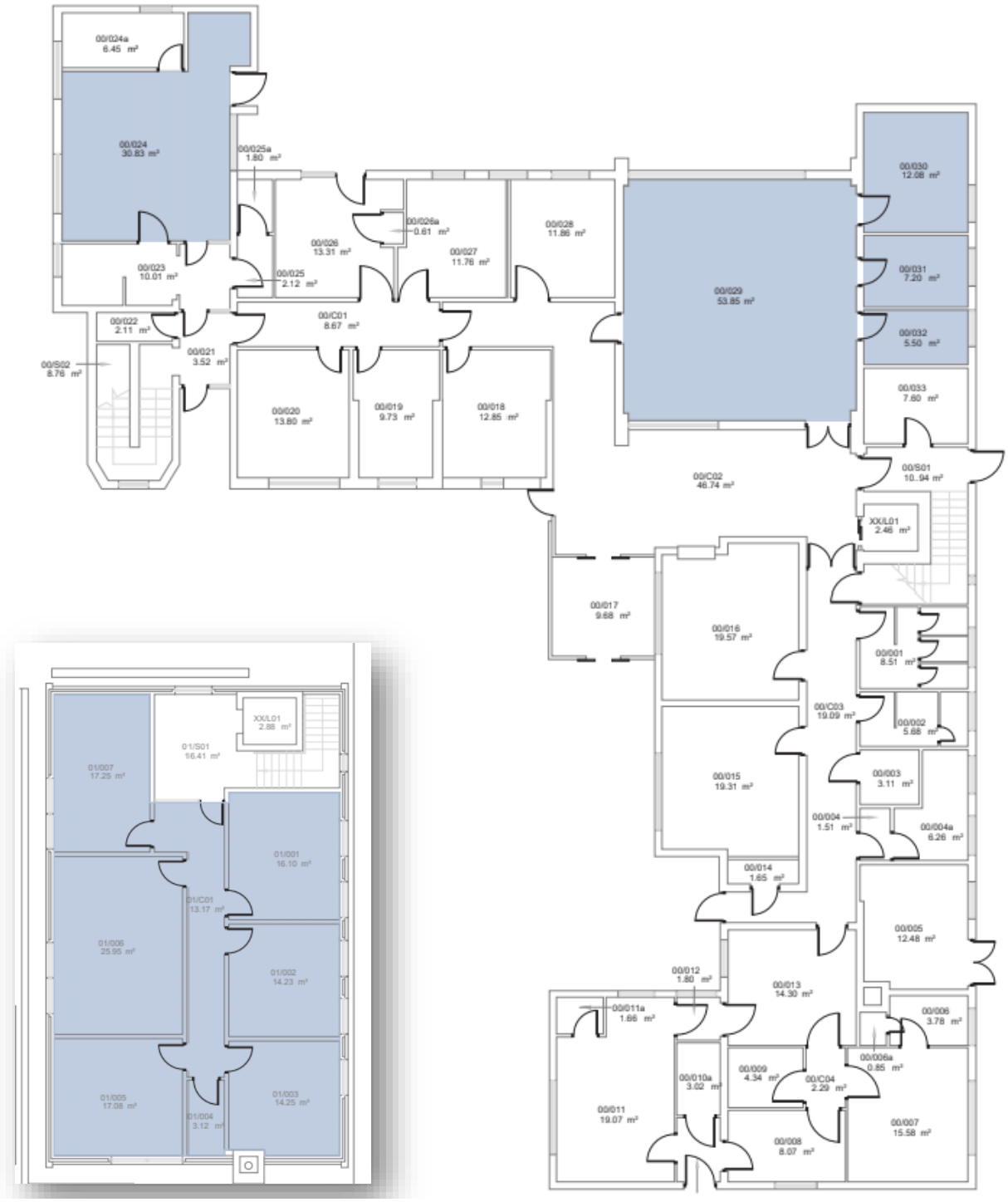


Figure 12 – Existing ground floor plan of Leighton Buzzard Health Centre, with first floor layout inset bottom left. Areas shaded blue denotes project area. Included in this option.

ELFT has indicated that they intend to vacate this floor, as a result of which it will transfer into the ICB's void portfolio. Under the void guarantee processes, the ICB is liable for all reimbursable and non-reimbursable costs to NHS Property Services. The upper floor is not considered eligible for the NHS PS property hand-back scheme. By decanting the PCN administrative team into this space it is assumed that the PCN would be eligible for the usual reimbursable costs (as set out in the Premises Cost Directions 2013) but would be liable for service and facilities management charges (reflecting their current agreement with NHS Property Services on the ground floor).

By transferring the first floor into use by the PCN, the ICB would benefit from a cost saving of Service Charge (SC) and Facilities Management (FM) charges (against their new cost pressures for this void area).

By decanting administrative functions from the existing office space to the first floor, the vacated ground floor space can be converted into 4no. additional consultation and examination rooms (Figure 13). This type of clinical room is highly adaptable, able to support the majority of activities undertaken in primary and community care. The additional clinical rooms would be occupied by the Primary Care Network team (PCN) and used to increase the capacity of the same day access services it operates.

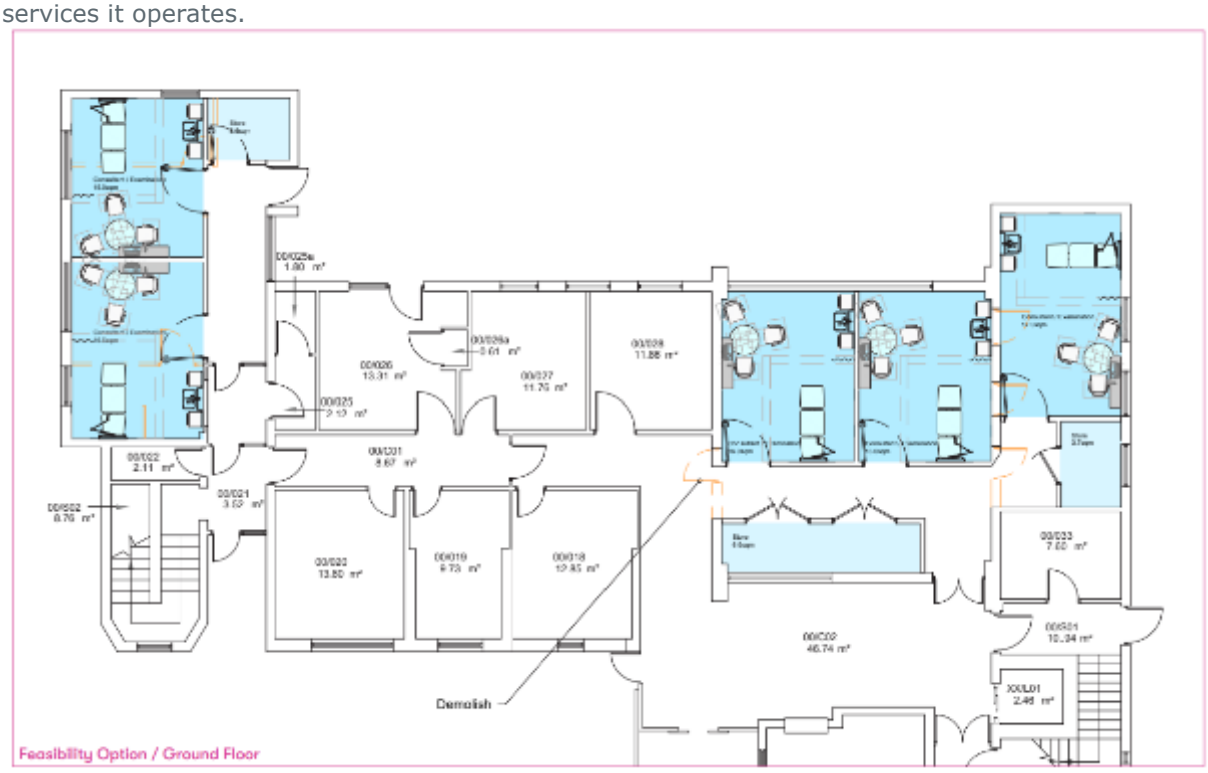


Figure 13 – Proposed layout for ground floor of Leighton Buzzard Health Centre

In a separate project already being delivered by NHS PS some internal alterations are being delivered in the Health Centre building in the financial year 24/25. A plan of those works is included in Appendix 4. This will create a further additional clinical room, so the combined projects would create 5 additional clinical rooms.

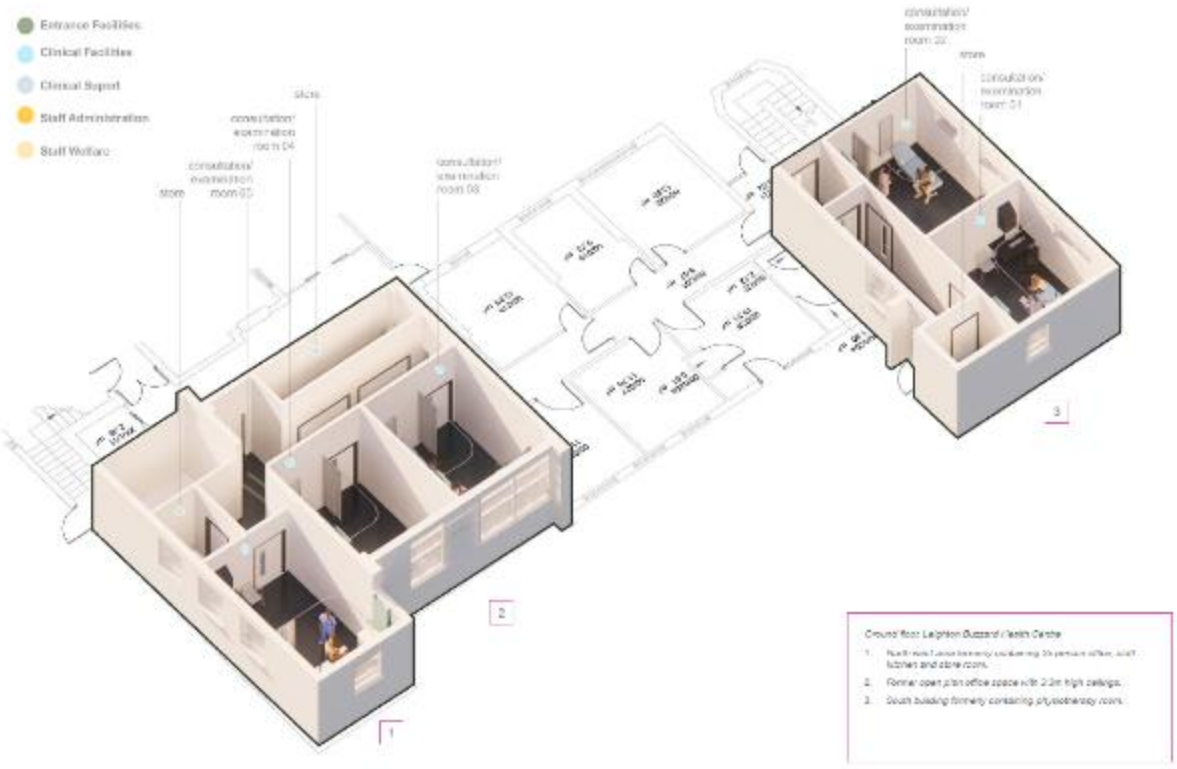


Figure 14 – 3D visualisation of ground floor proposed works.

By redesigning the existing administrative space 5no. clinical rooms can be created, together with some additional storage space. The rooms that are formed range between 15-17sqm. Whilst 16sqm is preferred (and aligns with the requirements of HBN11-01 design standards), it is noted that all have couch access from all sides. It is therefore anticipated that the rooms (given they are part of a fit out) would be acceptable for clinical use.

Details on the Planning implication (including parking) of this and the following options has been included in Section 5.3.

5.2.4.3 Option 2a - Creation of 10no. additional clinical rooms (off-site office)

As detailed above, the first floor can be accessed by an existing lift, which the design team has confirmed meets the building requirements to be used by patients. As a result, the first floor could be converted into clinical space. Option 2a therefore considers the potential to move admin out of the Leighton Buzzard Health Centre, converting both ground and first floor into clinical space.

Although this OBC has not identified a specific building, there are a number of office providers in the town, including the local authority who operate two multi-tenanted office buildings. It is assumed that fitting out of the office building to meet the administrative needs of the PCN would require minimal investment. As part of the OBC, an assessment of comparable market rents was undertaken, concluding that space could be leased for circa £136/sqm. This rate will be used in the economic appraisal of this option.

The PCN has noted that senior clinicians often base themselves in the administrative spaces of the Health Centre, where they can undertake non-patient facing tasks, whilst being accessible to PCN staff who may require a second opinion. Close proximity also promotes best practice in supervision

of teaching, whilst supporting frictionless interactions between clinical and non-clinical staff. It is therefore noted that this option would require a change in how supervision is managed, and may not be operationally viable.

However, moving the administrative team out of the health centre allows for additional clinical rooms to be created. In this option the ground floor alterations as detailed in Option 1 (Figure 13) would be undertaken together with a refurbishment of the first floor, yielding 10no clinical rooms across the two floors.

Figure 16 illustrates the potential to convert the first floor into 5no. clinical rooms, all providing 16sqm and the ability to access the couch from all sides. To support management of the space a sub-waiting area is provided on the first floor, although it is noted that this space is not supervised by a member of the admin team. An accessible toilet would also be installed.

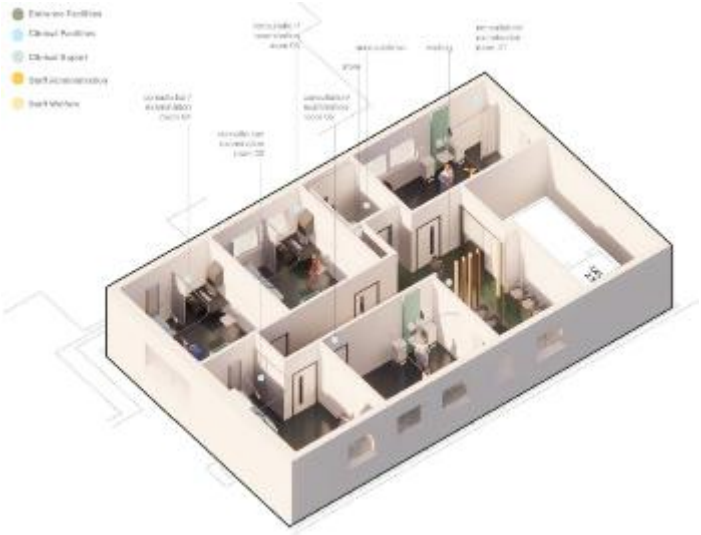


Figure 15 – 3D visualisation of the proposed refurbishment of the first floor.

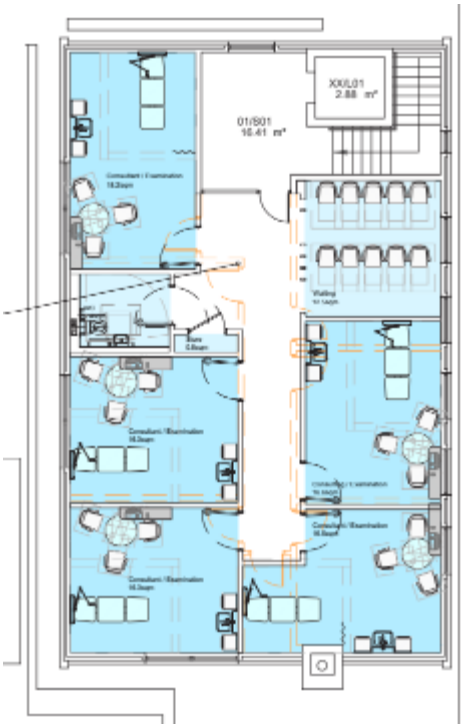


Figure 16 – Proposed first floor refurbishment.

As per Option 1, the PCN's use of the first floor would transfer liability for SC and FM charges from the ICB to PCN. However, with the addition of off-site office space, reimbursable liability for the PCN would overall increase.

5.2.4.4 Option 2b - Creation of 10no. additional clinical rooms (Ambulance station office)

This option closely follows option 2a, replicating the creation of 10no. consultation/examination rooms through the conversion of office space in the health centre across the first and ground floors. Whilst in Option 2a, the administrative team would move into off-site office accommodation, in option 2b the team would move into unutilised space in the Ambulance Station to the rear of the health centre.

East of England Ambulance Service NHS Trust has confirmed that 3no. garages that form part of the Ambulance Station are surplus to requirement and could be leased at a cost of £13,000 per annum, see areas shaded in blue in Figure 17.

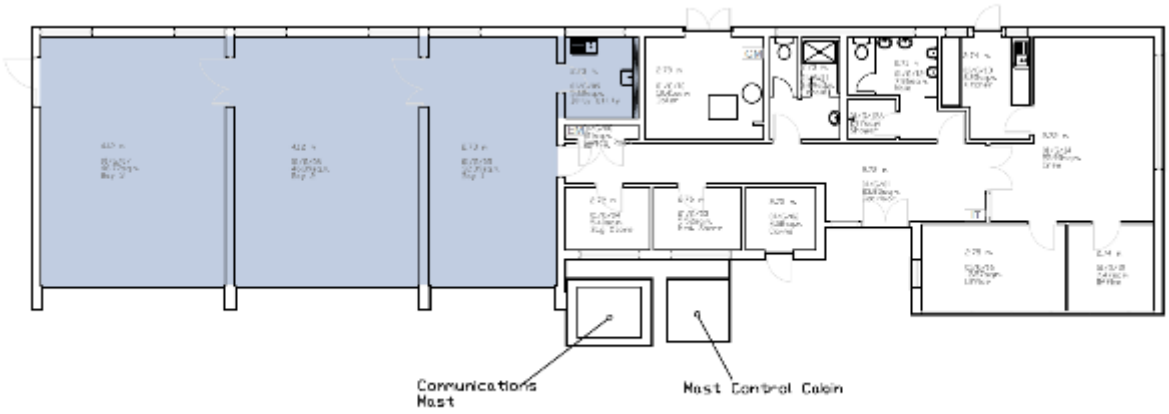


Figure 17 – Existing layout of the Ambulance Station

This option would convert the vehicle bays into 4no offices with between 1-9no. desks in each (Figure 18 and Figure 19). The largest room could be set out for office space or to support a Multi Disciplinary Team (MDT) space. Part of the stakeholder engagement identified that creation of a MDT room within the community would be of value to System partners. Whilst this option is capital intensive (conversion of garages to office space) it has significant clinical advantages over Option 2a by enabling senior clinicians to remain on-site and move easily between the administrative and clinical teams.

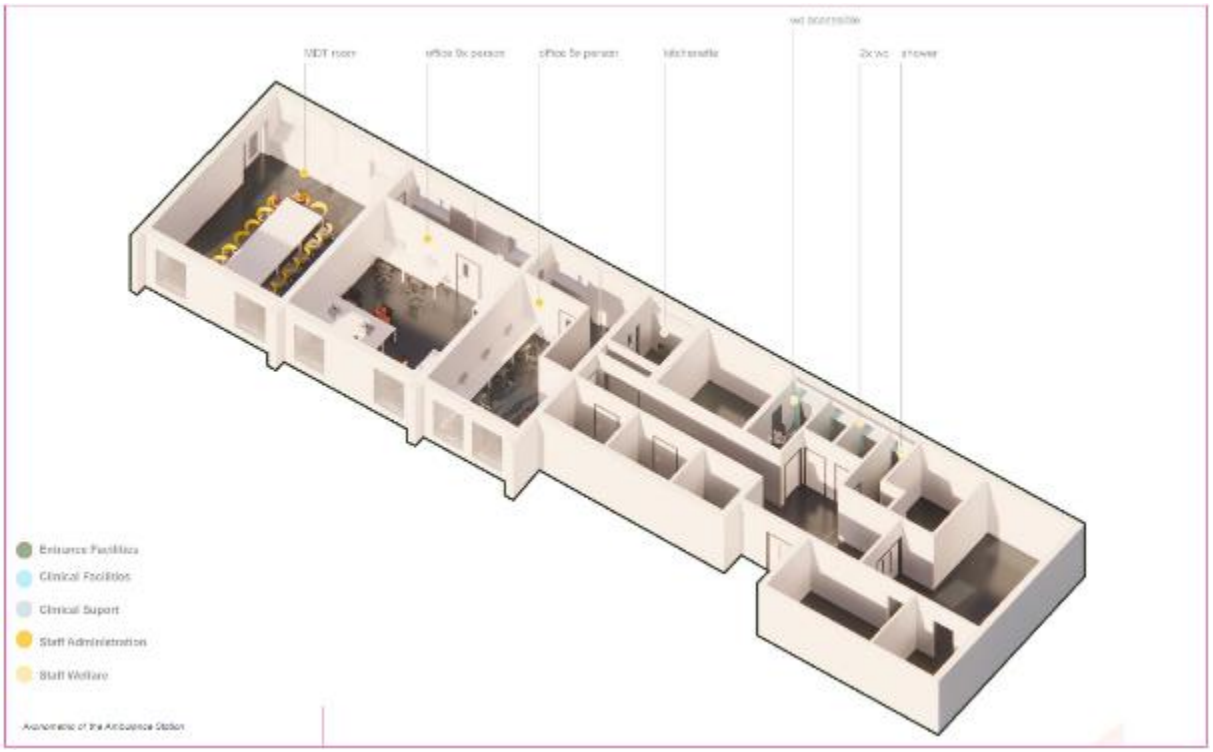


Figure 18 – Proposed 3D render of the converted Ambulance Station.

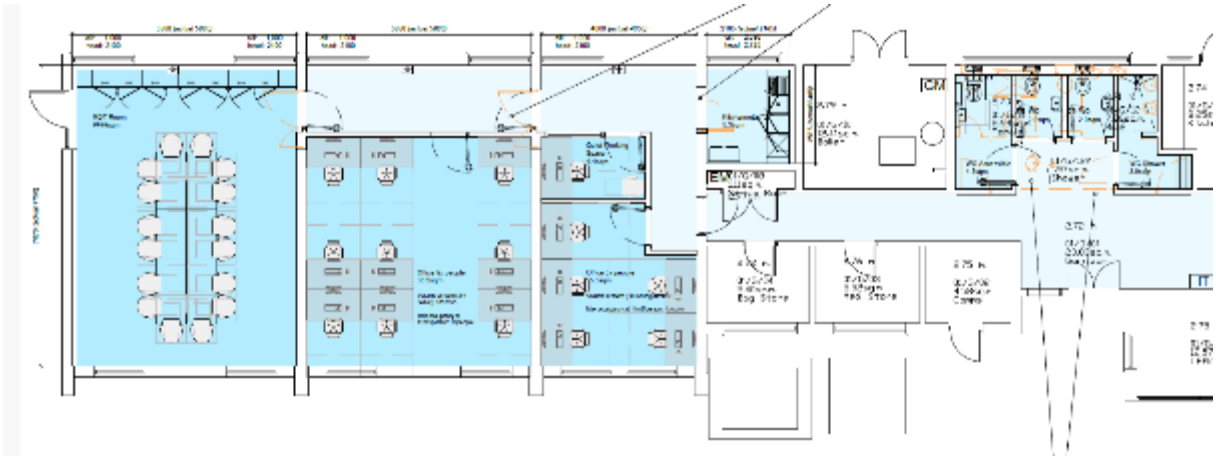


Figure 19 – proposed layout of the Ambulance Station following conversion works.

A single person office has been included into the design at the request of the PCN to provide a confidential manager's office that could also be used for one-to-one discussions.

To deliver this option, a number of enabling works are needed, most notably:

- Replacement of the garage bay roller doors with blockwork and glazing
- Insulation of the floor, walls, and ceiling
- Installation of heating
- Refitting of the existing sink/washroom with kitchenette facilities.
- Refitting of the single male and female toilets with 3no. unisex toilets and shower.

Conversion of the garages to office space would require planning consent for the change of use. The design team's planning advisors have identified that parking presents a specific challenge for this option. Under current change of use guidance, the facility would need to offer 9no. car parking spaces and separate cycle parking.

Whilst Figure 20 shows potential to offer 12no. only 5no. meet highways standards for parking spaces. This could give grounds to reject the change of use application.

Figure 20 – proposed parking locations

5.2.4.1 Option 3 - 14 Clinical Rooms (Clipstone Park)

Option three refines previous work undertaken in the SOC and Feasibility Study to bring forward a new primary/community care facility on the north east periphery of Leighton Buzzard. The one storey building would be located at Clipstone Park on Section 106 land that has been secured as a planning contribution as part of the housing development.

At the time of producing this OBC, the Section 106 site was currently being altered through a Deed of Variation. The variation is expected to result in the site increasing to 0.31ha (up from 0.16ha) and covering the area shown in Figure 21. This work is being led by Central Bedfordshire Council Planning team on behalf of the NHS.

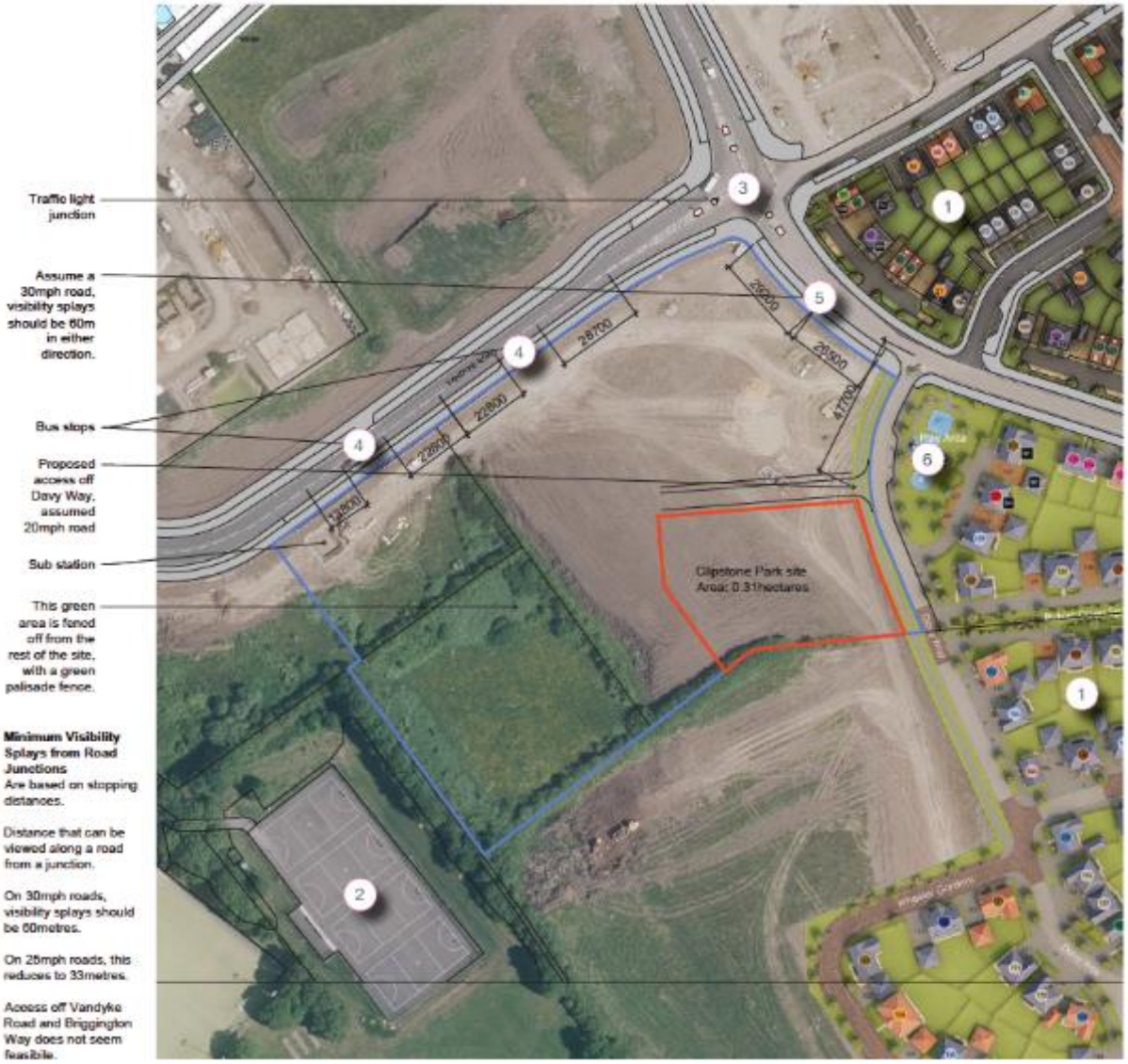


Figure 21 – location plan of proposed site

To meet with highway standards, the site can only be accessed from Davy Way on the west of the site and would require the formation of a new junction. Whilst a residential street, the planning consultants on the design team identified no specific issue with accessing the site in this way.

Within the curtilage of the site, 39no. parking spaces (including accessible) and perimeter landscaping would be included (Figure 22).

Figure 22 - Proposed site Plan

The external layout of the site would feasibly support accommodation of a mobile diagnostic unit sited across the 4no. parking spaces in the north west of the car park. The ability to support a diagnostic unit is seen as advantageous given advances in diagnostic imagery equipment which can now be mounted on mobile units. Such mobile units do require a hard-standing area and easy access to high voltage power supply. This could be achieved by installing a conduit from the plant room to the hard-standing location.

The purpose-built primary care facility would offer 12no. consultation and examination rooms, alongside dedicated phlebotomy, and physical measurement facilities across a footprint of 587sqm. Whilst the latter two services can be undertaken in consultation and examination rooms, they are as effective when operated from smaller rooms. This allows the same level of clinical activity to take place in around half the space. The new building would also accommodate:

- Waiting area
- Welfare facilities for staff and patients
- Clean and dirty utility areas
- 2no. offices (8 person and 2 person)
- Plant room.

Figure 23 illustrates the proposed layout of the building. Higher resolution drawings have been included in Appendix 6.

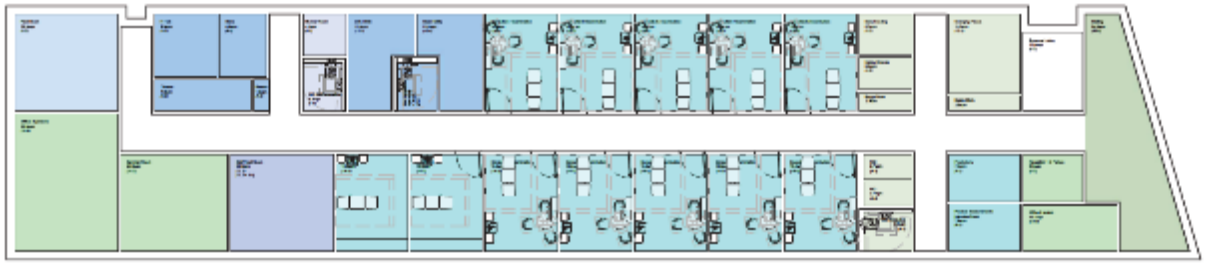


Figure 23 – proposed building layout for Clipstone Park health and wellbeing facility.

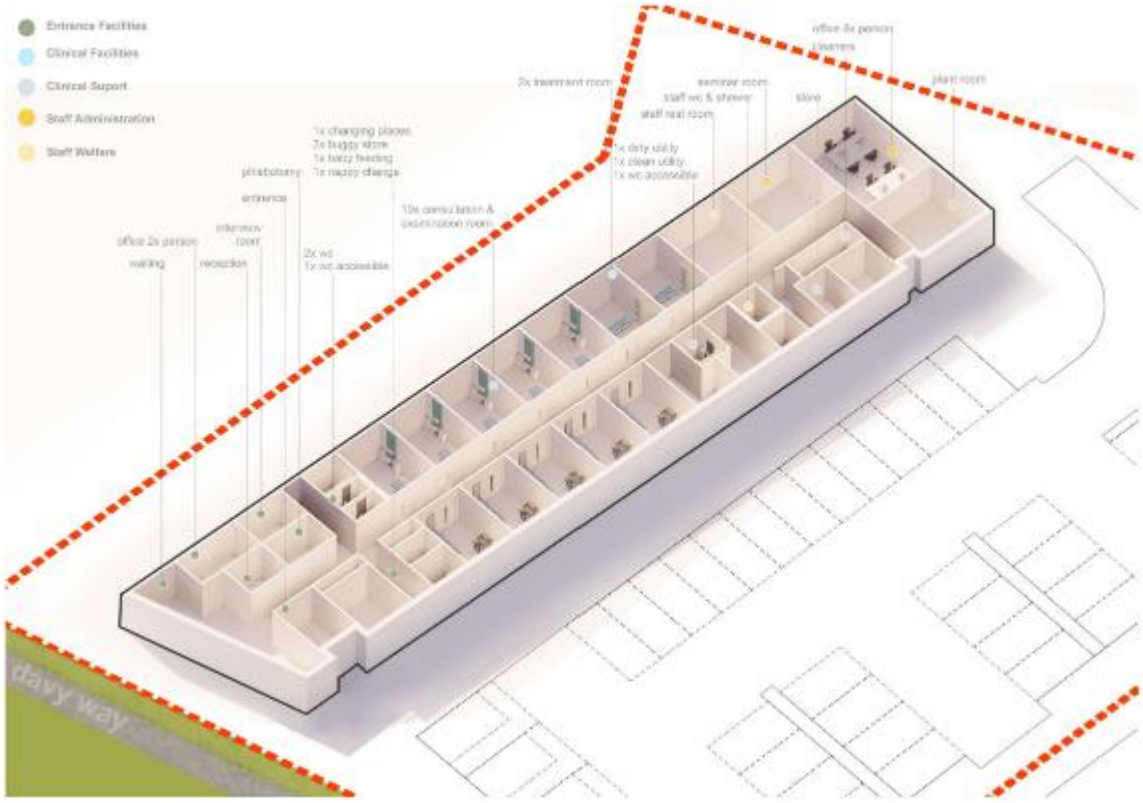


Figure 24 – 3D visualisation of the proposed Clipstone Park health and wellbeing facility.

5.2.4.2 *Option 4 - Do Maximum*

The final option considers a large multi-purpose building, designed to bring a greater proportion the town's health and wellbeing services into a single location. The site would provide a multidisciplinary approach to health and wellbeing services in Leighton Buzzard. The building could offer a replacement facility for a combination of Leighton Buzzard Health Centre, Whichello's Warf, and Crombie House (mental health services). The building would bring together primary, community and mental health services. It would support integrated ways of working between disciplines, offering a more joined up approach to healthcare in the town. Whilst having a number of benefits, the option has a number of challenges, specifically:

- There are currently no sites available capable of accommodating all of these existing services in Leighton Buzzard. A new site would therefore have to be acquired. Land availability is currently

limited in the town centre, would likely require an edge of town location for all care services in Leighton Buzzard. This would significantly reduce accessibility to services for those currently in the town centre, or who would be required to travel further to access care. Whilst it is noted in the early site selection section of this OBC that the Council is developing a masterplan for the land to the south of the high street, the scheme is insufficiently mature enough to support the timely delivery of this project, nor able to commit to a date when it could support delivery of this project.

- The vacated estate would be rendered surplus, but the ICB would be required to pay void costs for the estate. This could be mitigated through disposal of the surplus assets, and whilst disposal would generate some capital, the proceeds would be insufficient to fund the replacement facility creating a substantial capital gap in the project.
- The existing estate has been well maintained and has several decades of useful life. Replacing these building would have a significant environmental impact, not just from the C02 released during the construction of the new building, but also probable demolition of some of the existing estate (most of which is too specialised in its construction to adapt to alternative uses).
- There would not be sufficient revenue funding within the system to operate the building. This would impact both the ICB and care providers.

5.2.5 Critical Success factor appraisal

The project team undertook a critical success factor (CSF) appraisal of the options using the CFSs identified in 3.7.3. The group identified that Option 0 and Option 4 were unable to meet the critical success factors for the project Table 12.

Critical Success Factors	**Option 0** Do nothing	**Option 1** 5 Clinical rooms	**Option 2a** 10 Clinical rooms and off-site office	**Option 2b** 10 Clinical rooms and Ambulance Station	**Option 3** 14 clinical rooms	**Option 4** Do maximum
Strategic Fit and Business Needs (Strategic)	Does not meet	Fully meets	Fully meets	Fully meets	Fully meets	Fully meets
Potential value for money (Economic)	Does not meet	Fully meets	Fully meets	Fully meets	Partly meets	Does not meet
Supply-side capacity and capability (Commercial)	Does not meet	Partly meets	Fully meets	Fully meets	Fully meets	Fully meets
Potential affordability (Financial)	Does not meet	Partly meets	Partly meets	Partly meets	Partly meets	Does not meet
Potential achievability (Management)	Does not meet	Fully meets	Fully meets	Fully meets	Partly meets	Does not meet

Critical Success Factors	Option 0 Do nothing	Option 1 5 Clinical rooms	Option 2a 10 Clinical rooms and off-site office	Option 2b 10 Clinical rooms and Ambulance Station	Option 3 14 clinical rooms	Option 4 Do maximum
Summary	Mostly red	Mostly green	Mostly green	Mostly green	Mostly amber	Mostly red

Table 12 – Critical success factor appraisal

In line with Green Book guidance, the remaining four options have been taken forward into the economic appraisal.

Although Options 1, 2a, 2b and 3 are to be taken forward into more detailed analysis, the project team identified that none of the options offered a perfect solution. Aligning affordability of space with clinical demand was noted as a specific challenge within the project. This trend is also noted nationally, where the current climate of elevated interest rates and building costs, along with financial constraints within the NHS, are causing a lot of primary care projects to stall.

5.3 Site selection

5.3.1 Identification of possible new site options

A review of the sites identified in the SOC and Feasibility Study was undertaken. All sites not discounted by either report were tested through this OBC. Figure 25 illustrates the evolution of the site selection process through the previous studies. Those marked as "Not preferred" have been discounted by either the SOC or Feasibility Study. As is common, new sites have been added where they have emerged at a later date.

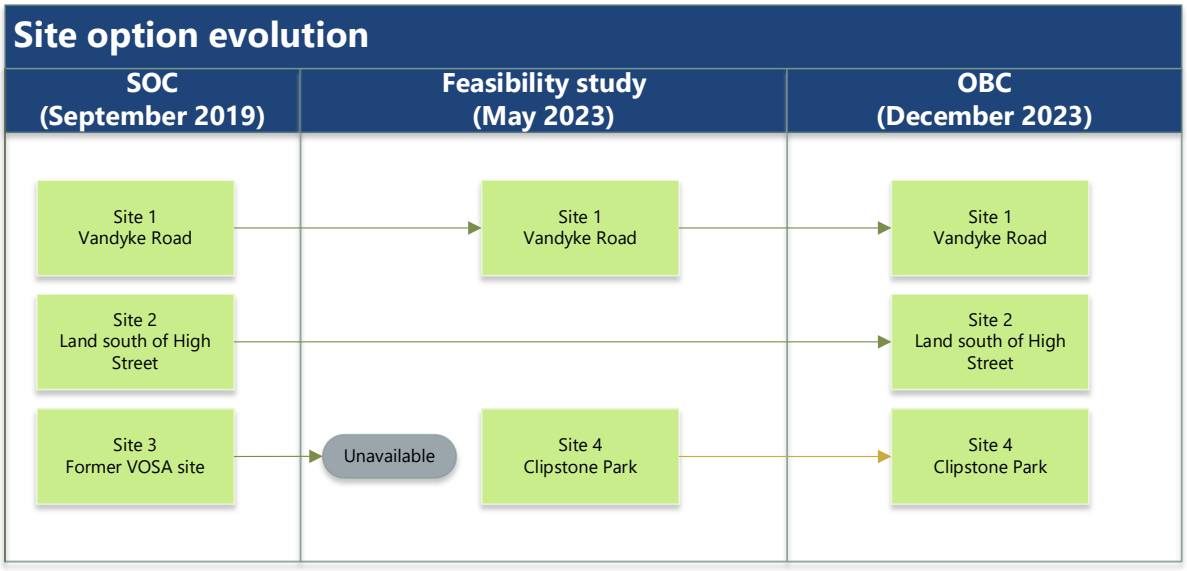


Figure 25 – Development of site options

A review of additional sites was undertaken as part of this OBC, leading to the inclusion of the Leighton Buzzard Ambulance Station, which was identified through engagement with the local community. Whilst additional sites outside of the town could have been identified, Figure 26 demonstrates the importance of locating the services within the town to ensure patients are able to access care easily.

The majority of patients live within the catchment of the town's GP practices, with only 0.02% of registered patients living beyond the catchment boundary.

The catchment boundary therefore provides a logical extent of the search area, which is then further refined due to the primarily rural farmland that surrounds Leighton Buzzard.

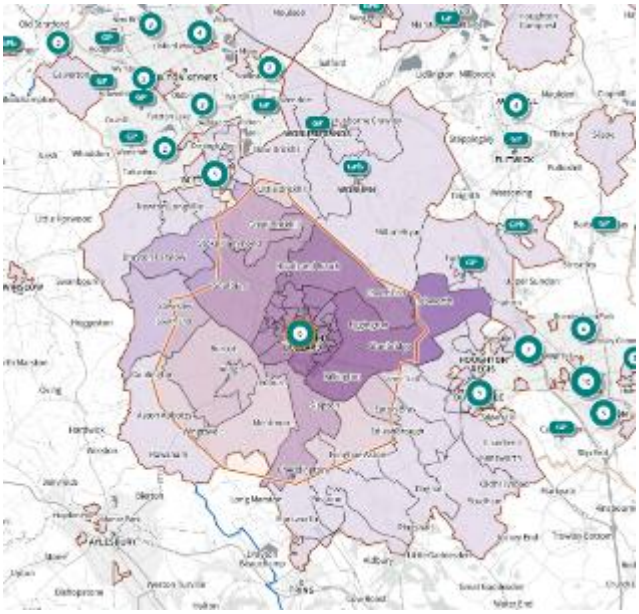


Figure 26 – Location of patients registered at one of the three Leighton Buzzard practices.

The shortlisted options for consideration and taken forward in this OBC were therefore:

- Vandyke Road
- Clipstone Park
- Land south of the High Street

5.3.2 Existing sites

Investment opportunities at the existing sites will be examined in this OBC, these sites have already been summarised in section 3.16.

5.3.3 Geographic overview

The shortlisted sites are displayed on Figure 27, together with the existing sites operated by the three practices.

Figure 27 – Map of Leighton Buzzard with existing GP surgeries and shortlisted sites (red) shown.

The following sections provide an analysis of the key points of each of the new sites.

5.3.4 Review of sites

5.3.4.1 Vandyke Road

The Vandyke Road site is currently in the ownership of the Department for Health and Social Care having been gifted in 1988 as part of a permission to develop other sites in Leighton Buzzard historically. The historic gifting of the land parcel is similar to a modern-day Section 106 agreement and was intended to be used for the benefit of healthcare provisions for the residents of Leighton Buzzard.

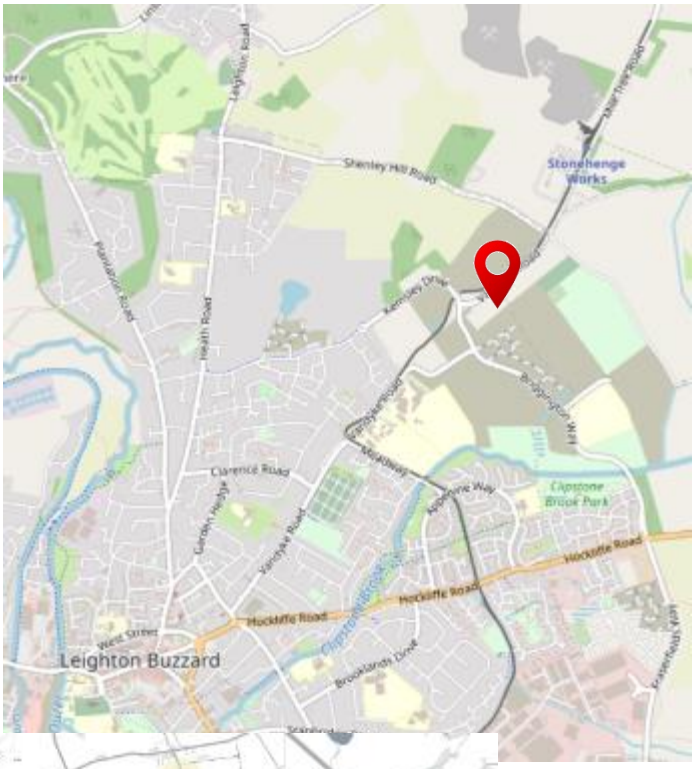
In principle the site can be used in whatever form as the ICB approve, provided it can be clearly demonstrated to support health and wellbeing services in the town. This would include the sale of the site, provided the proceeds are reinvested in healthcare services in Leighton Buzzard. Discussions with the party that gifted the land have concluded that they would not object to or contest the site's sale and development for other uses, provided that the released capital supports healthcare in Leighton Buzzard.

The site is currently fallow farmland and as such reverted back to open grassland. An established hedgerow bounds the site on its northern flank. Recent surveys of the site have identified that these ecological features are of significant quality and biodiversity.

The site extends to 1.7ha and is currently owned by the Department for Health and Social Care.

Access to the site via car can be achieved from anywhere in the town within 15mins. Public transport is more restrictive as only one bus route currently passes along Vandyke Road. Approximately 75% of Leighton Buzzard homes are within 30mins of the site by public transport, as shown in Figure 29. The heat map illustrates in green those that have the shortest travel time to site, whilst those in yellow have a 30min travel time. For those areas not shaded, travel times extend beyond 30mins by public transport.

It is appropriate to note the above average car ownership within Leighton Buzzard with 87% of Leighton Buzzard



of Vandyke Road

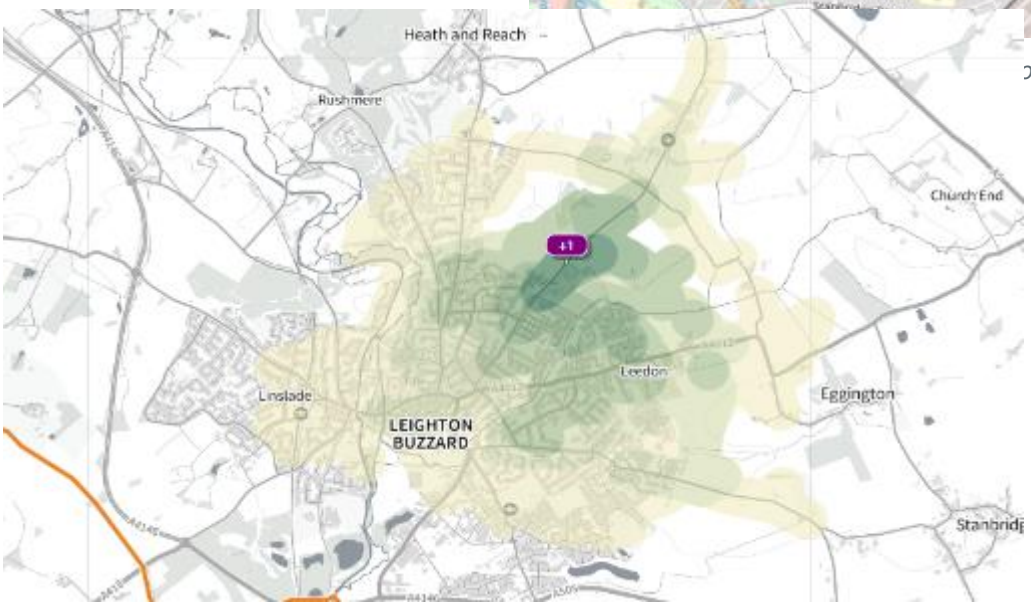


Figure 29 - Access to Vandyke Road site by public transport

residents having access to 1 or more car(s)/van(s) compared to a national average of 78%. As a result the population is significantly more mobile than the national average. However, consideration will still need to be given to the 13% of households who have no access to private transport to ensure equality of access to care.

The site is bounded by a small strip of land along the highway boundary which is owned by the third party which originally gifted the land. Work by NHS PS concludes that there is right to pass over the strip of land separating the site from the highway. In addition to legal restrictions in accessing the site from the highway, the topography is such that there is a significant height difference between the highway and the land.

5.3.4.2 Clipstone Park

The site lies close to the Vandyke Road site. A Deed of Variation is being prepared between the Council and the developer to enable the site to transfer for use by the NHS. It will be transferred to the local authority as a Section 106 parcel of land associated with the large housing development currently taking place on the north east side of the town. The site can only be used for community or health purposes. The site identified for healthcare purposes is 0.16ha and lies adjacent to Section 106 land to be made available to the Council for the purposes of the development of community facilities. Delivery of the two sites would offer community services, alongside health and wellbeing space.

Figure 32 - Land south of High Street masterplan (consultation state)

Figure 31 - access by public transport to Clipstone Park site

Although a greenfield site similar to Vandyke Road, the site was grazed until development of the housing estate began. As a result, it has a lower ecological value. It has already been identified for development as part of the area masterplan. There is a planning presumption that a building would be approved for development on this site.

The site has similar access traits to Vandyke Road, owing to its close proximity. However, access by public transport is easier and covers most of the wider town within a 30min travel time.

5.3.4.3 Land south of High Street

The Leighton Buzzard Town Council has adopted plans to regenerate land located south of the High Street. It forms part of a masterplan of works that will include retail, entertainment, leisure and health.

Whilst the Town Council has identified health as a potential land use within the masterplan, this is not currently reflected in the PCN estate strategy or the ICB current estate strategy.

It is noted that the Town Council do not have jurisdiction over the land included in the masterplan, and although Central Bedfordshire Council is the largest stakeholder, they do not have full control of the site.

Consultation for the masterplan (Figure 32) is currently ongoing and is expected to take several years to bring forward. Challenges such as site assembly, demolition and site preparation will take a number of years. As a result, the ICB is unlikely to be able to exert control over any of the land parcels identified within the masterplan in the short to medium term.

No information is currently available on the exact location of land that could be used for health and wellbeing purposes, nor is the site condition known.

The site would offer a central location, support by public car park provision and excellent public transport links.

It is expected that as the Council is obligated to achieve best value for all land transfers, the site identified for healthcare would need to be acquired at near market rate. This is significantly different from the previous sites which are either in wider NHS ownership or will be available to the ICB at no cost in the short-term.

5.4 Travel Impact Assessment

A full travel impact assessment would need to be conducted as part of any preferred option. To support understanding of the sites discussed previously in 5.3, a high-level assessment has been undertaken as part of this OBC's development. In the interest of being concise, travel times have been modelled from Leighton Buzzard Health Centre (a central location) and Clipstone Park (a north east peripheral location). These sites are in close proximity to land south of the high street (central location) and Vandyke Road (north east peripheral location). Modelling these additional sites had an imperceptible difference on the maps shown in this section of the report:

5.4.1 Town centre location (Leighton Buzzard Health Centre)

Leighton Buzzard Health Centre is already an established centre for health and wellbeing services within the community. It is centrally located in the town. Figure 33 illustrates drive times to the Health Centre during peak or rush-hour traffic.

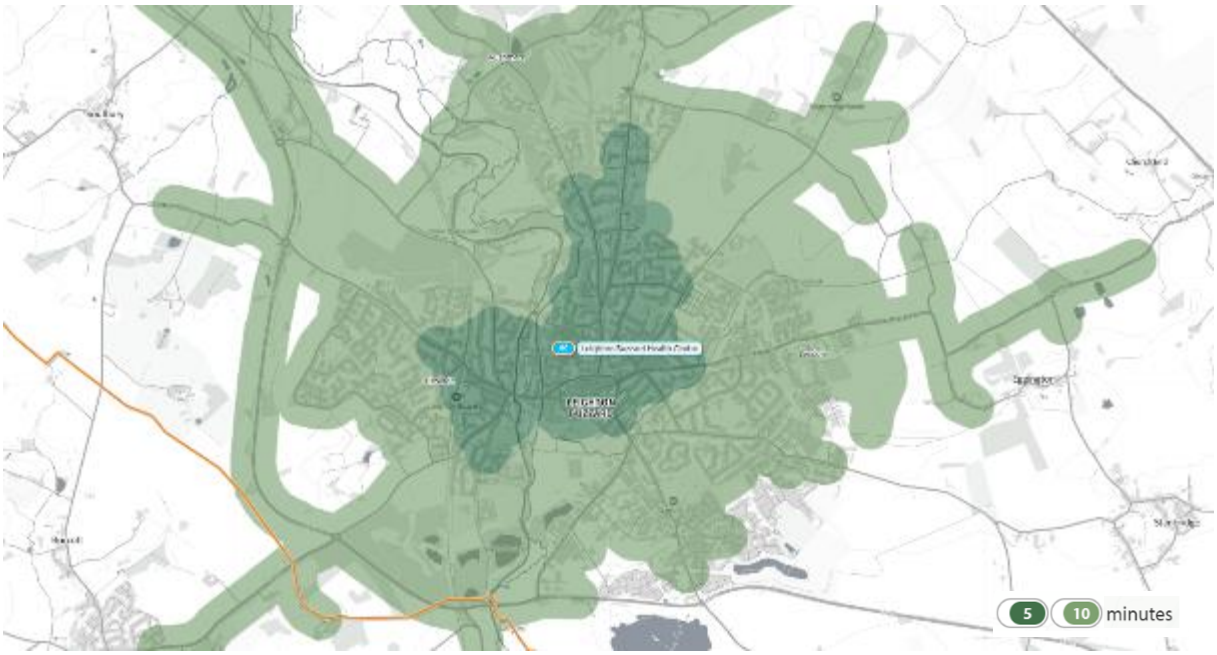


Figure 33 – Travel times to Leighton Buzzard Health Centre by car (during rush hour) at 5min and 10min travel time. The remainder of the depicted area is accessible within 15mins (not shown).

The travel time map demonstrates that the health centre can be accessed from virtually all parts of the town within 10mins by car. Unfortunately, the site has a significant lack of parking on site. Car users therefore struggle to park near the health centre building at peak times of day.

A similar assessment identified that the same population could reach the site within 20mins by public transport. Assessing the site for walking distance, the project estimates that around 21% of the Leighton Buzzard population live within a 15min walk of the health centre site (see Figure 34).

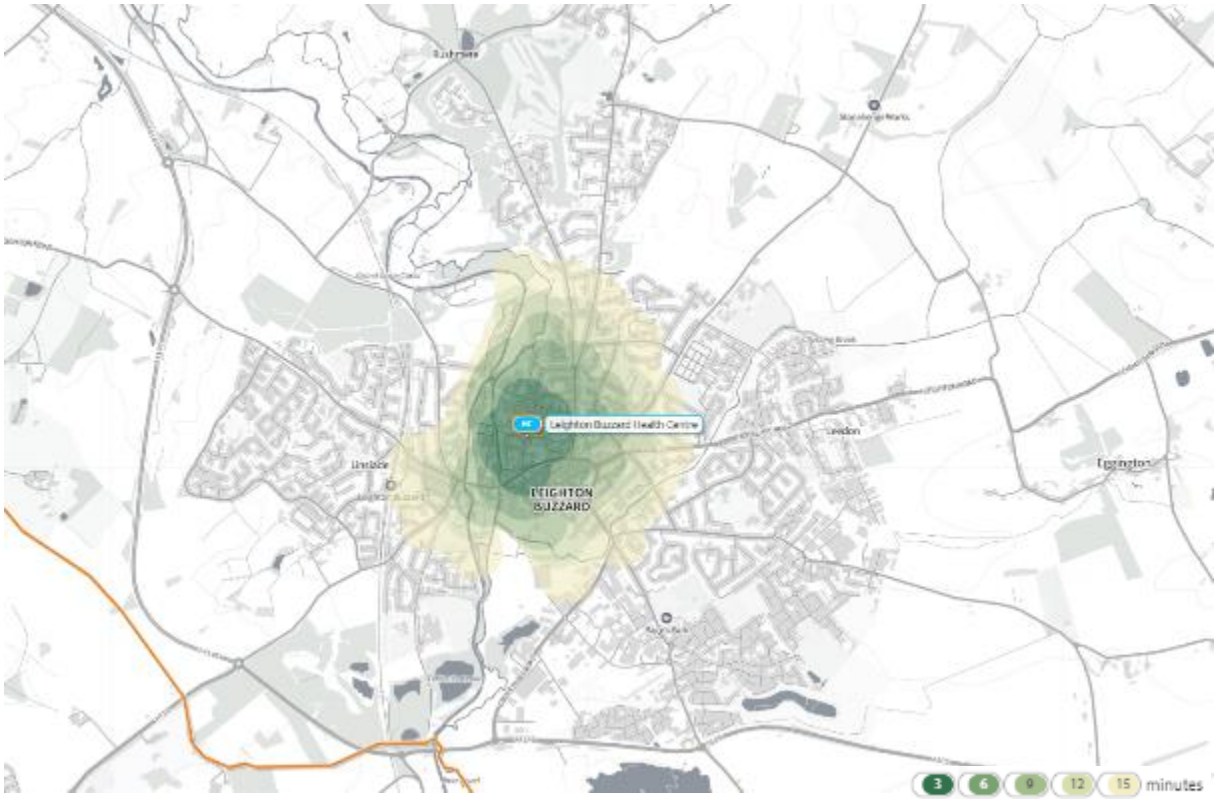


Figure 34 – Walking distance in 3min intervals up to 15mins to Leighton Buzzard Health Centre.

5.4.2 Clipstone Park

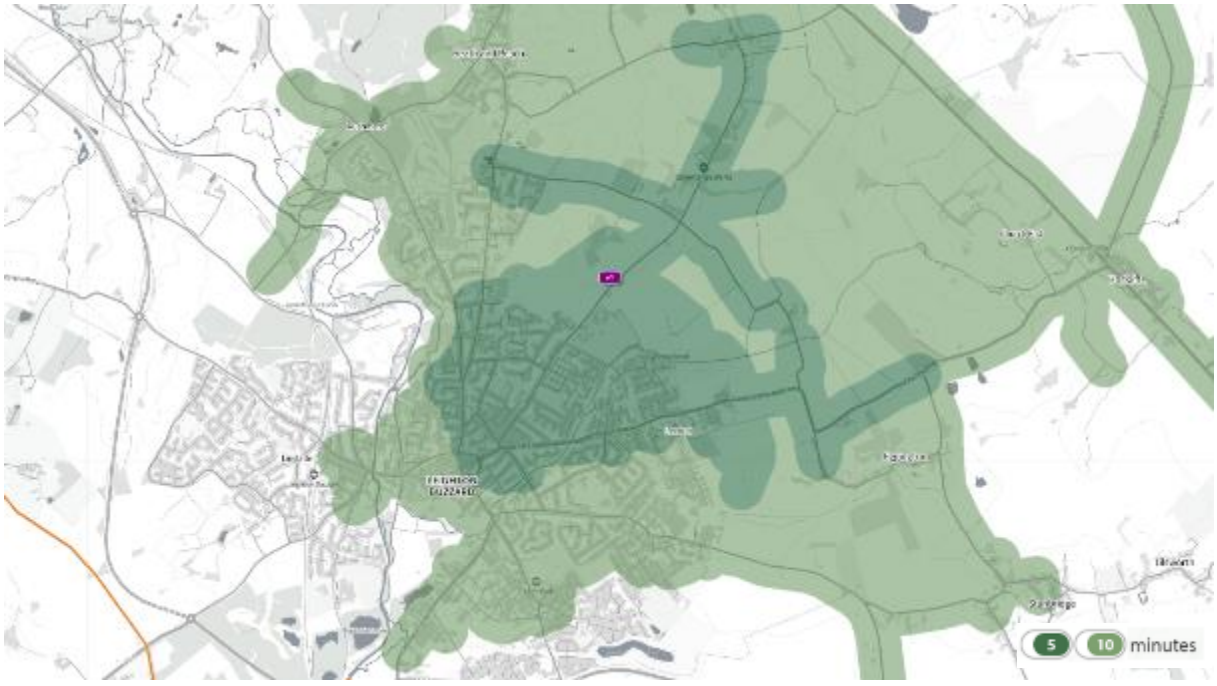


Figure 35 – Clipstone Park travel time by car up to 15mins

The Clipstone Park site is located on the north east edge of the town. As a result, and as shown in Figure 35, the location better serves the community located in that part of the town. Figure 35 illustrates that the east side of the town can access the site within 10mins by car, however it should be noted that extending to 15mins travel time allows the remaining Leighton Buzzard population to access the site. As a result, travel times by car are not significantly different between the two sites.

A greater variation between the two sites is evident in access by public transport and walking. By public transport, only around half of the town can reach the site within 30mins – the Linslade population having the longest travel times.

Figure 36 – Travel time to Clipstone Park by public transport (up to 30mins)

New residents have started to move into the housing estate being built around the Clipstone Park site. Significant housing growth is planned for this part of the town over the coming decade and part of this OBC's objective is to plan for the healthcare needs of this future population.

5.5 Site assessment

A site options workshop was held 10 October 2023. It was attended by members from the ICB, who assessing by consensus, evaluated the three shortlisted sites. Assessment criteria had previously been developed by the project team, reflecting the values of the ICB, and including criteria intended to differentiate the sites.

It was agreed in advance that the criteria would not be weighted, in line with Green Book guidance, and that the sites would be assessed on a red/amber/green (RAG) rating, with the site securing mostly greens becoming the preferred option.

Proposed assessment criteria	Vandyke Road	Clipstone Park	Land South of High Street
Reduce inequality and add social value	Amber	Green	Amber
Space for future expansion	Green	Green	Amber

Proposed assessment criteria	Vandyke Road	Clipstone Park	Land South of High Street
Traffic impact	Amber	Amber	Red
Opportunity cost and affordability of the site	Amber	Green	Amber
Cost of acquisition	Green	Green	Red
Title quality	Amber	Amber	Red
Control over delivery	Green	Amber	Red
Ease of access (public/private transport)	Amber	Amber	Green
Site conditions risk (abnormal)	Green	Green	Red
Site scored mostly:	**Amber**	**Green**	**Red**

Table 13 – Summary of site selection

The site selection process identified the Clipstone Park site as the preferred way forward for a new site having scored no Reds and mostly Greens. The Vandyke Road site scored similarly, but not as favourably. A summary of points considered during the site assessment process has been included in Appendix 5.

Following the site assessment, the Clipstone Park site is indicated as the preferred newbuild site for this OBC.

5.6 Planning Approval

5.6.1 Option 1

Under Use Class Order 2020, office space where administrative functions are undertaken falls under Class E(g)(i) and provision of medical or health services falls under Class E(e). Planning permission is not required for the changes of use that fall within the same use class. As a result, planning permission is not needed, provided no external changes were made as part of the conversion works.

There is currently a shortfall of parking spaces for the site. The Design Team's planning consultants have recommended that early engagement is held with the Local Planning Authority (LPA) prior to commencement of works to discuss a mitigation strategy.

5.6.2 Option 2a

Although the works are more extensive, there continues to be no external works. Planning advice therefore replicates that shown in 5.5.

5.6.3 Option 2b

Use Class Order 2020 considers the Ambulance Station to fall within Sui Generis Use Class. As a result, change of use from an Ambulance Station into any other use would require planning permission. It is also likely that the removal of the roller shutter doors and replacement with

glazing and block work would require planning permission. Both change of use and external changes could be undertaken in a single application.

Any future development would need to have regard to local planning standards. An application to convert the Ambulance Station would require 1no. parking space per 30sqm of office space created. Additional cycle parking bays would also be needed based on a ratio of 1 space per 10 staff and 4 spaces per entrance. As a result, the site would need to demonstrate capacity to accommodate 9 parking spaces and 9no. cycle bays.

It is possible to accommodate this parking provision on site, however not in a form that would comply with highways regulations.

The site would also need to comply with meeting a 10% biodiversity net gain. As the site is an existing urban development, it is considered that this requirement could be met easily and at low cost.

A full planning application would be needed for this option to proceed.

5.6.4 Option 3

The site has been identified as suitable for development, established through planning application CB/11/02827/OUT. A health and wellbeing development on the site would comply with Strategic Policies 1 and 11 of the Local Plan and Section 8 of the National Planning Policy Framework (NPPF).

Parking Standards Guidance indicates that the Clipstone Park proposed building would require 60no. parking spaces to comply with policy. At present the site is only able to accommodate 39. However, as the site forms part of the wider new settlement, existing site wide parking mitigation measures may be brought forward that this scheme is able to benefit from. This would reduce demand for parking to potentially 36 spaces.

Development would require compliance with Biodiversity Net Gain of 10%. However, this requirement may also be already met through the wider development proposal.

This scheme is intended to use capital from the sale of Vandyke Road. Discussion with the local planning authority for CBC did note that Vandyke Road is an enabling development for Clipstone Park, as a result, the more restrictions placed on the development of Vandyke Road, the lower the land value and therefore less than can be invested into Clipstone Park. The LPA noted that there was no requirement to submit a joint application for both sites, but expressing the argument of an enabling development would be prudent. Enabling developments present the argument of undertaking one development activity to allow/fund another (normally with low economic, but high social value) to be brought forward. As planning decisions are made by elected councillors of the council, advice from the LPA constitutes guidance only.

In addition to the key points summarised in this section Appendix 7 includes a full report on the planning requirement and other minor obligations.

5.7 Design Development

A full report by the architect detailing the design evolution of each option is provided in Appendix 8.

5.8 Derogations

The business case does not anticipate seeking any derogations to design or planning obligations.

5.9 Cost estimates

A cost estimation exercise was undertaken for the options depicted in Section 5.2. These costs are based on the indicative drawings included in this document and have not had access to detailed structural and existing building information. As a result, they include significant amounts of costed risk and contingency. The costs also illustrate total project delivery costs. Elements of the below costs will be expended before the project arrives on site, whilst further exploratory work will help to allow costed risk and contingency to be released. The costs shown below are based on today's rates and therefore may increase in the future subject to inflation trends.

The cost estimates do not consider the delivery method or who will fund the works. Potential funders for each option will be discussed in the latter sections of this OBC.

A summary of the capital costs is shown overleaf in Table 14 – Capital costs. A full cost plan report is included in Appendix 9.

	Option 1	Option 2a	Option 2b	Option 3
Construction				
Demolition / Strip-Out / Enabling (Exl. Preliminaries)	8,752	18,300	40,050	46,650
Construction Cost (Excluding Preliminaries)	268,387	558,017	1,084,317	2,192,550
Allowance for external works / public realm / incoming utilities / surveys	25,000	50,000	280,250	438,450
Sub Total	302,139	626,318	1,404,618	2,677,650
Allowance for Main Contractors Preliminaries	39,278	81,421	182,600	348,095
Allowance for OH&P	30,728	63,697	142,850	151,287
Allowance for design contingency (cost sensitivity comparator)	15,107	31,316	70,231	133,883
Allowance for construction contingency (QC / QSRA comparator)	19,363	40,138	90,015	248,319
Allowance for inflation	16,672	34,560	94,277	384,036
Total Estimated Construction Cost	420,000	870,000	1,970,000	3,900,000
Total Estimated Construction Cost Per m2	3,599	7,134	13,456	6,270
Fees				
Allowance for professional fees	54,600	113,100	256,100	507,000
Allowance for statutory fees & charges, say	Included above	Included above	Included above	Included above
Allowance for capitalised salaries	Excluded	Excluded	Excluded	Excluded
Development costs				
Allowance for FF&E	17,500	35,000	55,000	25,000
Asbestos and Ground Contamination	5,835	12,201	20,901	Omitted by Client
Project Contingency - 5% (assumed no client change will manifest from OBC + no increase in client budgets will be required or entertained)	27,027	55,775	120,110	226,700
Sub Total	520,000	1,080,000	2,380,000	4,700,000
VAT @ 20%	104,000	216,000	476,000	940,000
Total Estimated Out Turn Project Costs, say	**£620,000**	**£1,290,000**	**£2,890,000**	**£5,600,000**
Range	£500,000 to £700,000	£1,100,000 to £1,500,000	£2,500,000 to £3,300,000	£4,900,000 to £6,400,000
Total Estimated Out Turn Project £/sqm (Incl VAT)	5,313	10,576	19,771	9,003

Table 14 – Capital costs

5.10 Economic Appraisal

5.10.1 Methodology

The purpose of the economic appraisal is to demonstrate that the preferred option selected is the option that optimises value for money based on an 'in the round' assessment of the financial and non-financial benefits of each option. This is done by carrying out a cost benefit analysis using a balanced judgement of two measures, net present social value (NPSV) and the benefits to cost ratio (BCR).

The evaluation has been carried out in accordance with HM Treasury's "Central Guidance on Appraisal and Evaluation" ("The Green Book") and HM Treasury's "Guide to Developing Project Business Cases" ("Better Business Cases: For Better Outcomes") with the results produced using the NHS England (NHSE) comprehensive investment appraisal (CIA) model.

The appraisal has been carried out of the following shortlisted options:

- Option 0 – business as usual (BAU).
- Option 1 – an additional five first floor rooms leased for the PCN at the health centre.
- Option 2a - an additional five first floor rooms leased for the PCN at the health centre plus five rooms leased elsewhere from third party office premises.
- Option 2b - an additional five first floor rooms leased for the PCN at the health centre plus five rooms leased from the Ambulance Trust following conversion from un-used garages.
- Option 3 – new build at Clipstone Park to provide 14 clinical rooms and office space.

It is important to note that the economic appraisal used in this business case has adopted the approach of showing costs and benefits to the ICB rather than the public sector as a whole. This approach has been taken because the ICB is the decision maker rather than HM Treasury. The consequences of this approach are that:

- Whilst VAT is normally excluded from the CIA when a "whole public sector" approach is taken, because this evaluation considers costs from the ICB's perspective alone, VAT that is not recoverable has been included in the CIA.
- Payments made by the ICB to other NHS bodies (NHSPS and the Ambulance Trust) are included in the model. The alternate approach would be to show the costs to NHSPS and the Ambulance Trust, of the provision of ICB/PCN facilities (in theory the costs should be the same, but in reality, the ICB does not have full knowledge of actual costs borne by other NHS bodies).

All costs are expressed at constant (2023/24) values and are then discounted using a standard 3.5% per annum discount rate.

The scope of the economic appraisal are the following premises-related costs to the ICB:

- Costs reimbursed under Premises Cost Directions to the PCN/ GPs e.g., rent, rates, clinical waste and water.
- One-off costs also reimbursable (legal fees and stamp duty land tax (SDLT))
- Void costs payable to NHS PS for un-used premises.
- Minor capital works investment in the refurbishment and fit out of clinical and admin rooms.
- The opportunity cost of not selling land under options 0, 1, 2a and 2b.

The modelling includes the following costed risks:

- Failure to provide primary care services to the additional population moving into the area – this costed risk applies to options 0 and 1 only and assumes some of the primary care needs of the

new population would be displaced to the A&E departments due to the failure to provide the ten additional clinical rooms assessed as being required to meet the primary care needs of the new population.

- Failure to sell the land gifted to the NHS. This risk applies to Option 3 (the land would not be sold under the other options, so the appraisal includes the opportunity cost of a foregone land sale under these other options). However, scarcity of funding means that options 2a and 2b would still need significant levels of capital funding, which may require the disposal of the Vandyke Road site.

The benefits included in the evaluation are:

- The improvement in staff wellbeing resulting from the improved working environment. This benefit has been calculated in line with HM Treasury guidance on the use of the WELLBY measure of wellbeing.

Although this business cases models unmet primary care demand causing an increase in secondary care attendances, this has not been set as a benefit, although it is noted that diverting inappropriate hospital attendances into primary care is highly beneficial. Had the reduction in secondary care attendances been included as a benefit, it would have double counted and exaggerated the benefit. In summary A&E diversion is treated as a costed risk for options 0 & 1 rather than a benefit of options 2a, 2b and 3.

The PCN/GPs, NHSPS and Ambulance Trust will need to undertake their own affordability assessment.

The period assessed is 31 years beginning Year 0 (taken to be the 2023/24 baseline year), the project period for the longest duration option (Option 3) and a 25-year assumed lease period for all options. The new build at Clipstone (Option 3) would have a longer useful life (most likely 50-60 years), however for appraisal purposes, the assumption is that the landlord would enter into an initial 25 year lease over which period the landlord would charge a lease sufficient to recover their capital investment plus borrowing costs less the residual value of the property at the end of the lease.

The costs and monetised risks and benefits modelled are summarised below:

CIA cost category	Inclusion within the modelling	Notes
Opportunity costs	Yes	▪ Foregone land sale
Initial capital cost	Yes	▪ Minor works e.g. fit out of offices/consulting rooms. ▪ Ambulance garage conversion assumed to be NHS capital. ▪ Assumes a £2.55m NHS bullet payment (from sale of Vandyke Road) and third-party capital provided for new build element of Option 3.
Lifecycle capital cost	Yes	▪ Based on initial capital ▪ Dilapidation costs assumed at end of the lease except on NHSPS properties

CIA cost category	Inclusion within the modelling	Notes
Residual values	No	▪ n/a
Optimism bias	Yes	▪ Included with capital costs
Revenue costs	Included	▪ Reimbursable costs ▪ Void costs
Avoided costs	Included	▪ As risks – see below
Transitional costs	Included	▪ Project cost reimbursable by the NHS
Externality (displacement) costs	Included	▪ Void costs included – see above
Net contributions	No	▪ None assumed – potential for room rental upside
Risks	Included	▪ See discussion above
Cash releasing benefits	No	▪ None apply
Non-cash releasing benefits	No	▪ None apply
Monetisable societal benefits	Included	▪ Wellbeing benefits to staff

5.11 Capital costs

The estimated capital costs used in the base case for the different options are as follows:

Estimated capital cost	Option 0	Option 1	Option 2a	Option 2b	Option 3
H/C refurb ground floor and fit out	£0	£619,034	£619,034	£619,034	
H/C refurb first floor and fit out	£0		£661,637	£661,637	
Ambulance garages refurb existing and fit out	£0			£1,574,642	
New building fit out	£0				£5,489,040
Total capital cost to the NHS	**£0**	**£619,034**	**£1,280,671**	**£2,855,313**	**£5,489,040**

Table 15 – Estimated capital costs

Initial NHS capital investment	Option 0	Option 1	Option 2a	Option 2b	Option 3
H/C refurb ground floor and fit out	£0	£601,534	£601,534	£601,534	
H/C refurb first floor and fit out	£0		£644,137	£644,137	
Ambulance garages refurb existing and fit out	£0			£1,554,642	
New building fit out	£0				£2,525,000
Total capital cost to the NHS	**£0**	**£601,534**	**£1,245,671**	**£2,800,313**	**£2,525,000**

Table 16 – Estimated initial NHS capital investment

It is important to recognise that the source of funding for the capital investment varies as follows:

- It is assumed the ICB will fund minor works e.g., the fit out of offices/consulting rooms (category C)[8] under option 1.
- It is assumed the cost of the Ambulance Station and Health Centre conversion in options 2a and 2b would be funded using land sale receipts from Vandyke Road.
- Category B works would be jointly funded by the ICB and landlords/ developers.
- Under Option 3 the ICB would use land sale receipts to make a £2.55m bullet payment towards the initial capital costs (mid-point within the land value estimates for the Vandyke Road site)

The capital costs that would be funded by the ICB under each option are shown in Table 15.

[8] Category A fit is the basic finishing of an interior space and includes the installation of a building's mechanical and electrical services e.g., lighting, air conditioning and toilets. The category B fit out shapes interior spaces, including creating different rooms, carpeting, and adding partitions. Category C costs include IT equipment and associated cabling.

Whilst under options 0 and 1 the ICB would fund all capital costs except furniture (payable by the PCN), under options 2a, 2b and 3 the costs would be split between the ICB (a £2.55m bullet payment), the PCN (furniture) and a third-party developer. The ICB's bullet payment would result in an abatement to the cost of the lease. The economic case only considers costs to the NHS, so for Option 3, the cost within the CIA is the NHS' capital contribution plus the lease payable to the landlord.

Under Option 3, the NHS would benefit from £2.55m land disposal proceeds generated through the sale of Vandyke Road, which would be used as a bullet payment contribution towards Option 3's capital costs. The exact value of the land (set at £2.55m) remains unpredictable – the project has assumed the mid-point within the land value estimates for the Vandyke Road site. A land value of less than £2.55m would be insufficient to bridge the whole capital cap needed to make this option affordable to a funder if yields on other investments increases. Healthcare is regarded as a low risk investment, however must still be competitive with other low risk investments to attract investment.

The economic model (the CIA) treats this sum as an opportunity cost to options 0, 1, 2a and 2b rather than an income stream for Option 3.

In addition to the initial capital investment discussed above, lifecycle capital investment will be required to replace NHS funded elements of the initial fit out as they come to the end of their useful life where this is before the end of the 25-year lease period. For the purposes of modelling, lifecycle costs equivalent to one third of the initial NHS capital spend have been assumed to occur 15 years after the new premises open. Latter business cases will refine this assumption by modelling out the life cycle costs of each item of equipment. However, these items have not been specified at this stage.

At the end of the lease, the tenant will be responsible for dilapidation costs to restore the leased area to its original state. For the purposes of this business case, this cost is assumed to apply only to property leased from third parties and therefore not the health centre or Ambulance Station. The cost is assumed to be £50k for Option 2a and £140k for Option 3, but both would be subject to negotiation between the tenant and the landlord at the time.

5.12 Revenue costs

The baseline existing costs incurred by the ICB are shown in Table 17; these costs form the baseline for the CIA revenue costs. At the time of writing ELFT have given notice of their intention to vacate the first floor. Upon vacation of the space, the ICB will become liable for the void cost. Because this has not yet happened, but is a known future event, it has not been included in current costs, but has been included in all future costs where that space is not used. This has allowed a more transparent allocation of the split between reimbursable and non-reimbursable costs among the appropriate stakeholders in the financial model.

Current costs	£
Reimbursable rent (GPs)	£582,395
Reimbursable rates (GPs)	£151,360
LB health centre - PCN area rent	£24,902

Current costs	£
LB health centre - PCN area FM & service charge	£39,631
LB health centre - PCN area rates	£3,720
Total in-scope current costs	**£802,008**

Table 17 – existing costs

The changes to revenue costs borne by the ICB vary between options and have been summarised below. In line with guidance the PCN will be reimbursed by the ICB.

	Option 0	Option 1	Option 2a	Option 2b	Option 3
Recurrent revenue costs					
Reimbursable primary care (GPs)	Yes	Yes	Yes	Yes	Yes
LB health centre premises costs (PCN area)	Yes	Yes	Yes	Yes	Yes
Void costs - ex-ELFT first floor offices	Yes	No	No	No	Yes
Void costs - ex-PCN GF offices	No	No	No	No	Yes
LB H/C extra rooms rent & rates	No	Yes	Yes	Yes	No
3rd party offices rent & rates	No	No	Yes	No	No
3rd party offices service charge & FM	No	No	No	No	No
Amb rent & rates for offices	No	No	No	Yes	No
Clipstone Park rent & rates (DV assessed)	No	No	No	No	Yes
Clipstone Park service charge & FM	No	No	No	No	No
Void in new premises (inc. service charge & facilities management)[9]	No	No	No	No	Yes
Non-recurrent revenue costs					
SDLT- 3rd party offices	No	No	Yes	No	No
SDLT- Ambulance offices	No	No	No	Yes	No
SDLT- Clipstone Park	No	No	No	No	Yes
Legal fees - 3rd party offices	No	No	Yes	No	No
Legal fees - Ambulance offices	No	No	No	Yes	No
Legal fees - Clipstone Park	No	No	No	No	Yes

Table 18 – summary of cost changes included by option

The key changes to revenue cost are:

- Options 0 and 3 the ICB will incur void costs, consisting of rent, rates, FM and service charge, for the space currently occupied in the health centre by ELFT. All other options re-use this space for PCN offices or clinical space but under options 0 and 3 the space is left vacant.

[9] Only 10 of the 14 rooms in CP are needed but the ICB will be required to fund the FM & SC void room costs

- Under options 1, 2a and 2b the ex-ELFT offices are used by the PCN. The ICB will reimburse the PCN for the cost of renting this space from NHSPS (rent and rates). However, the PCN will meet FM and service charge costs. From the ICB's perspective it is therefore less expensive to have the PCN occupying the ex-ELFT offices rather than the space being vacant because not all costs would be reimbursed to the PCN.
- Under options 2a, 2b and 3, the ICB would reimburse the PCN for new space it was renting in either third party offices, the Ambulance Station or at Clipstone Park. Once again, the PCN would be responsible for FM costs and service charges.
- Option 3 provides more clinical rooms than are needed initially (10 are required). The assumption made is therefore that there is a void cost of under-utilised space being the FM and service charges on these rooms. These costs would be met by the ICB.
- Currently not included in the modelling is the potential upside of the ICB being able to rent void space to third parties. (Via NHS Property Services, as the landlord for the health centre)
- The ICB would also be liable to fund the non-recurrent costs of SDLT on leases, and legal fees.

The forecast annual revenue costs to the ICB and the change from the 2023/24 baseline and the business as usual (BAU - Option 0) are shown in Table 19.

	Option 0	Option 1	Option 2a	Option 2b	Option 3
Current premises costs	£802,008	£802,008	£802,008	£802,008	£802,008
Additional LB Health Centre costs	£44,852	£19,667	£19,667	£19,667	£44,852
New premises costs	£0	£0	£22,022	£14,942	£198,118
Total recurrent revenue costs	**£846,860**	**£821,675**	**£843,697**	**£836,617**	**£1,044,978**
Change from BAU[10]		-£25,185	-£3,163	-£10,243	£198,118
% change		-3%	0%	-1%	23%
Change from current spend	£44,852	£19,667	£41,689	£34,609	£242,970
% change	6%	2%	5%	4%	30%

Table 19 – forecast annual revenue

Costs will increase under Option 0 (BAU) because ELFT are vacating the first floor of the health centre resulting in void costs which will become the ICB's responsibility. Costs also increase compared to current spend, under all "do something" options.

Compared to the BAU, costs to the ICB would decrease under options 1, 2a and 2b because under the BAU, the ICB will be liable for void costs on the health centre once ELFT vacate the first floor in 2024/25, but under Option 1 this space is refurbished and used by the PCN. The PCN would be reimbursed rent and rates for this space but would need to fund the service and FM charges, thereby reducing costs to the ICB. Unlike NHS providers, the ICB does not pay capital charges

[10] Change from BAU includes rent of new building and void costs of not fully utilising the existing health centre building.

(depreciation and PDC interest), so there is no "cost of capital" reflecting the capital investment in converting garages at the Ambulance Station.

Option 3 has higher additional revenue costs than the BAU reflecting the size of the building and the reimbursable rent and rates. The costs shown are net of a rent abatement linked to the £2.55m capital bullet payment from the ICB. The bullet payment reduces the lease cost to c.£196 per sqm. It should be noted this is an estimate and ultimately would be dependent on the commercial terms agreed with the lead delivery partner, in conjunction with the District Valuer and the premises cost directions on rent abatement.

The key variables in these costs are the likely rent per square metre and the net internal area (NIA) being rented. Table 20 illustrates the assumed rent per square metre and NIA by option, as well as business rates costs.

Rent and rates build-up by premise	Health Centre First Floor	3rd Party offices	Ambulance Station offices	Clipstone Park
NIA leased	118	120	132	587
Rent /sqm	£145	£136	£99	£196
Annual rent (exc. VAT)	£17,111	£16,320	£13,000	£115,299
VAT	£0	£3,264	£0	£23,060
Annual rent (inc. VAT)	£17,111	£19,584	£13,000	£138,359
Add rates	£2,556	£2,438	£1,942	£21,833
Total rent and rates	**£19,667**	**£22,022**	**£14,942**	£160,192

Table 20 – Rental assumptions by building

Option 3 would represent a significant cost pressure due to the requirement to reimburse the PCN for the rent and rates costs of Clipstone Park, even though the rent on Clipstone Park would be abated to take account of the £2.55m bullet payment available from the sale of the gifted land.

No allowance has been made for the potential additional cost of renting car parking spaces at third party offices or Clipstone Park.

Rental values have been estimated in line with current District Valuer assessments for rent on new purpose built primary care buildings (£235/sqm). This is based on comparable information from similar buildings in the region. A formal District Valuer assessment has not been commissioned as part of this business case. There would also be a modest non-recurrent revenue cost to the ICB in the year of change as summarised below.

	Option 0	Option 1	Option 2a	Option 2b	Option 3
Stamp duty	£0	£0	£1,666	£541	£22,858
Legal fees	£0	£0	£3,500	£3,500	£7,000

	Option 0	Option 1	Option 2a	Option 2b	Option 3
Total non-recurrent revenue costs	**£0**	**£0**	**£5,166**	**£4,041**	**£29,858**

Table 21 - Non-recurrent revenue costs

5.13 Costed risks

As noted above, three risks have been monetised in addition to contingency included within capital cost estimates. The risks apply to the different options as per Table 22.

	Option 0	Option 1	Option 2a	Option 2b	Option 3
Capital risks					
Contingency	No	Yes	Yes	Yes	Yes
Revenue risks					
Failure to meet demand from population growth	Yes	Yes (partial)	No	No	No
Failure to sell land	No	No	No	No	Yes

Table 22 – Costed risk

The largest risk applies to Option 0 and 1 only; the risk that some of the need for urgent primary care arising from growth in the Leighton Buzzard population, will be displaced to the nearest A&E departments in the absence of sufficient new capacity in primary care (10 clinical rooms are required).

It is difficult to predict the volume and cost of this risk but for modelling purposes, the workings in Table 23 have been used:

	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34
Cumulative pop. growth	0	590	1,180	1,770	2,360	2,950	3,540	4,130	4,720	5,310	5,900
Average per capita P/care attendances p.a.	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2
Demand for P/care based on 5.2 attendances pa.	0	3,068	6,136	9,204	12,272	15,340	18,408	21,476	24,544	27,612	30,680
Assumed % that are same day urgent	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Assumed % diverting to attend A&E	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%
Additional A&E attendances	0	184	368	552	736	920	1,104	1,289	1,473	1,657	1,841
Cost of minor A&E/ MIU attendance	£88	£88	£88	£88	£88	£88	£88	£88	£88	£88	£88
Cost of avoidable A&E attendances	**£0**	**£16,199**	**£32,398**	**£48,597**	**£64,796**	**£80,995**	**£97,194**	**£113,393**	**£129,592**	**£145,791**	**£161,990**
BAU cost	**£0**	**£16,199**	**£32,398**	**£48,597**	**£64,796**	**£80,995**	**£97,194**	**£113,393**	**£129,592**	**£145,791**	**£161,990**
Option 1 Cost	**£0**	**£8,100**	**£16,199**	**£24,299**	**£32,398**	**£40,498**	**£48,597**	**£56,697**	**£64,796**	**£72,896**	**£80,955**

Table 23 - Assumed population growth

The key assumptions are that the new population have an average of 5.2 primary care needs/ attendances per capita per annum, that 40% are urgent ("same day") and that 15% of the 40% would attend A&E in the absence of sufficient additional primary care capacity for their needs to be met – under Option 0 100% of the unmet demand has been costed as a risk, whilst under Option 1 50% has been included as a risk to reflect the provision of five additional rooms under Option 1. Each A&E attendance has been costed at the lowest A&E tariff (£88).

The final costed risk covers the risk that the gifted land cannot be sold for its assumed market value of £2,550,000. The risk has been assigned a probability of 10%.

5.14 Monetised benefits

There are few monetisable benefits associated with the scheme. The one benefit that has been included for all "do something" options is the improvement in staff wellbeing resulting from a better physical working environment. The calculation of this benefit uses HM Treasury guidance relating to wellbeing which uses a value of £13,000 per annum for a WELLBY which is the value of wellbeing to an individual. The modelling assumes:

- The number of full-time staff gaining the benefit is equal to the number of additional rooms provided under each option capped at the number actually needed i.e., 10.
- 25% of a WELLBY can be attributed to work.
- The improvement in the 25% of work-related WELLBY is 20% for new builds (Option 3) and 10% for refurbished space (other options).

5.15 Summary of the economic appraisal

The economic evaluation is based on the incremental difference in costs, benefits, and risks, of the "do something" options from the BAU. Bringing together the costs, risks, and benefits results in the following incremental Net Present Social Value (NPSV) and Benefit Cost Ratio (BCR) for the different options – values are for the full 31 years modelled.

	Option 0	Option 1	Option 2a	Option 2b	Option 3
Incremental costs:					
Revenue	£0	£0	£0	£0	-£2,807,122
Capital	£0	-£681,974	-£1,412,248	-£3,156,651	-£2,594,410
Transitional costs	£0	£0	-£1,555	-£488	-£19,246
Total incremental costs	£0	-£681,974	-£1,413,803	-£3,157,138	-£5,420,777
Incremental benefits:					
Opportunity cost	£0	£0	£0	£0	£2,380,452
Revenue	£0	£482,202	£77,374	£250,984	£0

	Option 0	Option 1	Option 2a	Option 2b	Option 3
Risks	£0	£1,787,519	£3,575,037	£3,575,037	£3,336,992
Societal benefits	£0	£26,800	£50,669	£50,669	£95,673
Total incremental benefits	**£0**	**£2,296,521**	**£3,703,081**	**£3,876,690**	**£5,813,118**
Net societal value	**£0**	**£1,614,547**	**£2,289,277**	**£719,552**	**£392,340**
NPSV rank	**5**	**2**	**1**	**3**	**4**
Benefit to cost ratio	**0.00**	**3.37**	**2.62**	**1.23**	**1.07**
BCR rank	**5**	**1**	**2**	**3**	**4**

Table 24 - Net present social value - incremental from BAU

5.16 Economic case conclusion

There are several points of interest to note from the findings in Table 24.

- Option 1 has the highest BCR, although it remains below 4.00 which is viewed as the preferred BCR for an option to be taken forward (not binding).
- Option 2a has the highest NPSV.
- Option 2b has a lower BCR than 2, but value engineering the cost of the ambulance station works would increase the score.
- Option 3 has the highest opportunity cost, primarily through not deploying the value locked in the land at Vandyke Road.

Guidance on interpreting BCR scores in the HMT Green Book guidance stresses that decisions should not be reduced to a single score and that the project team and sponsoring/approving organisations should consider all measures, including those that cannot be converted to a numerical indicator. This holistic approach will need to be taken for this project where advantages exist for each option.

6 Financial case

The economic case considered the comparative costs, risks, and benefits of the shortlisted options. The financial case presents the impact on the ICB's financial position. In line with HM Treasury guidance the finance case numbers are presented at current prices, so are not discounted.

The Financial Case confirms how the proposed options affect the revenue position of the organisation(s) involved. It also outlines any requirement for additional revenue funding and demonstrates the affordability of the project.

The impact on the PCN is not the subject of this business case because the PCN is an independent business. However, it should be noted that delivery of this project will be dependent on affordability for the PCN also.

6.1 Current financial position

The ICB currently spends £0.8m in respect of primary care premises in Leighton Buzzard.

Current costs	£
Reimbursable rent (GPs)	£582,395
Reimbursable rates (GPs)	£151,360
LB health centre - PCN area rent	£24,902
LB health centre - PCN area FM & service charge	£39,631
LB health centre - PCN area rates	£3,720
Total in-scope current costs	**£802,008**

Table 25 – Current reimbursed costs

If this business case does not proceed the ICB will become liable for an additional £44k of void costs relating to the ex-ELFT space in the health centre from 2024/25.

6.2 Source and application of funding

The source of capital funds varies between expenditure item and option.

	Option 0	Option 1	Option 2a	Option 2b	Option 3
New building	n/a	n/a	n/a	n/a	3rd party & land sale
Refurbishment	n/a	ICB	Land sale	Land sale	n/a
Fit out	n/a	ICB	Land sale	Land sale	ICB

Table 26 - Capital funding source

The ICB will be responsible for funding refurbishment works under option 1 (although a budget has not yet been identified). It is assumed that the sale of the Vandyke Road site would provide capital for all other options.

The source of funding for the works to convert the ambulance station garages into offices is uncertain because the sum required exceeds the ICB's annual primary care capital budget. The assumption is that the capital required to convert the garages into offices is funded by the land sale, and that the ambulance service charge a lower than market rent to the PCN in recognition of this contribution.

Under Option 3 a third party would fund the new build, net of land sale receipts of £2.55m which would be used as a bullet payment towards capital costs. The rent for Option 3 would then be set at a level for the landlord to recover their investment, project and borrowing costs (an assumed 3.5% yield) i.e., the rent would be abated to the extent that the NHS contributed towards the total cost of the new building. The rent under Option 3, would be set in agreement with the DV.

The capital costs funded by the NHS are summarised below.

Initial NHS capital investment	Option 0	Option 1	Option 2a	Option 2b	Option 3
H/C refurb ground floor & fit out	£0	£601,534	£601,534	£601,534	
H/C refurb first floor & fit out	£0		£644,137	£644,137	
Ambulance garages refurb existing & fit out	£0			£1,554,642	
New building fit out	£0				£2,525,000
Total capital cost to the NHS	**£0**	**£601,534**	**£1,245,671**	**£2,800,313**	**£2,525,000**

Table 27 – ICB funded capital costs

In option 3 NHS costs include the sale proceeds from the disposal of Vandyke Road and PCN funded fitout costs work items not usually funded by the ICB. Responsibility for lifecycle capital investment will also be aligned to the source of funds table above.

6.3 Non-recurrent revenue costs

The project will incur the following reimbursable non-recurrent implementation costs.

	Option 0	Option 1	Option 2a	Option 2b	Option 3
Stamp duty	£0	£0	£1,666	£541	£22,858
Legal fees	£0	£0	£3,500	£3,500	£7,000
Total non-recurrent revenue costs	**£0**	**£0**	**£5,166**	**£4,041**	**£29,858**

Table 28 - Non-recurrent revenue costs

6.4 Recurrent revenue costs

The revenue costs of the options are limited to those costs reimbursed to GPs/ the PCN under Premises Costs Directions (rent and rates) and void costs. The working assumption is that VAT will be payable on rents for Clipstone Park and third-party offices (i.e., both landlords elect to charge VAT); VAT is not chargeable on inter-NHS charges so does not apply on the health centre and ambulance station lease payments.

As noted in the economic case, the rent on Clipstone Park would be abated to take account of the £2.55m bullet payment available from the sale of the gifted land.

	Option 0	Option 1	Option 2a	Option 2b	Option 3
Current premises costs	£802,008	£802,008	£802,008	£802,008	£802,008
Additional LB Health Centre costs	£44,852	£19,667	£19,667	£19,667	£44,852
New premises costs	£0	£0	£22,022	£14,942	£198,118
Total recurrent revenue costs	**£846,860**	**£821,675**	**£843,697**	**£836,617**	**£1,044,978**
Change from BAU		-£25,185	-£3,163	-£10,243	£198,118
% change		-3%	0%	-1%	23%
Change from current spend	£44,852	£19,667	£41,689	£34,609	£242,970
% change	6%	2%	5%	4%	30%

Table 29 – forecast annual revenue

6.5 Cashflow

The cashflows associated with each option are summarised below.

	2023/24	2033/34	2043/44	2053/54
Option 0	-£802,008	-£9,270,609	-£17,739,210	-£26,207,811
Option 1	-£802,008	-£9,600,628	-£18,015,888	-£26,232,641
Option 2	-£802,008	-£10,448,126	-£19,296,168	-£27,783,138
Option 3	-£802,008	-£11,903,313	-£21,193,584	-£29,559,753
Option 4	-£802,008	-£10,284,768	-£21,492,050	-£32,081,833

Table 30 - Cashflows

The cashflows include the current £0.8m per year spent on reimbursable costs as well as capital investment and reimbursable costs relating to new premises. For the purposes of modelling, all rent payments have been apportioned evenly over the 30-year period of leases. Subject to negotiation, the PCN may be able to obtain rent free periods, however this would simply increase later years' payments.

Although Option 1 has the lowest revenue costs of all options, because it requires upfront capital investment of £619k, Option 1's total cash outflow is marginally higher than total cashflow under Option 0. All other options have higher cash outflows reflecting a combination of higher capital costs and reimbursable rent and rates.

6.6 Sensitivity analysis

At this early stage in a project's evolution a large number of assumptions need to be made and contingency applied to a project. As the project evolves, assumptions are replaced with known products, processes and costed amounts, contingencies and risk items are also reduced. Projects in their early stage should endeavour to be as accurate as possible, but should also consider questions such as 'what if the costs are different? Would this make the project more or less deliverable?'. Sensitivity analysis tests the impact of varying factors (most commonly cost) to establish how robust the assumptions are or what the tipping point is for an option to become more desirable/deliverable than another. The process allows decision makers to understand if things were slightly different, would the same decision still be made? Listed below are the most significant sensitivities and the impact they would have on the outcome of this process:

- **Population/Activity Forecasts –** forecasting future demographic changes will always carry an element of risk. For this reason, the design of this project and of the asset itself will remain as generic / flexible as possible for multiple potential uses.
- **Construction Costs** – these have been through several reviews and have been validated independently to ensure they are robust, and a contingency is included.
- **Design Risks** – retaining maximum flexibility throughout the planning period will help mitigate any such risks.

6.7 Affordability conclusion

6.7.1 Capital affordability

Option 1 has the lowest initial capital outlay, but this would need to be funded by the ICB from the BAU Capital budget. This is likely to be one of multiple calls on a constrained budget (£1.66m per annum) and therefore it is not clear if this would be an affordable option for the ICB.

Option 2 would be funded through the sale of the Vandyke Road site and has the potential to be affordable (depending on final project cost and the final land value secured for the site).

6.7.2 Revenue affordability

Option 1 has the best revenue affordability by reducing the ICB's revenue costs by £25,000 per annum. This saving is achieved by transferring service charge and FM costs onto the PCN from its current void liability budget.

Option 3 has the lowest affordability for revenue, exposing the ICB to an estimated £1,045,000 of cost per annum of which £198,000 is currently unfunded (the remainder is already within the ICB BAU budget).

6.8 Affordability from GP perspective

Although it is not specifically part of this OBC (which considers affordability from the ICB perspective), it is in the ICB's interests to ensure that any proposal put forward is affordable from the perspective of the GPs/ PCN. The factors likely to impact upon affordability to GPs are:

- Changes to the global sum – the primary fee payable to GPs in respect of every patient on their list. One of the principal reasons underlying this development is the rapidly growing local population. An increase of 5,900 people is forecast for 2031/32 compared to 2023/24. If current capitation payments are applied to this new population, the local practices would earn between them an additional £783,048.00 pa in income based on the current rate.
- GPs will be reimbursed for rent and rates associated with new facilities leaving the practices/ PCN to fund service charges and FM costs. Per annum these are estimated to be:
  - Option 1 £25k
  - Option 2a £51k
  - Option 2b £53k
  - Option 3 £133k

6.9 Capital Costs

Capital costs have been derived from a Schedule of Accommodation (SoA) based on the latest confirmed GIA spatial requirement of each of the design options. The latest capital cost estimate has been produced by Turner & Townsend Cost Management. The following provides a record of the key assumptions.

6.9.1 Land

6.9.1.1 Site ownership

- **Option 1** NHS PS hold the freehold ownership of the Leighton Buzzard Health Centre, and have granted a lease to the PCN.
- **Option 2a** As above, with an additional leasehold office. The project team approved a decision to include a rent for a notional leasehold office at market rent.
- **Option 2b** As Option 1 for the Health Centre. The Ambulance station is held in freehold by East of England Ambulance Service NHS Trust who have agreed to grant a lease for £13,000 per annum.
- **Option 3** Lands is currently in the ownership of the developer, but will be transferred to the Local Authority through Section 106 agreement.

All options have demonstrated that the PCN and ICB have a route to exert control over each site to the extent needed to deliver each option.

6.9.1.2 Site clearance

Works inside all existing building have costed demolition works, with a contingency for asbestos. The project team agreed not to include site clearance on Option 3 which is legally required to be transferred from the current freeholder in good condition suitable for development.

6.9.2 Equipment costs

An allowance for equipment has been agreed by the project team. The amounts included within the capital model are shown below in Table 31.

	Option 1	Option 2a	Option 2b	Option 3
Equipment allowance	£17,500	£17,500	£20,000	£25,000

Table 31 – Equipment and FF&E allowance

Equipment includes generally smaller clinical machines, used in basic medical diagnostic procedures. A nominal amount has been included at this stage. A full equipment list will need to be developed by the PCN based on how the spaces will be uses. No allowance for tax relief has been included within the equipment allowance at this stage.

6.9.3 IT costs

Cost for GP IT have been developed with the ICB's GP IT support partner and are summarised in the below costs. Table 32 provides a "worst case" scenario in which all workstations require new IT equipment. Potentially some elements of on-desk IT can be redeployed.

Description	Unit Cost	Option 1	Option 2a	Option 2b	Option 3
Data Cabinet	£4,250	£0	£4,250	£4,250	£4,250
UPS	£585	£0	£585	£585	£585
Connection to site	£3,000	£0	£3,000	£3,000	£3,000
Server and Licencing	£6,000	£0	£6,000	£6,000	£6,000
Public Wifi	£2,630	£0	£0	£0	£5,260
48 Port Switches	£1,995	£0	£1,995	£1,995	£3,990
24 Port Switches	£1,320	£0	£0	£0	£0

Description	Unit Cost	Option 1	Option 2a	Option 2b	Option 3
Router (Wireless Network, including first year licence)	£1,000	£0	£1,000	£1,000	£1,000
Wireless Access Points	£660	£1,320	£3,960	£3,960	£3,960
Wireless Network Infrastructure	£1,015	£1,015	£2,030	£2,030	£1,015
Patient Check-In-System	£1,315	£0	£0	£0	£1,315
Patient Information Display, 1 Screen	£1,540	£0	£0	£0	£1,540
Desktop PC (Unit, Keyboard, Mouse, and Standard Monitor)	£1,155	£5,775	£27,720	£27,720	£28,875
Additional Monitor - Standard	£205	£1,025	£4,920	£4,920	£5,125
Additional Monitor - Webcam	£295	£1,475	£7,080	£7,080	£7,375
Headsets not funded via GPIT, practice to fund directly	£50	£250	£1,200	£1,200	£1,250
Consultation Room Printer (incl additional tray)	£295	£1,475	£2,950	£2,950	£4,130
Network Printer	£450	£0	£450	£450	£450
Label Printer	£75	£0	£75	£75	£75
Scanner	£635	£0	£0	£0	£0
Laptop (incl mouse, case, lifetime asset support, extended hardware warranty)	£2,100	£0	£0	£0	£0
Meeting Room Screen - USFF PC	£660	£0	£660	£660	£660
Meeting Room Screen - TV not funded via GPIT, practice to fund directly	£2,000	£0	£2,000	£2,000	£2,000
HSCN Circuit (12 months)	£2,000	£0	£0	£0	£2,000
Misc Patch Cables	£10	£200	£1,120	£1,120	£1,160
Total		**£12,535**	**£70,995**	**£70,995**	**£85,015**

Table 32 – Estimated GP IT costs

6.9.4 Biodiversity Net Gain costs

Assumptions for Biodiversity Net Gain have been included in each option as detailed in Section 5.3. It is anticipated that Net Gain costs will be minor on works associated with the Health Centre and Ambulance Station, and that Clipstone Park will be able to make use of the wider masterplan's proposals for meeting this obligation.

6.9.5 Enabling Works

The project does not require any enabling works to be delivered.

6.9.6 Modern Methods of Construction (MMC)

Modern Methods of Construction (MMC) and off-site construction can help to reduce upfront costs, although they invariably have shorter life expectancies and higher maintenance costs towards the

end of the life cycle. In line with the Government 2019 statement - 'Presumption in Favour of MMC' DHSC and NHSE assume that all schemes start out as MMC.

MMC has no specific gains for small projects, with few replicable elements within the design. As a result, the project does not expect to use MMC, although this assumption will be reviewed during the FBC.

6.9.7 Accounting treatment and tax

Whilst VAT is normally excluded from the CIA when a "whole public sector" approach is taken, because this evaluation considers costs from the ICB's perspective, VAT that is not recoverable has been included in the CIA.

6.9.8 Optimism Bias (OB)

OB has been set in accordance with the HMT Green Book guidance.

OB will be set at zero at FBC stage on the grounds that under the arrangements with the (via their future to be appointed contractor) any financial risk would be held by them, via their contractor following an agreed construction contract.

6.9.9 Risk and contingency sums

The latest risk and contingency sums are shown below:

- Project contingency 5%
- Design contingency 5%
- Construction contingency 5%
- Tender and construction inflation 6-12%

Tender inflation is included in the Cost Plan (Appendix 9) to cover for potential inflation on the prices received back from the contractor tender exercise. This covers for the period between the point of the cost estimate/plan to the point of the outcome of the tender. The construction inflation covers for the period of tender returns to mid-point of construction and is updated at the point of tender returns.

6.10 Conclusion

All options will require additional revenue to be allocated by the ICB and PCN. Public Sector funding remains constrained and generally less than demand. As a result, all organisations need to make difficult discussions on which projects to fund now and which will be delivered at a later date. Options 1, 2a and 2b all have additional costs associated with them; however, their revenue costs are significantly less than Option 3. Consequently, whilst Option 3 delivers the highest quality and most transformative building, it may only be deliverable in the future, meanwhile less transformational options are potentially more deliverable in the short term.

7 Commercial case

The Commercial Case explains the procurement strategy, how the preferred options could be procured and considers any services, planning, legal and commercial issues to be addressed. It also provides details of any land acquisition required, planning approval status and the expected future use of any asset change because of the project delivery (construction) phase.

7.1 Procurement

Below are the possible delivery partners and routes that could be used to deliver the options identified in this business case.

Each partner provides different deliverable limits, pros and cons:

- **Local Authority –** local authorities are often able to borrow at a lower rate than the rest of the market and often have development experience combined with ongoing building management services. The low levels of risk and consistent return make these attractive investments to all institutions. There is also a system benefit of using the local authority as a developer as it helps to keep public money circulating in the system. The are potential providers of office space (options 2a) and the delivery partner for option 3.

- **Third Party Developer (3PD) –** there are a range of third-party developers who operate in the health sector, either as dedicated health sector providers or through an arm of their wider business. These organisations have a detailed understanding of delivering capital projects and are therefore able to manage their exposure to risk more efficiently than other developers or the Local Authority. As a result, these companies are willing to undertake riskier and more marginal projects than those unfamiliar with the market are willing to invest in. As a corporate entity they often have access to capital funding. However, as yields on less risky investments and interest rates on borrowing have both increased, access to capital has become more costly. Developers therefore typically need more than 6% return on investment to be deliverable.

- **NHS Property Services –** a dedicated organisation supporting the NHS on all property matters. They are able to develop new properties and retain the expertise to manage them. Although similar to those mentioned previously, it is more reliant on funding initiatives due to its ties to the Public Sector and therefore is not always able to generate capital as easily as a 3PD. Their current ownership of the health centre, strong covenant and ability to effectively manage multi-occupancy properties means they would be well placed to undertake the works in the health centre or manage the head lease for Option 3.

- **Hospital Trusts** – recognise the role of primary and community care in helping people to manage their health and reduce their need to access acute services. As a result some trusts nationally have begun to invest in primary and community estate. This route remains the exception. Hospital Trusts have large and complex estates that take up the majority of their estate and capital resources. As a result, they lack the capacity and funding to invest in primary care in a comprehensive way.

7.2 Approval process

The value of the works is low enough to be covered by a NHSE Project Initiation Document (PID) for all options (as an alternative to an FBC). The document sets out the rationale for the spend, how it impacts capital and revenue budgets and demonstrate that is has been approved by the ICB. The PID is normally completed by the PCN or Practice and will need to illustrate that three quotes have been obtained (via NHS PS). PIDs require ICB and NHSE approval (until 2025).

7.2.1 ICB Funding

Standard funding agreement for capital works projects using NHS funding in primary care normally stipulate grant funding up to 66% of the works value. This requirement was written to reflect a mostly GP owned primary care estate and was designed to avoid the NHS increasing the value of assets owned by private individuals. The GP (as building owner) was required to input the remaining 33% of capital and would receive an abated rent for the NHS contribution.

This model is ineffective when the building is in leasehold, such as in the scenario set out in this OBC. For the PCN to contribute 33% of the capital works, it would need to raise the funds through private debt arrangements. As the Premises Cost Directions 2013 allow for providers to reclaim their rent, etc. but not interest payments, there is no mechanism for the practice or PCN to pay off the works.

As a result, it is likely that the proceeds from the sale of Vandyke Road will need to fund any refurbishment works, and this would be legally formalised via a S223 Agreement between NHSE and NHS PS (following capital transfer from DHSC to NHSE). The benefit of an NHSE funded project is realised in the form of abatement of rent. In line with the Premises Cost Directions, abatement of rent is calculated as:

- Up to £100,000 plus VAT 5 years
- Between £100,000 and £250,000 10 years
- More than £250,000 15 years.

As a result, the PCN will receive a 15-year abatement of rent for Option 1 from NHS PS. As rent is a passthrough cost for the PCN, the ICB will benefit from the revenue saving. In reality, this would mean that rental levels within the Health Centre would be unaffected from current levels.

7.3 Key contractual issues

If the works are to be procured through NHS PS using their framework partners, this will substantially reduce the contract risk associated with the delivery of Option 1, 2a and 2b in this OBC. It will allow standard call off contractual terms to be used for the works, helping to reduce the overall project costs associated with delivery.

There are more options for other parties to be involved in Option 3, including 3PD and the Local Authority.

7.4 Commercial risks

Risk should be allocated to the party best suited to its management and mitigation. All delivery options have a different commercial path, however the table below illustrates the possible allocation of risk for all of the options. In all options, it is assumed that a design and build approach would be taken based on information already developed and a performance specification, rather than the lead delivery partner undertaking a traditional form of contract, where-by they would carry substantially more risk.

Risk category		Potential allocation			
		PCN	ICB	Developer	Contractor
1	Design risk			✓	✓
2	Governance and approvals risk		✓		
3	Construction and development risk			✓	✓
4	Programme and performance risk			✓	
5	Net Zero Carbon in Operation risk			✓	
6	Commissioning and mobilisation risk			✓	
7	Operating risk	✓			
8	Variability of revenue risks		✓		
9	Ongoing maintenance risks			✓	
12	Legislative risks		✓		
13	Other project risks		✓		

Depending on the option and procurement, the role of Developer could be fulfilled by 3PD, NHS PS or the Local Authority.

7.5 Charging Mechanism

Under the Premises Cost Directions 2013, the PCN will be eligible to recover the usual reimbursable costs, as it currently does for its present occupation of the building from the PCN. Option 3 may require the PCN to take on additional costs, especially if the developer only offers a Full Repair and Insure (FRI) lease to the PCN. The risks associated with building management of Option 3 could be partially mitigated by NHS PS taking a headlease of the new-build and subletting space to the PCN. As with the Health Centre, NHS PS would retain responsibility for the management and maintenance of the new-build. This can be especially beneficial to the PCN, which is ideally set up to manage the health and wellbeing of patients, but less experienced/resourced to manage a building.

7.6 Equipment strategy

Given the nature of the healthcare services to be provided in the health centre, there is a requirement for general medical equipment. As part of this OBC process, the ICB and PCN will need a detailed understanding of the equipment requirements, which includes equipment that will transfer and that which will need to be purchased new. From a contractual basis equipment is typically grouped as follows and summarised in the table below:

- Group 1: Items (including engineering terminal outlets) supplied and fitted within the terms of the usual building contract (e.g., worktops, sanitary fittings, white boards, shelving etc.)
- Group 2: Items which have space and/or building construction and/or engineering service requirements and are fixed within the terms of the usual building contract but supplied under arrangements separate from the usual building contract
- Group 3: Items supplied and fixed (or placed in position) under arrangements separate from the usual building contract (e.g., clinical equipment and loose furniture) normally by the client organisation
- Group 4: Items supplied under arrangements separate from the usual building contract, possibly with storage implications, but otherwise having no effect on space or engineering requirements (e.g., consumables, telephone handsets).

Group	Arrangement
1	Supplied and fitted under the building contract. Maintained by the landlord
2	Supplied by the client but fitted under the building contract. Maintained by the landlord in Common Areas, by the Tenant in demised areas
3	Tenant to fund any new equipment. Maintained by the landlord in Common Areas. Maintained by the Tenant in demised areas
4	Tenant responsibility

Table 33 - Proposed equipment strategy

Much of the administrative equipment is expected to be redeployed to the first floor for Option 1 This space is already set out for administrative working and no alterations are thought necessary.

Equipment costs were originally estimated at SOC stage and have been refined during this OBC. The PCN will need to procure new equipment for the newly created clinical rooms at the Health Centre, or for the new-build option. As the quantities of equipment are relatively small, it is not considered a significant cashflow risk for the project.

7.7 Design

This OBC is based on RIBA design stage 2 for all options. A copy of the design feasibility report has been included in Appendix 8.

7.8 BREEAM

The ICB is committed to the NHS's objectives of carbon neutrality by 2040. BREEAM Outstanding would therefore be the default design standard for such a new building. However, at present, the construction industry struggles to make BREEAM Excellent in small buildings affordable. Economies of scale in larger buildings help to spread the extra costs of developing a BREEAM Excellent building. In smaller building, covering much of primary care, the additional costs invariably push the cost of construction beyond what is affordable.

As a result, the project will aim to achieve BREEAM Very Good as the preferred standard. This assumption should be revisited in the future stages of the business case process.

7.9 Private Finance

This project is not in any way affected by any NHS LIFT, PFI, PF2 or other PPP, Joint Venture agreements /contracts already in place.

7.10 Other commercial considerations

7.10.1 Management and FM model

7.10.1.1 Health Centre

Under options 1, 2a and 2b the health centre and limited curtilage will continue to be managed and maintained by NHS PS who will recharge the occupants of the building in line with PS's national charging policy.

7.10.1.2 Offsite office

Management of an offsite location will depend on the specific building identified. Management may be included as part of the rent or service charge (common in serviced or multi-occupancy offices). Standalone buildings or where the PCN would take a lease of the whole building, would normally result in management transferring to the PCN.

7.10.1.3 Ambulance Station

Full details would need to be developed with the Ambulance Trust over how the building would be managed. As the Trust already operate the building, existing management arrangements could be extended into the PCN's demise. Alternatively, there could be a role for NHS PS to manage the space on behalf of the PCN, giving the PCN a single point of contact for all management and FM issues.

7.10.1.4 Clipstone Park

It is unlikely that a 3PD or the Local Authority would be willing to retain management and FM responsibilities once the building is operational. Responsibility would therefore transfer to the head tenant (foreseeable either the PCN or NHS PS).

7.10.2 Legal agreements

It is anticipated that the PCN will need to sign a new lease in all options. Stamp Duty amounts have been estimated for each option as part of the financial assumptions.

7.10.3 Approach to design quality

The appointed Healthcare Planner and Architect have designed the refurbishment works to be a space which is safe and appropriately configured to enable modern effective community/primary care uses.

7.10.4 Workforce

All options seek to support workforce development through provision of greater training and supervision opportunities through the additional clinical space created. The increased clinical space will also support the PCN to meet its supervision obligations for ARRS roles.

This proposal has no specific impact on personnel. There are no TUPE implications or anticipated alterations to staff terms of employment as a result of the conversion work.

This is separate to clinical staff which has been covered previously.

7.11 Compliance

7.11.1 Health Building Note (HBN)

Nine of the 10 clinical rooms in the health centre will be fully compliant with the HBN 11-01 requirements of 16sqm. A derogation will need to be sought for one clinical room as it is 15sqm - smaller than prescribed size for examination and consultation rooms. All rooms in the Clipstone Park option align with HBN11-01 requirements.

7.11.2 Infection Control

The designs are expected to meet Infection Control requirements and all clinical rooms are specified to be fitted with appropriate finishes and fittings, such as appropriate sinks and floor coverings.

7.11.3 Building Regulations

All options comply with building regulations.

7.11.4 Fire Code

All options comply with the Fire Code.

7.11.5 Modern methods of construction

It is not possible to deploy modern methods of construction on this project given the complexity in operating in an existing building and the small scale of delivering the building at Clipstone Park.

7.12 Commercial case conclusion

The commercial case has highlighted that the health centre building will remain in NHS PS ownership and additional space will be leased to the PCN. This model of operation could be replicated at the Clipstone Park site if desired by the PCN/ICB. Delivery of Clipstone Park could be undertaken by a range of providers across the public and private sectors. It is highly likely that most potential developers (including the Council) would seek to divest themselves of ongoing

management and maintenance responsibility for the new build. The PCN would therefore need to decide if it was an effective deployment of their resources to manage the building, or if NHS PS would be better placed. This decision may ultimately affect the contractual and leading decision for the delivery of Clipstone Park if this were to be progressed.

8 Management case

The Management Case demonstrates the deliverability of each option and explains how the project will be managed and governed, how the expected benefits will be realised, how risks will be mitigated, how change will be managed and the anticipated timescales for the next steps (whether that be further business cases or procurement and delivery).

8.1 Project management

8.1.1 Governance Structure

The diagram below shows the governance structure for how the OBC was delivered.

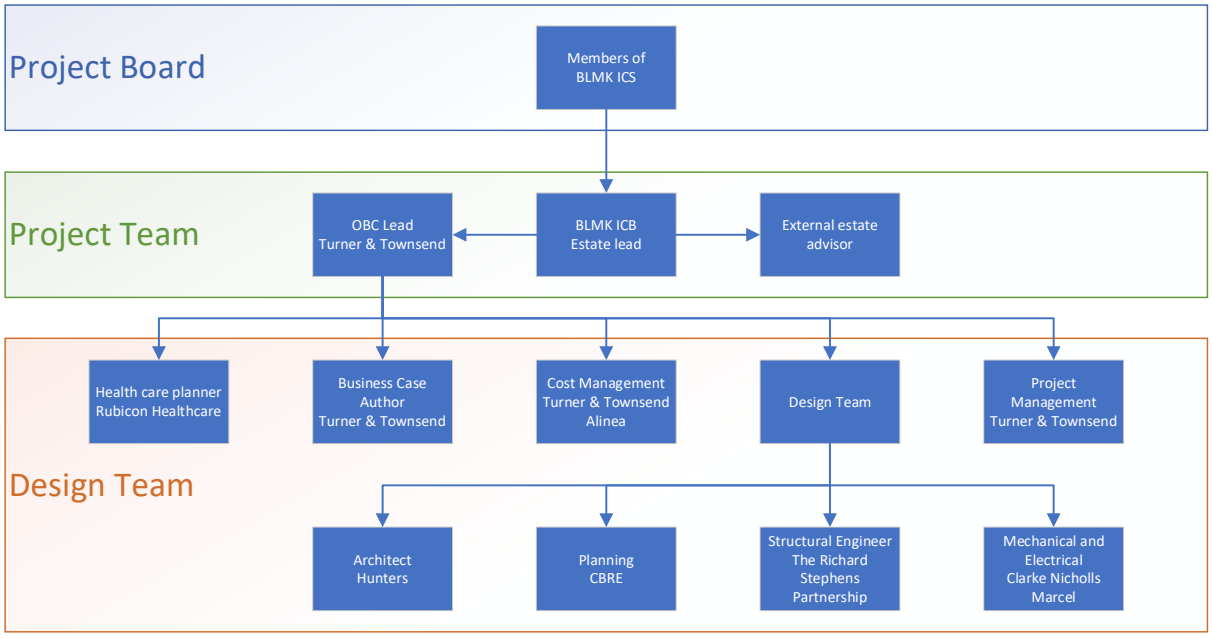


Figure 37 – OBC delivery organisation

8.1.2 Post OBC

Below we have summarised how the current governance structure and arrangements will be impacted by each potential option.

Beyond this OBC approval, the scale of Option 1 is such that there is scope to reduce the size of the project team tasked with its delivery. This will help to reduce the cost of delivering Option 1 against the current estimates. Options 2a could be delivered in a similar manner, provided that fit-out of the office space was minimal.

Option 2b would require additional management and likely the deployment of a full design team to scope out and design the alterations to the Ambulance station. Contractor procurement should be

considered alongside the works to the health centre to avoid consequential damages as the Ambulance station works need to be completed before works to the health centre can begin.

Depending on the delivery route chosen for Option 3, a larger or smaller design team will be needed. Most 3PD's have their own design team and the contractual relationship between PCN and 3PD would most likely be by an agreement to lease based on a performance specification. Under this scenario no design team would be needed by the PCN or ICB.

A local authority led development would likely require a design team, given the authority's lack of in-house expertise in healthcare building development.

8.1.3 Project Groups

The Project Groups are listed below, with a brief description of their role, membership, and typical frequency.

8.1.3.1 Stakeholder group

The project board convened on four occasions to review the progress and development of the project, these were on the following dates:

- 17 August 2023
- 16 October 2023
- 23 November 2023
- 13 March 2024

The stakeholder group comprised the following individuals (although not all members attended all of the meetings):

- Nikki Barnes — Associate Director of Estates (BLMK ICB)
- Collette How — Project Officer (BLMK ICB)
- Beth Collins — Head of Integrated Primary Care (BLMK ICB)
- Michelle Summers — Associate Dir. Communications and Engagement (BLMK ICB)
- Patricia Coker — Head of Integration (Health and Social Care) at Social Care, Health and Housing Central Bedfordshire Council
- Andrew Davie — Assistant Director Development & Infrastructure (Central Bedfordshire Council)
- Iain Berry — Assistant Director – Assets (Central Bedfordshire Council)
- Gavin Coombs — Head of Facilities Management (Central Bedfordshire Council)
- Lisa White — Head of Leisure (Central Bedfordshire Council)
- Mark Adams — Town Planning Partner (NHS PS)
- Frank Riedel — (East London Foundation Trust)
- Rachel West — (East London Foundation Trust)
- Michelle Bradley — (East London Foundation Trust)
- Sarah Wilson — (East London Foundation Trust)
- Glenda Hall — (Cambridgeshire Community Services NHS Trust)
- Robert Freake — (Cambridgeshire Community Services NHS Trust)
- Andrew Packman — (Cambridgeshire Community Services NHS Trust)
- Shalene Daly — (BLMK ICB)
- David Stevens — (East London Foundation Trust)
- Robin Campbell — (East London Foundation Trust)
- Mike Goodwin — Estates Advisor (MKG Advisory)
- Claire Colgan — Director (Turner & Townsend)
- Christopher Roe — OBC Author (Turner & Townsend)

- Lorna Carver Director of Place and Communities (BLMK ICB)
- Laura Greenish Primary Care Estates Manager (BLMK ICB)
- Carrie Walker Programme Manager (BLMK ICB)
- Dominic Woodward-Lebihan Deputy Chief Officer Strategy & Assurance (BLMK ICB)
- Abdul Sikdar (East London Foundation Trust)
- Diana Blackmun (Central Bedfordshire Healthwatch)
- Buki Gagar Programmes & Projects (Central Bedfordshire Council)
- Morgan Parrack Architect (Hunters)
- Garri Fernandes Project Manager (Turner & Townsend)
- Liz Coz Associate Director of Finance (BLMK ICB)
- Adam Fahn (East London Foundation Trust)

8.1.3.2 Project Team

The project team met on a weekly basis to review the development of the OBC between August 2023 and March 2024. The Project Team comprised the following:

- Nikki Barnes Project lead (BLMK ICB)
- Mike Goodwin Estates Advisor (MKG Advisory)
- Collette How Project Officer (BLMK ICB)
- Christopher Roe OBC Author (Turner & Townsend)
- Garri Fernandes Project Manager (Turner & Townsend)

8.1.4 Business case review and approvers

Due to the scale of the identified options within this OBC, it is appropriate for the ICB to approve the document.

8.1.5 Project roles and responsibilities

During all the stages of the OBC project it was essential that it was led and supported by individuals/groups with the skills necessary to identify, manage and represent the needs and interests of a wide range of stakeholders and the ability to focus on delivery of the agreed objectives and benefits.

The project governance structure was intended to ensure appropriate representation and engagement, whilst allowing streamlined and timely decision-making. The programme and project roles are listed below. As with the programme and project groups, the programme and project roles will and have changed during the business case/design phases of the project. As the project progresses, additional roles will/have been required. The roles listed in the table below were deployed for the development of this business case.

Role	Organisation	Role overview
Senior Responsible Officer (SRO)	NHS Bedfordshire, Luton and Milton Keynes ICB	Responsible for ensuring that the project meets its objectives and delivers on any agreed benefits. The SRO is a senior manager in the organisation. The SRO is usually appointed by the Project Board to oversee the Project as a whole, carrying out key duties on behalf of the Board. Specific tasks include: Monitoring and managing the progress of the Project Acting as the point of contact for the partner stakeholders Overseeing the appointment of external advisors.

Project Lead	NHS Bedfordshire, Luton and Milton Keynes ICB	The project lead is the client-side point of contact, representing the interests of the organisation and key stakeholders on day-to-day matters within the business case.
Project Management	Turner & Townsend	Day to day management of the project, stakeholder and project team including progress reporting, programme, risk register and commercial strategy development. The Project Manager will be responsible for oversight of this project and managing of the individual pieces of work to deliver against the project milestones.
Cost Management	Turner & Townsend	Development of a cost model. The cost manager will use specific outputs from areas such as the latest Schedule of Accommodation (SOA), any latest design information, site surveys, previous cost estimates and any pre-planning advice at this stage (if available) to prepare the cost model. At this stage, it will continue to include both risk/contingency and Optimism Bias (OB) where appropriate.
Business Case Authoring	Turner & Townsend	Author of this business case and its constituent parts (where not agreed to be undertaken by third party) i.e., the strategic review, economic analysis (including site selection), commercial review, financial appraisal, and delivery plan (management case).
Healthcare Planning	Rubicon Healthcare Consulting	Development of Clinical Model and Schedule of Accommodation (SOA).
Architecture (to RIBA Stage 2)	Hunters	Development of architectural input to the OBC. Design of Preferred Option going forward.
Civils & Structural Engineer	Clarke Nicholls Marcel	Development of civils & structural input to the OBC. Design of Preferred Option going forward.
Mechanical & Electrical Engineer	The Richard Stephens Partnership	Development of mechanical & electrical input to the OBC. Design of Preferred Option going forward.
Planning & Valuation Advice	CBRE	Provide planning advice on the options developed over the course of the OBC.

Figure 38 – Project roles

8.1.6 Key Specialist Advisors

Key Specialist Advisors are shown in the table below:

Specialist Area	Adviser
Principal Designer	Hunters Architects

Specialist Area	Adviser
Biodiversity Net Gain Legal advice	Womble Bond Dickinson
Local Council Planning Officer	Central Bedfordshire Council
Planning and Valuation	CBRE

Figure 39 – Specialist advisors

8.1.7 ICB Project Delivery Team

Key members of the ICB Project delivery team are shown in the table below:

Role	Name	Responsibilities
Senior Responsible Officer (SRO)	Dean Westcott	Overall responsibility for estate related matters within the ICB.
Project Lead	Nikki Barnes	Lead person for the project on behalf of BLMK ICB.
Estates Consultant – MKG Advisory	Mike Goodwin	Advisor to BLMK ICB on OBC estate issues.
Estates Officer, BLMK Integrated Care Board (ICB) and Integrated Care System (ICS)	Collette How	Administration

Figure 40 – Key ICB members

8.1.8 Post OBC governance

A new project structure has been recommended for taking this project forward and will be procured as per the commercial case, following the necessary OBC approvals should Option 2a or 2b be progressed. This is recommended as per the below diagram. Should Option 3 be progressed, then the project structure would need to be agreed with partners, depending on the lead delivery partner.

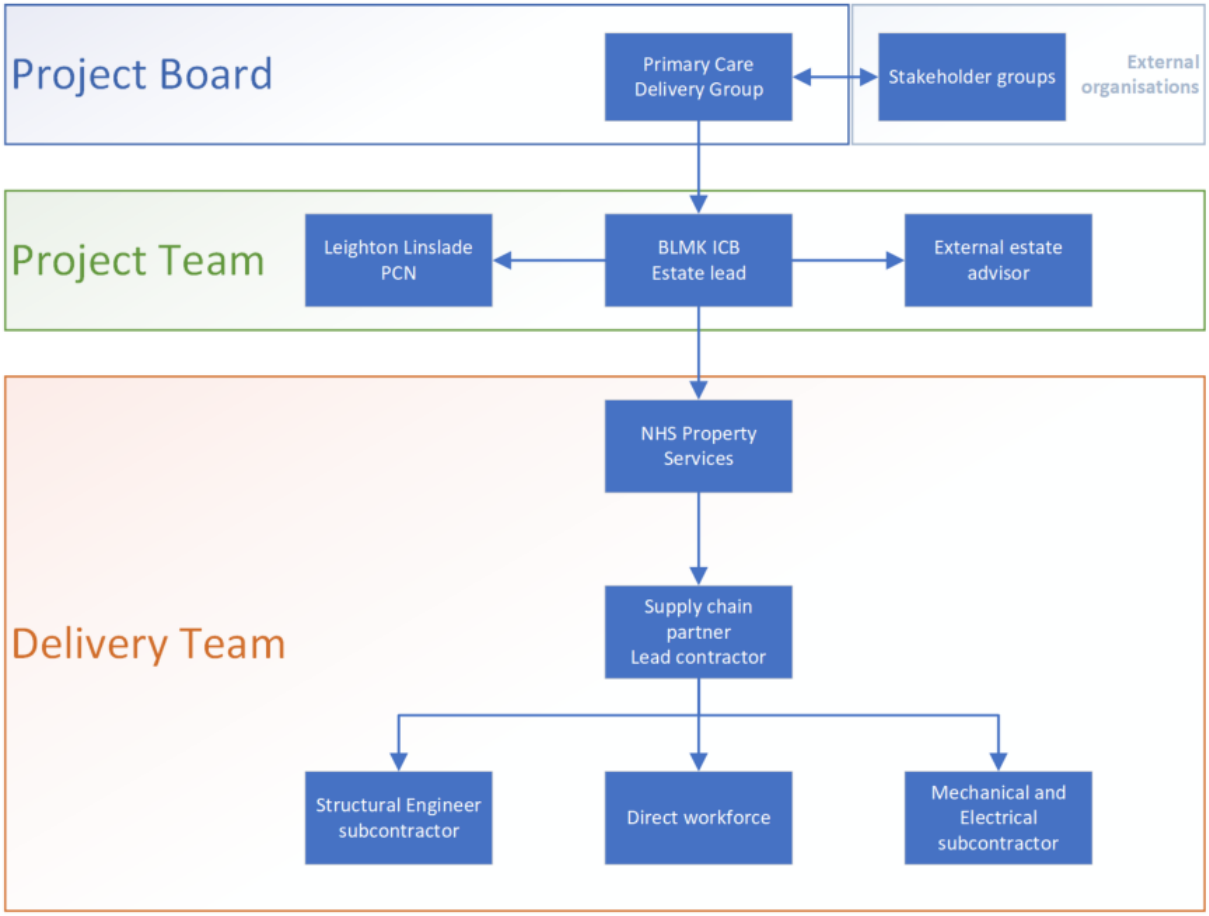


Figure 41 – Proposed project structure moving beyond OBC.

8.2 Project programme

High level project programmes have been developed for each option. These are indicative, based on an assumption of available capital funding.

8.2.1 Option 1

ID	Task Name	Duration
1	**Option 1 (5 clinical rooms)**	**195 days**
2	NHS-PS develop proposal	8 wks
3	Receive three quotes	4 wks
4	Prepare PID	1 wk
5	ICB approval	4 wks
6	NHS E approval	2 wks
7	Appoint contractor	0 wks
8	**Construction**	**100 days**
9	Mobilisation	4 wks
10	Site setup	1 wk
11	Long lead-in item procure	12 wks
12	Strip out	2 wks
13	Construction	14 wks
14	Handover	0 wks

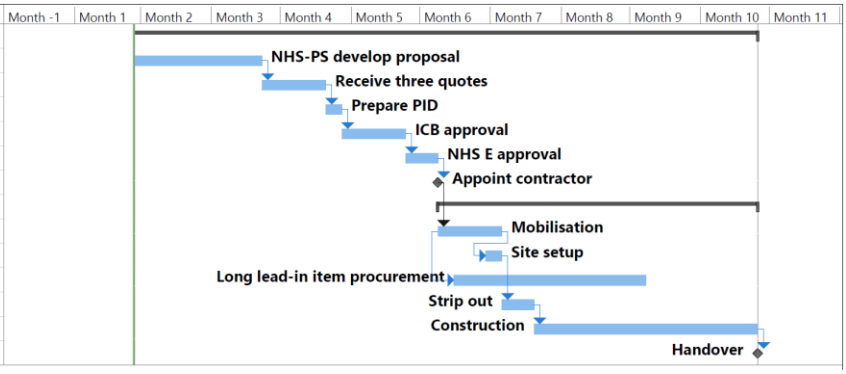
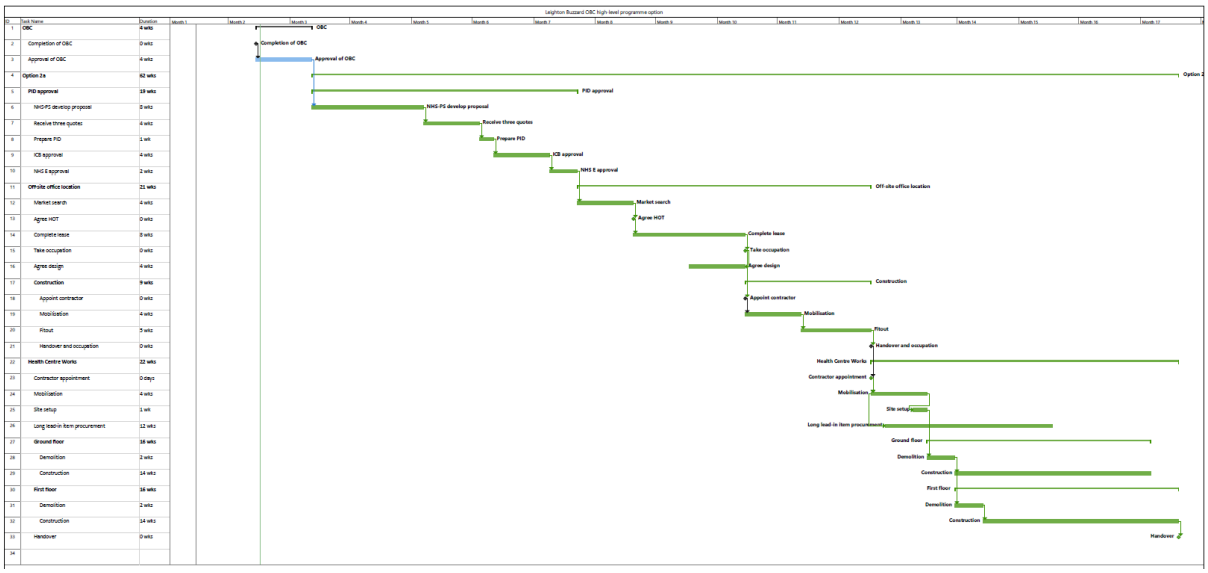


Figure 42 – Project programme

It is anticipated that the project can be delivered within the 11 months from commencement. A critical element of the project will be when funding can be identified by the ICB to support the project. Tasks prior to the appointment of the contractor can be undertaken following the approval of this OBC. However, NHS PS will be unable to appoint the contractor without commitment from the ICB that it has secured the funding to complete the works. As funding has not been set aside for the project no target date has been identified for delivery.

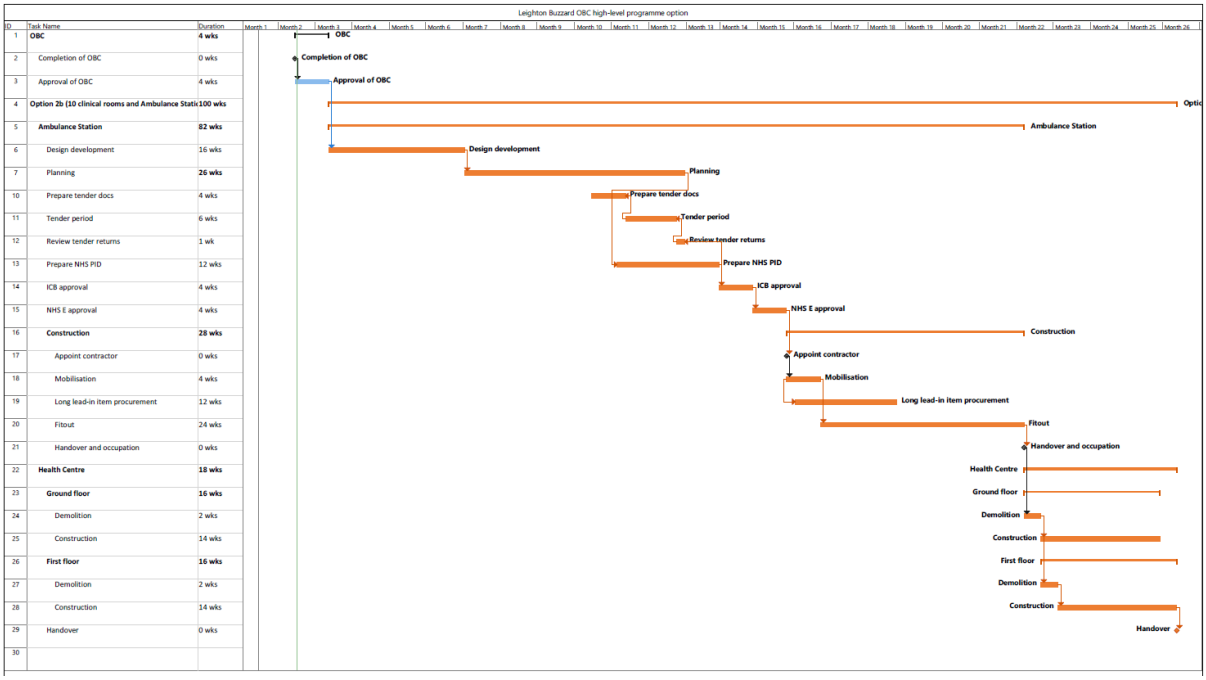
8.2.2 Options 2a



This option would take around 17 months to deliver. This is subject to funding being immediately available and it is known that the ICB has already committed its BAU funding for FY24/25, whilst funding for FY25/26 has not been confirmed. Overall project delivery time could therefore take longer. Should delivery of this option require the sale of the Vandyke Road site to release sufficient capital funding, then these timescales could be significantly longer.

Works to the health centre would be done in parallel, offset by 2 weeks to allow construction trades to complete the first floor before moving to the second. Undertaking both floors at the same time allows for testing and commissioning to be undertaken for all floors at the same time, simplifying the latter stages and improving the quality of the works.

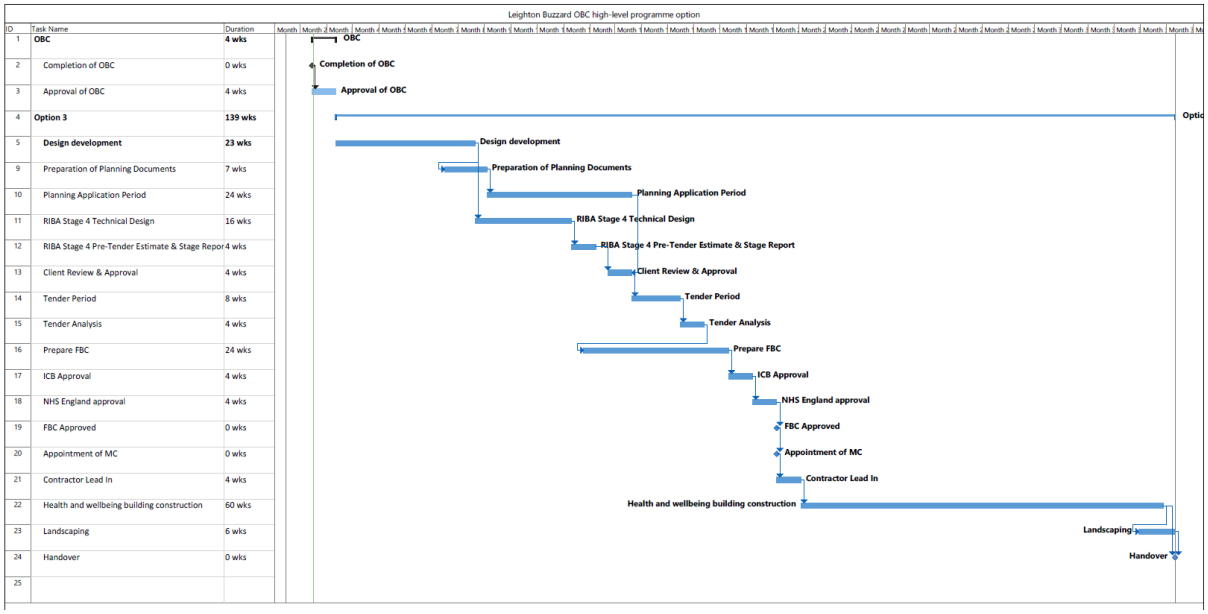
8.2.3 Option 2b



ID	Task Name	Duration
1	**OBC**	**4 wks**
2	Completion of OBC	0 wks
3	Approval of OBC	4 wks
4	**Option 2b (10 clinical rooms and Ambulance Statio**	**100 wks**
5	**Ambulance Station**	**82 wks**
6	Design development	16 wks
7	Planning	**26 wks**
10	Prepare tender docs	4 wks
11	Tender period	6 wks
12	Review tender returns	1 wk
13	Prepare NHS PID	12 wks
14	ICB approval	4 wks
15	NHS E approval	4 wks
16	**Construction**	**28 wks**
17	Appoint contractor	0 wks
18	Mobilisation	4 wks
19	Long lead-in item procurement	12 wks
20	Fitout	24 wks
21	Handover and occupation	0 wks
22	**Health Centre**	**18 wks**
23	**Ground floor**	**16 wks**
24	Demolition	2 wks
25	Construction	14 wks
26	**First floor**	**16 wks**
27	Demolition	2 wks
28	Construction	14 wks
29	Handover	0 wks
30		

As works to the Ambulance Station would need to be completed before works to the health centre could commence, this project would take approximately 26 months to deliver (from allocation of funding). Works to the health centre would be delivered in line with the rationale set out in Option 2b.

8.2.4 Option 3



ID	Task Name	Duration
1	**OBC**	**4 wks**
2	Completion of OBC	0 wks
3	Approval of OBC	4 wks
4	**Option 3**	**139 wks**
5	**Design development**	**23 wks**
9	Preparation of Planning Documents	7 wks
10	Planning Application Period	24 wks
11	RIBA Stage 4 Technical Design	16 wks
12	RIBA Stage 4 Pre-Tender Estimate & Stage Repor	4 wks
13	Client Review & Approval	4 wks
14	Tender Period	8 wks
15	Tender Analysis	4 wks
16	Prepare FBC	24 wks
17	ICB Approval	4 wks
18	NHS England approval	4 wks
19	FBC Approved	0 wks
20	Appointment of MC	0 wks
21	Contractor Lead In	4 wks
22	Health and wellbeing building construction	60 wks
23	Landscaping	6 wks
24	Handover	0 wks
25		

Option 3 is the longest duration at 35 months to deliver. This could be longer if planning is delayed or additional ground/enabling works are needed at Clipstone Park. It is also dependent upon release of the updated Section 106 land, which is currently being renegotiated by Central

Bedfordshire Council Planning team, and is dependent on the sale of the Vandyke Road site which could further impact on the programme.

A copy of each programme is included in Appendix 11.

8.3 Change Management

Projects are about delivering change. This can range from service improvement and business process re-engineering to a transformation in services and the way in which they are delivered.

Change needs to be managed and embraced by individuals within the organisation, hence the need for a change management strategy (linked to benefits realisation), a change management framework (to manage anticipated and unexpected change) and a plan (to explain what will be delivered by whom and when in terms of underlying activities).

The change management arrangements will primarily fall into three of the project's workstreams:

8.3.1 Estates and FM

All options provide a significant increase in the amount of clinical space available within community settings. Ensuring the space is well utilised will be key to achieving the clinical benefits. The PCN already uses rooms in an agile way (rooms are not permanently assigned to specific clinicians). This increases efficiency of room use, but increases the management needed for room timetabling. The PCN will need to develop a change management process to ensure timetabling does not become a bottleneck that limits the clinical benefits.

The option to build a new building will bring significant change, not just additional clinical rooms to manage, but also a new site. This building will require effective management to ensure compliance with statutory facilities management duties (e.g. testing and servicing or plant and machinery) as well as management of reception.

8.3.2 People

Should a new site be developed, in addition to managing attendance at reception (mentioned above) the PCN will need to develop a process that allows all team members (clinical and non-clinical) to function effectively across multiple sites.

The PCN will need to recruit additional staff members to work from the newly created clinical spaces. These roles will be focused around the ARRS programme e.g., health and wellbeing coaches, social prescribers, and care navigators. It will be important for all staff to understand how these new roles fit into the same-day services that the PCN envisages.

Each option will have its own staffing implication which will influence the number and type of clinicians to be appointed, although Options 2a, 2b, and 3 would allow the PCN to fully staff in line with expected clinical demand.

8.3.3 Clinical

The PCN has set an aspiration for significantly increasing the amount of same-day clinical activity undertaken by the PCN utilising the new space that this project will create. The clinical space will meet standard specification, requiring little adjustment for the PCN. The key change management will therefore be limited to upscaling the service.

8.3.3.1 Redirection of activity

The clinical model identified that an at-scale same-day service will redirect activity currently undertaken by primary care. A process of redirecting this as it enters the system will need to be developed to avoid referrals (which would cause duplication and not achieve the intended benefits).

8.3.3.2 New activity

The availability of more same-day appointments has the potential to increase demand. A process will need to be developed that allows more patients to access the service, such as improved self-service or additional call handlers.

The availability of more clinical capacity for same day risks increasing the number of inappropriate attendances. Primary care is aware that making it easier to see a clinician results in some patients seeking clinical advice for increasingly minor ailments. The PCN will therefore need to improve the robustness of triage to ensure patients continue to use NHS 111 or local pharmacies for very minor ailments. This may require additional training of call handlers, or the development of robust triage guidance and processes.

8.4 Stakeholder engagement

As identified, the primary stakeholder for the proposal was the PCN. It is this organisation which would use the majority of the space created, having previously identified that other providers within Leighton Buzzard had no requirements as part of this project in the short term.

A number of sessions were held with the PCN over the course of the OBC's development to refine the clinical demand model and final design for all options. Both clinical model and designs were approved by the PCN.

A record of engagement with the PCN is contained in Table 34.

Date	Group	Purpose
22 September 2023	PCN	Clinical engagement workshop to scope out clinical requirements of the PCN
18 October 2023	PCN	Clinical capacity modelling workshop to refine variables within the clinical model and obtain feedback on progress to date.
24 November 2023	PCN	Clinical capacity modelling workshop to outputs form the model.
08 February 2024	PCN	Review of the design proposal prepared by the architect for all options and gather comments and approvals.
16 February 2024	PCN	Issue of updates to design following design review.

Table 34 – schedule of PCN engagement

Engagement was also held with non-clinical stakeholders including the Local Council (as System Partners) and NHS PS as building owners of Leighton Buzzard Health Centre and managers of the Vandyke Road site.

8.5 Community Engagement

A Resident and Voluntary and Community Sector Engagement Event was held on 9 November 2023 at Astral Park Sports and Community Centre, Johnson Drive, Leighton Buzzard.

This gave attendees a briefing on the development of the Outline Business Case, what this means for residents and how discussions on the day would shape what happens next. Clinical leads discussed the proposed, future service model for Leighton Buzzard and how this seeks to respond to what local people are saying.

Attendees gave views on the proposal for the future delivery of clinical services and the priorities and options for the potential expansion of health and care services.

Feedback from attendees was recorded and used to inform this OBC. Material relating to the engagement session is included in Appendix 12.

8.6 Benefits Realisation

The strategy, framework, and plan for dealing with the management and delivery of benefits will be managed through ICB and PCN collaboration. The intention is for the PCN and ICB to review one year after practical completion of the building alterations to monitor and evaluate the outcomes of the project.

The Benefits Realisation Plan (BRP) identifies who is responsible for the delivery of the project's specific benefits, when they will be delivered, and how achievement of them will be measured.

As described through the Strategic and Economic Cases, the benefits expected to be realised by the project have been identified, captured, and appraised. The table below shows the latest BRP and how it links to the project's spending objectives.

The following table sets out the proposed monitoring/reporting schedule for the BRP:

Benefit ref	Benefit Name	Type	Who benefits?	Accountable Owner	How measured?	When measured?
B01	WELLBY	SB	Clinical staff	PCN	ICB Reporting	Annual
B02	Reduced A&E attendances	NCRB	Patients	ICB and PCN	ICB Reporting	Annual
B03	Meets capacity requirements	UB	ICB	ICB and PCN	ICB Reporting	Annual

Benefit ref	Benefit Name	Type	Who benefits?	Accountable Owner	How measured?	When measured?
B04	Capacity for planned growth	UB	Patients and PCN	PCN	ICB Reporting	Every 3 years
B05	Strategic fit – demand management	UB	Staff	ICB & GP Practice(s)	ICB Reporting	Annual
B06	Strategic fit – Promotes Health & Wellbeing	UB	Users and Staff	ICB & GP Practice(s)	ICB Reporting	Annual
B07	Strategic fit – reducing health inequalities	UB	Users and Staff	ICB & GP Practice(s)	ICB Reporting	Annual
B08	Strategic fit - Primary Care at Scale / New Models of Care	UB	Everyone	ICB	ICB Reporting	Annual

Figure 43 – BRP monitoring/reporting schedule

The purpose of the BRP will be to act as a live document throughout the project lifecycle, not just during investment decision making, supporting benefits management and eventual benefits realisation. Aligned with the SO's, the benefits capture the value to be created from the project, including wider social objectives. These benefits support the model of care/new ways of working, and delivery of the benefits will be robustly managed through the course of the project. As such, the BRP will form an integral part of project delivery and monitoring.

8.7 Risk Management Plan

A project risk register was created for the delivery of this project and reviewed several times over the course of the OBC's production. The risk register was separated to provide focus on two areas:

- Risks associated with the production of this business case document, and
- Risks associated with the delivery of the final project.

Risks were assessed by the project team and measured against their impact and probability as shown in Figure 44.

The project risk register has followed the approach of identifying the risks that might prevent achievement of the objectives of the project. These are documented into a register and reviewed on a regular basis. The risk register sets out who is

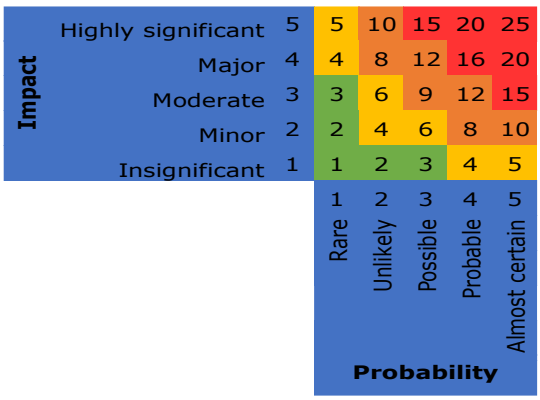


Figure 44 – Risk scoring matrix

responsible, the quantification of that risk and its proposed mitigation measure(s).

A copy of the OBC development risk register is included in Appendix 13.

The BRP will be consistent with the benefits identified in the Economic Case and in line with overall objectives. It will also include Net Zero targets including energy consumption and supplied energy.

The project risk register will need to be updated once a preferred option is identified following consultation.

8.8 Project Assurance and Post Project Evaluation (PPE)

There are three main areas for project reviews. These are:

- **PPE –** a Post Project Evaluation (PPE) is undertaken at key stages in the process to ensure lessons can be learnt from the project, examining quality of documentation, communication, efficacy against guidance and perceptions of advice, guidance, and support from NHSE.
- **PER** – a Project Evaluation Review (PER) appraises how well the project was managed and whether it delivered to expectations. It is timed to take place during the construction phase and will form part of the post project design evaluation. It will compare the current design assessment undertaken during this OBC project phase with the final operational building.
- **PIR –** a Post Implementation Review (PIR) captures whether the anticipated benefits have been delivered. The review is recommended to be timed to take place immediately after practical completion and then 1 and 2 years later to consider the benefits planned.

The ICB and all other project stakeholders are fully committed to ensuring that a thorough and robust PPE is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project.

8.9 Management case conclusion

The management of the project as it moves forward will be determined by the preferred option that is yet to be identified.

Each option has its own identified procurement and delivery routes with the identified options taking between 10 and 35 months to deliver once capital funding is available, depending on the complexity of the option.

9 Conclusion and recommendations

9.1 Conclusion

The project has evolved significantly since the commissioning of this OBC in Summer 2023. The working arrangements of key stakeholders has changed (ELFT vacation of the Health Centre) and the availability of capital has fluctuated significantly due to the introduction of Biodiversity Net Gain as national planning policy.

Analysis of the clinical model has identified that healthcare provisions in Leighton Buzzard are already well provided (compared to the rest of the country) and whilst acute services remain some distance, the size of the town and its clinical need would not support significant acute or complex diagnostic service provision.

The gifting of land at Vandyke Road by the Willis Dawson Foundation is a complicating factor. It should be emphasised that there remains no causal relationship between the gifting of the land in the 1980s and the health and wellbeing of the Leighton Buzzard population. Whilst it remains a useful solution, the land, in itself does not define a problem, nor is it guaranteed that its deployment offers the best solution.

This Business Case has identified a number of options. They have been informed by clinical stakeholders and the patients, community groups and local representatives of Leighton Buzzard. The project team has worked with the PCN to understand the health need of the community. The PCN has identified through its own Health Needs Assessment demand modelling that a same day urgent care service would provide the greatest benefit to the health and wellbeing of the Leighton Buzzard community. The OBC has confirmed the PCN's previous assessment, that in order to realise the extra capacity the service could create, more space within the primary/community estate is needed. This OBC has identified a number of ways in which the additional primary care space needed to launch the service at scale can be created. However, the OBC has been unable to identify a preferred option. All options score below the preferred BCR of 4.00 and this is indicative of the differing benefits and challenges in the deployment of each option.

In reflecting upon the lack of a single solution that meets the needs and aspirations of all stakeholders, whilst remaining deliverable and affordable the project team developed the following list of pros and cons to conclude and summarise their understanding of what remains a complex challenge:

Option	Pros	Cons
Option 0 Do nothing	▪ None	▪ Failure to meet growing clinical demand. ▪ PCN unable to deliver planned service developments. ▪ Some under-utilisation of existing assets.
Option 1	▪ Partial delivery of clinical model. ▪ Net financial saving to ICB (Revenue), compared to BAU.	▪ No capital budget identified, Likely to require ICB capital funding unless Vandyke Road is released.

Creation of 5 new clinical rooms in health centre	▪ Relatively fast deployment (subject to available funding). ▪ Improves Value for Money (VFM) on existing assets. ▪ Best VFM option.	▪ Unable to deliver full PCN service. ▪ Lack of parking (whilst increasing activity on-site). ▪ May not meet patient/resident expectations. ▪ Doesn't maximise all available resources (e.g. Vandyke Road site). ▪ Potential resistance from stakeholders regarding release of Vandyke Road to fund this solution.
Option 2a Creation of 10 new clinical rooms in health centre with off-site PCN office	▪ Provides sufficient clinical space to enable delivery of clinical model. ▪ Improves VFM on existing assets. ▪ Net financial saving to ICB (Revenue), compared to BAU.	▪ Separation of admin and clinical space compromises operational delivery. ▪ No capital budget identified (likely to require release of Vandyke Road). ▪ Lack of parking (whilst increasing activity on-site). ▪ May not meet patient/resident expectations. ▪ Potential resistance from stakeholders regarding release of Vandyke Road to fund this solution.
Options 2b Creation of 10 new clinical rooms in health centre with PCN office moved into the converted ambulance station	▪ Enables delivery of clinical model. ▪ Improves VFM on existing assets. ▪ Net financial saving to ICB (Revenue), compared to BAU.	▪ No capital budget identified (likely to require release of Vandyke Road). ▪ Lack of parking (whilst increasing activity on-site). ▪ May not meet patient/resident expectations. ▪ Potential resistance from stakeholders regarding release of Vandyke Road to fund this solution.
Option 3 Creation of 14 new clinical rooms in a	▪ Enables delivery of clinical model. ▪ Provides additional capacity to future proof primary and community services.	▪ Highest capital cost option with capital shortfall (even with release of Vandyke Road). ▪ Requires significant revenue investment from ICB and PCN.

new-build at Clipstone Park	▪ Enables space for potential mobile diagnostics and screening in the future. ▪ High quality clinical environment. ▪ Adequate parking. ▪ Increases choice of locations for accessing health and wellbeing services. ▪ Improves access for residents to east of the town meeting demand from housing growth. ▪ Whilst this may not meet all patient/resident expectations, this is likely to be the most acceptable option. ▪ Potential to engage in joint working with other public sector organisations.	▪ Leaves existing assets poorly utilised (void space in health centre). ▪ This option offers poorest VFM to taxpayer. ▪ Potential for access challenges, for residents of west of the town (with limited public transport). ▪ Potential challenges around delivery mechanism. ▪ Option would take the longest to deliver.

9.2 Recommendations

This OBC has undertaken a robust and as unbiased as possible assessment of the challenge. None of the options, including those jointly identified during the community engagement event, demonstrate a benefit cost ratio above the benchmark normally used to recommend a project to proceed. In addition, all have funding challenges and come at a time where all organisations are needing to make difficult decisions around which projects can be afforded with the limited funding that is available.

The project team has therefore jointly agreed that it is unable to make a recommendation of a particular option and recommends that the ICB consider this project and the merits identified in this OBC alongside its other strategic priorities across the region.

Appendices