

6<sup>th</sup> February 2025

**BLMK ICB**  
3<sup>rd</sup> Floor, Arndale House  
The Mall  
Luton  
LU1 2LJ

Dear Planning Policy Team,

On behalf of Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB), I welcome the opportunity to respond to the Luton Local Plan Review – Community Involvement Paper (December 2024). We commend the Council on the breadth and comprehensiveness of its plans and recognise the strong alignment with the ICB core purpose of improving health and reducing inequalities by addressing the wider determinants of health.

Below are our responses to the relevant consultation questions.

**Q1-10: What can the Local Plan do to help deliver Luton's Healthy Framework's objectives for a healthy place?**

We fully support the Council's ambitions and acknowledge the significant challenge in delivering the Plan, given the constraints outlined. Achieving the vision and objectives will require careful balancing, particularly where regeneration efforts may have implications for health service access and delivery, and environmental impacts. We are happy to work closely with the Council to assess health and inequality impacts and to develop mitigation strategies.

Achieving the vision and objectives will require careful balancing, particularly where regeneration efforts may have implications for health service access and delivery, and environmental impacts that could affect health and wellbeing.

Good quality housing is a key foundation for public health, and we support the Plan's ambition in this regard. Beyond physical housing provision, it is essential to ensure the development of cohesive communities that foster well-being and resilience. Strong community ties not only benefit health but also provide protection against climate-related and other systemic challenges. Access to appropriate healthcare services is vital, and we welcome the opportunity to continue working with the Council to support better health outcomes for vulnerable groups, including residents in social and temporary housing.

**Q11-13: Specialist Housing for Vulnerable Groups**

The provision of specialist housing, such as supported accommodation and care homes, must align with wider health and social care needs. Ensuring appropriate support services and preventative measures will be critical. We welcome the opportunity to continue working with the council on this challenge.

**Q14: Traveller Communities**

Access to healthcare services and measures to improve health outcomes for traveller communities should be considered within the Local Plan. We are proactively working with

these communities to ensure that all residents can access appropriate health and well-being services.

**Q16: Workforce Health and Barriers to Growth**

Workforce health, economic inactivity, cost of living, and environmental factors all contribute to productivity challenges. Without targeted investment in workforce well-being, disability support, community resilience, infrastructure, and green space, the town will continue to face barriers to economic growth. Addressing these wider determinants of health should be a priority within the Local Plan.

**Q17:** No additional comments.

**Q18: Community Wealth-Building and Social Value**

We support the Council's commitment to a community wealth-building approach. A focus on social value initiatives that target those facing health and disability-related barriers to employment is well aligned with our objective to reduce inequalities.

The ICB are fully committed to the NHS People Plan (2022), which sets out actions to support transformation, addressing the need for more people in training and education. The plan promotes a collaborative working agenda across organisations and sectors to build a more compassionate and inclusive culture, expanding and developing the workforce and growing for the future.

**Q19: Economic Growth and Health Impact**

We welcome the ambition to enhance economic opportunities for Luton's residents. Socio-economic stability is a key driver of good health, and we are closely involved in the development of the Inclusive Economy Strategy. However, it is important to ensure that the strategy does not inadvertently devalue lower-wage sectors, which remain vital for employment and economic stability. The ICB is working with the Council to encourage the development of apprenticeships and career pathways across the 350 healthcare professions, and we welcome further collaboration in this area.

**Q20-23:** No additional comments

**Q24-26: Town Centre Health and Well-being Improvements**

We support efforts to enhance green and blue spaces, improve active travel infrastructure, discourage car use, and reduce the prevalence of businesses that encourage unhealthy lifestyles. These measures will create a healthier, more welcoming town centre that promotes well-being for all residents.

**Q27: Addressing Deprivation and Health Facilities**

*Can the new Local Plan do more through placemaking policies to help reduce deprivation, create healthy integrated communities and improve accessibility to health services? If so, how?*

Luton is an ethnically diverse town with an estimated 150 languages and dialects spoken. It is densely populated, with some pockets of overcrowding. Luton has a younger than average population, however, forecasting suggests that this population will rise in the future with an increase in older age groups.

Luton is also comparatively deprived, with some wards in the most deprived areas in the country and high levels of child poverty. These population characteristics contribute to the healthcare needs within the town.

National and local NHS policy is focused around a “left-shift” of services, with greater focus on preventative and early intervention activities, and with a wider and more complex range of services being delivered in primary care settings than in the past. The primary care workforce now consists of broad multi-disciplinary clinical teams, with a wide range of health and care professionals providing services. There is a robust programme of work underway within the Borough of Luton to develop integrated Neighbourhood teams to ensure joined up, efficient, proactive and preventative care for local people. There is an ambition to facilitate these new ways of working through an improved estate, including a more joined-up approach to infrastructure planning across public sector partners. The development of the new Local Plan is a key opportunity for progressing these ambitions.

There are 33 primary care premises across the Borough, operated by 24 providers (practices). 48% of these premises are considered very constrained, with 12 (36%) being severely constrained at over 30 patients per m<sup>2</sup> (see table below). Many of the most constrained primary healthcare services in Luton are in some of the most deprived areas, where health need is generally higher than average.

Property Name	Area m <sup>2</sup> (occupied)	Total m <sup>2</sup> occupied by practice (all sites)	Patients per m2	Total Patients per m <sup>2</sup> (all sites)	Appts per 1,000 patients	Access: Average of 4 Questions	Practice IMD	Date Built/ Converted
WHIPPERLEY MEDICAL CENTRE AKA Farley Hill MC	84.85	1138.06	57.83	41.38	441	50.56%	42.24	1950's
MALZEARD ROAD MEDICAL CENTRE	168.6	168.6	54.36	54.36	457		38	1990
STOPSLEY VILLAGE PRACTICE	173	173	54.26	54.26	408	34.50%	26.15	1960
ASHCROFT ROAD SURGERY	101.3	101.3	52.32	52.32	410	83.27%	26.15	1980
OAKLEY SURGERY	150	150	51.25	51.25	279	60.99%	36.5	1996
LIVERPOOL ROAD HEALTH CENTRE	574.56	1138.06	44.75	41.38	441	50.56%	42.24	1966
NEVILLE ROAD SURGERY	140	140	34.46	34.46	389	66.58%	13.88	1993
BELL HOUSE MEDICAL CENTRE	333	333	33.82	33.82	268	59.44%	34.83	1907
PASTURES WAY SURGERY	158	158	32.20	32.20	475		39.66	1986

WOODLAND AVENUE SURGERY	402	402	32.17	32.17	383	46.13%	28.65	1940
GARDENIA SURGERY	323	451	31.19	31.03	277	45.56%	24.95	1991
MARSH FARM MEDICAL CENTRE	128	451	30.61	31.03	277	45.56%	24.95	1984
BARTON HILLS MEDICAL GROUP (White Horse Vale)	278	278	29.28	29.28	373	57.00%	8.87	1980's
CASTLE MEDICAL PRACTICE	394	1121	27.06	15.85	293	43.00%	35.72	1960
LEAGRAVE SURGERY	352.62	352.62	26.86	26.86	312	61.76%	20.07	1989
BUSHMEAD MEDICAL CENTRE	237.8	1138.06	26.14	41.38	441	50.56%	42.24	1995
SUNDON PARK HEALTH CENTRE	123.94	512.37	22.97	18.52	380	51.95%	23.01	1970
HOCKWELL RING MEDICAL PRACTICE	190.4	361.8	21.25	16.93	425		41.64	1986
BUTE HOUSE MEDICAL CENTRE	525.3	525.3	20.49	20.49	661	60.39%	42.24	1900
GOOSEBERRY HILL	124.17	542.77	19.43	22.23	567	63.57%	7.66	1970
BLLENHEIM MEDICAL CENTRE	727	857	19.13	19.10	495	49.44%	32.08	2004
LINK SURGERY	130	857	18.88	19.10	495	49.44%	32.08	1983
SUNDON MEDICAL CENTRE	307.23	512.37	18.53	18.52	380	51.95%	23.01	1947
KINGSWAY HEALTH CENTRE	683.83	683.83	17.97	17.97	411	51.13%	41.94	2013
LISTER HOUSE SURGERY	374.4	374.4	17.25	17.25	315	49.55%	26.8	1976
MEDICI MEDICAL PRACTICE	1090.7	1090.7	16.97	16.97	378	43.13%	36.66	2008
BRAMINGHAM PARK MEDICAL CENTRE	459.39	459.39	15.84	15.84	345	44.77%	8.53	1990
TOWN CENTRE SURGERY	1043	1043	14.89	14.89	.	41.55%	35.72	2009
LARKSIDE PRACTICE (CHURCHFIELD MEDICAL CENTRE)	703	703	14.30	14.30	438	55.40%	8.64	2006
BRITANNIA HOUSE SURGERY	171.4	361.8	12.13	16.93	425		41.64	2011
HARLINGTON SURGERY	81.2	512.37	11.68	18.52	380	51.95%	23.01	1987
CONWAY MEDICAL PRACTICE	794.37	794.37	10.88	10.88	889		41.94	2013
CASTLE MEDICAL GROUP PRACTICE	727	1121	9.78	15.85	293	43.00%	35.72	2006

Patients per m <sup>2</sup>	Less than 18 patients per m <sup>2</sup>	18-23.3 patients per m <sup>2</sup> (BLMK average)	23.4 - 30 patients per m <sup>2</sup>	>30 patients per per m <sup>2</sup>

Further growth in the Borough will exacerbate the capacity constraints already being experienced by primary care providers, and is likely to impact on access for patients and ultimately to impact on health outcomes for local people unless adequate additional provision can be delivered. It is therefore essential that the development of the new Local Plan for Luton considers the impact of growth on local healthcare services, and how any potential negative impact can be jointly mitigated with health partners.

In particular, we would welcome a review of the Council's current framework and policies in relation to developer contributions (e.g. Section 106 funding). Ensuring future allocation towards health infrastructure from S106 funding will be a critical source of funding towards mitigating the impact of housing/population growth on local healthcare provision.

Population growth, alongside the forecast demographic changes in the Borough, will increase demand for healthcare services, and will require extra healthcare staff. In order to accommodate these increases, extra building capacity will be required through a combination of extensions to existing facilities, and new facilities – given that many of the current healthcare premises in the town are land-locked with no room for expansion.

Whilst S106 funding is unlikely to be sufficient to address the entirety of the cost implications of expanding healthcare facilities, it can be a critical source of funding towards this much-needed additional capacity to mitigate the impact of population growth.

The ICB will welcome a collaborative approach towards the development of the Council's Infrastructure Delivery Plan (IDP) underpinning the Local Plan in due course. This will be a key opportunity to jointly plan for the healthcare infrastructure needed to support the successful implementation of the Local Plan, and ultimately to support joint objectives relating to access to healthcare services and reductions in health inequalities.

*Should the new Local Plan policies and strategy focus investment and delivery of health and facilities such as doctors surgeries within the town based on the current spatial strategy of Town Centre, district and Neighbourhood Centres?*

We would welcome a review of the Council's current framework and policies in relation to developer contributions (e.g. Section 106 funding). Ensuring future allocation of S106 funding (and any other relevant local / external sources of funding) towards health infrastructure will be a critical source of funding towards mitigating the impact of housing/population growth on local healthcare provision.

Population growth, alongside the forecast demographic changes in the Borough, will increase demand for healthcare services, and will require extra healthcare staff. In order to accommodate these increases, extra building capacity will be required through a combination of extensions to existing facilities, and new facilities – given that many of the current healthcare premises in the town are land-locked with no room for expansion.

Whilst S106 funding is unlikely to be sufficient to address the entirety of the cost implications of expanding healthcare facilities, it can be a critical source of funding towards this much-needed additional capacity to mitigate the impact of population growth.

*Can the Local Plan do more to address health and lifestyles through efficient regeneration and diversification of uses in the town centre and/or in other areas?*

The ICB has previously provided temporary healthcare and prevention services from the main shopping centre in Luton town centre, with significant success in terms of take-up from hard-to-reach groups. The ICB would be keen to explore long-term opportunities relating to “health on the high street” concepts, given the potential benefits this could offer in terms of helping to improve accessibility, reduce health inequalities, and wider socio-economic benefits.

Options for permanent town centre healthcare provision explored to-date have been cost-prohibitive, and the ICB would welcome any initiatives within the new Local Plan which may help to deliver a more cost-effective and affordable route for additional town centre healthcare provision.

*How can we protect existing services and infrastructure important for health and wellbeing and for reducing deprivation and inequality?*

Supporting the development of robust multi-disciplinary teams across all of our neighbourhoods in Luton, and mitigating the impact of further population growth, will require infrastructure solutions. The key focus of this work will be on maximising our existing community assets and digital interoperability, and significant work has already taken place around mapping collective partner assets at Neighbourhood level and using them more flexibly, e.g. social prescribing activities based in faith and community settings. We will welcome

In support of our prevention approach, opportunities to co-locate healthcare services with wider signposting services (e.g. benefits/housing advice, leisure services, VCSE support) will be welcomed, in line with the growing evidence base around the value this can offer. There will be a key focus on bringing more services and advice into community spaces. This is already the case for many of our 180+ wte personalised care staff supporting primary care (e.g. Social Prescribing Link Workers, Care Co-ordinators, Health & Wellbeing Coaches).

The ICB will welcome a collaborative approach towards the development of the Council's Infrastructure Delivery Plan (IDP) underpinning the Local Plan in due course. This will be a key opportunity to jointly plan for the healthcare infrastructure needed to support the successful implementation of the Local Plan, and ultimately to support joint objectives relating to access to healthcare services and reductions in health inequalities.

In particular, we will welcome a One Public Estate approach to join up opportunities around redevelopment and regeneration programmes at a local level (e.g. health on the high street approaches, maximising opportunities to improve the health offer linked to large affordable housing and independent living schemes).

#### Hospitals Services

There are major condition challenges with the state of the aging acute hospital estate in Luton. There are major backlog liabilities with significant potential to impact patients, and

operation of parts of the estate is regularly impacted by maintenance issues which impact on the delivery of care. As well as the risk of impact to patient care, poor condition buildings can impact on staff experience, and ultimately impact on recruitment and retention levels.

There is a major redevelopment programme underway at the Luton & Dunstable University Hospital site, as part of a wider plan to transform many parts of the Trusts' hospital sites. This programme will deliver an Acute Services Block and New Ward Block, and this major programme will provide new accommodation for 4 of the 34 services delivered from the hospital site. Further work is needed to transform other parts of this site to ensure they are fit for future purpose.

The ICB will welcome any opportunities within the Local Plan for supporting joint infrastructure planning and direction of resources (e.g. developer contributions / access to external funding opportunities) towards improving and sustaining vital hospital infrastructure in Luton.

#### **Q28-30: Environmental Impacts on Health**

The ICB and other healthcare organisations see the impacts of environmental factors affecting the health of local residents. All efforts should be made to reduce these in order to improve the health of the local population and, in turn, reduce the likelihood of people dropping out of the general workforce.

The ICB has no additional comments beyond what is already outlined in the paper and other policies – that is, reducing or mitigating environmental harms through the use of greenspace, active travel, accessible and affordable public transport, and working across anchor organisations to support the most vulnerable. Environmental factors have a direct impact on public health. Air pollution, poor urban design, and lack of green space contribute to increased healthcare demand. We support all efforts to mitigate these effects, including investment in green spaces, active travel, and sustainable transport solutions.

#### **Q31-40: Environment, Climate Change, and Health**

The ICB welcomes the considerations of environment, nature recovery, access to greenspace, and climate change within the local plan. The impacts of environmental degradation and climate change are having a large effect on the health and wellbeing of the population, creating additional demand for healthcare services and reducing the productivity of the general workforce, which will only increase in future.

The ICB supports the measures outlined, as they are vital to supporting a healthy population – the benefits of nature and green- and blue-space, and the risks of climate-change-induced extreme weather are well documented.

The ICB encourages the council to consider how design of local infrastructure can also encourage community cohesion, which in turn can improve resilience to system shocks such as extreme weather. Community gardens are welcomed, as they also have a direct health benefit to users and those living nearby, and the ICB would encourage additional mechanisms.

In addition to this, the ICB would welcome the opportunity to explore decentralised energy and heat generation for healthcare facilities.

The ICB supports measures to reduce the flood risk, and not only can it disrupt service delivery, it can have a significant impact on the health of those affected – for example, 1 in 3 people suffer post traumatic stress disorder following the flooding of their home.

The ICB also welcomes measures to support nature recovery and biodiversity.

Finally, the ICB also recommends the use of natural shade as a mechanism to off-set the impacts of extreme heat, that also has a benefit to mental wellbeing.

Whilst it is vital we do all we can to reduce climate change and adapt to its impacts, we must however give consideration to the financial impacts on developments of additional requirements for insulation, BNG, etc.

#### **Q40-42: Community Amenities and Infrastructure**

We strongly support the enhancement of community amenities and green spaces, particularly in areas with limited existing provision. Co-location of services will improve accessibility and create more resilient communities.

The ICB does not currently have additional green space to nominate, however there may be sites that other healthcare organisations would wish to nominate.

#### **Q43-46: Culture and Heritage**

Recognising and protecting local cultural and historical assets contributes to community wellbeing. We support efforts to enhance these aspects within the Local Plan.

#### **Q47-54: Sustainable Design and Active Travel**

The ICB supports the concept of sustainable design that provides well-maintained, child-friendly, inclusive, welcoming spaces, with natural shade and vegetation, and features that ensure safety, good air quality, and access to public and active travel infrastructure, as these features will improve health and wellbeing.

Furthermore, the ICB supports moves to help people increase their activity levels by using public and active travel modes of transport. The ICB would welcome sight of modelling around key commuting routes and how the Local Travel Plan will work to provide specific infrastructure for those routes most commonly used by workforce, including the healthcare workforce.

We note that care must be taken when designing spaces, and reimagining travel infrastructure, to ensure that access for ambulance and community workers (both in vehicles and on-foot) is not restricted.

#### **Q55-57: Healthcare Infrastructure and Future Planning**

Healthcare infrastructure is already under pressure in Luton, with many primary care facilities operating beyond their intended capacity. The projected population growth will

exacerbate these constraints, making it essential to incorporate healthcare infrastructure planning into the Local Plan. A review of Section 106 funding allocation for healthcare is needed, and joint planning efforts should be strengthened through the Council's Infrastructure Delivery Plan.

Luton & Dunstable University Hospital is undergoing a significant redevelopment program, but further investment is required to modernise aging facilities and meet future healthcare demands. The Local Plan should support joint planning efforts to direct resources toward sustaining vital hospital infrastructure.

We appreciate the opportunity to contribute to this consultation and look forward to continued collaboration with the Council. Should you require any further information or wish to discuss these points in more detail, please do not hesitate to contact us.

Yours sincerely,

Bedfordshire, Luton and Milton Keynes Integrated Care Board