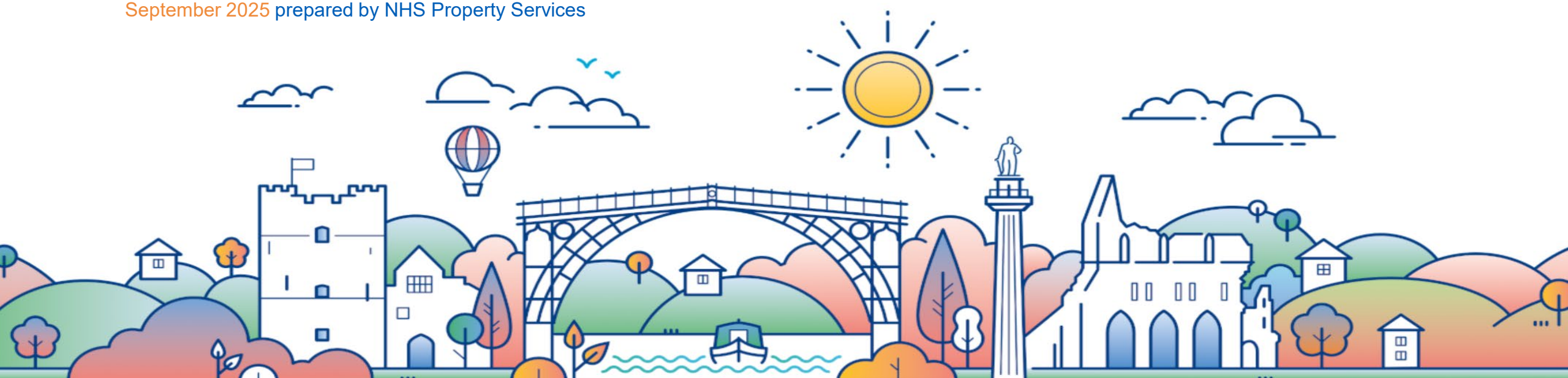
Integrated Care System
Shropshire, Telford and Wrekin

# Shropshire, Telford and Wrekin Infrastructure (Estate) Strategy

## 2024 -2034

September 2025 prepared by NHS Property Services



# Contents



| Version | Authors | Date | Status | Reviewed by |
|---|---|---|---|---|
| v1 | Zoe Watts | 1st July 2024<br>10th July 2024 | Draft | Gareth Robinson<br>Strategic Commissioning Committee (Approved) |
| v2 | Andrew Stirling | 1st September 2025<br>3rd September 2025<br>12th September 2025<br>24th September 2025 | Final | Angela Szabo and Claire Skidmore<br>Strategic Estates Group<br>Strategy and Prevention Committee<br>Integrated Care Board |

This strategy sets outs the system strategic infrastructure and estates objectives and priorities aligned to the NHS 10-Year plan. Detail within the appendices will be updated as required to reflect the impact of any changes e.g. government reform, policy changes and capital planning guidance.

# 1. Foreword

I am pleased to present the Shropshire, Telford and Wrekin Integrated Care System's Infrastructure Strategy for 2024-2034. This strategy is a critical step in ensuring that our health and care services are equipped to meet the evolving needs of our communities in line with the NHS 10-Year Plan; working in tandem with our Integrated Care Strategy, Workforce, Digital and Finance Strategies. It reflects our commitment to delivering high-quality, accessible, and sustainable care environments that support the needs of our population and workforce.

Our estate is diverse, spanning urban and rural areas, and includes facilities of varying age, condition, and functionality. While we have made significant progress in recent years, challenges remain, particularly in addressing ageing infrastructure, accommodating population growth, and the need for greater integration of services. This infrastructure strategy provides a roadmap to tackle these challenges, with a focus on improving utilisation, reducing inequalities, and achieving the NHS Net Zero Carbon target by 2040.

With limited capital and revenue resources, we must adopt innovative approaches to maximise the use of existing assets. We will actively seek viable opportunities for capital investment where available and continue to work with our Local Authorities to leverage funding opportunities such as Section 106 and Community Infrastructure Levy.  Our investments will be aligned with system-wide priorities.

We aim to create a resilient and future-proof estate that supports modern healthcare delivery, embracing digital transformation and supporting the development of integrated neighbourhood teams and prevention-focused healthcare models.

I would like to thank all stakeholders who have contributed to the development of this strategy. Your insights and input have been invaluable in shaping a vision that prioritises the health and wellbeing of our population while ensuring value for money and the operational efficiency of our infrastructure.

Together, we will build and maintain an infrastructure that not only meets today's needs but also anticipates the challenges of tomorrow.

Claire Skidmore
Chief Financial Officer
Shropshire, Telford and Wrekin
Integrated Care System

# 2. Executive Summary [1]

## Our ICB core aims

- Improve outcomes in population health and health care
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Support broader social and economic development

## Our main infrastructure priorities

- Fit for purpose estate
- Provision of a high quality, fully integrated environments, safe for the delivery of services
- Compliant estate
- Functionally suitable estate
- Environmentally sustainable estate
- Accessible and flexible estate
- Support the 3 ‘left shifts’; acute to community, reactive to prevention and analogue to digital

## Our infrastructure vision

To deliver an estate which is compliant and functionally suitable, is environmentally sustainable and digitally advanced, is accessible to local people and flexible to the changing service needs of our communities and our workforce.

## Key infrastructure challenges

- Maintaining ICS estates leadership and clear governance
- Securing greater collaboration and joined up thinking between ICS partners
- Capital and revenue constraints including Section 106 (S106) and Community Infrastructure Levy (CIL)
- Ageing and non-compliant estate
- Rural geography creates accessibility and co-location challenges
- Population and housing growth places further demand on primary care and community services

## Our strategic infrastructure aims

- A usable estates strategy that is owned and understood by all
- Work collectively as a system to implement the recommendations of the strategy
- Understand the current capacity of our estate and optimise its use
- Deliver an estate that is compliant, flexible and supports modern-day health care across our Places
- Ultimately, transform the estate to reflect the changing model of care which we aspire to

# 2. Executive Summary [2]

**Where are we now?**

Our infrastructure strategy has been developed in partnership with ICS members and takes a holistic view of our NHS estate and the infrastructure that supports the delivery of our services. Our portfolio comprises an eclectic mix of buildings varying in use, size, age, condition, flexibility and functionality, all of which bring unique challenges to our system. Our ICS has made positive steps towards addressing these challenges in recent time, however we recognise that improvements still need to be made to the way we deliver health care to our communities especially in light of future population growth. Planning around our estate, digital and workforce infrastructure will be a key enabler to this success.

**Where do we want to be?**

The strategy acts as a tool to support the delivery of our core infrastructure objectives which in turn, will enable our ICS to achieve wider system ambitions – tackle inequalities, improve population health and achieve the NHS Net Zero Carbon objective to be 'net zero' by 2040. Our system Green Plan sets these out in more detail. The strategic framework will build upon the positive work we have already undertaken as a system, be informed by population health data and drive the delivery of integrated, cohesive engagement between ICS partners that also reaches across our 2 Place areas and neighbourhood settings.

**Our objectives**

1. Collectively invest time and resource into improving the health estate and collegiate culture across the ICS system
2. Include digital access as a key part of our infrastructure plans
3. Create an integrated and flexible ICS clinical estate
4. Improve utilisation, sharing of existing space and accessibility to clinical space
5. Deliver and maintain a more affordable, fit for purpose ICS estate

## Our enablers - How will we get there?

1. ICS Culture – Maintain a formal ICS estates group, create a dedicated cross system estates leadership role and review estates governance structure.
2. Digital and Data – Create an estate link to digital workstreams, align digital policy, better understand utilisation and develop a comprehensive estates database.
3. One Estate Approach – Establish system estate sharing mandate, consider wider public estate integration opportunities, create asset estate plans and statements of need to improve utilisation.
4. Utilisation – Better understand estate use and efficiency. establish a system wide office mandate, rationalise / consolidate estate where possible, create more patient facing space by maximising S106/CIL opportunities.
5. Fit and Affordable – Develop plans for tail estate, the reduction in Backlog Maintenance, with a particular focus on removing Critical Infrastructure Risk, capital planning and disposals. Link into the systems' Green group and ensure greater transparency around S106 applications and use.

**A Strategic Estates Group (SEG) is in place to plan, manage and deliver these enablers through workstreams to support the transformation of our infrastructure.**

Our priorities, objectives and enablers accord with the key National Health Service England (NHSE) goals for infrastructure:
**FIT FOR PURPOSE – FAIRER – GREENER – RESILIENT - INNOVATIVE - DIGITALLY ENABLED**

# 3. Introduction and ICS Priorities

- Introduction
  - Population Insights
  - Population Insights – IMD and Core20Plus5
  - Our Place-Based Partnerships
- ICS Priorities
  - Our ICS Health and Wellbeing Priorities
  - Embedding Recommendations from National Policies
  - Risks and Mitigations

# 3. Introduction

From the rural settlements of Shropshire to the vibrant Borough of Telford and Wrekin, our ICS has a varied demographic and geography which brings diversity to our system. This presents unique challenges to the delivery of healthcare across each Place. The predicted housing and population growth across the county will place further demand on our services. We will need our estate and wider infrastructure to support this growth and the changing needs of our communities.

The ICS estate portfolio ranges in age, condition, size and functionality and parts of our estate are no longer fit for purpose. Whilst this proves challenging to manage with limited access to revenue and capital funding, we aim to ensure that our infrastructure is compliant, safe, functionally suitable, accessible and flexible.

Our Infrastructure Strategy was developed collaboratively with our key system partners as set out in **Appendix A**. This strategy acts as a tool to delivering the transformation of our services along with our ambitions around sustainability, workforce and digital transformation.

The Strategy will be fully integrated into all system clinical and non-clinical workstreams and build upon elements of the Integrated care Strategy and the Joint Forward Plan.

## Relationship between our system plans and the Infrastructure Strategy


Individual provider Strategies and the Infrastructure Strategy are informed by and also enable the Joint Forward Plan actions to meet the population health needs in Shropshire, Telford & Wrekin

# 3. Population Insights

Our population has grown and will continue to do so with the greatest increases being in our elderly population and variations in deprivation and inequality across our system. These insights allow us to focus our infrastructure priorities and investment.

## Population

| | 2011 | 2021 | 2032 |
|---|---|---|---|
| ONS population change Telford and Wrekin | 116,600 | 185,500 | 200,018 |
| ONS population change Shropshire | 306,100 | 323,600 | 359,152 |

## Deprivation levels

**Index of Multiple Deprivation (IMD) Averages:**

- National Average: 21.67
- Telford and Wrekin 24.99 (higher than national average)
- Shropshire 17.15 (lower than national average)

These averages mask the deep variations in both Places, 18 areas in Telford and Wrekin are ranked in the 10% most deprived nationally

## Telford and Wrekin Age Demographics (ONS 2021)

**Age distribution of the population by age groups:**

| | 2011 | 2021 | 2032 |
|---|---|---|---|
| Children and young adolescents (0-15) | 17.3% | 20.5% | 17.3% |
| Working age population (15-64) | 61.9% | 64.9% | 61.6% |
| Elderly population (65 years and older) | 17.6% | 14.6% | 21.1% |

## Shropshire Age Demographics (ONS 2021)

**Age distribution of the population by age groups:**

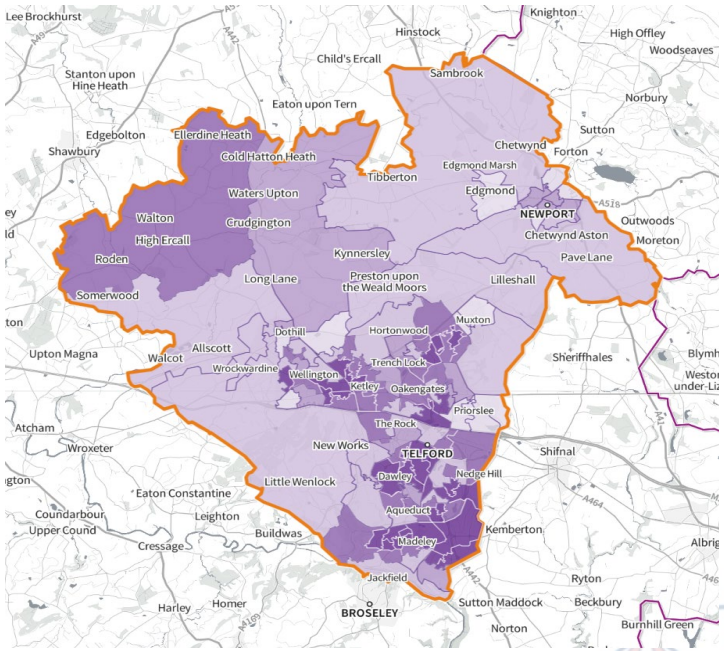
| | 2011 | 2021 | 2032 |
|---|---|---|---|
| Children and young adolescents (0-15) | 17.3% | 15.9% | 13.6% |
| Working age population (15-64) | 61.9% | 58.9% | 55.8% |
| Elderly population (65 years and older) | 20.8% | 25.2% | 30.6% |

www.ons.gov.uk/./populationprojections/./2018based

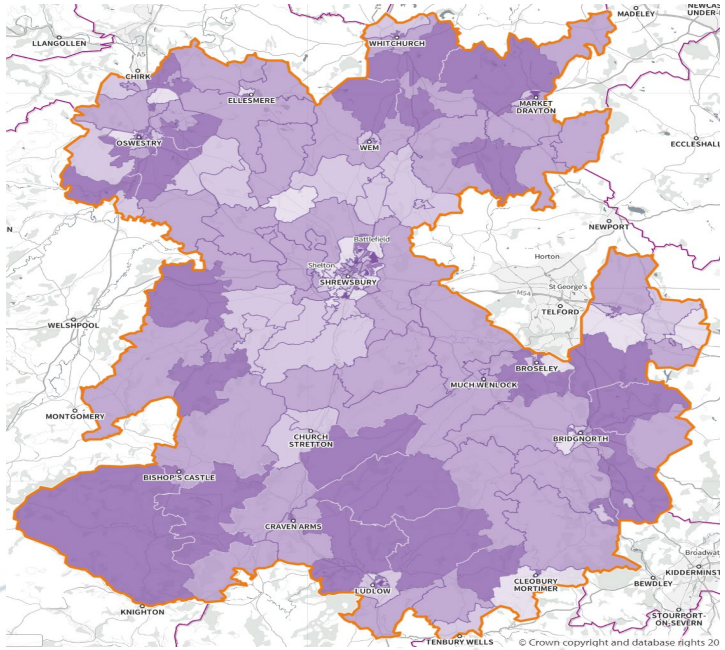
# 3. Population Insights – IMD and Core20Plus5

Central Telford and Wrekin and the rural Place areas of Shropshire show concentrated areas of high deprivation, together with pockets of Shrewsbury. As an ICS region, Shropshire, Telford and Wrekin has a marginally lower IMD average (21.07) compared to the national IMD average (21.67).

## Telford and Wrekin




## Shropshire




**IMD Key -**

- **33.26 to 92.73** - 37 areas
- **21.56 to 33.25** - 75 areas
- **14.25 to 21.55** - 81 areas
- **8.63 to 14.24** - 70 areas
- **0.54 to 8.62** - 38 areas

Core20plus5 is a national approach designed to support the reduction of health inequalities at both a national and system level. The approach defines a target population (most deprived 20% of the population) and identifies 5 focus clinical areas requiring accelerated improvement.

The five clinical areas of focus requiring accelerated improvement in Adults are - Maternity; Severe Mental Illness; Chronic Respiratory Disease; Early Cancer Diagnosis; Hypertension case-finding. In Children, these are Asthma, Diabetes, Epilepsy, Oral Health and Mental Health.

# 3. Our Place-Based Partnerships

Shropshire, Telford and Wrekin ICS is formed of 2 Places, which are coterminous with the local authority areas. Each partnership uses their Place-based knowledge and expertise to tackle the ICS health and wellbeing strategic priorities to their communities.

## Shropshire

**Vison:**
'Working together to ensure people in Shropshire are supported to lead healthy, fulfilling lives'

**Overview:**
- 18 Place plan areas
- Population 323,600 - Office of National Statistics (ONS) 2021

**Shropshire Integrated Place Partnership (SHIPP) Priorities:**
- Tackle and reduce health inequalities
- Mental Health
- Workforce
- Building Community Capacity/Resilience
- One Public Estate (OPE)
- Integrated Care and Support
- Children's and Young Peoples Strategy
- Prevention and Healthy Lifestyles
- Primary Care Networks (PCN)
- Early access to advice and information

5 PCNs

4 PCNs


## Telford and Wrekin

**Vision:**
'Working together for children, young people and adults in Telford and Wrekin to enable them to enjoy healthier, happier and more fulfilling lives'

**Overview:**
- 32 new borough wards
- Population 185,600 - ONS 2021

**Telford and Wrekin Integrated Place Partnership (TWIPP) Priorities:**
- Proactive prevention
- Tackling health inequalities
- People are at the heart of our work
- Productivity and value for money
- High quality, accessible services
- Place-based decision making prioritised
- Working collaboratively
- Intelligence led
- Maximising digital opportunities
- Co-location where possible
- Open and honest conversations
- Co-production through everything we do

Combined list size: approximately 500k

Source – SHAPE OCT 2023

Approximately 365 GPs operate across the System

# 3. Our ICS Health and Wellbeing Priorities

How we manage and deliver our infrastructure is inextricably linked to how successful we will be in delivering our health and wellbeing priorities.

| Improve outcomes in population health and healthcare | Tackle inequalities in outcomes, experience and access | Enhance productivity and value for money | Support broader social, economic development |
|---|---|---|---|
| Our aim is to keep our population well for longer. Prevention is a key component of this, but where people have long term conditions, we are aiming to manage their condition at home or closer to home, reduce presentations at acute centres as well as avoid numerous journeys for patients in a county where transport accessibility is challenged. This means we need to strengthen our local infrastructure to ensure that it is fit for purpose and provides the flexibility and level of local integration we need. | Our system has numerous areas of health inequality, particularly in Telford and Wrekin. As well as promoting healthier lifestyles in these areas, we must also ensure there is access to welcoming, fit for purpose facilities in accessible local settings, not just for our population, but also our health professionals who deserve the right kind of environments in which to work. Digital has an important part to play too in terms of having the right infrastructure within our estate, but also by enabling wider access to digital platforms for people to help manage their own health. | Whilst we need to offer the best services we can, we have to be mindful that capital and revenue is limited. Therefore, procurement, productivity and sweating our existing assets needs to be our focus. It requires a collegiate system wide response, not one that is limited to individual organisations. We need to understand our wider estate, how well it is used, what life it has left and consider our options in detail as one system. We need to utilise our existing estate better and ensure care is delivered in the right place for our population. | Social and economic factors have a large impact upon health and social wellbeing. The more our system can support the development of this and improve the lives of our residents, the less impact on our own resources. Therefore, our infrastructure decision making needs to consider how it can best support broader social and economic development locally. This could mean locating services in town centres to help regeneration or supporting partners by locating health services in other regeneration or community interest projects led by the VCSE. |

# 3. Embedding Recommendations from National Policies

Our infrastructure strategy is strongly aligned to and informed by national policy context and recommendations.

### NHS Long Term Plan / 10 Year Plan

We acknowledge the need to improve the way we manage and use our estate, be energy efficient, dispose of surplus estate and reduce our non-clinical accommodation.

### Fuller Stocktake

We are aiming to deliver a system wide plan for neighbourhoods and places, ensuring that we are co-locating and integrating services at a local level and make best use of existing and wider public sector estate. For example, the creation of the new CDC facility at Hollinswood House, which is a local authority freehold building.

### Naylor Review

We recognise that our infrastructure planning needs to be affordable and that we need to develop robust capital plans which are aligned with our clinical strategy and provide value for money. NHSPS have already undertaken the disposal of part of Ludlow Community Hospital (November 2022) and part of the William Farr House site (March 2024).

### Hewitt Review

Our system has an ambition to be more collaborative and embrace shared priorities. An organisational silo approach to infrastructure planning will not work within our financially challenged system. We need to be transparent and willing to share estate and integrate thinking.

### Greener NHS

The ICS 'Green Plan' was finalised in June 2023 and sets out our joint response to the challenge of climate change and ambitions to be Net Carbon Zero by 2040 (see appendix I). The plan is being refreshed in summer 2025.

### NHS Long Term Workforce Plan

We need to continue to develop our workforce through education and training, including the development of new roles and new ways of working. We will seek to transform recruitment and retention to new and different ways of working and types of role to build a workforce with the knowledge skills and confidence to deliver care to our population.

**Joint Forward Plan**

- Improve outcomes in population health and health care
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Support broader social and economic development

**Integrated Care Plan Ambition**

*'To provide communities across Shropshire, Telford and Wrekin with safe, high-quality services and the best possible experience from health and care that is joined up and accessible by all'*

# 3. Risks and Mitigations

Reviewing our health and wellbeing requirements and infrastructure with stakeholders has identified several themes and we have mapped the risks and possible mitigations for consideration.

| Themes | Risks | Mitigations |
|---|---|---|
| Population growth & increased ageing demographic | • Pressure on the quality, capacity and accessibility of infrastructure and local services required particularly in certain locations | • Focus attention on areas of growth and deprivation, concentrating infrastructure on primary and community sites, plus better use of digital to support a system approach to care closer to home |
| Capital funding | • ICS likely to be challenged over transformational capital planning | • Flexible use of S106 & CIL funding, maximise use of existing NHS estate, wider One Public estate, plus the greater adoption of digital services. Demonstrative strategic capital planning processes which are truly integrated rather than siloed |
| 'Left' shift of services | • Pressure on the capacity, resource & capability to provide infrastructure which supports transformed services in our neighbourhoods and closer to people's home | • Understand how services are delivered by Place colleagues and maximise the utilisation of existing NHS estate through a shared space mandate and identify opportunities through utilisation studies to 'open up' existing space locally |
| Integrated culture & system collaboration | • Lack of partner collaboration and informed collegiate decision-making leads to fragmented planning and solutions which do not support a system approach | • Clear leadership, structure and system partnership processes and governance. |
| Digital & data | • Lack of digital investment in estates would increase pressure on existing capacity to transform services | • Align system partners digital policies to create a joined-up approach to system connectivity. Ensure the creation of comprehensive estates data to enable informed decision-making |
| Utilisation | • Inefficient use of our current estate leading to the development of new estate which is not needed | • Comprehensive data relating to existing estate and collaboration between partners to ensure better utilisation of potential void space |
| Risks of not investing in our ageing estate | • Our estate continues to deteriorate and risks not being able to support population growth and demographic projections | • Have a clear capital prioritisation framework with input from all system stakeholders to ensure capital is used effectively and long-term solutions are identified for tail estate |

# 4. Where are we now?

- The context and scope of our Infrastructure Strategy
- The current estate – mapped
- Estate implications for the infrastructure strategy
- Overview of Our Estate
- Our Estate Performance
- Place review – Shropshire
- Place review – Telford and Wrekin
- Section 106 and CIL Allocations
- Summary of projects completed since 2018

# 4. The context and scope of our Infrastructure Strategy

The scope of our infrastructure strategy is essentially driven by demand (current and future space need) and supply (current infrastructure and future potential estate options).

Stakeholder engagement and communication

## Future space/need (demand)

Joint Forward Plan Objectives
- Primary care and community services
- Mental health services
- Acute and sub-acute
- Back office (headquarters and local)
- Integrated hubs (including hub and spoke models)
- Community diagnostic (CDC) facilities

- Assess key worker housing needs
- Demographics and health inequalities
- Housing developments impact on population change

## Key demand-side considerations

- ICS ways of working to drive change
- Ageing and growing population
- Workforce challenges (recruit and retain)
- Accessibility to services (rurality and deprivation)
- Need for digital transformation across the estate
- Financial limitations (capital, revenue and National Oversight Framework (NOF4))
- Growing pressure on acute and sub-acute services
- Increase demand for primary care and community services
- Our Welsh border location creates additional demand
- Ambitious net zero targets

## Current property (supply)

- Estate stocktake (capacity and adequacy)
- Third party lease risks
- Wider One Public and VCSE Estate
- Understanding Core, Flex and Tail
- Non-compliant estate
- Reactive capital planning and backlog maintenance (Backlog Maintenance)
- S106 and CIL prioritisation
- Inward looking, not system thinking
- Transparency of void and vacant space
- Poor working and patient environments

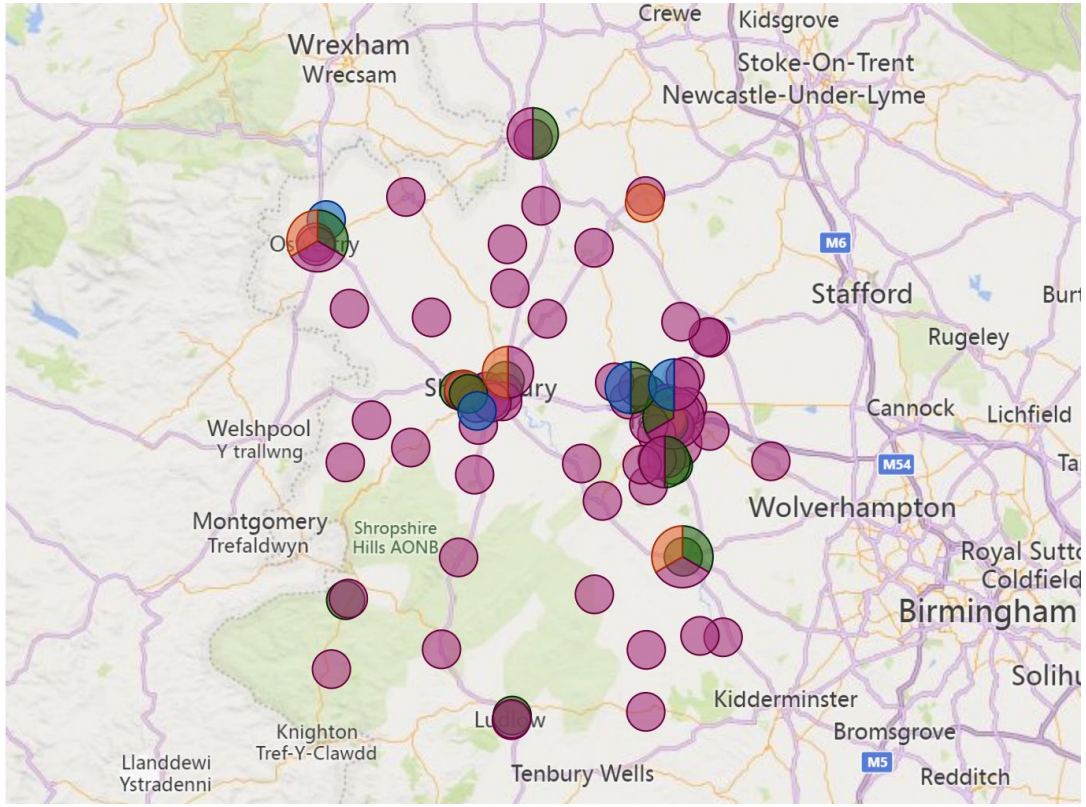
## Key demand-side considerations

- Capital and revenue constraints (S106 and CIL)
- Increased construction costs
- Consolidation difficulties due to rural nature of Shropshire
- ICS estates capacity
- Review the estate more holistically as a system
- Capital used mainly for Backlog Maintenance/reactive works
- Reliance on private landlords to fund new health developments
- Inconsistent estate and clinical data

Data review to inform estate requirements

# 4. The current estate - mapped

Our estate as detailed in **Appendix B, C, D and E** stretches from the urban borough of Telford to the rural communities within the county




Key Acute Community Services GP Surgery Mental health

| Service Type | Number of properties occupied | Net Internal Area (NIA) (sqm) | Total costs (£m pa) | Backlog Maintenance (£m) |
|---|---|---|---|---|
| GP owned/leased from a third-party developer (3PD) | 70 | 39,212 | 8.4 | 12.2 |
| Other | 27 | 8,423 | 1.6 | 0.1 |
| Community Services | 41 | 20,135 | 13.6 | 5.45 |
| Mental Health | 6 | 17,779 | 7 | 3.43 |
| Office | 8 | 5,956 | 1 | 0.04 |
| Specialist acute sites (including Ambulance Trusts) | 3 | 31,540 | 19.5 | 14.1 |
| Provider acute sites | 2 | 97,812 | 68.8 | 54.03 |
| **Totals (rounded)** | ***126** | **220,857** | **119.9** | **89.35** |

*The sum of the properties occupied for each service type is 157 however the total number of properties is 126. This is because there are instances of properties offering more than one service type in that property

**To note:** In terms of data received, the above table provides an overview. The estate continues to flex in size and number of properties and the costs incorporate relevant 2023-24 ERIC information.

There are no LIFT estate or PFI buildings within Shropshire, Telford and Wrekin's ICS area

# 4. Estate implications for the infrastructure strategy

Our estate is of mixed age, condition and size which creates challenges across all our Places

| Current estate footprint | Policy/requirements | Current position across our estate |
|---|---|---|
| **Primary Care**<br>• 9 PCN's<br>• Approx 39,000 sqm (NIA)<br>• Backlog Maintenance £12.2m | • Fuller Stocktake<br>• NHS Long Term Plan | • **Scale:** 71 GP buildings over 9 PCN's comprising 39,212 sqm NIA<br>• **Capacity:** Current capacity in GP practice buildings is already over-stretched<br>• **Requirement:** Estimated total under-provision of circa 28,875 sqm (NIA) by 2032 following significant housing and population growth across the ICS<br>• **Condition:** 19% of the estate is over 50 years old and 12 properties assessed as tail |
| **Community and Mental Health**<br>• 4 Community Hospitals<br>• 12 Health Centres<br>• Approx 34,500 sqm (NIA)<br>• Backlog Maintenance £8.8m | • Naylor Review<br>• Making Room For Dignity<br>• Greener NHS<br>• Hewitt Review<br>• NHS Long Term Plan | • **Scale:** Community and Mental Health Trust estate totals 34,500 sqm (recorded)<br>• **Capacity:** There's a need to understand the extent of utilisation of our community estate with the aim of identifying opportunities to enhance service integration and patient accessibility<br>• **Alignment:** This estate provides the best opportunity for greater integration and implementation of LCTP workstreams.<br>• **Condition:** 50% of our community hospital estates pre-dates 1975 and does not lend itself to provide modern day health care (inflexible, poor quality and un-fit for purpose) |
| **Acute and Specialist**<br>• 2 Acute Sites<br>• 1 Orthopaedic Site<br>• Combined Annual Cost £87.6m<br>• Combined Backlog Maintenance £68.1m | • Carter Review<br>• Naylor Review<br>• NHS Long Term Plan | • **Scale:** PRH, RJAH and SATH have a combined floor area of 127,131 sqm (NIA)<br>• **Capacity**: The reconfiguration of our 2 acute sites will improve the utilisation and integration of services for local people. RJAH is expanding its capacity through the construction of 2 new theatres in FY 24/25.<br>• **Alignment:** With the support of the LCTP, the HTP will enable our ICS to position itself where we only do in a Hospital, what only can be done in Hospital.<br>• **Condition:** A new elective care hub at the PRH and the first phase of the emergency department at SATH have opened as part of £312m investment works commissioned under the HTP. RJAH opened a new Veteran Care facility in November 2022 (see Appendix E) and have a capital prioritisation list of future projects (including a new staff accommodation block) |

# 4. Overview of Our Estate [1]

Our system estate varies in age, size and condition. It also provides different environments for a variety of services across our communities.

## Mental Health Estate

**Midlands Partnership University Foundation NHS Trust are the main provider of mental health services across our system**

- Our mental health services are currently provided in 5 sites across our system with a combined floor area of 15,961 sqm.
- The estate comprises 2 core, 2 flex and 1 tail building. A Backlog Maintenance figure of £2.5m has been estimated to eradicate high and significant risk maintenance issues.
- 60% of the estate is leased from commercial landlords presenting an opportunity to rationalise the estate or make better use of OPE space where possible.
- 50% of the site MPUFT provide their services from pre-date 1985. Which makes it challenging to deliver modern day health care and digitally transform the estate.

## Secondary Care Estate

**Our 2 acute hospitals sites are currently undergoing significant transformation as part of the HTP.**

- Our system currently has 2 acute hospital sites with a combined internal floor area of c97,800 sqm.
- The cost to eradicate high and significant risk Backlog Maintenance at each site is £42.4m (split 42% at PRH and 58% at RSH).
- The £312m allocated as part of the HTP will see the reconfiguration of our 2 acute hospital sites to provide a new model of care. The PRH will specialise in planned care and the RSH will specialise in emergency care.
- As part of this transformation, a new 3000 sqm emergency care facility will be built at the RSH increasing the capacity of the site by 5%.
- A new £24m purpose built, planned elective care hub has opened at the PRH in summer 2024.
- RJAH orthopaedic hospital is a separate site and offers specialised care to our communities.

Appendix - A,B,C and D

# 4. Overview of Our Estate [2]

Our system estate varies in age, size and condition. It also provides different environments for a variety of services across our communities.

## Primary Care Estate

**Significant improvements have been made to parts of our primary care estate since 2018; however, most sites are ageing and functionally unsuitable.**

- The primary care estate sits across 9 PCN's across Shropshire, Telford and Wrekin serving a population of c.510k people. There are 50 main practices and 20 branches.
- Examples of where estate improvements have been made are Shawbirch and Riverside medical practices, where former GP surgeries have been replaced with purpose-built health facilities. However, 55% of estate was built before 2004 and 12 properties are assessed as tail.
- Anticipated housing and population growth across our system, will see the estate become undersized and result in an under provision of space of 28,875 sqm by 2032.
- ARRS staffing numbers are expected to increase by 314 WTE's to support housing and population growth, this puts further pressure on available space within GP premises
- Appendix C provides detail on capacity challenges by PCN across each Place.

## Community Health

**We recognise that our community hospital estate is underutilised.**

- Our community providers are making positive steps towards delivering a more joined up and proactive approach to care, which is closer to home and our community hospitals and health centres represent the best opportunity to do this. In all, our system has 16 sites delivering community services across Shropshire, Telford and Wrekin.
- We have 4 Community Hospitals across our system with a combined floor area of 9,530 sqm. 25 % is considered core, 0% tail and 75% flex which provides us with a unique opportunity to use these facilities better in future. 75% of the sites are NHS freeholds.
- The age, condition and utilisation of our Community Hospitals are poor, with 50% of the estate pre-dating 1975. Bridgnorth is the exception due to a recent extension, although parts of main site pre-date the 19th Century.

# 4. Our Estate Performance [1]

Our infrastructure strategy includes an assessment of the performance of the current estate as detailed in **Appendix B**. The review has categorised 37% of properties as 'Flex' and these will need to be reviewed to determine their long-term future and investment plans.

## Site and Building Utilisation

- **Primary Care:** 50 practices, with an average list size of 10,400 patients. 49 practices form part of 9 separate PCN's. 1 GP's (Hodnet MP does not form part of a PCN group)
- **Acute:** Our 2 acute hospitals have an overall proportion of non-clinical estate of 23%
- **Community:** Overall proportion of non-clinical space in our 4 community hospitals is 25%
- **Vacant Space and Utilisation:** as a system, there is little evidence of poor utilisation, as acute, primary care and community estate does not report void space. However, that does not mean the space is being utilised well and we will to create a workstream to investigate this and ensure we create efficiencies for better utilisation of our estate.

## Quality and Safety

- **Primary Care:** The total estimated Backlog Maintenance in this estate is £12.2m (mostly linked to Tail estate) and 70% of this estate is Core, 13% is Flex with 17% being Tail
- **Acute:** Total Backlog Maintenance is approximately £68.16m of which £45.98m is categorised as high/significant risk.
- **Critical Incidents** Model Hospital/ERIC data records only 2"critical infrastructure" incidents (i.e. where clinical activity was disrupted by estate failures) in FY 23/24. This may require a further review to ensure reporting is correct.

## Estate Categorisation

- We have used the NHS England definitions of Core, Flex and Tail to provisionally understand the categorisation of our estate

| CORE | FLEX | TAIL |
|---|---|---|
| Good quality, fit-for-purpose and future- proof estate that align with the LTP and ICS' clinical strategy' | Estate that is of an acceptable quality, or provides unique access to services, but does not fully enable the ambitions of the LTP | Poor quality estate that is not fit-for-purpose or for patient-facing services and should be phased out when alternative estate is available |

- Our categorisation splits core at 52%, flex at 28% with 20% tail.

**Our main estates and facilities data sources: ERIC and SHAPE**

# 4. Our Estate Performance [2]

Total Estate and Facilities Costs for our Providers varies with SCHT and MPUFT demonstrating low costs compared with cohort providers whilst SATH's costs are higher than the Model Hospital Peer Median.

## Model Hospital/ERIC Data

- Model Hospital Data from FY 23/24 identifies significant variations in these provider costs from peers/benchmarks:
  - **Estates and Facilities**
  - **Soft FM**
  - **Energy**
  - **Waste**
- There is an opportunity to explore these costs with providers to eliminate unwarranted variation.

## Estates and Facilities Costs

- Model Hospital identifies significant cost variations between NHS providers:
  - **SATH** - £527.34/m2
  - **RJAH** - £466.37/m2
  - **MPUFT** - £395.50/m2
  - **SCHT** - £408.59/m2
  - **Model Hospital Peer Median** - £495.66/m2.

## Actions

- There is an opportunity for us to review the ERIC data, on a site-by-site basis, to understand the nature and reasons for any significant variations in cost.
- By working towards a shared understanding, we can seek to create efficiencies, using a collegiate approach where appropriate.

# 4. Place review – Shropshire

The tables below set out key data and opportunities for our Shropshire Place estate.

## Where are we now?

### Population demands (ONS 2021 Data/SHAPE Oct 23 Data/IMD Index 2019)

- **Population/List Size is** 323,600/314,862
- **Deprivation IMD Index for Shropshire is 17.2**, which is generally low, with pockets of deprivation found in rural localities such as parts of Ludlow and Market Drayton

### Estate Provision -

- **No. PCNs** - 5
- **General Practice Premises:** 44 (1 GP does not form part of a PCN)
- **Total GP Floor Area (NIA):** 24,091 sqm
- **Community Hospitals:** 4
- **Total Community Floor Area:** 10,261 sqm (NIA)
- **Acute:** 1 (RSH)
- **Orthopaedic Hospital:** 1 (RJAH)

## Population Insights and Changes

### Housing change (Shropshire Local Plan 2016-2038)

- **30,800 new dwellings** are proposed between 2016-2038 of which notable developments are Ironbridge and Clive Barracks.
- Potential Population Growth of up to **337,800 by 2041**

### Additional PCN space requirements:

- Increase in NIA to meet demand up until 2032 is estimated at **11,730 sqm**
- PCN growth:
  - North Shropshire 2,415 sqm
  - South East Shropshire 1,410 sqm
  - South West Shropshire 1,880 sqm
  - Shrewsbury 5,515 sqm
  - Rural Shropshire 510 sqm

**Please see appendix A, C, H and I for further detail**

# 4. Place review – Telford and Wrekin

The tables below set out key data and opportunities for our Telford and Wrekin Place estate.

## Where are we now?

### Population demands (ONS 2021 Data/SHAPE Oct 23 Data/IMD Index 2019)

- **Population/List Size is** 185,600/205,683
- **Deprivation IMD Index** is high in comparison to Shropshire, with 18 neighbourhoods living in the 10% **most** deprived nationally.

### Estate Provision

- **No. PCNs** - 4
- **General Practice Premises**: 26
- **Total GP Floor Area (NIA)**: 14,294 sqm
- **Community Hospitals:** 0
- **Total Community Floor Area**: Ward 36 at the PRH is being used for sub-acute care (20 beds)
- **Acute: 1** (PRH)

## Population Insights and Changes

### Housing change (Telford and Wrekin Local Plan – updated 2020)

- **20,200 new dwellings** are proposed between 2020-2040.
- Planned increase of **1,010 dwellings** per annum
- Projected population growth of **12.5%** between **2018 and 2032**

### Additional PCN space requirements:

- Increase in NIA to meet demand up until 2032 is estimated at **11,145 sqm**
- Largest increase for PCN growth:
  - Newport & Central 3,720 sqm
  - South East Telford 415 sqm
  - Teldoc 5,150 sqm
  - Wrekin 1,860 sqm

Please see appendix A, C and I for further detail

# 4. Section 106 and CIL Allocations

Each local authority has either S106 or CIL funds set aside to help deliver health infrastructure in response to new housing development. This is capital our system should take advantage of whenever possible.

| Local Planning Authority | CIL Position | CIL Position | S106 Position |
|---|---|---|---|
| **Shropshire** | CIL adopted in 2012 | **Number of applications submitted since 2018**: 2<br>**Number of applications in progress of being submitted:** 0<br>**Successful applications:** 2 (Highley and Shifnal and Priorslee)<br>**Funds secured for Primary Care:** £640k paid in 2024 | **Number of applications submitted since 2018**: 12<br>**Number of applications in progress of being submitted:** 6<br>**Total amount identified for Primary Care:** £5.1m<br><br>**Successful applications:** 5 (Ironbridge)<br>**Funds secured for Primary Care:** £2.2m (to be drawn down in FY26/27) |
| **Telford and Wrekin** | No CIL currently in place | N/A | **Number of applications submitted since 2018**: 7<br>**Number of applications in progress:** 10<br>**Total amount identified for Primary Care:** £3.2m<br><br>**Successful applications:** 1<br>**Funds secured for Primary Care:** £0.2m (to be drawn down in FY26/27) |

The above table outlines S106 and CIL application progress since 2018, **this is for primary care projects only.**

**Source: ICB Primary Care Lead**

# 4. Summary of projects completed since 2018

We have made good progress in delivering key projects identified in our STP Estate Strategy in 2018 which addressed priorities within primary, community, mental health and secondary estate.

| Project | Completion | Value (£M ) | Outcome and Benefits |
|---|---|---|---|
| Community/Primary Care Whitchurch Community Hub – Pauls Moss, Whitchurch | • Completed and open in April 2025 | 4 | • Churchmere Medical Practice has consolidated into a new health centre with modern, fit for purpose facilities that enables the integration of primary care and community services. The practice space is part of a larger housing and care development for over 55's. |
| Acute - SaTH - Hollinswood House - Community Diagnostic Centre | • Completed July 2024 | 2 | • Provision of a community-based healthcare and diagnostics facility. Ground Floor (CDC), First floor/ Second floor (renal) and Third floor (dermoscopy). |
| Primary Care - Bridgnorth MP – Severn Centre, Highley | • Completed April 2024 | 0.45 | • Highley Medical Centre was relocated to the Severn Centre. The new health hub provides a GP surgery with six clinical rooms, reception/admin, and ancillary facilities. Additional Community and Council services in the Centre complement the GP service. |
| Primary Care - Shifnal and Priorslee Medical Practice | • Completed Jan 2024 | 6.7 | • Purpose built health centre with modern and fit for purpose facilities. A more comfortable environment for workforce and patients has been provided. The building includes 11 clinical rooms as well as a counselling room, with additional capacity to enable the practice to adapt and flex should future service development be needed. |
| Primary care - Riverside Medical Practice, Shrewsbury | • Completed Nov 2022 | 0.1 | • New health centre, built to meet demands of growing population, incorporated in a Shropshire Council freehold building. |
| Acute – RJAH - Veteran Aware Centre | • Completed Nov 2022 | 6 | • An exclusive veteran orthopaedic service specialising in arthritic lower limb problems (including hip and knee replacements). The new build facility was funded by The Headley Court Charity. |
| Primary care - Shawbirch Primary Care Centre | • Completed July 2022 | 4.5 | • Purpose-built, modern day health facility that has replaced an inadequate building. It has capacity to expand the practice with growing population needs. Neurology, community and primary care services are integrated in this facility. |

Figures quoted are excl VAT

# 5. Where do we want to be?

- Our vision
- Place review – where do we want to be?
- Setting the future direction for estates and infrastructure
- Future Housing Development – Shropshire
- Future Housing Development – Telford and Wrekin

# 5. Our vision

Our vision is to deliver an estate which is compliant and functionally suitable, is environmentally sustainable and digitally advanced, is accessible to local people and flexible to the changing service needs of our communities and our workforce.

## Priorities

- Fit for purpose estate
- Provision of a high quality, fully integrated environments, safe for the delivery of services
- Compliant estate
- Functionally suitable estate
- Environmentally sustainable estate
- Accessible and flexible estate
- Support the 3 ‘left shifts’; acute to community, reactive to prevention and analogue to digital

## Principles

1. Use our place-based approach to support service delivery and optimise use of assets, drawing on the principles of One Public Estate
2. Respond to care requirements and changes in demand by putting in place a quality estate enabling us to tackle health inequalities
3. Increase the operational efficiency of the estate by improving utilisation, tackling backlog maintenance, optimising running costs and improving our data collection and management.
4. Make progress against NHS Net-Zero Carbon requirements by 2040.
5. Enhance our delivery capability by supporting wider changes in health care delivery, alongside workforce and digital enablers.
6. Enable the delivery of a portfolio of estate transformation projects that support the implementation of our vision.

## Enablers

1. ICS Strategic Estates Group– The Group provides cross system estates leadership to enable the Strategy outcomes
2. Digital and Data – Create an estate link to digital workstreams, align digital policy, better understand utilisation and develop a comprehensive estates database.
3. One Estate Approach– Establish system estate sharing mandate, consider wider public estate integration opportunities, create asset estate plans and statements of need to improve utilisation.
4. Utilisation – Better understand estate use and efficiency. establish a system wide office mandate, rationalise / consolidate estate where possible, create more patient facing space by maximising S106/CIL opportunities.
5. Fit and Affordable – Develop plans for tail estate, the reduction in Backlog Maintenance, with a particular focus on removing Critical Infrastructure Risk, capital planning and disposals. Reconvene the systems’ Green group and ensure greater transparency around S106 applications and use.

# 5. Place review – where do we want to be?

The tables below set out key data and opportunities for our Shropshire and Telford and Wrekin Place estate

## Where do we want to be - Shropshire?

### Make better use of our 4 Community Hospitals:

- **Improve utilisation of core estate** by understanding what space we have, who occupies what and void capacity whilst considering public estate availability
- Define **achievable estate plan for tail estate**
- **Support the delivery** of the **LCTP** workstreams through the opening of the **Shropshire Community and Family Hub initiative to aid integration and improve building utilisation** (all hubs and outreach offers now open as at August 2025)
- Aiming to provide **modern estate closer to people's homes to support prevention, avoid secondary admissions, excessive journeys and provide first class accommodation for our workforce**

### Implement HTP Outcomes - RSH:

- **Deliver** new 30,000 sq. ft **emergency care facility** using HTP funding (£312m)
- **Identify permanent solutions for temporary infrastructure,** including increase to RSH Modulars by November 2025 and SDEC expansion completed in 2024/25

### Prioritise capital projects for primary care:

- **Use the capital prioritisation framework** to help **inform decisions making** surrounding future capital expenditure across our primary care estate
- Become **less reactive and more proactive** i.e. review approach to estates safety investment.
- **Improve the integration of primary care and community services** For example, creating integrated care hubs for Shrewsbury local people and establishing Integrated Neighbourhood Teams

### Improve step down and sub-acute care access

- Identify opportunities **to develop community-based services to reduce demand on the acute sites** by establishing Integrated Neighbourhood Teams

## Where do we want to be - Telford & Wrekin?

### Meet our growing population needs

- Work in partnership **with our local authority** to better **prepare for projected housing and population growth**
- **Understand future health needs** to ensure the right **infrastructure** is **provided,** in the **right place** at the **right time**
- **Maximise S106** opportunities by having a **clearly** defined future **health requirement**
- Aiming to provide **modern estate closer to people's homes to support prevention, avoid secondary admissions, excessive journeys and provide first class accommodation for our workforce**

### Implement HTP Outcomes - PRH

- **Deliver the £24m Planned Elective Care Hub** - completed in Summer 2024
- **Identify permanent solutions for temporary infrastructure,** including SDEC expansion by December 2025

### Prioritise capital projects for primary care

- **Use the capital prioritisation framework** to help **inform decisions making** surrounding future capital expenditure across our primary care estate
- Become **less reactive and more proactive** i.e. review approach to estates safety investment
- **Improve the integration of primary care and community services** for local people. For example, creating north and south **integrated care hubs for the Tel Doc** PCN, (in place by August 2025)

### Improve step down and sub-acute care access

- Identify opportunities to **develop community-based services to reduce demand on the acute sites** by establishing Integrated Neighbourhood Teams

Please see appendix A, C, H and I for further detail

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Where do we want to be?
How do we get there?
Appendices

# 5. Setting the future direction for estates and infrastructure

Our estates priorities set the future direction for the System's estate and infrastructure. Our ambition across our estate can be described as follows:

## Primary

**Ambition** – Adequate provision of space which reflects patient requirements and eliminate tail estate.

Forecast population and housing growth will place further demand on our primary care estate. We therefore need to identify innovative ways to manage this requirement without significant capital spend, such as having a greater understanding of utilisation, considering the conversion of back office space to clinical use and reviewing opportunities to make better use of our community hospitals, health centres and One Public Estate. Of course, there will need to be capital investment in the provision of primary care estate, but we need to make sure we consider all options, in particular seeking opportunities for wider integration of services at a local level whilst ensuring that our decisions are prudent ones and make best use of limited capital such as S106/CIL.

## Community

**Ambition** – maximise utilisation and integration with primary care or system partners where appropriate

Lord Darzi's recent review of the NHS, the publication of the NHS Neighbourhood Health Guidelines in early 2025 and the NHS 10 year plan has guided the ICS' Neighbourhood Working Strategy.

The Strategy seeks to enable the Prevention principles across our Places through place-based models of care as well as the shift from acute to community-based care.

We will review our Estate to identify where we can support these models of care that are currently being designed with system partners. This could be achieved through improving utilisation or repurposing system and partner estate to provide additional or different services.

## Mental Health

**Ambition** – strengthen engagement with ICS partners and agree workstreams to optimise the delivery of core ambitions across the estate

Our community mental health provider estate ambitions embody the core principles of our ICS infrastructure strategy.

MPUFT shares ambitions to -

1. Improve estate utilisation through the creation of fully integrated community hubs
2. Identifying opportunities to consolidate their existing estate through the rationalisation of third-party leasehold interests.
3. Enhance accessibility of services through digital transformation
4. Reduce Backlog Maintenance and ensure building compliance

To deliver these priorities, MPUFT recognise the need to work in collaboration with ICS partners.

# 5. Setting the future direction for estates and infrastructure (cont.)

Our estates priorities set the future direction for the System's estate and infrastructure. Our ambition across our estate can be described as follows:

## Acute and Specialist

**Ambition** – deliver the highest quality care environments for our patients and workforce in both acute and community settings

Our HTP programme's main purpose is to reconfigure the way in which health services are delivered across our 2 acute sites and create high quality care environments for our patients and workforce. The HTP sits alongside our ICS's plans to expand and improve community-based services under the LCTP. Our system must ensure both programmes run in tandem as the success of one is underpinned by the other.

The RJAH estates strategy was last updated in 2018, whilst in date, it is currently undergoing a refresh to align to the changing circumstances. The Trust has recently increased operational capacity with the addition of a new theatre and is driving the net zero agenda forward with significant solar PV installations.

## Back Office

**Ambition** – optimise estate rationalisation opportunities to create system efficiencies and maximise use of OPE estate where appropriate

Much of the core office estate within Shropshire, Telford and Wrekin has recently been through a period of transition triggered by lease events or disposal opportunities, which has provided the opportunity to review utilisation and optimise the estate.

There has been good engagement with the wider OPE which has resulted in NHS organisations consolidating and optimising their footprints within the public estate resulting in system efficiencies.

This strategy should continue to be built on and consider where there are further lease event driven opportunities.

Appendix - E

# 5. Future Housing Development – Shropshire

Shropshire is facing increased population growth arising from significant housing development especially in Shrewsbury. These projections were taken from the previously published Shropshire Local Plan 2016 -2038, which was withdrawn in March 2025. New growth projections will be prepared by the Council in their new Local Plan and this page will be updated as soon as this is published.

## Proposed Strategic Settlements


Clive Barracks, Tern Hill – 750 dwellings

Former Ironbridge Power Station – 1,000 dwellings

| Local Planning Authority | Local Plan Period | Planned For Housing Growth |
|---|---|---|
| Albrighton Area | 2016 - 2038 | 500 |
| Bishops Castle Area | 2016 - 2038 | 150 |
| Bridgnorth Area | 2016 - 2038 | 1,800 |
| Broseley Area | 2016 - 2038 | 250 |
| Church Stretton | 2016 - 2038 | 200 |
| Cleobury Mortimer | 2016 - 2038 | 200 |
| Craven Arms | 2016 - 2038 | 500 |
| Ellesmere | 2016 - 2038 | 800 |
| Highley | 2016 - 2038 | 250 |
| Ludlow | 2016 - 2038 | 1,000 |

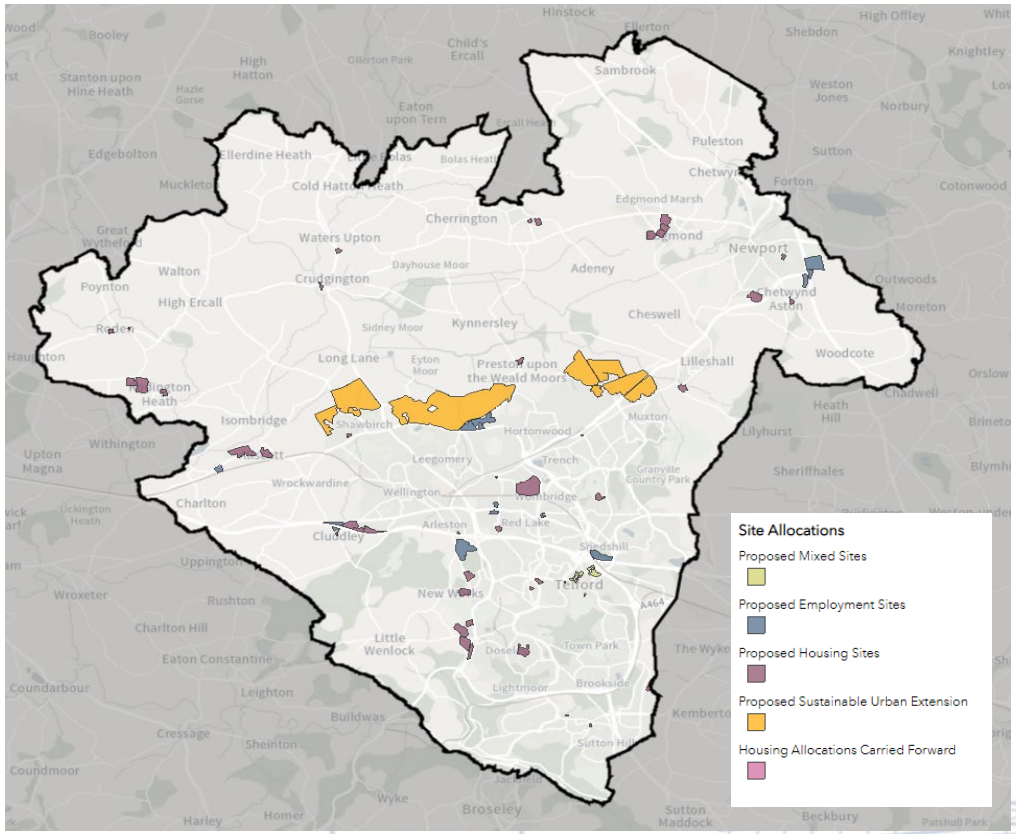
| Local Planning Authority | Local Plan Period | Planned For Housing Growth |
|---|---|---|
| Market Drayton | 2016 - 2038 | 1,200 |
| Minsterley and Pontesbury | 2016 - 2038 | 155 |
| Much Wenlock | 2016 - 2038 | 200 |
| Oswestry | 2016 - 2038 | 1,900 |
| Shifnal | 2016 - 2038 | 1,500 |
| Shrewsbury | 2016 - 2038 | 8,625 |
| Wem | 2016 - 2038 | 600 |
| Whitchurch | 2016 - 2038 | 1,600 |
| **TOTAL** | **-** | **16,025** |

Further detail surrounding Shropshire's Local Plan, proposed housing development and proposed strategic settlements was published on the Shropshire Council website - **this document has since been withdrawn and will be updated as soon as possible.**

The data shown above has been taken from the emerging local plan and highlights opportunities for the system to target S106 or CIL monies for health in the future. It does not include housing developments under construction or completed since 2016.

# 5. Future Housing Development – Telford and Wrekin

There are key strategic housing sites planned for the north of Telford, which will place increased demand on services and infrastructure supply.




Source: Telford and Wrekin Emerging Local Plan 2040

- Telford and Wrekin Council have prepared a new local plan which has recently undergone a Regulation 19 public consultation, which closed in May 2025. The next steps will be for the Council to submit their proposals to the Secretary of State for Examination where a Planning Inspector will consider the Local Plan's 'soundness' and legal compliance.

## Proposed housing allocations emerging from the plan are:

| Land North East of Muxton | Land North West of Bratton & Shawbirch | Land North and East of Allscott Meads |
|---|---|---|
| 2,700 homes | 2,100 homes | 350 homes |
| **Land North of A442 Wheat Leasowes** | **Land South & West of Sommerfield Road** | **Land off Ironmasters Way** |
| 3,100 homes | 455 homes | 477 homes |
| **Land and Upper Coalmoor Farm** | **Land South of Coalmoor Farm** | **TOTAL** |
| 200 homes | 200 homes | **9,582** |

The data shown above has been taken from Telford and Wrekin's emerging local plan and highlights opportunities for the system to target S106 monies for health in the future. It does not include housing developments under construction or completed. Further detail surrounding the emerging Local Plan and proposed housing development can be found here - Telford & Wrekin Council | Telford & Wrekin Local Plan 2011-2031

# 6. How do we get there?

- Our core estates objectives
- Our ICS Infrastructure Strategy Objectives and SMART targets
- Investing in our estate and Infrastructure
- 10-year capital summary 2024/25 to 2033/34
- Addressing Critical Infrastructure Risk (CIR) in 2025-26
- Enablers to our Infrastructure Strategy
- Our ICS Infrastructure Governance Structure
- Roadmap to a Greener NHS – NHS Activities
- Our Workforce Strategy
- Our Digital Strategy

# 6. Our core estates objectives

### 1. Collectively invest time and resource into improving the health estate and collegiate culture across the ICS system

- Have a transparent ICS estates governance structure
- Develop clear ICS estate leadership and direction
- Ensure meaningful and regular estates forums are diarised
- Collectively drive, navigate and deliver outcomes of the strategy
- Develop Estates and Facilities Management Workforce Action Plan

### 2. Include digital access as a key part of our infrastructure plans

- Creation of an estate link to the ICS Digital Delivery Group to ensure alignment of estate and digital objectives and alignment of organisational digital policies
- Continue to develop a comprehensive database of system estate
- Review estates utilisation/booking systems
- Understand the blockers and enablers to digital transformation across the ICS estate and work collectively towards finding solutions

### 3. Create an integrated and flexible ICS clinical estate

- Ensure that estates decisions are system driven and consider how neighbourhood integration of services and implications for primary, community services
- Ensure the workforce implications of the system workforce, finance, digital and clinical strategies including the three shifts are mapped into estates requirements

### 4. Improve utilisation, sharing of existing space and accessibility to clinical space

- Understand current capacity and utilisation of Shropshire, Telford and Wrekin clinical estate with the aim of making better use of existing or public sector space
- Have transparency of the void/vacant space across the ICS estate
- Identify opportunities for rationalisation and consolidation of non-clinical accommodation
- Explore opportunities to share system estate and look at flexible use of estate

### 5. Deliver and maintain a more affordable, fit for purpose ICS estate

- Have a clear capital prioritisation and investment pipeline taking into consideration core, flex and tail ratings
- Better utilisation of existing estate and dispose of tail estate where appropriate to do so
- Provision of high-quality environments, compliant estate, functionally suitable estate, accessible estate
- Reduce Back Log Maintenance across the ICS estate
- Maximise S106, CIL and disposal opportunities in light of future housing growth
- Work towards creating an estate which meets the principles of the ICS's Green Plan

# 6. Our ICS Infrastructure Strategy Objectives and SMART targets [1]

A suite of SMART metrics have been developed to support the delivery of the ICS Infrastructure Strategy objectives as detailed below, implementation of the actions required to deliver the SMART metrics will be monitored through SEG.

| Estates Objective | ICS Infrastructure Strategy Objectives | Key Enablers | SMART Target definitions | Current position | Target position |
|---|---|---|---|---|---|
| 1 | Collectively invest time and resource into improving the health estate and collegiate culture across the ICS system - In Place | ICS Culture – Maintain a formal ICS estates group, create a dedicated cross system estates leadership role and review estates governance structure. | Formalise our regular Strategic Estates Group (SEG) with updated terms of reference with reference to Governance and Decision-Making Processes, Explore a dedicated cross system ICS estates leadership role with clear objectives and reporting responsibilities, SEG meetings in the diary and agenda in line with the agreed deliverables.<br>Estate and Facilities Management Workforce Action Plan developed. | SEG Governance agreed, SEG Leadership agreed, Infrastructure Strategy Approved, SEG TOR agreed, SEG Meetings in diary, SEG Agenda in line with SEG deliverables (In place)<br>Ongoing: Rolling review, updates on delivery of strategy implementation actions.<br>ICS Estate and Facilities workforce plan in development. | SEG Governance agreed, SEG Leadership agreed, Infrastructure Strategy Approved, SEG TOR agreed, SEG Meetings in diary, SEG Agenda in line with SEG deliverables (In place)<br>Learning and supportive culture with estate/infrastructure strategy fully aligned to supporting delivery of the system strategies (Ongoing).<br>ICS Estate and Facilities workforce plan agreed. |
| 2 | Include digital access as a key part of our infrastructure plans by 2026 | Digital and Data – Create an estate link to digital workstreams, align digital policy, better understand utilisation and develop a comprehensive estates database. Review capital requirements aligned to the condition of the estate to facilitate digital enablers. | Creation of an estate link to the ICS Digital Delivery Group to ensure alignment of estate and digital objective.<br>Alignment of organisational digital policies.<br>Continue to develop a comprehensive database of system estate.<br>Invest in a system wide utilisation/room booking system.<br>Use data to help identify future population health needs matched to current estate<br>Build upon our virtual platforms. | ICS estates digital priorities reflected in the ICS digital strategy (completed).<br>System Estates Database in place (NHS estate only), review condition of estate to support digital enablers.<br>No system digital solution in place, partial digital solutions at SaTH/ICB and none at RJAH/SCHT<br>Prioritise utilisation studies e.g. sensors in top 10 agreed buildings to monitor use and inform utilisation efficiency opportunities.<br>PHM in place but under development<br>One Health and Care in place but under development. | ICS estates digital priorities reflected in the ICS digital strategy.<br>System Estates Database in place including digital readiness (NHS estate and all public and voluntary estate).<br>Digital solution for tracking estate utilisation and booking in place across the system.<br>Utilisation studies carried out in agreed prioritised estate to support utilisation efficiency delivery.<br>PHM in place.<br>One Health and Care Record fully implemented. |

# 6. Our ICS Infrastructure Strategy Objectives and SMART targets [2]

| Estates Objective | ICS Infrastructure Strategy Objectives | Key Enablers | SMART Target definitions | Current position | Target position |
|---|---|---|---|---|---|
| 3 | Create an integrated and flexible ICS clinical estate by 2026+ | One Estate Approach– Establish system estate sharing mandate, consider wider public estate and voluntary sector integration opportunities, create asset estate plans and statements of need to improve utilisation. | Ensure the clinical services implications of the clinical, digital, workforce, finance strategy including the three shifts are mapped into estates requirements.<br>Strategic Estates review of clinical and non-clinical space to support strategic commissioning deliver requirements for Neighbourhood Health Centres, Integrated Neighbourhood Teams, Community Hubs, primary and community services and acute shift agreed.<br>Proactively review all public and voluntary estates with a view to optimising clinical community/primary care capacity.<br>Ensure the workforce implications of the clinical, digital, workforce, finance strategy including the three shifts are mapped into estates requirements. | In the process of reviewing current estates capacity and requirements reflect the clinical strategy requirements for primary, community and acute care and implications of the three shifts including neighbourhood health centres, strategic estates advice/options to be considered as required.<br>Establish a space sharing mandate and/or shared digital platform.<br>Future estate requirements reflect the workforce implications of the three shifts and clinical strategy and are agreed with system partners are currently being mapped. | Future estate is configuration and utilisation to best meet the requirements of the clinical strategy for primary, community and acute care and implications of the three shifts including neighbourhood health centres and are agreed with system partners.<br>System space sharing mandate and/or shared digital space system in place.<br>Future estate requirements reflect the workforce implications of the three shifts and clinical strategy and are agreed with system partners. |
| 4 | Improving utilisation, sharing of existing space and accessibility to clinical space across 2024- 2034 | Utilisation – Better understand estate use and efficiency, establish a system wide office mandate, rationalise tail estate and increase utilisation of core/flex estate / consolidate estate where possible, create more patient facing space by maximising S106/CIL opportunities. | Seek to reduce non-clinical space utilisation to 30% - stretch target from 35% Carter metric.<br>Seek to increase clinical space to 70% to reflect ambition to reduce non-clinical space.<br>Rationalisation plan for tail estate agreed. | Utilisation - SCHT 35.47%, RJAH 32.69%, [MPFT and SATH meet the stretch target].<br>Utilisation - SCHT 64.01%, RJAH 67.28%, SATH 66.53%<br>[MPFT meets the stretch target].<br>Review of tail estate, disposal plans and capital receipts underway. | 30% by 2034.<br>70% by 2034.<br>Rationalisation for tail estate agreed and delivered. |

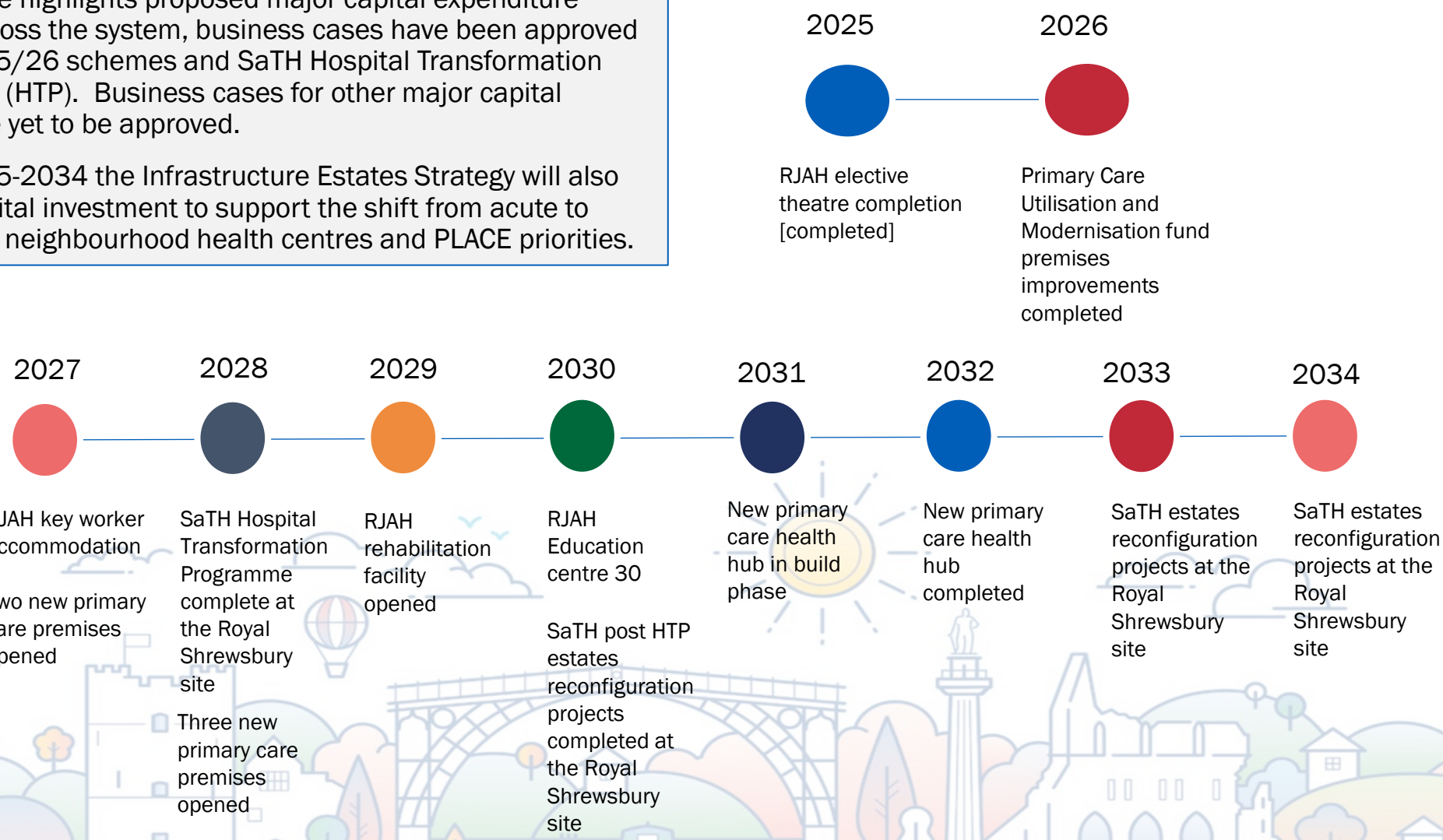
# 6. Our ICS Infrastructure Strategy Objectives and SMART targets [3]

| Estates Objective | ICS Infrastructure Strategy Objectives | Key Enablers | SMART Target definition | Current position | Target position |
|---|---|---|---|---|---|
| 5 | Delivering and maintaining a more affordable, fit for purpose ICS estate – across 2024 - 2034 | Fit and Affordable – Develop plans for tail estate, the reduction in Backlog Maintenance, with a particular focus on removing Critical Infrastructure Risk, capital planning and disposals. Link into the systems' Green group and ensure greater transparency around S106 applications and use. | Reduce Inadequate/red ratings under the PAM domains (noting that the PAM domains, definitions and metrics will be refreshed).<br>Improvement plans fully implemented following feedback from annual PLACE audits.<br>Reduction of overall BLM by 100% over 10-year period – **subject to capital funding** .<br>Backlog Maintenance (BLM) cost (backlog) is the cost to bring estate assets. that are below condition B in terms of their physical condition and/or compliance with mandatory fire safety requirements and statutory safety.<br>Improve condition B ratings by 20% over 10-year period – **subject to capital funding.**<br>Condition B refers to an estate asset that is "sound, operationally safe, and exhibits only minor deterioration".<br>Reduction of CIR backlog by 100% over 10-year period. – **subject to capital funding.**<br>Critical Infrastructure Risk (CIR) refers to the risk of failure in essential buildings, systems, and equipment that could lead to patient harm or service disruption.<br>Reductions in emissions from baseline to reduced levels in accord with ICS and Trust Green Plans.<br>Buildings with RAAC to be remediated.<br>Creation of a 10 years disposal pipeline with system providers (leasehold and freehold).<br>Establish an ongoing capital prioritisation framework to aid future investment planning.<br>Maximise S106, CIL and disposal opportunities in light of future housing growth.<br>Review opportunity to implement CIL in Telford & Wrekin LA. | PAM ratings update due October 2025, Current Inadequate: SaTH (1), RJAH (8), SCHT (0) - note changes expected to baseline measurement.<br>Improvement actions implemented following PLACE annual audits.<br>Aggregate £72.9m. [ERIC 2023-24].<br>Condition B baselines as per local trust. information will update each year.<br>Aggregate £51.5m. [ERIC 2023-24].<br>As detailed in local trust plans.<br>PRH RAAC project to be completed in 2025/26.<br>No current disposal pipeline agreed.<br>Capital Strategy and Capital Prioritisation Framework in place.<br>S106/CIL funding secured in 2024/25 and 2025/26 to date where available £3m, No CIL in Telford & Wrekin LA. | "No" areas rated as Inadequate.<br>"No" outstanding actions.<br>Minimal BLM by 2034.<br>Condition B ratings improved by 20% by 2034.<br>Minimal CIR by 2034.<br>Net Zero by 2040.<br>0 by 2026.<br>10 Year Disposal Pipeline agreed.<br>Capital Strategy and Capital Prioritisation Framework in place.<br>S106/CIL opportunities utilised where available. |

# 6. Investing in our estate and Infrastructure

This timeline highlights proposed major capital expenditure projects across the system, business cases have been approved for the 2025/26 schemes and SaTH Hospital Transformation Programme (HTP). Business cases for other major capital projects are yet to be approved.

Across 2025-2034 the Infrastructure Estates Strategy will also include capital investment to support the shift from acute to community, neighbourhood health centres and PLACE priorities.



# 6. 10-year capital summary 2024/25 to 2033/34

We have developed a high-level profile of capital expenditure need over the next 10 years as summarised in the table below. Individual Trust and ICB tables are set out in **Appendix G**.

| Status | Total Requirement (£M) | Number of Projects |
|---|---|---|
| Primary Care | 144.54 | 52 |
| Acute | 839.32 | 98 |
| Community Care | 76.90 | 89 |
| Community Diagnostic Centre | 0.16 | 1 |
| Total | 1,060.92 (ex VAT) | 240 |

- Our system has successfully delivered multiple capital projects across acute, primary care and community sectors, examples include:

  1. New CDC at Hollinswood House
  2. Shifnal and Priorslee Medical Practice
  3. Riverside Medical Practice

- Further information on these and other projects can be found at **Appendix H**.

- Each capital project listed above demonstrates our ICS's ability to deliver fit for purpose, fully integrated health buildings which are compliant and meet the needs of our workforce and communities both now and in the future. Any future capital project will continue to focus on delivering these outcomes across the system. Various funding routes used to deliver these projects included NHS system capital, national funding and S106. It is important that our ICS continues to explore funding opportunities in the future, to enable the successful delivery of projects identified as part of any capital prioritisation.

# 6. Addressing Critical Infrastructure Risk (CIR) in 2025-26

NHS England released Critical Infrastructure Risk Emergency Safety Funding in early 2025. The ICB submitted two applications for funding for multiple schemes, these are summarised in the table below.

| Trust | Projects | Total scheme cost | Backlog CIR removed | Non CIR backlog removed |
|---|---|---|---|---|
| **The Shrewsbury and Telford Hospital NHS Trust** | 6 | £6,797,000.00 | £500,000.00 | |
| | 12 | £9,363,000.00 | £1,482,900.00 | £3,024,829.00 |
| **Shropshire Community Health NHS Trust** | 4 | £500,000.00 | £500,000.00 | £0.00 |
| **The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust** | 1 | £500,000.00 | £500,000.00 | £0.00 |
| | 6 | £2,945,000.00 | £2,945,000.00 | £0.00 |

NHS England also announced Risk Emergency Safety Funding allocations in May 2025 and the projects listed below were successful:

| Trust | Funding | Property | Project details |
|---|---|---|---|
| **Shropshire Community Health NHS Trust** | £500,000 | Bridgnorth Community Hospital, Whitchurch Community Hospital | Improvements to electrical and lighting systems. Lift refurbishment. Nurse call system replacement |
| **The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust** | £500,000 | Robert Jones and Agnes Hunt Hospital, Gobowen | Air Handling Units replacement |
| **The Shrewsbury and Telford Hospital NHS Trust** | £6,797,000 | The Princess Royal Hospital, Royal Shrewsbury Hospital | Improvements to electrical systems and energy systems. Lift upgrade or replacement. Nurse call system replacement |

For 2026/27 onwards, CIR requests will be prioritised using the capital prioritisation framework. This will include consideration of revenue impact and impact on reducing backlog maintenance in line with the priorities set out in this strategy.

# 6. Enablers to our Infrastructure Strategy [1]

We have developed a series of high-level enablers in line with our strategic infrastructure objectives to provide our system with key workstreams.

| Collectively invest time and resource into improving the health estate and collegiate culture across the ICS system | Include digital access as a key part of our infrastructure plans | Creation of integrated and flexible ICS clinical estate |
|---|---|---|
| • Formalise our regular SEG with updated terms of reference<br>• Explore a dedicated cross system ICS estates leadership role with clear objectives and reporting responsibilities<br>• Develop an estates decision making 'tree', structure and governance which all partners are aligned to<br>• Develop Estates and Facilities Management Workforce Action Plan | • Creation of an estate link to the ICS Digital Delivery Group to ensure alignment of estate and digital objectives<br>• Alignment of organisational digital policies<br>• Continue to develop a comprehensive system estate database<br>• Create a workstream to gain a better understanding of the utilisation of clinical and non-clinical space through digital means e.g. Community Hospitals<br>• Learn how other ICSs have digitally transformed their estate to improve population health outcomes<br>• Glean a clear understanding of digital inequalities to inform policy and strategic direction | • Agreement of a system-level space sharing mandate with transparency on costs and availability to allow for greater efficiency, integration and flexibility<br>• Establish SEG gateway to consider wider public sector estate opportunities<br>• Creation of individual Community Hospital and Health Centre asset plans and statements of need to understand hub opportunities and options re: void, utilisation, service requirements, condition, development and service integration opportunities etc.<br>• Identify VCSE hubs where space exists to deliver integrated service opportunities |

# 6. Enablers to our Infrastructure Strategy [2]

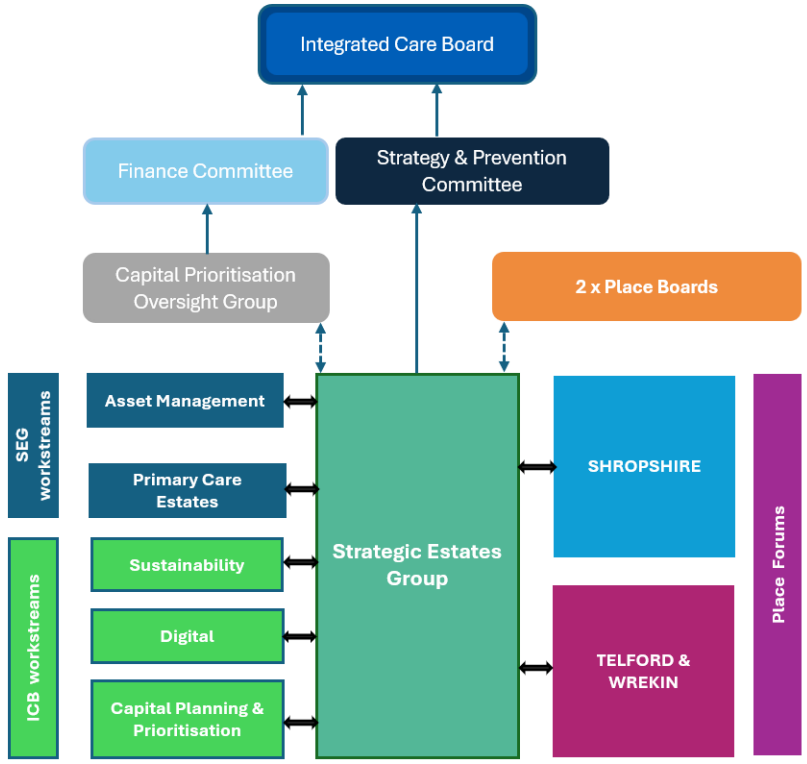
We have developed a series of high-level enablers in line with our strategic infrastructure objectives to provide our system with key workstreams.

| Improve utilisation, sharing of existing space and accessibility use of clinical space | Creation of a fit for purpose, sustainable and affordable estate |
|---|---|
| • Creation of cross system shared void estates database to help inform clinical and estate decisions<br>• Create an estates efficiency workstream to identify estate consolidation and rationalisation opportunities<br>• Establish system wide office space mandate that helps determine a consistent approach to future spatial requirements and drives rationalisation<br>• Use S106 and CIL opportunities to increase the amount of patient facing space through the conversion of back-office accommodation to maximize primary care estate utilisation | • Develop a strategic plan around replacement of tail estate and Backlog Maintenance challenges<br>• Creation of a 10 years disposal pipeline with system providers (leasehold and freehold)<br>• Establish an ongoing capital prioritisation framework to aid future investment planning<br>• Provide greater transparency on S106 / CIL applications and use<br>• Reform the systems 'green group' and work towards meeting the ICS's green objectives |

# 6. Our ICS Infrastructure Governance Structure

Our 'estates' governance structure is part of the ICS governance framework. It aims to provide clarity and structure to support with the implementation and delivery of the Infrastructure Strategy with oversight via the Strategic Estates Group.

Strategic Estates Group Governance Framework




## Strategic Estates Group (SEG)

- Provides **strategic leadership, oversight and governance** to support and ensure the delivery and implementation of the Infrastructure Strategy **(meeting on a bi-monthly basis)**
- Provides **strategic leadership, responsibility, and oversight** for the decision-making processes on strategic property investment and transactions
- Promotes the sharing of **information** and **experience** across the system and **fosters collaborative use, management and development of property and land assets**
- **Reviews and makes recommendations for all** outline and full business cases will be submitted through appropriate governance in line with the agreed estates strategy and plan. The Infrastructure Strategy will be subject to review and approval through both the SEG and Strategy and Prevention Committee.

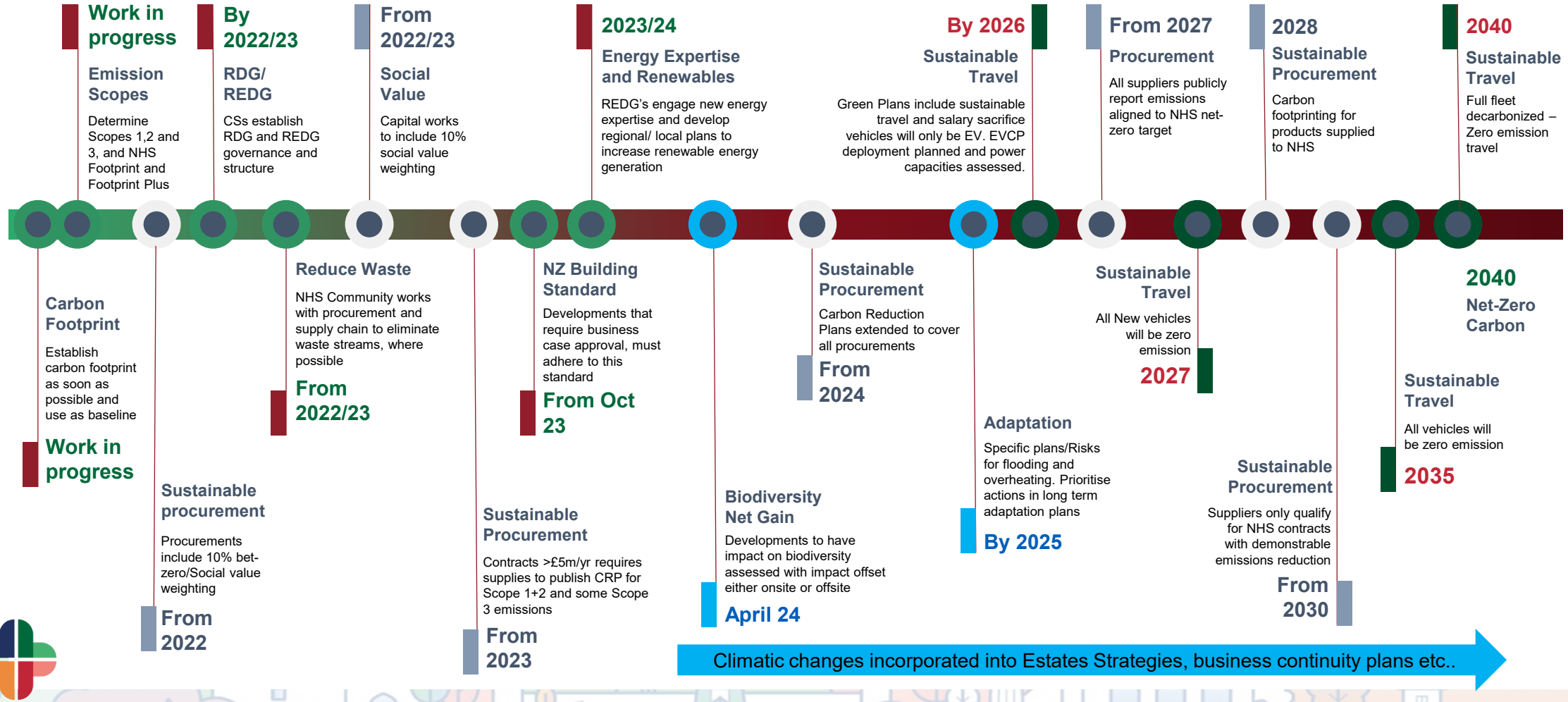
The SEG will also have oversight of Estate utilisation and reductions in void space, CIR management and will also have a link to the One Public Estate group.

## PROVIDERS

- Each provider organisation has its own internal approval process, in which, proposals are taken to their respective boards.
- Estates lead representatives from each provider organisations sit on the SEG.

# 6. Roadmap to a Greener NHS – NHS Activities

Linked to our Infrastructure Strategy, our overarching Green Plan's ambition is to support the NHS goal to be net zero by 2040, taking in key initiatives across: renewable energy, digital, workforce, waste, travel and transport.



# 6. Our Workforce Strategy

The People Strategy 2023-27 has been refreshed in the context of a rapidly evolving landscape and the launch of the national 10-Yr Health Plan and upcoming NHS Workforce Strategy (expected Autumn 2025). Whilst we remain committed to placing our people first aligned to the NHS People Plan and the People Promise, there is a clear focus on productivity and transformation through co-design, collaboration and delivery through new ways of working.

## Our People Strategy 2023-27

- Our People Strategy sets out our ambition structured around the four core pillars of the NHS People Plan, underpinned by the NHS People Promise and the ambitions set out in The Future of NHS Human Resources and Organisational Development.
- Our key challenges in delivering the People Strategy and consistently meeting the healthcare needs for the local population are:
  - Recruitment and retention particularly in fragile services, clinical specialties and occupations in high demand e.g. we have a planned 8.6% increase in Registered Nursing, 6.4% increase in Allied Health Professionals and 4.5% increase in Medical & Dental in 2025/26
  - Ensuring the right skill mix to adapt to new ways of working such as the transition to community-based care and neighbourhood working, more effective use of technology and increased collaboration and joint working through shared services
  - Achieving our ambition for improved productivity and quality of care by switching resource from support services to frontline staff by reducing corporate support services and our reliance on temporary staffing

| Our 4 Core Pillars | We aspire to |
|---|---|
| Growing for the future | Having engaged, motivated and skilled people who want to start and progress their career and broaden their experiences with us |
| Belonging in Shropshire, Telford and Wrekin | Having a shared compassionate and collegiate approach which enables people to thrive at work |
| Looking after our people | Having people who feel valued, nurtured and cared for and who will recommend us as a great place to work |
| New ways of working and strategic workforce planning | Being one workforce, supporting the delivery of high-quality care to our communities |

## Our Estates & Facilities Management Workforce

Our Estates & FM workforce are critical to providing high quality of care for our population and we continue to invest in their training and development. Our commitment to the People Promise is reflected in relatively low levels of turnover and we continue to offer opportunities for our workforce to develop their career with us such as involvement in our priority to develop neighbourhood working. Our community estate and particularly our community hospitals provide a catalyst to drive integration in local settings which benefit our population who can be better cared for closer to home – ensuring the right conditions across our estate for increased neighbourhood working is critical to its success. Whilst we also prioritise the provision of a reprofiled corporate support function that includes the Estates & FM workforce as part of a shared services review, we continue to innovate and implement new initiatives and schemes such as better use of technology in waste management, energy efficiency and space optimisation.

## ICS Employees

*'Across the NHS ICB, RJAH, SCHT, SATH, Mental Health Providers and the Primary Care Network, the ICS has a workforce of approximately 14,700 employees as of March 2025'*

*Source: ICS System Workforce Lead*

# 6. Our Digital Strategy

Investing in digital and the data which digital advancement can provide will help transform the way we deliver services

## Our digital and data strategy

- The system is committed to improving our digital infrastructure across the estate. We are currently laying the groundworks to deliver consistently excellent, person centre and easily accessible care transformed by digital innovation to enhance the experience of our workforce and communities.
- This ambition forms the basis of our Digital ICS Strategy (2023-2028), which sets out a clearly defined roadmap to achieving digital transformation across our system, including 8 system pledges.
- Our system has already made positive steps towards meeting our systems pledges, including the introduction of virtual wards and our primary care providers have recently transitioned to electronic patient record systems. Nevertheless, we recognise more can be done to enhance the digital capabilities of our ICS and the services we provide.
- Our estate remains a key area of focus to achieving this outcome, as most of our services are delivered from physical sites. However, given the age, complex layout and rurality of many of our buildings, digital transformation is not always viable or realistic (both financially and logistically).
- We therefore want to build upon the foundations we already have in place, identify quick wins and slowly transform the way we use digital infrastructure to improve the health and wellbeing outcomes for our local population at estate level.

## 8 System Pledges

1. Committed to reducing Digital exclusion and inclusive by design
2. Collaborative working across the ICS
3. Sharing resources and meeting workforce challenges together
4. Improved reporting capabilities and confidence in source of truth
5. Improved cyber security capabilities and infrastructure
6. Single technology where possible
7. Compliant with national standards and regulations
8. Agreed approach to procurement and contracting

## Digital Infrastructure Priorities

We will embrace digital technology and ensure that any estate options and decisions are made alongside maximising IT capability to minimise estate need. To do this we have identified the following opportunities:

- **Continue to transition to electronic patient records** (including at our acute sites) - this will return space currently used to store physical patients records and enable it to be utilised for more meaningful purposes.
- **Invest in an ICS wide room booking system** which all providers have access to – work collectively to agree suitable rooms to be added to the system and improve the utilisation of space across our estate
- **Use data to help identify future population health needs** – enables our ICS to forward plan and better prepare for future housing and population growth
- **Build upon our virtual platforms** – provide more services to our communities via online platforms e.g. virtual wards, training and consultations. This will increase accessibility to services, improve estate efficiencies and help the ICS determine future estate requirements going forward.

# 7. Appendices

- Glossary of Terms
- Please see separate Appendices document for Appendices A-I

# 7. Glossary of Terms

| Term | Definition |
|---|---|
| 3PD | Third Party Developer |
| BLM | Backlog Maintenance |
| BMS | Building Management System |
| BREEAM | Building Research Establishment Environmental Assessment Methodology |
| CDC | Community Diagnostics Centre |
| CIL | Community Infrastructure Levy |
| CIR | Critical Infrastructure Risk |
| ED | Emergency Department |
| ERIC | Estates Returns Information Collection |
| GIA | Gross Internal Area |
| GMS | General Medical Services |
| GP | General Practitioner |
| HBN | Health Building Note |
| HTP | Hospital Transformation Plan |
| HWB | Health and Wellbeing Board |
| ICB | Integrated Care Board |

| Term | Definition |
|---|---|
| ICS | Integrated Care System |
| IMD | Index of Multiple Deprivation |
| JSNA | Joint Strategic Needs Assessment |
| LCTP | Local Care Transformation Programme |
| MP | Medical Practice |
| NHS | National Health Service |
| NHSE | National Health Service England |
| NIA | Net Internal Area |
| NOF4 | NHS Oversight Framework |
| NZC | Net Zero Carbon |
| OPE | One Public Estate |
| ONS | Office of National Statistics |
| PAM | |
| PCN | Primary Care Network |
| PRH | Princess Royal Hospital |

| Term | Definition |
|---|---|
| RJAH | Robert Jones and Agnes Hunt |
| RSH | Royal Shrewsbury Hospital |
| S106 | Section 106 |
| SATH | The Shrewsbury and Telford Hospital NHS Trust |
| SEG | Strategic Estates Group |
| SHAPE | Strategic Health Asset Planning and Evaluation |
| SHIPP | Shropshire Integrated Place Partnership |
| SCHT | Shropshire Community Health NHS Trust |
| STW | Shropshire, Telford and Wrekin |
| TWIPP | Telford and Wrekin Integrated Place Partnership |
| VCSE | Voluntary, Community and Social Enterprises |
| WMAS | West Midlands Ambulance Service |