NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

To: Bedford Borough Planning Team

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1.0 Introduction

This document sets out the process used by Bedfordshire, Luton & Milton Keynes Integrated Care Board (BLMK ICB) to assess when contributions will be sought from residential developments towards mitigating their impact on local healthcare provision, and the basis for calculating the value of contributions to be sought.

2.0 Health Contributions from Housing Developments

When BLMK ICB is consulted on applications for local residential developments, an assessment is carried out to consider the impact of the application on local healthcare services and any mitigations which are considered necessary to prevent an unacceptable negative impact on local services and to ensure the healthcare needs of new residents can be adequately met.

Where it is identified that there will not be sufficient capacity in existing local healthcare services to absorb the anticipated increase in demand created by the proposed residential development, the BLMK ICB will make a request for a financial contribution towards additional healthcare infrastructure (capital funding). For larger strategic developments where a new facility is required to meet the healthcare needs, a land contribution for health may also be requested.

This document demonstrates how the BLMK ICB 's requests for contributions to healthcare provision are CIL Regulations (2010) compliant, meeting the relevant tests set out in clause 122(2) which require that the sums are:

a) necessary to make the development acceptable in planning terms;
b) directly related to the development; and,
c) fairly and reasonably related in scale and kind to the development.

Additional residents place increased demands on primary medical services (GP practices and Primary Care Networks), community healthcare services (e.g. children's services, nursing and therapy services), and local mental health services. Additional demand is also created for local hospital services (secondary care), community pharmacies, and dental and optometry providers.

At this stage, the BLMK ICB focuses requests for contributions towards infrastructure for primary medical care, community health and mental health provision but we will periodically review this approach and the BLMK ICB reserves the right to make requests for contributions towards other healthcare provision.

The BLMK ICB requests contribution from developers towards the increased primary, community and mental healthcare infrastructure capacity directly attributable to the population

of the proposed new development. The BLMK ICB works with local healthcare providers, particularly GP Practice/s local to the development, to establish specifically where there is scope to expand/improve capacity to effectively care for the additional patients.

3.0 Healthcare Strategy

Traditionally, S106 requests made by health to support new developments have been centred around the capacity and development needs of a single GP Practice. However, over the last few years there has been a move towards new healthcare models on a larger scale at neighbourhood level involving multiple organisations including primary care. This approach is set out in the NHS Ten Year Plan published in July 2025.

These organisations working together within neighbourhoods will focus collectively, rather than separately, on the needs of the local people they serve, with general practice being at the heart of patient care. At a neighbourhood level, multi-disciplinary teams will build on the core of current primary care services to enable greater provision of proactive, personalised, coordinated and more integrated health and social care. In some areas, services will be organised into Neighbourhood Centres.

This change is driving the way that estates health infrastructure is developed, therefore whilst the BLMK ICB still requires infrastructure investment to be made by developers to cover the health needs of the new population brought to the area, the precise location of the practice/healthcare facility where additional capacity will be provided cannot always be identified at the point when the initial response is made to a planning application.

4.0 How Financial Contributions for Health are Calculated

The requested contribution is calculated only on the number of additional new registrations each development will generate and therefore will contribute in proportion towards the costs of delivering the necessary infrastructure to mitigate the impact of the development.

In some instances, it will be possible to deliver the additional capacity through reconfiguration or expansion of an existing facility (e.g. extension to a GP surgery). In other cases, it will be necessary to relocate existing provision to a larger facility (e.g. where an existing facility is land-locked, but it would not be clinically or financially viable to establish and operate an additional separate facility). For larger strategic developments it may be necessary to establish a new service from a new facility. Therefore, there are a range of projects required to meet the needs of the future population depending on the specific circumstances relating to each development.

Where possible the details around the specific project/s required to mitigate the impact of a development will be described/ set out..

For clarity: Primary Care is commissioned by Bedfordshire, Luton and Milton Keynes BLMK ICB (BLMK ICB), having taken over this commissioning responsibility from NHS England. Responses from the BLMK ICB should be taken as the health response for planning consultation purposes.

5.0 Primary Medical Services

The primary care calculation is based on the following formula originally adopted across the NHS England Midlands and East (Central Midlands) area to provide consistency for all the 25 local authorities comprising that area and as part of the single operating model of best practice it has developed. It has been consistently accepted by local planning authorities.

This figure is based on the following breakdown:

- **Number of new patients** - multiply the numbers of dwellings in any given development by 2.4 (average number of residents per new dwelling in Bedford Borough).

- **Amount of new General Medical Services (GMS) space required** - multiply the number of new patients by 0.085m² recommended as the amount of floor space required by each patient, as per Department for Health guidance: Health Building Note 11-01: Facilities for primary and community care services.

- **Cost of delivering new space required** – see explanation below. 2025 capital project delivery costs are **£7,334 per sqm**. Multiply the required floor space by £7,334.

- **Cost per dwelling** – Total £/number of dwellings = £1,751.36 (rounded to £1,751 per dwelling) - divide the total project delivery cost by the number of dwellings provides a standard contribution required from each new dwelling towards the cost of providing GMS services for that development.

6.0 Delivery Costs for Primary Healthcare Facilities

The project delivery costs for primary healthcare infrastructure are based on evidence from local projects within the Bedfordshire, Luton and Milton Keynes geography, including a new healthcare facility completed in 2025 in Milton Keynes Eastern Expansion Area, a business case for a new healthcare facility in Leighton Buzzard, and costings for new healthcare facilities in Great Barford, Biddenham and Biggleswade. These are set out in Appendix A. Further local projects are planned and the project costs will be reviewed annually.

Appendix A demonstrates that the average total project cost is £7,334/sqm.

The total delivery costs for infrastructure projects include: i) build costs (including medical fit-out); ii) professional fees; iii) finance costs where applicable; iv) VAT; vi) risk, contingency and inflation.

It is assumed that land acquisition costs will not apply (assumes that new facilities will be delivered on S106-gifted serviced land). However, in some instances it may also be necessary to apply for a financial contribution towards land acquisition costs (e.g. where the proposed mitigation is the extension of an existing facility which requires purchase of additional land).

It should be noted that healthcare facilities must comply with healthcare building standards, particularly Heath Building Notes and Health Technical Memoranda; and that primary and community healthcare facilities must comply with HBN11/01 – Facilities for Community and Primary Care Services.; consequently, the cost of delivering healthcare buildings is generally significantly higher than for other commercial facilities.

7.0 Community Healthcare Services

The contribution towards community healthcare services is calculated by activity type and recorded attendance data. They reflect a lower proportion of the population than the 90% first accessing healthcare via GP provided primary care services.

This approach then determines the proportionate growth of specific development sites from which space requirements are determined by infrastructure type. For Community Health provision: treatment rooms; consulting rooms; diagnostic rooms etc., a calculation using

attendance methodology for community health services establishes an infrastructure cost per dwelling of £114.10 towards increasing the clinical space/capacity.

8.0 Mental Healthcare Services

A further healthcare consideration relates to mental health services and here the attendance methodology establishes a cost per dwelling of £130.40 towards increasing the clinical space/capacity. The mental health costs per dwelling reflect differing infrastructure types such as in-patient wards as well as a range of community based mental health provision.

Appendix A: Local Project Examples

Item	Project 1 2024 New-build primary care facility on S106-gifted land in Central Bedfordshire. Figures based on Outline Business Case.			Project 2 2024 New build primary care facility on NHS/Council-owned land in Central Bedfordshire (2 site options). Figures based on business case.			Project 3 2025 New build primary care facility on former school site owned by Bedford Borough Council.		
Consultant/QS	*Turner & Townsend*			*WT Partnerships*			*Costorphine & Wright*		
Area (m2)	622			794			742		
			£/psm			£/psm		%	£/psm
Construction	£3,176,000		5,106	£3,920,000		4,937	£2,430,000		3,275
Land	£0			£0			£0		
Fees	£520,000	*16%*		£588,000	*15%*		£364,500	*15%*	
Other Costs	£0			£0			£200,000		
Contingency	£234,000	*6%*		£451,000	*10%*		£279,450		
Optimism Bias	£382,000	*10%*		£451,000	*10%*				
Inflation	£416,000	*10%*		£161,000	*3%*		£153,697		
Finance	£283,680	*6%*		£334,260	*6%*		£193,659	*6%*	
SUM	£5,011,680			£5,905,260			£3,621,306		
VAT	£1,002,336	*20%*		£1,181,052	*20%*		£724,261	*20%*	Indicative
Total	**£6,014,016**		**9,669**	**£7,086,312**		**8,925**	**£4,345,567**		**5,857**
Average Project Cost per m²	**£7,334**								

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