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Dear Secretaries of State,

RE: Section 106 developer contributions for NHS infrastructure

I am writing on behalf of the Health Scrutiny Committee for Lincolnshire following discussions with NHS Lincolnshire Integrated Care Board and local partners regarding the operation of the national framework governing the use of Section 106 developer contributions for healthcare infrastructure.

The Committee is exercising its health scrutiny function under Regulation 21 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, which enables a local authority to review and scrutinise matters relating to the planning, provision and operation of the health service in its area.

At its meeting on 1 July 2026, the Committee considered NHS planning in response to demographic change. Lincolnshire faces sustained pressure arising from an ageing population, increased frailty, long-term conditions, health inequalities and rurality. Significant planned housing growth has the potential to create additional demand for healthcare services and infrastructure. It is therefore important that the planning system and NHS infrastructure planning can secure an appropriate and timely response to development-related demand.

The Committee has heard evidence that healthcare infrastructure requirements associated with development can differ between primary, community and acute settings. While the

evidential basis for planning obligations may vary across these settings, the Committee is interested in whether current policy and guidance provide sufficient clarity to support an appropriate infrastructure response.

NHS Lincolnshire Integrated Care Board has advised the Committee that, within the current legal and policy framework, an NHS body seeking a section 106 contribution must demonstrate a clear and direct relationship between the relevant development and an identifiable infrastructure requirement. It has explained that evidencing this relationship can be more difficult to establish for acute services, which serve wider populations and catchment areas, than for primary care, where new residents will ordinarily register with local GP practices. Indeed, planning professionals advise that the evidential requirements are so strict that in practice S106 requests are almost never made for anything other than primary care.

Whilst the Committee recognises the importance of establishing a sufficient relationship between each development and the infrastructure requirement to which a contribution would be directed, it is nevertheless concerned that the cumulative effects of substantial housing growth allocated through an adopted Local Plan may not be fully addressed through existing infrastructure-planning and funding mechanisms.

In particular, clarification would be helpful on how the wider cumulative infrastructure requirement should be planned and funded, including through the Community Infrastructure Levy where applicable, while enabling a proportionate contribution to be sought through a section 106 obligation where the impact attributable to an individual development and the infrastructure response required can be robustly evidenced.

This is increasingly relevant as models of NHS provision evolve and capital responses may include new, extended, refurbished, repurposed or shared premises supporting primary, community, neighbourhood or acute services. The Committee is seeking clarity on how the framework applies to the function and purpose of the proposed infrastructure, rather than to a particular category of NHS provider or form of property ownership.

This is also highly relevant in Lincolnshire, given the distribution of the population over a wide area. Nine of the county's ten largest settlements have populations between 18,000 and 48,000 and the local plan housing allocations for many of them appear substantial enough to require a step-change increase in locally available secondary and urgent care.

We recognise that, under regulation 122(2) of the Community Infrastructure Levy Regulations 2010, a planning obligation may constitute a reason for granting planning permission only where it is necessary to make the development acceptable in planning terms, directly related

to the development, and fairly and reasonably related in scale and kind to the development. The Committee is not seeking to weaken or disapply those safeguards. Our concern is the apparent lack of scope within the current system to recognise that whilst no individual housing development would justify capital expenditure to expand secondary care there might be a strong justification due to the cumulative impact of all the planned housing development within a town.

We would therefore welcome guidance on the evidence and governance arrangements required where proportionate contributions from more than one development are intended to support the same healthcare infrastructure project; how the development-specific requirements of Regulation 122 should be demonstrated in those circumstances; and how section 106 contributions should be coordinated with the Community Infrastructure Levy and infrastructure funding statements.

We would be grateful if you could advise:

- (1).how the current framework enables the cumulative healthcare infrastructure requirements associated with planned housing growth to be identified and addressed, while ensuring that each section 106 obligation satisfies Regulation 122(2) of the Community Infrastructure Levy Regulations 2010;
- (2).what evidence and methodology the Government considers appropriate for demonstrating the relationship between residential development and additional demand for primary, community, neighbourhood, urgent and emergency, or acute healthcare infrastructure;
- (3).how section 106 obligations and the Community Infrastructure Levy should operate together where an infrastructure project responds to the combined effects of more than one development;
- (4).in what circumstances contributions may support new, extended, refurbished, repurposed or shared premises from which any type of NHS-funded services are delivered;
- (5).whether directly related supporting infrastructure, including access or parking measures, may be supported where it is necessary to mitigate development-related demand;

(6). whether national guidance will be reviewed to reflect evolving neighbourhood and community-based models of NHS provision; and

(7). whether the Government will work with NHS bodies, local planning authorities and local-government partners to develop a more comprehensive, consistent, evidential and methodological approach.

We believe that clearer national guidance, while retaining some statutory safeguards, would help ensure that planned housing growth is accompanied by an appropriate healthcare infrastructure response. We hope that, in the context of the governments ambitious local housing targets, you agree that this now a necessity and review the guidance.

The Committee would be willing to contribute relevant local evidence to any review or policy-development work.

We look forward to your response.

Yours sincerely,



Councillor Richard Cleaver

Chairman

Health Scrutiny Committee for Lincolnshire