

ncp.engagement@milton-keynes.gov.uk

23 December 2025

BY EMAIL ONLY

RE: Consultation on Milton Keynes City Plan 2050 – Regulation 19 Consultation

Thank you for the opportunity to comment on the above document. The following representations are submitted by NHS Property Services (NHSPS).

NHS Property Services

NHS Property Services (NHSPS) manages, maintains and improves NHS properties and facilities, working in partnership with NHS organisations to create safe, efficient, sustainable and modern healthcare environments. We partner with local NHS Integrated Care Boards (ICBs) and wider NHS organisations to help them plan and manage their estates to unlock greater value and ensure every patient can get the care they need in the right place and space for them. NHSPS is part of the NHS and is wholly owned by the Department of Health and Social Care (DHSC) – all surplus funds are reinvested directly into the NHS to tackle the biggest estates challenges including space utilisation, quality, and access with the core objective to enable excellent patient care.

General Comments on Health Infrastructure to Support Housing Growth

The delivery of new and improved healthcare infrastructure is significantly resource intensive. The NHS as a whole is facing significant constraints in terms of the funding needed to deliver healthcare services, and population growth from new housing development adds further pressure to the system. New development should make a proportionate contribution to funding the healthcare needs arising from new development. Health provision is an integral component of sustainable development – access to essential healthcare services promotes good health outcomes and supports the overall social and economic wellbeing of an area.

Residential developments often have very significant impacts in terms of the need for additional primary healthcare provision for future residents. Given health infrastructure's strategic importance to supporting housing growth and sustainable development, it should be considered at the forefront of priorities for infrastructure delivery. The ability to continually review the healthcare estate, optimise land use, and deliver health services from modern facilities is crucial. The health estate must be supported to develop, modernise, or be protected in line with integrated NHS strategies. Planning policies should enable the delivery of essential healthcare infrastructure and be prepared in consultation with the NHS to ensure they help deliver estate transformation.

Detailed Comments on Draft Local Plan Policies

Our detailed comments set out below are focused on ensuring that the needs of the health service are embedded into the Local Plan in a way that supports sustainable growth. When developing any additional guidance to support implementation of Local Plan policies relevant to health, for example in relation to developer contributions or health impact assessments, we would request the Council engage the NHS in the process as early as possible.



Milton Keynes City Plan 2050
Proposed Submission Stage Representation Form

Ref:
(For official use only)

Name of the Local Plan to which this representation relates:

Milton Keynes City Plan 2050

Please return by **5.30pm on Monday 22nd December 2025** to Development Plans, Milton Keynes City Council, Civic, 1 Saxon Gate East, Milton Keynes MK9 3EJ, or via email at ncp.engagement@milton-keynes.gov.uk

This form has two parts –

Part A – Personal Details: need only be completed once.

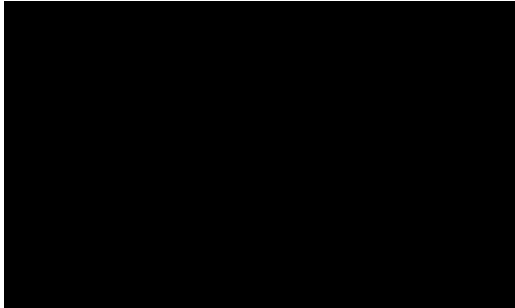
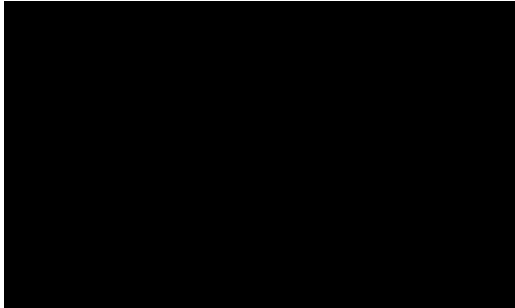
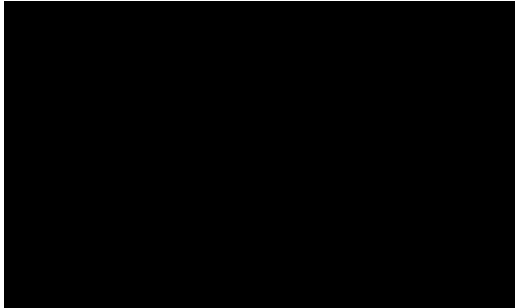
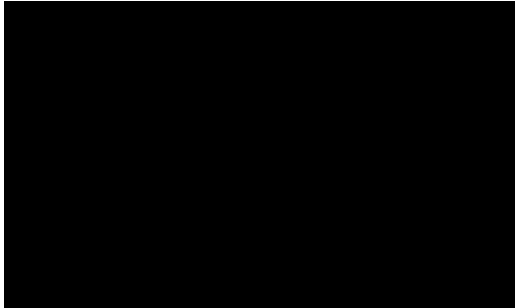
Part B – Your representation(s). Please fill in a separate sheet for each representation you wish to make.

Part A

1. Personal Details*

2. Agent's Details (if applicable)

**If an agent is appointed, please complete only the Title, Name and Organisation (if applicable) boxes below but complete the full contact details of the agent in 2.*

Title	<input type="text" value="Miss"/>	<input type="text"/>
First Name	<input type="text" value="Hyacynth"/>	<input type="text"/>
Last Name	<input type="text" value="Cabiles"/>	<input type="text"/>
Job Title (where relevant)	<input type="text" value="Town Planner"/>	<input type="text"/>
Organisation (where relevant)	<input type="text" value="NHS Property Services Ltd"/>	<input type="text"/>
E-mail Address		<input type="text"/>
Address Line 1		<input type="text"/>
Line 2		<input type="text"/>
Line 3		<input type="text"/>
Line 4	<input type="text"/>	<input type="text"/>

Post Code



Telephone Number

Part B – Please use a separate sheet for each representation

Name or Organisation:

3. To which part of the Local Plan does this representation relate?

Paragraph

Policy

Policies Map

4. Do you consider the Local Plan is: (Please tick as appropriate)

4.(1) Legally compliant

Yes

No

4.(2) Sound

Yes

No

4.(3) Complies with the Duty to co-operate

Yes

No

5. Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible. If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.

NHSPS consider draft Policies INF1 and INF2 to be sound.

Draft Policy INF1 sets out the requirement for development proposals at certain thresholds to address the Local Plan's broad infrastructure requirements as outlined in the IDP and benchmarks in Annex F. This sets the expectation for the infrastructure needs of development proposals to be provided through on-site provision and/or contributions, taking account of the infrastructure prioritisation framework in Annex E. Specifically, draft Policy INF2 sets out the Council's expectation for all strategic site allocations to provide for the necessary on-site or off-site infrastructure requirements, consistent with the approach to developer contributions for other sites.

NHSPS acknowledges the priority being given to ensuring the impact on health service provision is appropriately mitigated through developer contributions set out in Annex E and as supported by draft Policy INF1.

We would recommend that the Council continue its engagement with the NHS to further refine the identified healthcare needs and proposed solutions to support the level of growth proposed by the Local Plan, as identified in the IDP, prior to submission.

Healthcare providers should have flexibility in determining the most appropriate means of meeting the relevant healthcare needs arising from a new development. Where new developments create a demand for health services that cannot be supported by incremental extension or internal modification of existing facilities, this means the provision of new purpose-built healthcare infrastructure will be required to provide sustainable health services. Options should enable financial contributions, new-on-site healthcare infrastructure, free land/infrastructure/property, or a combination of these. It should be clarified that the NHS and its partners will need to work with the council in the formulation of appropriate mitigation measures.

6. Please set out the modification(s) you consider necessary to make the Local Plan legally compliant and sound, in respect of any legal compliance or soundness matters you have identified at 5 above. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why each modification will make the Local Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

To ensure consistency in the approach to developer contributions for all development types, we would suggest that the reference to Annexes E and F are also clearly highlighted in draft Policy INF2 for the avoidance of doubt in the interpretation of the policy.

Please note your representation should cover succinctly all the evidence and supporting information necessary to support/justify your representation and your suggested modification(s). You should not assume that you will have a further opportunity to make submissions.

After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues he or she identifies for examination.

7. If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?

No, I do not wish to participate in hearing session(s)

Yes, I wish to participate in hearing session(s)

8. If you wish to participate in the hearing session(s), please outline why you consider this to be necessary:

***Please note** the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate in hearing session(s). You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination.*

Part B – Please use a separate sheet for each representation

Name or Organisation:

3. To which part of the Local Plan does this representation relate?

Paragraph Policy Policies Map

4. Do you consider the Local Plan is: (Please tick as appropriate)

4.(1) Legally compliant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.(2) Sound	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
4.(3) Complies with the Duty to co-operate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

5. Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible. If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.

Draft Policy PFHP2 focuses on the provision of new community facilities and redevelopment of existing community facilities. In line with our comments at Regulation 18 stage (2024), NHSPS supports the provision of sufficient, quality community facilities but does not consider the proposed policy approach to be positively prepared or effective in its current form. Where healthcare facilities are included within the Local’s Plan definition of community facilities, policies aimed at preventing the loss or change of use of community facilities and assets can potentially have a harmful impact on the NHS’s ability to ensure the delivery of essential facilities and services for the community.

The NHS requires flexibility with regards to the use of its estate to deliver its core objective of enabling excellent patient care and support key healthcare strategies such as the NHS Long Term Plan. In particular, the disposal of sites and properties which are redundant or no longer suitable for healthcare for best value (open market value) is a critical component in helping to fund new or improved services within a local area. Requiring NHS disposal sites to explore the potential for alternative community uses and/or to retain a substantial proportion of community facility provision adds unjustified delay to vital reinvestment in facilities and services for the community.

All NHS land disposals must follow a rigorous process to ensure that levels of healthcare service provision in the locality of disposals are maintained or enhanced, and proceeds from land sales are re-invested in the provision of healthcare services locally and nationally. The decision about whether a property is surplus to NHS requirements is made by local health

commissioners and NHS England. Sites can only be disposed of once the operational health requirement has ceased. This does not mean that the healthcare services are no longer needed in the area, rather it means that there are alternative provisions that are being invested in to modernise services.

Where it can be demonstrated that health facilities are surplus to requirements or will be changed as part of wider NHS estate reorganisation and service transformation programmes, it should be accepted that a facility is neither needed nor viable for its current use, and policies within the Local Plan should support the principle of alternative uses for NHS sites with no requirement for retention of a community facility use on the land or submission of onerous information. To ensure the Plan is positively prepared and effective, and ensure clarity in the interpretation of the policy, NHSPS are seeking the following modification (shown in red italics) to Draft Policy PFHP2 or in supporting paragraphs.

6. Please set out the modification(s) you consider necessary to make the Local Plan legally compliant and sound, in respect of any legal compliance or soundness matters you have identified at 5 above. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why each modification will make the Local Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

Proposed Modification to Point B of Draft Policy PFHP2:

“B. Development proposals that involve the loss of an existing community facility will only be supported where:

1. It can be demonstrated that there is no longer a need for the existing use or any type of community use; *or*
2. Satisfactory alternative provision has been, or has been agreed to be, made elsewhere that is equally or more suitable in terms of its overall quality, function, and accessibility by walking, wheeling, scooting, cycling and public transport; *or*
3. The proposal is for an alternative community facility for which it has been demonstrated that there is a greater local need; or
4. The existing use is no longer commercially viable and has been appropriately marketed for at least six months; *or*
5. *For healthcare facilities, they are declared surplus or identified as part of an estates strategy or service transformation plan where investment is needed towards modern, fit for purpose infrastructure and facilities.*

Proposed addition to Supporting Paragraph 205:

“Development proposals that result in the loss of community facilities that are commercially run will not be permitted unless we are satisfied that every effort has been made to retain them. Where the lack of commercial viability is a reason to justify the loss of a community facility, this will need to be robustly evidenced with regards to financial and marketing evidence relating to the existing or last use of the facility. It must be demonstrated that the business has been appropriately marketed for at least six months. *Where healthcare facilities are declared surplus or identified as part of an estates strategy or service transformation plan*

where investment is needed towards modern, fit for purpose infrastructure and facilities, this will be considered to satisfy the requirements Points 1 to 4 under Part B of Policy PFHP2."

Please note your representation should cover succinctly all the evidence and supporting information necessary to support/justify your representation and your suggested modification(s). You should not assume that you will have a further opportunity to make submissions.

After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues he or she identifies for examination.

7. If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?

No, I do not wish to participate in hearing session(s)

Yes, I wish to participate in hearing session(s)

8. If you wish to participate in the hearing session(s), please outline why you consider this to be necessary:

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Part B – Please use a separate sheet for each representation

Name or Organisation:

3. To which part of the Local Plan does this representation relate?

Paragraph Policy Viability Report Policies Map

4. Do you consider the Local Plan is: (Please tick as appropriate)

4.(1) Legally compliant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.(2) Sound	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.(3) Complies with the Duty to co-operate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

5. Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible. If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.

The draft policy requirements identified in the Plan are supported by the Whole Plan Viability Study (2024) and the subsequent Residential Update Note (2025). Having reviewed the reports, we note that where contributions towards healthcare have been identified in the policy requirements for site-specific testing, the assessment does not include a specific allowance for contributions towards healthcare. The report tests a lump sum for S106 contributions of £25,000 to cover site specific mitigation.

Without prejudice to any future representations the NHS or its partners may make on specific planning applications or applications for CIL funding, in our view the S106 headroom identified as part of the site-specific testing is generally sufficient to enable financial contributions to be secured for healthcare, and therefore we consider that overall the assessment of plan-wide viability demonstrates that policy requirements in relation to healthcare infrastructure contributions are deliverable. However, we are concerned that without explicit mention of required healthcare mitigation in the viability assessment, healthcare mitigation will compete with other planning obligations or be ignored entirely, rendering development unsustainable.

As noted in our general comments above, healthcare facilities are currently experiencing significant strain. Furthermore, if appropriate mitigation is not secured, the growth strategy outlined in the Plan is expected to exacerbate this situation. We would recommend that the viability assessment includes a separate cost input for typologies where a healthcare contribution is expected. This would ensure that healthcare mitigation is appropriately

weighted when evaluating the potential planning obligations necessary to mitigate the full impact of a development.

A separate cost input for health would also mean that developers are adequately informed in advance, in accordance with ICB's estate strategy and the development's location and size, that they may be required to make on-site provision or off-site financial contributions to mitigate the impact on healthcare infrastructure resulting from their development. Such an approach would also support the effective implementation of Draft Policy INF1 in situations when a viability assessment demonstrates that development proposals are unable to fund the full range of infrastructure requirements. We would welcome further engagement with the Council to on this issue to determine a reasonable cost assumption that could be used in future viability assessments.

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Conclusion

NHSPS thank Milton Keynes City Council for the opportunity to comment on the MK City Plan 2050 Regulation 19 draft. We trust our comments will be taken into consideration, and we look forward to reviewing future iterations of the Plan. Should you have any queries or require any further information, please do not hesitate to contact me.

NHSPS would be grateful to be kept informed of the progression of the Local Plan and any future consultations via our dedicated email address, [REDACTED]

Yours faithfully,

Hyacinth Cabiles MRTPI
Town Planner



For and on behalf of NHS Property Services Ltd