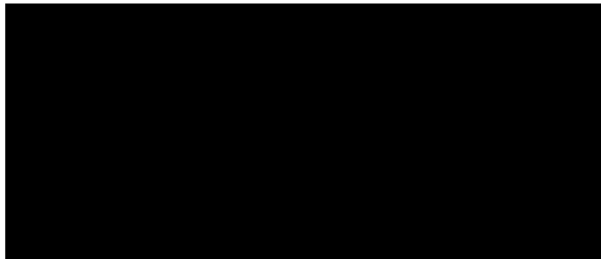


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21.01.2025

Dear Lizzie

Draft Planning Obligations Supplementary Planning Document – Representations

I would like to take this opportunity to thank you and your team for your work in the preparation of the Planning Obligations Supplementary Planning Document (SPD).

About Cambridge University Hospitals NHS Foundation Trust

Cambridge University Hospitals NHS Foundation Trust (CUH), incorporating Addenbrooke's Hospital and the Rosie Maternity Hospital has over 1,000 beds and 12,000 members of staff.

We are one of the largest acute hospital trusts in the country. The 'local' hospital for our community, CUH is also a leading regional and national centre for specialist treatment; a government designated comprehensive biomedical research centre; a partner in one of six academic health science centres in the UK – Cambridge University Health Partners (CUHP); and a university teaching hospital with a worldwide reputation.

Draft Planning Obligations SPD

Officers will be aware that we are bringing forward a range of projects on the Cambridge Biomedical Campus. We are also aware of the significant growth pressures for new housing and commercial development in the area. We very much support the ambitions of the document, to secure appropriate mitigation measures to ensure the infrastructure needs of the area keep pace with development, to both meet the needs of development on site (where appropriate), but also to mitigate impacts on wider infrastructure in the area. Whilst issues such as transport mitigation, education provision, latterly biodiversity net gain, and affordable housing, are commonly dealt with through the planning process, we recognise that as a healthcare system, we need to find a way of better engaging with the planning system.

We note that there is a stated methodology in the document for securing provision for primary care, which is very welcome. However, upon review of the draft Planning Obligations SPD, we note the focus on primary healthcare provision and reiterate Cambridge University Hospital's commitment to work closely with the Local Planning Authority and our partner

organisations within the Integrated Care System to explore how we can work together to mitigate the wider healthcare impact of development and support the growth agenda in Greater Cambridge.

Officers will be aware that a significant body of work is underway (funded Government through the March 2024 Budget Statement) to explore the Business Case for a new Acute Hospital for Addenbrooke's. Our programme is called the Acute Care Delivery Strategy, which is looking to explore the requirements for a new leading edge acute hospital for the region. This would replace our current Emergency department, Trauma centre and provide replacement facilities to modern standards, whilst also accommodating planned growth in the area.

It is important for us to highlight that this is more than just about a new hospital building. It is about delivering a new Model of Care for the communities we serve. Therefore, this is envisaged as a system wide transformation involving CUH, but also all of our NHS partners within the Integrated Care System (ICS). Our strategy will therefore be underpinned by a range of interventions in the healthcare system. Some of this will be about a modern, acute hospital at Addenbrooke's, but a significant amount of investment will be required to provide care closer to people's home and reduce the need for hospital admissions.

The emerging vision for the project is as follows:

“CUH will operate in partnership, within and beyond its acute footprint to support people staying well, not bound by the traditional boundaries of the hospital. CUH will operate a care model where admission will be for those with emergencies requiring stabilisation, urgent needs which cannot be met elsewhere, with a focus on reduced reliance on physical hospital beds and virtual care in the community and at home is prioritised. “

We would wish to ask that the Planning Obligations SPD is left suitably flexible to allow contributions to be sought for a broader spectrum of healthcare impacts, recognising we have not yet established a defined methodology for doing so.

It will be necessary to explore how development can mitigate its impact on wider healthcare (including mental health, community, acute secondary and tertiary services) infrastructure in a similar manner to the methodology put forward for primary healthcare.

While the work is on-going, CUH would welcome the opportunity to discuss with the Local Planning Authorities what measures and methodologies need to be put in place to help support the growth agenda across the region and its healthcare needs.

In recognition of the above need to look at all forms of health infrastructure it is proposed that the definition is considered in its widest form as part of the SPD. We acknowledge that contributions could only be sought based on a robust evidence base, a clear delivery plan and a clear method of calculation for any financial contributions, or on site provision sought. Our intention is to develop this framework during 2025.

Set against this context, I outline our key comments in respect of the draft SPD in the remainder of this letter and provide an appendix of other minor changes that I believe will aid the clarity of the document. For completeness the comments will also be submitted through the Greater Cambridge Shared Planning consultation webpage.

Key comments on the SPD:

Chapter 4: Affordable Housing

The general approach to affordable housing contributions is welcomed; however, following the publication of the Cambridge Biomedical Campus Housing Study – Establishing the housing needs of the CBC workforce (2024), CUH is committed to working with Local Planning Authorities to develop a mechanism by which the housing needs of the campus workforce can be delivered through the growth agenda and at the same time delivering the healthcare provision to support the growth agenda.

Chapter 15: Indoor Sports, including Swimming

It would be useful to provide a definition of commercial developments so that NHS clinical development with ancillary commercial components are not unintentionally captured or treated in the same way as offices or research and development facilities.

Chapter 18: Emergency Services

The recognition in Paragraph 18.1 that *“new developments place new requirements for emergency services”* is welcomed; however, the second sentence in the paragraph should be reworded to read *“Developers ~~may~~ will be required to mitigate this impact to make a development acceptable.”* The above change would remove any ambiguity as to whether a development is required to mitigate its impact on emergency service provision.

Paragraphs 18.5, 18.6 and 18.7 and the form in which contributions should be made contained therein are welcomed and supported.

Chapter 22: Healthcare

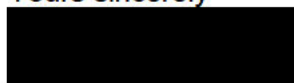
Paragraph 22.1’s recognition that *“health provision is an integral component of sustainable development – access to essential healthcare services promotes good health outcomes and supports the overall social and economic wellbeing of an area”* is welcomed, as is the Local planning Authority’s commitment to *“...work with the Cambridgeshire & Peterborough Integrated Care System (ICS) to assess the need for additional health infrastructure and ensure that all residents have easy access to the care they need when they need it.”* Again, the definition of healthcare infrastructure must be in its widest form (incorporating secondary, community and tertiary care) to ensure that the growth agenda can be support.

Paragraph 22.3 – The commitment by the local planning authority to impose *“...planning obligations ... to mitigate the impact of the development and secure the required additional health infrastructure provision”* is welcomed. Again the definition of healthcare infrastructure must be in its widest form.

Following the wording proposed for primary healthcare contributions in Paragraph 22.23 the ICS partners will be commencing work to develop an evidence-based methodology for mitigating the impact of development on the wider healthcare system and would welcome the opportunity to further explore this with officers how this could be applied.

I trust the above is clear and that the comments will be duly considered as part of the consultation; if you have any queries please do not hesitate to contact me. We have, through our review identified some minor corrections, which is included in Appendix A here, which we hope is helpful.

Yours sincerely



Carin Charlton
Director of Capital, Estates & Facilities Management

Encl. Appendix A

Appendix A – Proposed Minor Changes

The following changes are minor in nature, and include factual corrections, typographical errors or minor suggested improvements to wording.

Chapter 12 Public Art

- Paragraph 12.7, final sentence to read *“It further ~~that~~ establishes the approach for determining the level of public art provision.”*

Chapter 15: Indoor Sports, including Swimming

- Paragraph 15.6, final sentence to read *“This strategy will be kept up to date and provision should take **account** of the most up to date version.”*

Chapter 22: Healthcare

- Paragraph 22.9, line 5; replace the work “are” with the word “and”
- Paragraph 22.10 – the bullet points are misleading. The following section should be moved to the end of the bullet point list to aid clarity:
 - *“To note, there are two surgeries within the Greater Cambridgeshire boundary which do not fall within the Cambridgeshire & Peterborough ICS:
 - *Bassingbourn Surgery – branch surgery of the Ashwell Surgery which falls under Hertfordshire and West Essex ICS*
 - *Gamlingay Surgery – branch surgery of Greensand Medical Practice which falls under Bedfordshire, Luton and Milton Keynes ICS”**
- Paragraph 22.10 – the bullet point referencing the hospitals within the ICS should be reworded to read *“~~Two Three Hospitals (Cambridge University Hospitals~~ **Addenbrooke’s Hospital, Rosie Hospital and Royal Papworth Hospital)**”*
- Paragraph 22.36, bullet point 2 (New build health facilities), line one to read *“this may **be** either on-site or off-site depending...”*