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Dear Lizzie

Draft Planning Obligations Supplementary Planning Document – Representations (October 2025)

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

Cambridge University Hospitals NHS Foundation Trust (CUH) has previously commented on the earlier consultation stages and most of our suggestions have been onboarded. We appreciate this is now a very advanced stage of the documents production and in this regard, we have sought to limit suggested changes to the document.

Rather, we wish to set out our position that going forward there will be a need to update the position on mitigation of Healthcare impacts arising from development, as the new Local Plan moves forward having particular regard to the likely scale of growth anticipated, and the effects this will have on an already stretched NHS infrastructure in Cambridgeshire.

I set out our rationale further below.

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.

Comments on the SPD

We welcome the positive approach to primary care provision in section 22 of the document, secured through proactive engagement with colleagues at the ICS.

We have previously requested that the Planning Obligations SPD is left suitably flexible to allow contributions to be sought for a broader spectrum of healthcare impacts. We note that the emphasis remains on mitigating the effects on Primary Care, which is understandable at the current time. We very much welcome the reference and acknowledgement at para 22.19 that growth may also give rise to “For strategic scale proposals, there may be additional requirements for health infrastructure related to acute, mental health and/or community health provision....”. This may not only be the case for strategic sites, and we wish to explore how the health impacts of all development can be mitigated, as cumulative pressure arising from small or medium sized developments makes a material difference to our service provision.

We wish to maintain an open dialogue with our NHS partners across the Integrated Care System, and with you as Local Authority, to ensure we secure the best possible outcomes for the healthcare system when assessing and mitigating the impacts of future development, in particular with an eye on acute, mental health and community health provision, and the pressures on the system arising from population growth.

Acute Care Strategy - Update

To reinforce this, I wish to provide a brief overview of the work we have been doing to move this agenda forward. As you will be aware from the letter I submitted in January 2025, CUH has used the £3m allocated by the Ministry of Housing, Communities and Local Government (MHCLG) in 2024 to develop a long-term plan for acute healthcare services on the Cambridge Biomedical Campus (CBC) and surrounding areas, underpinned by a radical new acute care model.

Our vision is for CUH to operate in partnership across the health and care system to co-design a Neighbourhood Health Service that supports people to stay well in their own communities. Specialist input, diagnostics, urgent help and research participation will be available in neighbourhood hubs and virtual settings, networked with the acute hospital. Attendance on the Cambridge Biomedical Campus will only be for those with emergencies requiring stabilisation, or urgent needs which cannot be met elsewhere.

By moving to more proactive, personalised care, we will reduce healthcare costs, improve outcomes for our citizens, and demonstrate a new model of sustainable healthcare. Cambridge is uniquely placed to develop and demonstrate the benefits of this new model. We have the innovation, scientific and research partners and life sciences leadership to capitalise on our unique wealth of health data and develop the AI driven predictive health tools for the wider NHS.

Implications for NHS Estate

Our new model of care is essential in managing the significant population growth planned locally in the coming years, on top of the ca 18% growth in the past decade. Investment in infrastructure on the campus is essential: our current Emergency Department (ED) was built for a quarter of the patients it currently receives and over 70% of the Trust's acute estate is classified as being in poor or bad condition.

Implementing this new model of care will enable us to reduce the size of the new acute hospital required on the CBC from over 2,000 beds to just over 1,000 beds (compared to our current acute capacity of 850 beds). Alongside this essential new capacity on site, our model involves the development of community Urgent and Emergency Care Hubs, networked into Neighbourhood Health Centres, which enable patients to access more efficient, proactive acute care closer to home. We will look to rationalise estate in some areas, be more efficient in sharing of property assets, and of course, where significant growth is identified, seek to ensure appropriate additional provision in high growth areas.

We are already implementing short to medium term work packages which can start to improve care across the Cambridgeshire system today, while we continue to develop and implement the longer term ambitions. Alongside this, we are seeking funding to progress this work to Outline Business Case level, including developing a revamped Estates Strategy, a clear capital plan for CUH on-campus, and supporting community proposals. We would be very happy to discuss further and to share the Acute Care Strategy Interim Report, which has been shared with various parts of Government, including DHSC, MHCLG, and the Cambridge Growth Company.

Feedback and Next Steps

We have not provided any specific comments on the document (save for one minor factual correction at Appendix A), recognising that you have considered, and partially accepted the changes suggested in our earlier representations, including the wider definition of health infrastructure.

We anticipate that work on the Acute Care Strategy will provide a sound platform for us to develop a new Estates Strategy linked to the roll out of new models of care, and to apply and embed this having regard to the planned growth of the area. Our ambition is to ensure that new developments make a fair and reasonable contribution to mitigating impacts on critical NHS infrastructure across all elements – primary, acute, mental health and community.

I trust the above is clear and that the comments will be duly considered by GSCP. If you have any queries please do not hesitate to contact me.

Yours sincerely,



Carin Charlton
Director of Capital, Estates & Facilities Management

Encl. Appendix A- Proposed Minor Changes

Appendix A – Proposed Minor Changes

Paragraph 22.10 – the bullet point referencing the hospitals within the ICS should be reworded to read

“Three Hospitals (Addenbrooke’s Hospital, the Rosie Maternity Hospital, Royal Papworth Hospital)”