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Lizzie Wood
Team Leader – Planning Policy
Greater Cambridge Shared Planning Service
The Guildhall
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25 September 2026

Dear Lizzie

Greater Cambridge Local Plan Proposed Submission Consultation (Regulation 19 publication)

This representation has been prepared on behalf of the Cambridge University Hospital NHS Foundation Trust (CUH), incorporating Addenbrooke's Hospital and the Rosie Maternity Hospital.

We are one of the largest acute hospital trusts in the country. CUH is the local hospital for our community, as well as also being 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.

CUH has been working collaboratively with our partners on the Cambridge Biomedical Campus (CBC) to ensure a coordinated approach to development of the campus, working towards our collective vision for a campus which is truly World Class. This collaboration has extended to the preparation of these representations, and we have been coordinating closely with both Cambridge Biomedical Campus Limited (CBC Limited), and with the Landowner Collaboration Group (LCG).

There is significant alignment in our position on a range of matters, however, there are elements that we do wish to highlight at this stage which we consider need further consideration as part of the Local Plan prior to Submission.

We have raised a number of targeted objections, which do not detract from our overall support for the long-term vision for the campus, but we feel, warrant further modifications to the Local Plan policies. **We also wish to request the opportunity to participate in any Examination Hearing sessions, particularly in respect of the Site Allocation Policy S/CBC.**

The basis for our response

The Local Plan is to be examined having regard to the National Planning Policy Framework 2024 which required that local plans and spatial development strategies are examined to assess whether they have been prepared in accordance with legal and procedural requirements, and whether they are sound. Plans are 'sound' if they are:

a) Positively prepared;
b) Justified;
c) Effective; and
d) Consistent with national policy.

These representations therefore relate to these tests.

Site Allocation Policy S/CBC

CUH are supportive of the principle of the policy, however, as is set out below, there are some concerns relating to specific aspects of the policy, and how they will be applied in practice.

To aid the reader, our objections are summarised below the wording of each policy / limb of policy. In all cases, we have formally submitted our responses via GCSP's consultation portal.

Paragraph 7

> 7. Excellence in placemaking, sustainability, health and wellbeing will underpin this approach, ensuring the Campus remains not only a cornerstone of the UK's health and life sciences leadership, but also a positive and exemplary part of Cambridge's future. Given the scale and long term construction of the Campus, a site wide Place Book shall be prepared to establish the vision, place-making objectives and quality expectations for the new settlement and provide the foundation for the site wide Masterplan and Design Codes. The Design Code will ensure that each phase of development positively contributes towards the high-quality placemaking outcomes expected.

Nature of Comment: Object

Whilst CUH are supportive of the aims of this policy, we object on the basis that there is a lack of clarity on what is intended for the site wide Place book. We feel that if the term is to be included within the plan, there should be clear wording either in site specific policies, or elsewhere in the plan, to provide a clear definition. For instance, it is not clear what level of detail is expected, who will approve the place book nor the level of consultation with stakeholders.

We support the need for an overarching masterplan for the campus, setting a flexible framework within which detailed proposals may come forward. We also support the use of design codes which we see as a key tool for ensuring all plot developers comply with the overall masterplan vision and design principles. It is not immediately clear what the addition of the requirement for a Place book will add.

Paragraph 9

> 9. Land at the Cambridge Biomedical Campus as shown on the Policies Map and indicative Spatial Framework (Figure 54), including land removed from the Green Belt adjoining Babraham Road (shown in Figure 55), is allocated for a mix of uses contributing to health and life sciences, commercial, education and innovation floorspace, including:
> a. Healthcare provision serving local, regional and international needs, including new and updated NHS buildings and supporting clinical infrastructure;
> b. Approximately 525,000 net square metres (Gross Internal Area, excluding the plant) of additional biomedical, biotechnology and life sciences research and development, including commercial uses, and medical research institutes; and
> c. Approximately 120,000 square metres (Gross Internal Area) of higher education uses for academic teaching and research, training facilities supporting the development and retention of healthcare related skills and talent, and other supporting uses including hotel and leisure facilities; and capacity for approximately 1,000 additional homes on the campus.

Nature of Comment: Object

CUH wish to emphasise the importance that the policy, whilst trying to establish the broad parameters of the development of the campus, should not be overly prescriptive in terms of use or quantum of development.

This is particularly important for healthcare provision, which must continue to respond to needs, and be delivered within funding constraints which will dictate phasing and delivery.

We understand that other campus landowners are likely to object to the specificity in the policy, which we support as a principle, to ensure that the appropriate mix of uses, and quantum of development, can be delivered to maximise the benefits the campus can deliver. If a level of prescription is to remain, then this must not lead to additional constraints on healthcare development.

Proposed amendment:

Under policy paragraph 9.a) we would like to request that the definition of "healthcare provision is amended as follows:

" a. Healthcare provision serving local, regional and international needs, including new and updated NHS buildings, **ancillary** uses and supporting ~~clinical~~ infrastructure, **where these are related to the core functions of the hospital**";

Paragraph 10

> 10. Development proposals must make a positive and meaningful contribution to it becoming a world leading healthcare, life-science and educational cluster. In order to achieve this, a whole Campus Masterplan developed with input from existing landowners and major occupiers across the Campus, will be required prior to any major application being approved within land which forms part of Phase 3 or Phase 4 (identified as land proposed for Green Belt release). Given the range of existing and proposed uses and continuous/cyclical nature of the Campus, an Amenity Strategy is required to achieve a thriving and world leading place. Supportive and ancillary uses such as hotels, conference centres, nurseries, sports, leisure, food and beverage, convenience retail, community gardens and food-growing spaces are required across the Campus to achieve this, and proposals that include these uses will need to:

Nature of Comment: Object

CUH are broadly supportive of the aims of Policy 10 and particularly welcome the current wording which requires a 'whole Campus Masterplan' being agreed prior to any major applications coming forward on the Phase 3 and 4 land in recognition of their Green Belt location. We welcome the

associated requirements at Paragraph 30 for a suite of documents to ensure that the expansion proposals are comprehensively planned and integrated with the existing campus, and to ensure the infrastructure requirements to support the development are clear.

The mechanism for agreeing the masterplan is somewhat subjective. The use of the word 'input' does not do justice to the need for effective joint working across landowners and occupiers.

Any further material changes to the policy wording requiring the masterplan to be approved at an earlier stage than a Phase 3 and 4 planning application, would be of significant concern to CUH, given the multitude of documents and complexity of some of the issues, which could give rise to unacceptable delays in delivery of time critical NHS provision or associated uses. The pre-existing Cambridge Biomedical Campus SPD (2025), and the emerging evidence on the spatial framework, should provide appropriate cover for any necessary applications ahead of this milestone, ensuring GCSP and the members are assured that any urgent proposals that may come forward in the interim are compatible with the longer term vision for the campus.

Proposed amendment:

CUH suggest amending the wording such that the masterplan should be **"co-produced by all existing landowners and with input from major occupiers".**

Paragraph 12b

> 12. Applications for development will also be supported for:
> b. The delivery of infrastructure to support hospital operations including helipad or elevated helideck for the Helicopter Emergency Medical Services; and

Nature of Comment: Object

The provision of a helipad for the hospital is time limited in its current location, with temporary permission until May 2029. The flight paths will be impacted by the construction of the Cambridge Children's Hospital which is expected during 2027. Therefore, a temporary location is required, ahead of a permanent on campus helideck as part of the renewal of Addenbrooke's Hospital. This may result in land being shown on the Spatial Framework as SEA or Landscape Improvement Area being required on a temporary basis. CUH therefore request that the policy be amended to allow for this provision, with a planning application anticipated during late 2026/early 2027.

Proposed amendment:

'The delivery of infrastructure to support hospital operations including helipad or elevated helideck for the Helicopter Emergency Medical Services. A helipad may be permitted on an interim basis in the Landscape Improvement Area or SEA, subject to a comprehensive impact assessment confirming no unacceptable adverse effects, pending the delivery of a long term solution as part of the NHS site redevelopment; and'

Paragraph 13

> 13. Ensure the built area of the Campus is contained within the Site Allocation boundary identified on the Policies Map. Beyond this, other associated uses and mitigation may be provided in the Strategic Enhancement Area, including drainage, habitat compensation for displaced farmland species, sustainable and active travel infrastructure, access works and, in appropriate locations, open space.

As has been set out above for paragraph 12b, the need for a temporary helipad location is required ahead of the helideck. Given that the location is likely to be in the SEA, we suggest that the wording of paragraph 13 is amended to align with this.

Proposed amendment:

Ensure the built area of the Campus is contained within the Site Allocation boundary identified on the Policies Map. Beyond this, other associated uses and mitigation may be provided in the Strategic Enhancement Area, including drainage, habitat compensation for displaced farmland species, sustainable and active travel infrastructure, access works and, in appropriate locations, open space **and a temporary helipad.**

Paragraph 14b

> 14. Adopt a design-led approach to the planning and design of further development at the Campus ensuring its setting within Cambridge's urban and rural edge is respected. To achieve this, development optimise the use of the developable land within the Campus boundary and must align with the indicative Spatial Framework for the Campus and/or agreed masterplan and must also:
>
> b. Retain and where possible enhance key strategic and local views, especially the Magog Down and wider countryside approaches and local landscape features including Nine Wells Local Nature Reserve;

Nature of Comment: Object

CUH support the aspirations of this policy but consider that there is a need to recognise that any development on the CBC site will be visible from surrounding areas such as Magog Down and wider countryside approaches.

However, this does not necessarily constitute a barrier to development provided that the buildings are well designed and amalgamate well into their surroundings. The policy requirement for a Place Book and Masterplan for the wider campus will ensure considerations such as this form part of that process.

Proposed amendment:

"Retain ~~and where possible enhance~~ key strategic and local views and seek to enhance them where appropriate."

Paragraph 14d

> 14. Adopt a design-led approach to the planning and design of further development at the Campus ensuring its setting within Cambridge's urban and rural edge is respected. To achieve this, development optimise the use of the developable land within the Campus boundary and must align with the indicative Spatial Framework for the Campus and/or agreed masterplan and must also:
>
> d. Respect the operational needs of existing NHS and institutional facilities and mitigate any adverse impacts on surrounding communities.

Nature of Comment: Object

CUH are supportive of this policy and consider that the operational needs of the existing hospital should be an absolute priority. However, following discussions with other landowners it has been agreed that the wording should be amended to avoid 'unacceptable impacts' to ensure consistency with the NPPF.

National policy does not treat all adverse impacts as unacceptable. In some cases, adverse impacts may be acceptable where they have been minimised, mitigated as far as is practicable. This is particularly relevant to matters such as noise, transport and lighting.

The policy should therefore refer to mitigation of unacceptable adverse impacts, rather than implying that any adverse impact on surrounding communities would be unacceptable.

Proposed amendment:

'Respect the operational needs of existing NHS and institutional facilities and mitigate any <u>unacceptable</u> adverse impacts on surrounding communities.'

Paragraph 16e

> 16. Respect and enhance local landscape, townscape and heritage and adopt principles of high-quality design by:
>
> e. Prioritising the retrofit and reuse of buildings where possible, especially where they are of heritage or operational value;

Nature of Comment: Object

CUH are supportive of the aspirations of policy 16e, however, as is recognised in draft Policy CC/CE (2d), there are circumstances where demolition may deliver benefits that outweigh the carbon savings associated with retaining the existing building.

As advised previously by CUH, the existing campus contains many older buildings which are in need of renewal and not suitable for refurbishment given the associated costs and practicalities. By necessity, the hospital will need to provide new operational buildings before old buildings can be vacated and decommissioned in order to retain the required level of service to the public. Therefore, it is suggested that the wording of paragraph 16e should be amended to reflect this and align it with Policy draft CC/CE (2d).

Proposed amendment:

<u>'Where practical, viable, and in the public interest, p</u>rioritising the retrofit and reuse of buildings where possible, especially where they are of heritage or operational value;'

Paragraph 22b

22. Deliver an exemplar approach to connectivity and movement within and through the site, promoting sustainable transport, inclusive access, and active travel by:

b. Setting aside land for and directly delivering the following physical transport measures within the site:

i. A new east-west 'high street' for active travel and public transport, to improve the permeability of the site;
ii. Improvements to key routes for walking, wheeling and cycling, including Francis Crick Avenue, Dame Mary Archer Way, Robinson Way and Puddicombe Way;
iii. Focused enhancements to improve safety at key junctions for all road users, including the Guided Busway / Francis Crick Avenue junction and the Addenbrooke's roundabout;
iv. A network of Mobility Hubs at key interchanges, including adjacent to Cambridge South station and bus interchange(s);
v. Consolidation of new or re-provided car parking into Mobility Hubs wherever possible, providing high-quality cycle parking, shared mobility infrastructure, and accessible transport for all users. New permanent surface parking should be limited, with provision of short-stay drop-off and pickup bays and blue badge spaces sensitively planned for with dropped kerbs with short distances to hospital, research facilities and offices; and vi. A network of delivery and consolidation hubs and a last mile delivery system, exploring the use of dynamic kerbside management and other emerging technologies.

Nature of Comment: Object

CUH wish to comment in particular on paragraph 22. b. i.

CUH remain supportive of the principle of east west connectivity across the campus. The East West Link / High Street has been conceived as part of the overall long term vision for the campus and is embedded in the Draft Spatial Framework for the campus.

Further work on deliverability, including a feasibility study undertaken in 2025, demonstrates that its delivery is dependent on removal of the main hospital food court, and the significant theatre block above. We anticipate that the most likely solution for their reprovision, is through the delivery of a new Acute Hospital on the campus, which is subject to a business case approval process, the timing of which is uncertain.

Even in the absence of these constraints, should the acute hospital be funded and allow for their relocation, the funding of the East West link is a significant challenge and will not come forward without alternative sources of funding.

In order to unlock the delivery of the East West Link as a pubic transport through corridor, any funding would need to cover the costs of appropriate reprovision of these critical components of our estate (i.e. relocation costs) as well as the cost of the infrastructure once the land has been safeguarded. Given the scheme would deliver strategic benefits beyond the campus, there may be a case for a range of funding sources.

Given the timescale for reprovision of these facilities is unclear, CUH needs to reserve the right to invest further in these facilities should it be necessary, which may run contrary to the objective to set aside land.

There may be some opportunities for small scale improvements for pedestrian and cycle movements east to west, but the ambition to realise a public transport and active travel link through the site is not deliverable in the near term, with delivery most likely outside of this plan period. It is highly unlikely

that CUH will be able to fund even interim improvements, and therefore if these are to be prioritised, their delivery will be dependent on alternative sources of funding.

Proposed amendment:

We therefore ask that paragraph 22 b, i) is amended as follows:

"22. Deliver an exemplar approach to connectivity and movement within and through the site, promoting sustainable transport, inclusive access, and active travel by:

b. Setting aside land for and directly delivering the following physical transport measures within the site:

~~i. A new east-west 'high street' for active travel and public transport, to improve the permeability of the site;~~

ii. Improvements to key routes for walking, wheeling and cycling, including Francis Crick Avenue, Dame Mary Archer Way, Robinson Way and Puddicombe Way;

iii. Focused enhancements to improve safety at key junctions for all road users, including the Guided Busway / Francis Crick Avenue junction and the Addenbrooke's roundabout;

iv. A network of Mobility Hubs at key interchanges, including adjacent to Cambridge South station and bus interchange(s);

v. Consolidation of new or re-provided car parking into Mobility Hubs wherever possible, providing high-quality cycle parking, shared mobility infrastructure, and accessible transport for all users. New permanent surface parking should be limited, with provision of short-stay drop-off and pickup bays and blue badge spaces sensitively planned for with dropped kerbs with short distances to hospital, research facilities and offices; and vi. A network of delivery and consolidation hubs and a last mile delivery system, exploring the use of dynamic kerbside management and other emerging technologies."

Additional proposed text in lieu of deleted limb b. i, to follow after limb v):

"In addition, steps should be taken to safeguard the future delivery of a public transport and active travel connectivity east west along Main Drive, connecting the Addenbrooke's Roundabout, via Main Drive, to Keith Day Road, recognising that such delivery will likely be beyond the plan period given the ongoing use of the site by the Addenbrooke's Hospital food court and theatre block. It is recognised that delivery will be dependent on significant alternative sources of funding."

Paragraph 22d

22. Deliver an exemplar approach to connectivity and movement within and through the site, promoting sustainable transport, inclusive access, and active travel by:
d. Making financial contributions towards and, as appropriate, enabling the following transport measures external to the site:

i. Active and public transport improvements and enhanced connectivity to existing nearby Park and Ride sites at Babraham Road, Trumpington Road and other travel hubs. Existing established cycle routes to the Park and Ride sites should also be improved;

ii. Other active travel connections and improvements surrounding the site, including connections through the Strategic Enhancement Area and Landscape Improvement Area towards wider destinations, including Shelford, East Cambridge (via Fendon Road to Barnwell Road), Babraham Road (south of Nine Wells) and Fulbourn;

iii. A package of bus service improvements, including demand responsive transport services, focused on extending start and finish times to better match staff shift patterns and providing enhanced and new connections to key destinations as identified in the approved transport mitigation plan; and

iv. A new multi-modal Southern Gateway access road and realignment of Granham's Road, to relieve congestion on Babraham Road, Hills Road and at the Addenbrookes roundabout and provide direct public and active travel routes from the Babraham Road Park and Ride into the site.

Nature of Comment: Object

While CUH are supportive of the objectives associated with this element of the policy, it is considered that identification of prescriptive transport improvements, as strict policy requirements, is premature to the level of design development, and full consideration of viability.

Such matters should correctly be considered as part of the process of refining the Masterplan, and development of the Infrastructure Delivery Plan (IDP). The wording is currently overly prescriptive and pre-empts the findings of the IDS. It is considered that such contributions would be agreed following ongoing assessment of such matters as transport impacts (in phases) and through dialogue with the highway authority, which would also feed into the IDS and IDP.

Proposed amendment:

Removal of the prescriptive list within paragraph 22. d).

Paragraph 30

30. There are a range of matters that will need to be fully addressed before further development will be supported. To address these, a comprehensive masterplan engaging all landowners and major occupiers on the Campus must be prepared and agreed with the Local Planning Authority prior to or alongside the submission of an outline planning application for Phases 3 or 4, in order to demonstrate how any further expansion of the campus will secure the overall objectives for the campus.

Nature of Comment: Object

CUH continue to be supportive of GCSP's position that a range of matters need to be addressed before development of Phases 3 and 4 is brought forward on campus and recognise that it will be imperative that all parties commit to this so that a framework masterplan can be brought forward. We have suggested comments on paragraph 10 of policy S/CBC, which make clear the desire for all landowners to work collaboratively to co-develop the masterplan.

This element of the policy links back to paragraph 10 and the need for the delivery of the masterplan to be tied into phases 3 and 4 rather than any more immediate development on the existing campus.

Proposed amendment:

"30. There are a range of matters that will need to be fully addressed before **an application for Phases 3 and 4 will be supported** ~~further development will be supported~~. To address these, a comprehensive masterplan ~~engaging~~ - **co-produced by all existing landowners with input from major occupiers** ~~all landowners and major occupiers on the Campus~~ must be prepared and agreed with the Local Planning Authority prior to or alongside the submission of an outline planning application for Phases 3 or 4, in order to demonstrate how any further expansion of the campus will secure the overall objectives for the campus."

As drafted, this wording could suggest that no development can come forward prior to the trigger of a Phase 3 and 4 application, which could be detrimental to the hospital fulfilling its core objectives and in the public interest. We therefore request the amendment above to policy S/CBC Para 30. See our separate comments relating to paragraph 10, restating the importance for CUH of being able to bring forward critical projects in a timely manner.

Supporting text 3.2.34

> 3.2.34. The Greater Cambridge Infrastructure Delivery Plan (IDP) (2026) has identified that the site will require delivery of, or provision towards, primary education and healthcare facilities, 432 square metres of community space, a 150 square metres library space to be delivered as a community library; an expansion of Cambridge Ambulance Hub and financial contributions towards a range of outdoor sports provision including tennis courts, artificial pitches and football pitches to support the delivery of the site during the plan period and beyond. The exact quantum and phasing of infrastructure will need to be kept under review as the development comes forward, including phases beyond the plan period. This should be informed by on-going engagement with statutory bodies and undertakers.

Nature of Comment: Object

CUH recognise the importance of the IDP in delivering future infrastructure, however, it is considered to be somewhat premature to be so prescriptive at this stage, particularly as the exact quantum and phasing of infrastructure has not yet been explored through the masterplan and the IDS rather than being subject to a pre-judged formula.

CUH are aware that their campus housing will be provided based on a specific typology/tenure to address the requirements of their workforce and therefore the average multipliers for matters such as open space or school places may not apply. Particularly as family housing would most likely be accommodated elsewhere rather than on the campus itself and therefore the on-campus needs should be tailored accordingly.

Supporting text 3.2.39

> 3.2.39. A revised trip budget based on detailed evidence must be agreed with the Local Highways Authority prior to planning applications for further development. The current indicative trip budget for the Campus is 2,800 arrivals and 850 departures in the AM peak, and 850 arrivals and 2,400 departures in the PM peak. A monitor and manage approach will be taken to ensure that the development remains within the agreed trip budget for the site throughout its delivery and any temporary exceedances can be reduced over time through the implementation of trip budget reduction measures and/or infrastructure delivery in accordance with an agreed transport mitigation plan.

Nature of Comment: Object

Whilst supporting the principle of a Trip Budget, we note the inclusion at paragraph 3.2.39 of the supporting text of an "indicative" trip budget for the campus. We do not feel that the evidence base is sufficiently resolved to include such a precise figure in the Local Plan supporting text, as to do so implies a level of granularity and assessment that has not yet been resolved.

CUH maintains the view that an appropriate Trip Budget (as per policy S/CBC para 23 b) should be evidence driven, once the assessment and evidence is more developed. Particular care will be needed to ensure that the different needs of campus users are taken into account when deriving the trip budget in absolute terms, but also the allocation of trips between different land uses. For example, outpatients may not be sufficiently mobile to rely on public transport/active travel, and therefore their particular needs should be catered for.

Supporting text: 3.2.40

> ……An east-west 'high street' is key to improving connectivity and permeability across the Campus, however the creation of such a link will be complex, noting constraints at the Addenbrookes main concourse. Options should therefore be explored, through the whole Campus masterplan, to deliver this change in a phased manner, initially prioritising the creation of active travel links……

Nature of Comment: Object

There may be some opportunities for small scale improvements for pedestrian and cycle movements east to west, but the ambition to realise a public transport and active travel link through the site is not deliverable in the near term, with delivery most likely outside of this plan period. CUH will not be able to fund even interim improvements, and therefore if these are to be prioritised, their delivery will be dependent on alternative sources of funding.

Summary

I trust that our representations are clear and concise and can be taken into account by GCSP and the Inspectorate as we move towards a final version of the Local Plan.

CUH reserve the right to articulate our objections further by attending the relevant matter hearings once the Examination in Public has commenced and **wish to request that we are invited to participate in any hearings relating to Policy S/CBC.**

If you have any queries, please do not hesitate to contact me.

Yours sincerely,





Sarah Jensen
Chief Digital and Infrastructure Officer

Mike Keech
Chief Finance Officer