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Greater Cambridge Draft Community Infrastructure Levy Public Consultation

Representations on behalf of Cambridge University Hospitals

We write in connection with the Greater Cambridge Draft Community Infrastructure Levy Public Consultation which runs until the 29th March 2026.

CUH – Addenbrooke's and the Rosie – is a community of twelve thousand people who are passionate about improving people's lives. CUH provides services as a local hospital for local people, and as a specialist hospital for a much wider population. As an academic medical centre it works across 75 medical and surgical specialties, with corporate and support teams – and health, care, academic and industry partners – to deliver care, learning and research.

Each of these three strands is equally important: caring for patients who are sick today while training the skilled staff who will care for patients in the future and researching the next generation of advances to clinical practice. Each strand also supports the other two strands: conducting research attracts staff wanting to broaden their skills and enables patients to benefit from better care sooner; and providing care enables innovative clinical treatments to get into practice sooner.

Our location in Cambridge, as part of an innovation ecosystem, unlocks huge opportunity to go further. As the largest centre of health science and medical research in Europe, it aspires to continue developing the cross-industry partnerships that further improve outcomes for patients while powering economic growth.

This response is intended to assist the Councils in the preparation of a Community Infrastructure Level Charging Schedule and we would welcome the opportunity to work with the Councils and its advisors throughout the consultation process so that it may be appropriately developed.

A CBC Emerging Spatial Framework October 2023 (Phasing Plans updated June 2025) was submitted as part of the Greater Cambridge Local Plan evidence gathering in June 2025 and is referenced within these representations as context for our response on Community Infrastructure Levy.

Overview

1. CUH supports the principle of a CIL Charging Schedule that requires all scales of developments to make a contribution to fund infrastructure required to support new development in Greater Cambridge. We believe that there has been a consistent under funding of essential social and physical infrastructure, necessary to support our communities. The introduction of CIL would ensure a clear, transparent basis for collecting financial contributions from development, to support delivery of the necessary infrastructure the area needs. Creating greater certainty should also help ensure development continues to come forward, providing rates are set that do not prevent or unduly delay development.

2. CUH has consistently supported the Councils and the Greater Cambridge Partnership with its planned investment in the Greater Cambridge area and are supportive of delivering strategic transport improvements, including the planned Cambridge South East Transport (CSET) scheme. Short term efforts to raise additional match funding from appropriate forms of development are therefore welcome.

3. CUH expects that the CIL should be revised as soon as possible (where underpinned by appropriate evidence) to seek contributions sought for, and used to fund, a wider range of infrastructure including healthcare facilities, and specifically hospitals, as essential infrastructure required to support new development. The lack of investment in recent years in our social and healthcare infrastructure (despite very high levels of population growth) has created a deficit that threatens the sustainability of existing health services and undermines our ability to deliver equitable, high-quality care to all residents.

4. CUH is building the case for investment in a new Acute Hospital at Addenbrooke's which would replace a number of existing hospital buildings, including the Emergency Department and Major Trauma Centre. The hospital would become the central anchor of an improved Cambridge Biomedical Campus and create a significant opportunity for redevelopment of the existing hospital estate. This is in addition to new and expanded acute infrastructure in community settings. Together, these developments will be essential in managing the significant housing growth planned locally.

5. Whilst CUH acknowledges that wider new development cannot be expected to pay for the costs of replacing the existing hospital, it is clear that a case can be made for the growth in population from new development to help fund the consequential need for expansion of the hospital. Hospital developments that have been funded by CIL elsewhere include an Intensive Care Unit at Darenth Valley Hospital, improvements to Sevenoaks Hospital and Milton Keynes Hospital.
6. It is also critical that the Charging Schedule is introduced with the necessary clarifications, at the appropriate time and with fully considered charging rates. The following comments are intended to assist the Councils in ensuring this is done.

Timing

7. The Cambridge Local Plan 2018 and South Cambridgeshire Local Plan 2018 were adopted 8 years ago. It is contended that the introduction of a CIL Levy Charging Schedule now (anticipated in 2027) based on the Cambridge Local Plan 2018 and South Cambridgeshire Local Plan 2018, and with the Greater Cambridge Local Plan due to be submitted for examination this year, risks becoming out of date almost immediately (and likely before any meaningful contributions are collected). If the Councils consider it critical to implement CIL now to provide some additional match funding for City Deal projects, then we would suggest clarity is provided on the process, timescale and scope of any

review. Any such review should consider the merits of CIL funding being directed to health and social care investment.

8. CUH believes that there is the opportunity to prepare a Charging Schedule that can take account of the growth being planned, and the infrastructure required to support it, alongside the new Local Plan. Indeed, the Viability Assessment that has been undertaken to underpin the CIL Charging Schedule does not consider the range of development typologies – the types and scales of developments tested in the Viability Assessment – that will be coming forward as part of the new Local Plan.

9. This consultation is also being undertaken at the same time as the Government's consultation on the proposed Greater Cambridge Development Corporation (GCDC), which runs until 1st April 2026. The GCDC is proposed to be a government-backed body tasked with coordinating, funding, and accelerating large-scale growth across Cambridge and South Cambridgeshire, with a focus on enabling sustainable expansion while addressing infrastructure constraints and housing delivery. Proceeding with the implementation of a local CIL before the GCDC's delivery responsibilities and funding mechanisms are confirmed creates a clear risk of double-charging for infrastructure.

10. The Government has committed an initial £800 million to the GCDC and Oxford Development Corporation specifically to unlock key sites, remove barriers to sustainable growth and accelerate housing delivery. At this stage, it is unknown which elements of strategic infrastructure this funding will subsidise, how it will interact with existing Greater Cambridge Partnership (GCP), or what additional mechanisms the GCDC may introduce to capture land value. In the absence of this clarity, it is not considered appropriate to set CIL Charging Rates, as the Councils cannot yet demonstrate which infrastructure items will be funded by CIL, which will fall to the Development Corporation, and which will remain the responsibility of individual developments. Moreover, the boundary of the Development Corporation is to be resolved.

11. This lack of clarity on other funding, and which parts of Greater Cambridge it will relate to, provides further support for the publication of a CIL Charging Schedule alongside a new Local Plan and clarification of the role, funding and boundary of any Development Corporation.

12. In view of this, any Charging Schedule implemented in advance of this clarity will invariably be seen as a temporary measure with a further Charging Schedule expected in the near future which will introduce uncertainty and potentially delay development.

Types of Development

13. A clear, unambiguous charging schedule is essential, which CUH notes is proposed to be provided by the table below.

Development type/use	CIL rate (per square metre)
Residential houses and flats	£60
Retirement housing	£60
Residential institutions	£60
Student accommodation	£60
Hotels	£50
Shops, restaurants, financial and professional services	£50
Offices and R&D	£175
Industrial use including data centres	£35
All other uses	£0

14. It is welcome and essential that, as 'All other uses', developments for the provision of medical or health services are categorised as having a CIL rate of £0. CUH would wish to reach written agreement that these are zero rated to avoid ambiguity.

15. CUH has a range of other potential developments which may come forward in the next few years to support its core purpose as a hospital, which may be affected by CIL.

16. These may include a range of ancillary uses which risk being unintentionally captured by the charging regime, and therefore CUH wish to seek clarity on how CIL would be applied to a range of hospital-related uses. These may include such uses as: ancillary office space, hospital related laboratories, food and beverage, staff welfare, retail (serving the hospital), housing for its workforce (potentially with some market housing or build to rent in order to cross subsidise rents), plant areas, leisure facilities, multi storey car parks etc. NHS funding is already very limited, and any additional cost burden may reduce much needed investment in the hospital.

17. CUH accepts that the intention would be that any commercial development (i.e. hotels, offices / labs (for wider tenants), and standalone retail may understandably contribute via CIL, but where such buildings are for the improvement of, and ancillary uses to, the hospital, we would wish to reach agreement that they have a CIL rate of £0.

18. We would like to suggest a conversation with officers taking forward any modifications to the Charging Schedule to explore and understand what is intended, to apply it to reasonably foreseeable developments at the hospital, and to ensure that the criteria as defined serve to capture those developments intended to fund CIL, whilst ensuring clarity on areas proposed for zero rating, to ensure those land use classes are not inadvertently captured. A range of hospital ancillary uses risk being CIL liable (which we think is not the intention). In the case of our hospital estate, this risks spreading already finite resources further, inevitably to the detriment of patient outcomes.

19. It is noted that Chapter 8 of the Community Infrastructure Levy Infrastructure Statement, which relates to CIL income, includes:

    "Over the longer-term CIL receipts expect to be more considerable with the Cambridge Biomedical Campus alone potentially contributing significantly".

20. Whilst it is welcomed that the Biomedical Campus is referenced elsewhere in the Statement as “the world-leading life sciences cluster in the south of the city”, it is not clear or seemingly justified as to why the Campus has been singled out in Chapter 8 given the extent of other planned growth across Greater Cambridge.

Key Worker Housing

21. The emerging Cambridge Biomedical Campus spatial framework submitted in 2023, and updated in 2025, makes the case for around 1,000 units for key workers on campus. Sites identified include existing surface car parks around the periphery of the site, which are inefficient uses of the estate.

22. CUH has commissioned an independent study from a leading property firm to build the business case to bring forward this key worker housing. It wishes to explore innovative delivery models to ensure that the resultant rents are genuinely affordable to its staff. It would wish to make the case that key worker housing (or any market housing included specifically to cross subsidise on campus key worker housing) should be excluded from the charge. Otherwise this risks eroding the business case and potentially could prevent delivery.

23. It is not evident from the Viability Report if / how such housing has been assessed in arriving at the proposed Charging Schedule. It is important that the Council confirms whether this Key Worker Housing would benefit from mandatory discount as social housing, or discretionary relief for social housing. Any CIL Charging Schedule implemented by the Council must not undermine the deliverability of this much needed development type.

Rates

Need for Clarity

24. The Community Infrastructure Levy Infrastructure Statement includes:

> “CIL would be used alongside Section 106 planning obligations which are negotiated agreements used to mitigate the impact of development and will continue to be secured towards localised community infrastructure including schools, libraries, doctors surgeries, village halls, play areas, allotments etc.”

25. There are two key points to be made in this regard recognising that it refers to “including” and is therefore not an exhaustive list.

26. Firstly, in order for the proposed rates and their viability implications to be properly considered, the expected S.106 obligations also need to be clear. The reference to “including” in the Statement does not do this. Noting that transport is not in this list, that the CIL is to fund transport infrastructure, but that the list above is “including”, it needs to be explicit in what circumstances (if any, and it is assumed to be none) transport contributions towards off-site transport infrastructure might be required by condition or S.106 obligation when a CIL Charging Schedule is adopted. It is acknowledged that necessary on-site and site access improvements would be required to be delivered, but explicit recognition that there would be no requirement for off-site transport improvements by condition or S.106 obligation as part of developments is required.

27. Secondly, it should be explicitly recognised that hospitals as well as GP surgeries and other health and care facilities are necessary infrastructure to be funded.

Offices and R&D

28. Paragraph 2.39 of the Viability Report recognises that:

> "The commercial market in Cambridge is a leading centre for innovation, technology, and academic research, with the University of Cambridge playing a pivotal role in fostering economic growth, supporting thousands of jobs, and nurturing high-value spinouts. The local economy, driven by strong office-occupier demand—particularly in life sciences and technology—has rebounded faster than the national average and is forecast to continue this trend. Office stock has expanded rapidly, with significant new developments and refurbishments underway to meet the growing demand for modern lab-enabled space. However, vacancy rates have reached a 15-year high and are expected to rise as new space is delivered, especially affecting older, secondary office stock which faces rising obsolescence. Despite Cambridge maintaining some of the highest office rents outside London, rental growth has slowed recently due to increased supply, and landlords now face challenges in repurposing out-dated properties as tenant preferences shift towards high-quality, prime Grade A offices."

It is unclear how this slowing down has been reflected in the proposed rates, in what is an evolving economic market for offices and R&D.

29. It is particularly important that the rate set for Offices and R&D does not disincentivise these types of developments coming forward in a timely manner. Transport contributions are generally the main (/only) infrastructure contribution required, and made, by these types of development. Unlike with other types of development where there may be S.106 obligations including affordable housing where a site specific viability assessment can ensure that the development is viable, a non-negotiable levy for Office / R&D leaves no opportunity for negotiation to ensure that these types of developments will continue to make their necessary contribution to the growth of the Greater Cambridge economy.

Affordable Housing

30. CUH is reliant on its staff, and their access to housing, to deliver their growing services. Median house prices stand at 12.2 times median income in Cambridge and 10.1 times in South Cambridgeshire [1]. The rates set for Residential houses and flats must not risk the delay in delivery of housing, or the quantum of affordable housing in Greater Cambridge. There is real concern that CIL, in addition to the S.106 obligations assumptions (as set out in the Council's evidence) of £25,000 per unit for residential schemes, and £46,000 per unit for major identified strategic site allocations, will impact delivery and the delivery of affordable housing in particular.

31. The experience in neighbouring Huntingdonshire has been that, following the introduction of CIL, affordable housing on strategic sites has generally been less than 30%, including 20% at Grange Farm (Alconbury Weald) and 28% at Loves Farm St Neots. The developments at Alconbury Weald and Wintringham Park St Neots have considerably lower percentages than this with review mechanisms for later phases, but will never achieve anything like 40%. The delivery of housing, and affordable housing in particular, is a key priority in Greater Cambridge that any proposed CIL Charging Schedule must not undermine or delay.

[1] Authority Monitoring Report for Greater Cambridge 2023 – 2024

32. The market remains challenging, even in Cambridge, and increasing costs for S106 and CIL combined, will inevitably give rise to more viability negotiations relating to affordable housing. Given the acute affordability issues in Greater Cambridge, this risks being an important and unintended consequence of the charge.

Reference to Oxford

33. The Viability Report states at 6.22 that:

> "Our appraisals indicate that office developments across Greater Cambridge generate significant surplus values above benchmark land values and can therefore viably contribute towards CIL. A significant amount of office and R&D floorspace is expected to come forward over the next twenty years which will create significant needs for transport and other supporting infrastructure. A significant proportion of this floorspace will be developed in research parks outside the City on greenfield sites with low benchmark land values."

34. At 6.23 and 6.24 it states that:

> "The Cambridge office and R&D sectors share many similar characteristics to Oxford, which has recently updated its CIL Charging Schedule to increase the rate for Offices and R&D from £33.74 to £168.74 per square metre. This has subsequently increased to circa £175 per square metre as a result of indexation.
>
> "A CIL rate of £175 per square metre for office and R&D developments strikes an appropriate balance between maximising revenue and the potential impact on viability. This rate would be set well below the theoretical maximum rate, which would allow this type of development to absorb changes to economic conditions over the life of the charging schedule."

35. That new Charging Schedule only came into effect in August 2025, so it is too early to draw any meaningful conclusions in relation to its effect on the delivery of development. The impression given is that the Oxford example was the starting point for identifying an appropriate rate in Cambridge.

36. It was evident as part of the Oxford CIL examination that BNPP had not fully understood the nuanced nature of R&D including specification and level of fit out costs. In any event, any CIL Charging Schedule in Greater Cambridge needs to be reflective of the specific circumstances in Greater Cambridge.

Conclusion

37. The introduction of a CIL in Greater Cambridge is welcome in principle but CUH would suggest the Councils review feedback to this consultation, and the consultation on the Development Corporation, prior to its implementation. The Greater Cambridge Local Plan is due to be submitted for examination before the end of 2026 with CIL proposed to be introduced in 2027. CUH feel a commitment to an early review will be critical to account for changing circumstances.

38. CUH believes that a CIL Charging Schedule should be expanded at the earliest opportunity to also include contributions sought for, and be used to fund, a wider range of infrastructure including healthcare facilities, and specifically hospitals. Any subsequent review should ensure this is addressed. As a reflection of the importance of this issue, CUH is adding a new headline risk to our Board Assurance Framework relating to the risk

of future growth significantly impacting our ability to provide safe, timely care to our population. Without support from partners locally and nationally to address these risks, CUH will find it increasingly difficult to support government ambitions for growth, and would potentially have to consider formal objections to new developments based on the exacerbation of the health infrastructure deficit these would generate.

Yours sincerely,

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