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757679/AM



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Greater Cambridge CIL Examination

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Dear Ian

Greater Cambridge Draft Community Infrastructure Levy

Representations on behalf of Cambridge University Hospitals

Cambridge University Hospitals (CUH) made representations in relation to the Greater Cambridge Draft Community Infrastructure Levy consultation in March 2026 under the headings of Timing, Types of Development and Rates.

Whilst welcoming the principle of the introduction of a CIL in Greater Cambridge, included in those representations CUH sought 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.

The Councils appointed Quintic to advise them. In the [Quintic advisory response to viability representations](#) one of the few identified actions is to "Consider explicit mention of education and health within 'all other uses' rate on CS" (Charging Schedule). There is though no indication in the reports or summary of the discussions at the Council meetings when the Charging Schedule and consultation comments were discussed – [Cambridge City Council Cabinet meeting 7th July 2026](#) and [South Cambs Council Cabinet meeting 23rd June 2026](#) – that this was indeed considered. The Councils have only proposed changes to the Instalment Policy.

The Councils have prepared a [Councils' CIL Consultation Statement](#) which states that the purpose of the document (amongst others) is to provide "the Councils response to comments made during the consultation". To assist the Examiner, the Councils have provided a [Representations received by letter summarised](#) which includes a summary of CUH's comments. Neither seemingly include any consideration of or "the Councils response to comments made during the consultation" by CUH on the practical application of the Development types/uses. NHS funding is already very limited, and the consequence of CIL on hospital-related uses is an additional cost burden which would reduce much needed investment in the hospital.



It is also noted that none of the Examiner's Issues and questions cover this point. CUH are clear that it is important that this is addressed if a CIL Charging Schedule is to be introduced.

Your sincerely,



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