

CBC Open Forum

16 June 2025





Welcome

- Introduction
- CBC 10k, 5k and Fun Run
- Big Screen on the Green
- Creating a single Campus smoking policy
- Local Voices – one year on
- New economic figures for CBC
- Updates on local plan process
- Q&A



What is CBC Ltd?

Formed in 2021 as a [non-profit partnership](#) which represents the main organisations located on the Cambridge Biomedical Campus.

Neither a landowner nor a developer; some of our members own land; we do work with local government and landowners to share our views on how the campus should develop.

Our purpose is to support the sustainable development of the site to keep it globally competitive as a centre for health, education and life sciences.

We want to make the Campus a better place to work, visit and live beside.

We exist to deliver global excellence in health, education and life sciences

abcam

Established in Cambridge; supply two thirds of the world's life scientists with over 110,000 products

AstraZeneca

The UK's largest biopharmaceutical company with global HQ in Cambridge

 **UNIVERSITY OF CAMBRIDGE**

Contributes nearly £30 billion to the economy annually and supports more than 86,000 jobs across the UK with 9 Institutes on. Campus and the UK's leading school of clinical medicine



Cambridge
Biomedical Campus
CBC Ltd membership

 MRC Laboratory of Molecular Biology

Awarded 12 Nobel prizes; commercialisation of scientific discoveries generated over £700 million, to help support UK science

NHS

Cambridgeshire and Peterborough
NHS Foundation Trust

Health and social care organisation and have clinical teams providing services in inpatient, community and primary care settings

NHS

Cambridge University Hospitals
NHS Foundation Trust

Major regional centre for specialised services; hosts local Care Partnership; a major UK research centre; the first end-to-end deployment of Epic in Europe

NHS

Royal Papworth Hospital
NHS Foundation Trust

UK's first successful heart transplant, world's first heart-lung and liver transplant and world's first permanent battery-operated heart

 **gsk**

 MRC Mitochondrial Biology Unit

 **CANCER RESEARCH UK**

 **MILNER**
THERAPEUTICS INSTITUTE

 **IMS** Wellcome - MRC
Institute of Metabolic Science

 **CITIID**

NIHR | Cambridge Biomedical Research Centre

 **CIMR**
Molecules Mechanisms Medicine

 **CC TU**
Cambridge Clinical Trials Unit

 **wellcome-MRC**
cambridge stem cell institute

How we deliver our purpose

Directors oversee a business plan covering three domains:



Optimal development

Ensuring any development of the Campus prioritises sustainable and inclusive growth to drive improvements in health, education and life sciences; engage government planning leads; work with landowners and developers to promote an holistic approach, including provision of sustainable travel.



Curation of place

Attend to both physical and human dimension of the campus environment so that it becomes a better place to work, visit and live next to, enables members to attract and retain talent, and facilitates innovative collaborations.



External engagement

Drive a coherent, compelling and collective narrative to government and key stakeholders, supporting policy and objectives of members, engaging community stakeholders and giving local people a voice in what we do. Sharing stories of health and life science impact.



Campus 5k, 10k and Fun Run

Sunday 18th May

- 1000+ participants raised £18,000 for charity
- Reduced prices for adults
- Free for u17s
- Commercial sponsorship by Prologis





Big screen

- **30 June – 14 July**
- **Wimbledon**
- **Film nights**
- **Other films and stills**
- **Completely free**



Smoking policy

- Survey now live
- Distributed via organisations, local community groups, social media
- Posters and boards in smoking hotspots



Cambridge
Biomedical Campus

Head in the clouds?

What should the rules
be for smoking and
vaping on Campus?

SCAN



Have your say and be in
with a chance to win a £30
Love Cambridge voucher

NHS
Cambridge
University Hospitals
NHS Foundation Trust

NHS
Royal Papworth Hospital
NHS Foundation Trust

NHS
Cambridgeshire and
Peterborough
NHS Foundation Trust

UNIVERSITY OF
CAMBRIDGE

UKRI
MRC Laboratory
of Molecular
Biology

abcam

AstraZeneca



Local Voices

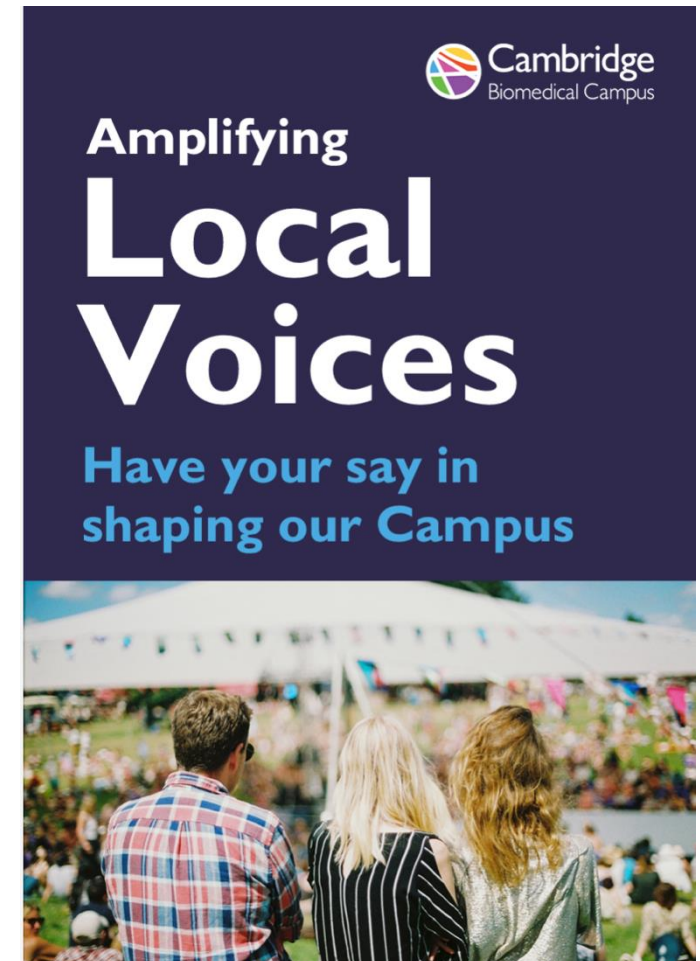
A diverse group of volunteers (including staff) helping us make the Campus a better place.

We want to understand the views of our community and those most affected by what happens on the Campus to help shape the events we run, how people find their way around and where and how we develop the site.

Highlights from the first year include:

- Feeding into our CBC transport plan
- Contributing ideas to the meanwhile use programme
- Co-design of our events programme
- Provided insight into wayfinding and signage
- Involvement in the jobs and careers fair

We would love for some more members.





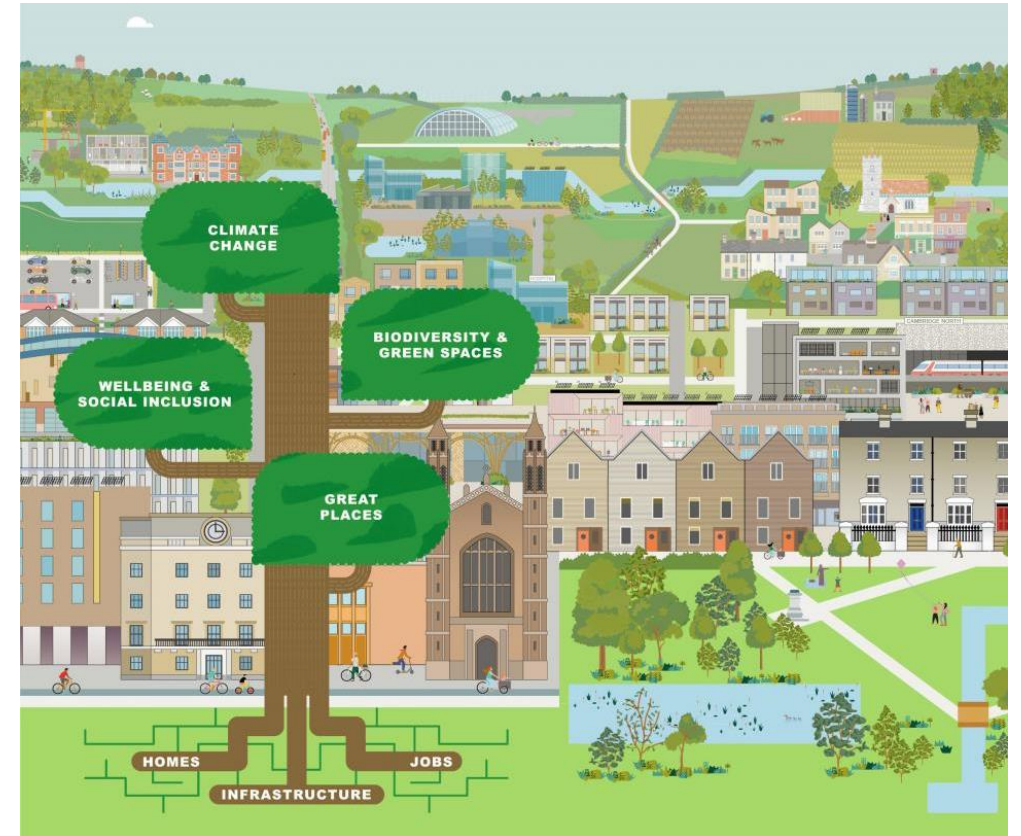
New economic figures for CBC

- An update to previous work done by the Centre for Economics and Business Research (CEBR) in 2022
- £4.7bn GVA – annual contribution
- Every £10 the campus creates generates a further £10 for the UK economy.
- For every 10 direct full-time equivalent jobs generated by orgs on the Campus, a further 10.3 jobs are supported elsewhere in the UK economy.
- The potential annual economic impact of CBC by 2035 is between £8.8bn and £10.7bn p.a. By 2050, the annual economic impact has the potential to increase to between £12.7bn and £18.2bn p.a.



Update: Greater Cambridge Local Plan process

- **Background**
- **Key dates in process**
- **Our position and conditions for support**
- **Next steps**





What is the Local Plan?

A Local Plan is a legal document that the Councils are required to prepare, which sets out the **future land use and planning policies** for the area over a set time frame. It identifies **the need for new homes and jobs, and the services and infrastructure** to support them, and guides **where** this development should happen.

Local Plans are key in making decisions on future planning applications in the area, alongside national planning policy and other supplementary guidance.

Cambridge City Council and South Cambridgeshire District Council, through *Greater Cambridge Shared Planning (GCSP)*, are working together to create a **joint Local Plan** for the two areas – which we are referring to as Greater Cambridge. This will ensure that there is a consistent approach to planning, and the same planning policies, where appropriate, across both areas.

Source: <https://consultations.greatercambridgeplanning.org/greater-cambridge-local-plan-preferred-options/about-plan>





CBC Ltd Position February 2024

Feb 2024: Directors reviewed the landowners plans and sent a letter setting out the 5 core conditions under which CBC Ltd support may be secured. These conditions were:

1. **Infrastructure Delivery Plan (IDP)** required. Campus wide, deliverable, phased and funded
2. Submission, agreement and implementation of a **Transport Strategy**
3. Prioritisation of **mental health services** space on phase 4 land.
4. Programme of **community engagement** before GCSP submission
5. Legally binding agreement for holistic vision incl IDP

Note: GCSP have confirmed that CBC support for the Landowners Group plans is critical to securing a proposed allocation in the draft local plan



Next steps and how to get involved

Cambridge City Council and South Cambridgeshire District Councils are currently exploring the issues raised in representations to the First Proposals consultation and moving towards the next consultation stage: a **Draft version of the Local Plan**. The latest timetable for the Local Plan set out in the Local Development Scheme was adopted in January 2025. This indicates that the Draft Plan Consultation (Reg 18) is **due at the end of 2025**.

Further information and a chance to sign up for updates can be found [here](#).



Source: <https://www.jjdesign.org.uk/news-updates/update-on-planning-in-cambridgeshire/>



Any questions?



Next Open Forum

24th September 2025

The Hub on Campus

5.30-7pm





Dates for your diary

Free Yoga on the Green: Fri 20 June, noon-1pm

CBC Jobs and Careers Fair: Sat 21 June

Big Screen on the Green: 30 June – 14 July (Wimbledon)

Campus Summer Picnic: Weds 9 July

Cambridge Wellness Festival: Tues 9 September



Thank you

enquiries@cambridgebiocampus.co.uk

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Submitted questions with answers – CBC Limited Open Forum (June 2025)

1. Cambridge Children's Hospital: Follow-up to the question we asked on 10 March before the last meeting and the eventual answer on 16 May (Original question and answer also shown for convenience)

Original question, 10 March -

Cambridge Children's Hospital:

Noting the £100 million of Exchequer funding allocated to the Hospital in 2017/18, taking account of the £62 million in cost reduction achieved by "value engineering" and assuming that the fundraising organizations combined target of £100 million is fully raised, how much more needs to be raised from Government and/or from other sources to achieve the total funding necessary for the Hospital to proceed?

What is the estimated total cost of the Hospital?

Answer, 16 May:

Cambridge Children's Hospital

The total cost of the Cambridge Children's Hospital project will be finalised following the conclusion of the current live procurement process for a construction partner.

- *Currently the funding is provided from:*
- *Central public capital committed to the project - £100M*
- *Philanthropic donations - £100M*
- *Capital contributions by local NHS organisations (including land sales)*
- *Other national programmes, or grants*

Once a revised cost has been received from a newly appointed construction partner, additional funding or value engineering will be generated if required.

The Cambridge Children's Hospital is not part of the New Hospitals Programme.

Our Follow Up Question and Request asked on 16 May:

Question: When is it planned / intended that the "live procurement process for a construction partner" will conclude?

Request: We ask that when the process concludes and the total cost of the planned Cambridge Children's Hospital is known to the CUH NHS Trust, this total cost information is provided to us together with up to date information at that point on the other elements of our original question, i.e. the four bullet points.

[CUH response: The procurement process for a preferred contractor for the Cambridge Children's Hospital \(CCH\) remains ongoing. A public announcement is due to be made later this summer/early autumn.](#)

2. At the last meeting it was mentioned that Claire Stoneham's team had submitted their first clinical model formal report in relation to the new acute hospital. We understood that this would be shared, but have not seen it. Please confirm/provide and update on next steps for

Addenbrooke's 3, and how does this relate to / rely on the Integrated Care Board's future planning for community based health services?

CUH response: We have undertaken a comprehensive initial first phase of work to develop a sustainable clinical model, drawing on best practice case studies across the world. This innovative new approach focuses on predictive, preventative care that is digitally enabled.

As well as thinking about the requirements of a future hospital (in the context of an ED opened in 1971 for a quarter of the patients it sees today) our initial work also covers the services that would need to be developed in the community.

We have requested additional funding to develop a full Outline Business Case (OBC) as the next step, which has not yet been secured. In the meantime, we are working on specific projects with local partners to test and refine the model and to take the first steps towards implementation.

There is significant alignment between the care model described in the acute care strategy and the ICB's recent work, but the acute care strategy pushes the model further both in terms of ambition and timeline for delivery.

The initial work has not been published at this stage and we will provide updates on this going forward.

3. Your first impressions of this week's Spending Review's implications for local hospital and health services with particular reference to capacity to cope with continuing population growth and deteriorating integrity of NHS buildings on the CBC

CBC Limited response: We continue to engage with local and national government to reiterate that investment in hospital facilities and services should be required as part of plans for growth.

CUH response: While we wait to hear more from the Government's soon to be published Infrastructure Strategy, we are encouraged by the overall commitments and the prospect on the increased opportunities for public / private capital spend, which would be attractive to the CCH project in exercising the full freedoms of being outside the New Hospital Programme.



4. NHS job cuts: There have been protests at "500" jobs about to be cut by the CUH NHS Trust [Cambridge Independent, 4-10 June 2025, page 4]. What is the situation?

CUH response: In response to the national NHS operational planning guidance requirements, the CUH Board approved a financial and operational plan that includes a reduction of approximately 500 whole time equivalents in services categorised as 'Support Services'. We have been clear in its communications with staff that it is seeking to minimise the number of compulsory redundancies and as part of this, alongside holding some vacancies, the Trust launched a 'Mutually Agreed Resignation Scheme' (MARS). This scheme concluded at the end of May with 269 applications from staff for the scheme. While some of these withdrew their applications, 138 applications were accepted, with the majority of these colleagues leaving the Trust on 31 May.

We are now moving to the next phase of this work with a review of the way in which Support Services are structured and delivered. In accordance with the requirements, we expect to launch a consultation on the proposed changes (once established) in the course of June. We don't underestimated the impact on colleagues across the Trust that these changes will have. We have sought to be open, honest and transparent about the requirements and the changes, including through a series of all staff briefings in which we set out our plans.

The expected costs of MARS and redundancies that may follow in the next phase were provided for in the 2024/25 financial position and therefore there is not expected to be a financial impact on the Trust's 2025/26 financial year.

As a wider point, all budget holders have a responsibility to deliver against their budgets and have put in place local initiatives, including pay initiatives, through their own Productivity and Efficiency Plans. In support of this, the Trust has enhanced some of its central controls, including through a centralised vacancy authorisation panel for permanent roles, alongside enhanced monitoring and controls on temporary staffing spend.

5. Question asked on 10 March just before the last Open Forum meeting - Is there an answer?

Cambridge Biomedical Campus Travel and Transport Plan 2024-2029:

When is it intended to produce the annual report on the progress of the Plan, and will this be "made public in a timely manner, and opportunity for its discussion with the Campus authorities afforded to community groups"? [TRA comments in 2019 on the CBC Transport Strategy and 5-Year Implementation Plan 2018 – repeated in our comments on the 2024-2029 Plan]

CBC Limited response: It is planned that the annual report will be completed by 31 December each year, and published in a timely manner via the CBC website. It will also be discussed at future Open Forum events.

6. How is CBC engaging with both the Cambridge Growth Company and the CPCA to (a) highlight the existing hospital capacity shortages with the current level of population and (b) secure the investment (from Central Government and any other available sources) needed to ensure that hospital capacity is sufficient for any planned population growth? I note that the strapline on

CUH's website is "Our Emergency Department is very busy please think carefully about where to go for treatment".

CBC Limited response: We have regular contact with the Cambridge Growth Company to make the case for investment and development of the hospital. We have also previously shared this view, and continue to push for it through conversations across local, regional and national government. We have also asked that expansion landowners reflect this in their engagements with government (specifically minuted in the workshop held by Peter Freeman on 24 April).

7. An update on the timeline for the two new hospitals would be helpful.

CUH response: Cambridge Cancer Research Hospital: Pre-construction works commenced in February 2025. Subject to addressing the implications of the Building Safety Act 2022, it is hoped to commence construction in 2026 following completion of the Full Business Case (FBC).

Cambridge Children's Hospital: again, subject to completion of the FBC (FBC), construction is due to commence in early 2027.

8. CBC Travel and Transport Plan - revised version not yet on CBC website? At least not as far as I could see. When can it be shared? When do you expect the annual report to be ready (is a 31 March, 31 December or some other year end). Local community involvement in at least some of the CBC Transport and Travel Group meetings - any answer on this? Is new APNR system working and what are the results?

CBC Ltd response: There has been a delay in updating the 5 year travel plan; therefore the original version remains on the CBC website. KMC have been engaged to assimilate new insights from input received from councillors and local people into an updated version to be uploaded onto the CBC website. This has not been helped by the unexpected departure of the person who supports transport projects within CBC. The report will be uploaded to the CBC website as soon as possible after completion each December.

The CBC Transport and Travel Group is an operational subgroup within CBC Ltd, made up of representatives of each organisation to share updates on issues relating to travel and transport. The model for CBC Ltd's subgroups does not include public membership, but we are always happy to receive feedback which we can share with the relevant groups via enquiries@cambridgebiocampus.co.uk.

The ANPR system is the responsibility of Prologis, who are not a member of CBC Ltd and are not accountable to CBC Ltd. We can help direct correspondence on this directly to the relevant leads at Prologis, who are in dialogue with the Shared Planning Authority over the best way to enforce measures to prevent use of campus as a through road.

9. Life sciences incubator, Health Data Research Service (mentioned in Spending Review - assume it is at Hinxton), planned Cambridge Innovation Hub (on Hills Road). Perhaps this should be postponed until the Government's Life Sciences Strategy is available. In the same context, it would be helpful to understand CBC's relationship and interaction with the Oxford-Cambridge Growth Corridor.



CBC Ltd response: The proposals for additional life science incubation capabilities on the campus seek to harness the unique capabilities and expertise that exist in member organisations. This makes the CBC incubator highly differentiated to incubators in other places.

CBC Ltd has good relationships with colleagues across the Oxford-Cambridge Growth Corridor and see the Campus as a key part of this collaborative effort to drive the international competitiveness of UK Life Sciences.

10. I suggest major risks arising from service closure at neighbouring RAAC hospitals are topics to be included at future Open Forums. It is probably too late for this one, but please can they be put on a rolling list?

CUH response: To confirm there is no use of Reinforced Autoclaved Aerated Concrete at CUH. At neighbouring hospitals with RAAC (including Hinchbrook and West Suffolk) there are new hospital redevelopment plans which are being prioritised through the national New Hospital Programme. In the meantime these hospitals have plans in place to maintain service continuity.

11. I recall it was agreed at the last meeting that the next one would be an hour and a half. This one has been scheduled for an hour. It is easier to judge whether this is the appropriate amount of time once the agenda has been fixed, but my experience of all previous meetings is that an hour is too short.

CBC Limited response: Correct, we have secured a consistent venue on Campus (The Hub), where we can hold 90minute sessions going forward, starting in September.

12. The large scale growth planned for Greater Cambridge will require matching investment in healthcare infrastructure over and above that already planned. How is CUH, together with the sub-regional NHS more widely, engaging with the Cambridge Growth Company to ensure that deliverable planning for healthcare infrastructure is integrated into its programme'?

To put this in context, you may be aware that there was a Federation of Cambridge Residents Association (FeCRA) open meeting on 15 May which was attended by, I am informed, around 350 people. I attach some written questions submitted after that event, together with CGC's responses. These are now up on the FeCRA website. The first question was mine. You will note that it has not been answered other than with generalities not specific to health. That is why I would now like to hear the NHS side of the story.

CUH response: Precisely because CUH can see the need for investment in healthcare services to support the growth of the population, we lobbied for funding to undertake work to look at urgent and emergency services locally. £3m was subsequently provided by Government in March 2024.

We have undertaken a comprehensive initial first phase of work to develop a sustainable clinical model, drawing on best practice case studies across the world. This innovative new approach focuses on predictive, preventative care that is digitally enabled.



Cambridge Biomedical Campus

As well as thinking about the requirements of a future hospital (in the context of an ED opened in 1971 for a quarter of the patients it sees today) our initial work also covers the services that would need to be developed in the community.

We have requested additional funding to develop a full OBC as the next step, which has not yet been secured. In the meantime, we are working on specific projects with local partners to test and refine the model and to take the first steps towards implementation.

We have engaged with and continue to engage with the CGC. Partners on the CBC are clear that the development of acute care is vitally necessary for the successful development of Cambridge.

Ends