

Delivering Affordable Housing for our Hospital Workers: **The Case for Change**

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We hope this is the beginning of a different conversation, where we begin talking about the solutions we can deliver, rather than the continued challenges created by the housing market.

Foreword

Cambridge is a city famous for its iconic historic core, its world leading research and education, for innovation and its unique character and open spaces.

Housing affordability in the Cambridge area is recognised as an increasing barrier and this must be addressed if Cambridge is to continue it's success. As highlighted in this report, housing affordability is particularly challenging for our staff.

We employ 11,000 people at Cambridge University Hospitals NHS Foundation Trust (CUH), consisting of Addenbrooke's and Rosie Hospitals.

We have undertaken analysis to help us to understand the real impact of housing affordability pressures on our workforce. The statistics speak for themselves as set out in this summary. This situation cannot continue, and new approaches are needed to break the status quo.

Cambridge University Hospitals NHS Foundation Trust is committed to working with the planning and housing authorities in the area, and to working in partnership with landowners, developers and Registered Providers to deliver quality housing choices, in the right places, that our staff can afford.

We hope that this is the beginning of a different conversation where we begin talking about the solutions we can deliver to start to address the key challenges for our staff. In this document we set out the case for change and how working together we can make this happen. Continued lack of provision of the housing our staff need, at prices they can afford, can only serve to increase commute times, cause congestion and adversely affect the health and wellbeing of our teams. Our aim is to reduce commuting times, respecting the shift patterns adopted to provide 24 hour patient care, with the aim of improving work life balance and the quality of life of our people. This should enhance our ability to retain skilled staff and to recruit critical roles in Cambridge, which is key to our long term success.

I hope that the report starts a conversation leading to the delivery of better outcomes for our people, and to better equip the vital NHS workforce at CUH to look after each and every one of us when we need it most. I also expect that the principles in the report will have wider application to other organisations on the Biomedical Campus and across our wider partners in health, whose staff may also be affected by similar affordability challenges.



Mike More Chair Cambridge University Hospitals NHS Foundation Trust

Our workforce

74% of staff are **female**





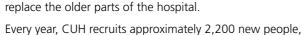


CUH has over 1.000 beds and 11.000 members of staff.

We are one of the largest and best known acute hospital trusts in the country. The 'local' hospital for our community, delivering care through Addenbrooke's hospital and the Rosie maternity hospital, 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.

CUH has recently secured funding from Government to develop a new specialist children's hospital serving the eastern region and is developing early stage proposals to

Distribution of our workforce incomes



both full time and part time, taking into account growth in the workforce, reduction in vacancy levels and turnover of staff. The current workforce is 11,000 and we expect CUH to grow beyond 12,000 people by 2025.

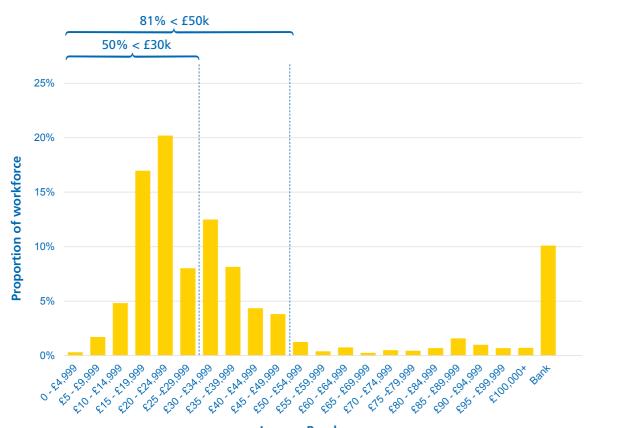
50% F

than £30.000

earn less

This section gives an insight into the make-up of our workforce. The chart below shows the distribution of incomes across the workforce. This illustrates that 81% of staff earn less than £50.000 and 50% earn less than £30.000.

The income bracket with the largest proportion of CUH staff is £20,000 - 24,999, which is below the Cambridge average.¹ Approximately 65% of our workers earn below the Cambridge median salary.





¹ Footnote: The lower quartile median income in Cambridge is £25,171. The median salary for Cambridge is £33,199.

A day in the life

Every single member of staff has a critical role to play in delivering the highest standards of patient care. The pen portraits below² provide an insight into the challenges our staff face and bring to life the real world challenges of working in an area with such acute housing affordability challenges.

	•
Simon	
Type of household:	Single person, sharing a rental with others
Job role:	54, hospital porter
Salary:	Just under £20,000 per year
Current housing:	Rents an en-suite room on hospital site. Shared kitchen & living room.
Preferred housing:	Would prefer not to share, especially as people frequently change and he has no control over this. Wishes to buy or rent.
Location:	Enjoys short commute, works well with shift patterns.
Sarah	
Type of household: Job role:	Single person, living with family Administrator
Salary:	Approx. £22,500 per year
Current housing:	Lives at home with parents in Fulbourn. Cannot afford to rent alone, and parents depend on the rent she pays.
Preferred housing:	Rent
Location:	Cycles to work, but no alternatives on wet days as poor public transport connections, and sometimes needs to take equipment off-site as part of her role.
	Q. 🕇
Valeria & Jane	
Type of household:	Couple, renting their own flat
Job role:	Junior Doctor and Admin Support
Salary:	£40,000 per year
Current housing:	Share a 1 bedroom flat in Cherry Hinton
Preferred housing:	Buy or rent
Location:	Wish to buy or rent a 2/3 bedroom property, near to work and with public transport links into Cambridge. Proximity to the

2 Footnote: the characteristics above do not represent individual employees at CUH, but are a generalised representation prepared to help illustrate the challenges faced by our staff

hospital is important

Mohammad & Kira

ype of household: ob role:

alary: urrent housing:

referred housing:

ocation:

in shared house with 3 others Mohammed Band 5 nurse, Kira Midwifery Support worker Approx. £40,000 plus Bank Work Renting in a shared house, and working bank shifts to save money for a deposit which is difficult. Buying a house more a dream than a reality. They wish to buy their own home close to the hospital. They both wish to develop their careers at Addenbrooke's but are considering relocation to a more affordable location

and may leave CUH.

Couple with 2 young

children, aged 3 and 1. It is uneconomical for Sophia

to work due to childcare costs. Luca is a biomedical

scientist at the hospital

Couple with young child renting

uca & Sophia

vpe of household:

ob role:

alary: Current housing:

referred housing:

ocation

Approx. £32,000 per year Own a 2 bedroom house in Sawston, but outgrowing it. Wish to buy a 3 or 4 bedroom house to suit their family needs. Unable to afford a 3 bedroom property and no intention to rent. Considering relocation.

Luca currently gets the bus to work, but would happily use the park and ride and cycle.

Claire

ype of household:

ob role: alary: Current housing: Preferred housing:

ocation:

Single mother with 2 primary school aged children. Corporate support service Approx. £45,000 Rents a 3 bedroom house Wishes to buy a similar sized property.

Considering moving closer to parents for support with childcare arrangements. Claire has a limited deposit and finds it difficult to save. Interested in rent to buy options, but has not found anything yet. Would prefer to live in small town or village with local services.





Affordability of Housing in Cambridge and South Cambridgeshire

Cambridge is one of the least affordable housing markets in the country. South Cambridgeshire is more affordable than Cambridge but is still significantly less afforable than the national average.

The results of our market analysis³ provides some stark findings. The average house price to income ratio in Cambridge is 13 times (10.3 times in South Cambridgeshire). This equates to an average house in Cambridge at a cost of £518,000 (£408,000 in South Cambridgeshire).

Rents are rising at 2-4% per annum, with average rents in Cambridge City ranging from £987 (1 bed) to £1,409 (3 bed). In South Cambridgeshire, rents are at an average of £852 (1 bed) to £1,211 (3 bed). The research shows that there is an 'affordability gap' especially for those on incomes of between £25,000 and £45,000, where more than 30% of income⁴ is spent on housing costs.

In 2018, Cambridge had the highest level of outward migration among 30-44 year olds of any Local Authority in England and Wales, which we believe is strongly linked to housing affordability, particularly for larger family properties. This trend is symptomatic of circumstances at CUH. The analysis highlights that whilst staff may be able to afford accommodation by living with family, or sharing with friends, affordability of a family home is prohibitive, creating a real retention issue for CUH.

Footnote

- 3 Assessing the Housing Need of Hospital Workers, Savills January 2020
- 4 The assumption from the research is that households spending more than 30% of income on housing may experience serious affordability issues.

House price trends House prices are **57%** (Cambridge) and **45%** (South Cambridgeshire) above the 2007/08 peak.



House price to income ratio		
National average	7.8	
Cambridge	13.0	
South Cambridgeshire	10.3	
Islington, London (for comparison)	14.5	
Croydon, London (for comparison)	11.1	
Lending criteria typically	/ 3.5-4	



Size of home afford an average income:	able on	
Average single garage Cambridge	100 sq. ft. 328 sq. ft.	
South Cambridgeshire	477 sq. ft.	
Median sized flat	646 sq ft	
Average Rents		
Cambridge	South Cambs	
1 Bed : £987	1 Bed: £852	
2 Bed: £1,264	2 Bed: £965	
3 Bed: £1.409	3 Bed: £1.211	

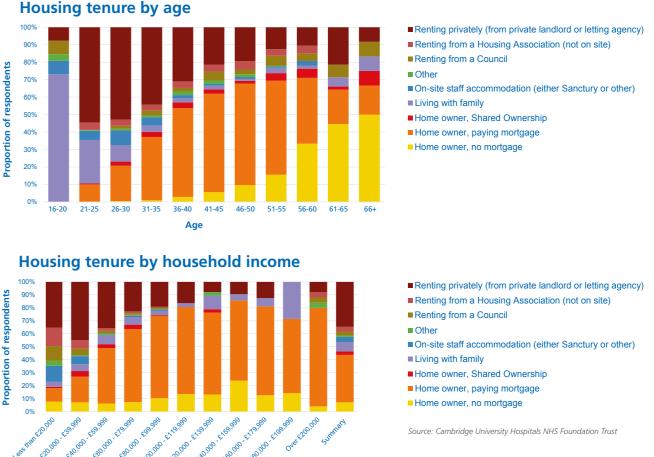
Rising at 2-4% per annum

Findings of the staff survey

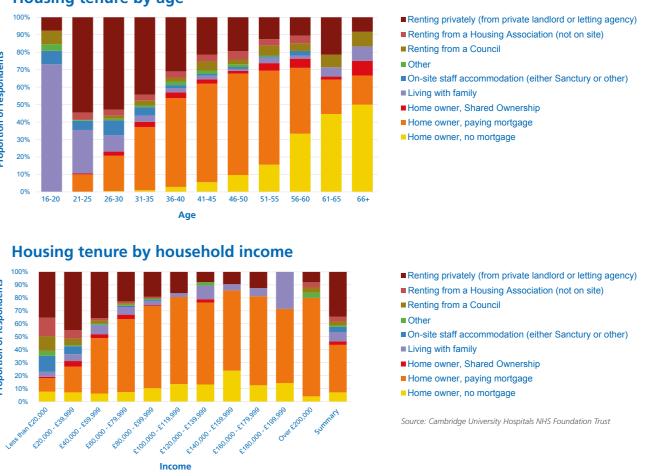
To support the research, all CUH staff were invited to complete a survey during September 2019 to help us to understand their housing needs and preferences. Almost 2,000 responses were received.

The key findings:

• 54% of staff have a household income below £60,000. This is important to understand as household income is the determinant of affordability (for instance on mortgage applications).







Of those in rental tenures, over 50% of respondents consider that their household is either stretched or very stretched financially. Single parent households are the most stretched group identified. Our market analysis⁵ gives a full breakdown across the range of areas covered in the staff survey. The analysis in this report summarises the affordability challenges facing our staff by broad income categories, for both home ownership and rental accommodation.

5 Footnote: Assessing the Housing Need of Hospital Workers, Savills January 2020

- A real dependency on 'living with family' and 'private renting' among staff aged 25 and below.
- Low rates of home ownership below the age of 30, progressively increasing with age.
- Home ownership is only available to those on higher incomes of £40,000 to £60,000 or more.



Key themes

Drawing together the key themes from this report, we believe the needs of our staff can be summarised as follows:

- We need high quality housing with security of tenure, for around 3,900 staff on lower incomes with stretched affordability based on their household income.6&7
- 40% of survey respondents say they are stretched or very stretched in meeting their housing costs. The greatest problems are likely to be faced by those earning less than £40,000 and aged under 40 (5,187 CUH staff).
- Housing should be available to all staff groups, clinical and non-clinical, based on affordability.
- The most desirable form of tenure is owner occupation. For many this is not realistic.
- Our staff need more affordable rent levels⁸ and more innovative routes to home ownership as levels of deposit and income required for mortgages are prohibitive. There is clear interest in rent to buy type products.
- For all of the priority groups identified, a significant discount to market rents will be required in order for homes to be affordable and to avoid sharing of poorer guality privately managed properties, or commuting long distances from more affordable areas.

8 The analysis assumes no more than 30% of household income should be spent on housing costs.

typology and identifying likely affordable levels of rent.

6 The 3,900 staff is based on a total of 4,800 staff who consider they are struggling to meet housing costs, less those earning over £60,000 (18%)

up' to apply these figures to the overall working population, with a view to identifying the type and number of properties likely to be required, by

7 As survey responses are considered broadly representative of the overall staff profile, the proportion of responses from each group has been 'factored

Footnotes

Most common type of housing tenure our staff would consider

Rent to buy 54% Renting from Local Authority/Housing Association 40% Shared ownership **32%** Private rented 28%

- The need for housing which is both affordable and accessible to the hospital by public transport (88% of staff identified public transport as either very or moderately important)
- The full report highlights a range of other factors which may inform preferences on the type and location of housing. For instance, a preference of single person households to live in Cambridge or its fringes, the importance of public transport and access to local amenities.

L For all of the priority groups identified, a significant discount to market rents will be required....

With housing unaffordable to most, a significant number of workers are excluded from the market for private ownership, driving people into shared accommodation or to living further afield.

25%

20%

15%

10%

5%

0%

respon

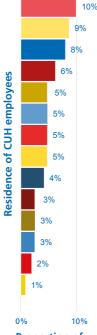
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Proportion

Around 50% live in Cambridge and adjoining areas. Common home locations include Haverhill (8%), Cambourne (5%), East Cambs, Forest Heath and St Edmundsbury (see figure opposite).

The consequences of longer commutes to work include:

- Additional costs out of already stretched household budgets.
- Negative impacts on quality of life and work life balance.
- Greater propensity to drive, resulting in congestion which is in conflict with CUH's transport strategy.
- Impact on staff retention.

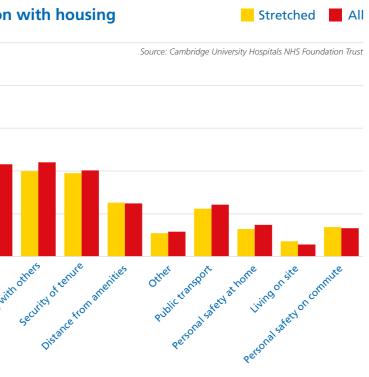


Proportion of wo

Key concerns expressed by the workforce about their current accommodation are summarised below. Housing costs, size, length of commute and quality of housing are all common reasons for dissatisfaction.

Reasons for dissatisfaction with housing

Too shall pool commute haintaines with othe pool contraints and see



Home location of our staff

		31%	Central Cambridge (CB1,CB2)
6			 South Cambridgeshire (CB21, CB22)
			 Cambridge wider city (CB3,CB4,CB5)
			Haverhill
			 North Cambridgeshire
			East Cambridgeshire
			 Cambourne South Cambridgeshire fringe (SG8, CB10) Huntingdonshire Outside area
			Forest Heath
			 St Edmundsbury
			 Other local Local Authoritiess
			 Uttlesford
			Central Bedfordshire
2	.0% 309	% 4	0%
orkford	e		

Source: Cambridge University Hospitals NHS Foundation Trust



Affordability of home ownership

The results of the staff survey show a clear aspiration for many to own their own home. For the majority, this is not realistic without some form of intervention. Properties suitable for families are unaffordable to a significant majority. Saving for a deposit is a real challenge for already stretched households.

The chart below helps illustrate the affordability of different types of properties for home ownership in Cambridge. Comparative data is also available for South Cambridgeshire in the full market report.

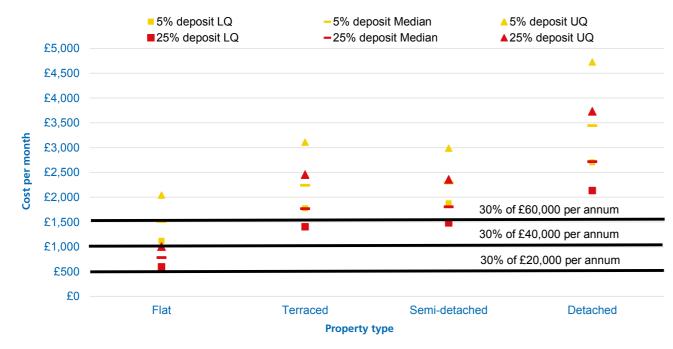
The black lines represent household incomes at £20,000, £40,000 and £60,000 per annum. This equates to the ability to afford £500, £1,000 or £1,500 per month to cover housing costs (i.e. mortgage payments), based on 30% of household income being spent on housing.

The analysis considers relative affordability based on a 5% deposit (yellow symbols), or a 25% deposit (red symbols). For the majority, raising a 25% deposit based on stretched household incomes is not realistic. Therefore it is more relevant to consider what households could afford with a 5% deposit, focussing on the vellow symbols in the chart. The vellow dash represents the median (average) cost of housing for different housing typologies, with a 5% deposit. This shows that to afford an average Cambridge flat, a household income of £60,000 is required. For a lower guartile (25th percentile) an income of £40,000 is required. Semi-detached and detached houses are not affordable to anyone on these incomes. Even to a household with an income of £60.000, a terraced property is on the margins of affordability.

Relating this back to the spread of incomes shown on page 5 of this summary report, the scale of the challenge is clear, especially for single income households.

What can CUH households afford to buy in Cambridge?

Lower Quartile (LQ), Median and Upper Quartile (UQ) are used to illustrate the spread of sale prices for each type of housing.



Source: Savills using Land Registry

Affordability of Private Renting

On the basis that a significant number of our workers The analysis considers relative affordability based on either: cannot afford market housing, renting is the only option • Market rents – shown by the spread between the blue for many. Large numbers of our staff continue to live diamond (25th percentile or lower quartile rents), grey with parents or share with others. This is the source of considerable dissatisfaction amongst our workforce.

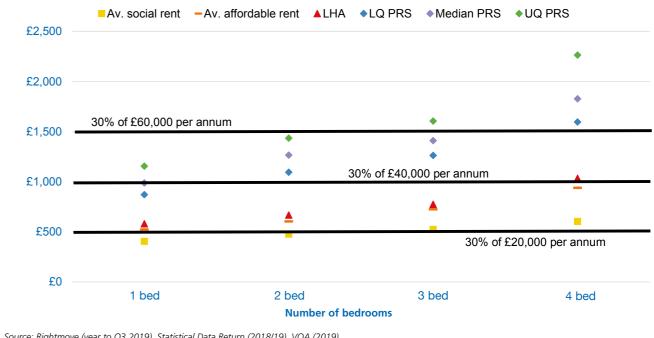
In order to provide quality housing to meet the needs of our staff, significant discounts on rents or new forms of tenure are required to meet the needs identified in this report.

The chart below helps illustrate the affordability of different types of properties for rent, focussing on 1 bed through to 4 bed properties in Cambridge. Comparative data is also available for South Cambridgeshire in the full market report.

The black lines represent household incomes at £20,000, £40,000 and £60,000 per annum. This equates to the ability to afford £500, £1,000 or £1,500 per month to cover housing costs (in this case rent) based on 30% of household income being spent on housing.

What can CUH households afford to rent in Cambridge?

LHA: Local Housing Allowance rates are used to calculate Housing Benefit for tenants. Lower Quartile (LQ), Median and Upper Quartile (UQ) are used to illustrate the spread of rents for each type of housing. PRS: Private Rented Sector refers to those renting from a private landlord.



Source: Rightmove (year to Q3 2019), Statistical Data Return (2018/19), VOA (2019) Comparison data for South Cambridgeshire is available in the full report.



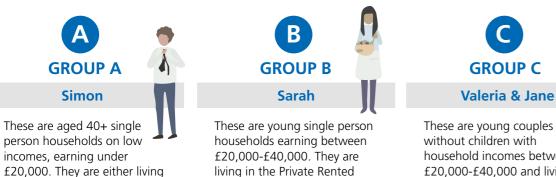
- diamond (median or average rent) and green diamond (75th percentile or upper guartile). This gives a good indication of the likely range of rental costs for each type of property. This shows that to afford the market rental of an average Cambridge 1 bedroom property, a household income of £40,000 is required. For a lower quartile (25th percentile) an income of approx. £35,000 is required. Larger properties cannot be afforded on a £40.000 household income, with a household income of between £50,000 and £65,000 required to afford market rents for a 3 bed property.
- Affordable rents illustrated by the yellow, orange and red symbols. These represent typical rent levels for affordable forms of tenure (offered by Local Authorities or Registered Providers to qualifying persons based on published lettings criteria). Based on the affordable tenures those on the lowest incomes would struggle to pay affordable rents at current rental discounts, particularly for larger properties. The problem is particularly acute for single parents who need larger properties.

Comparison data for South Cambridgeshire is available in the full report.



What do our workers need?

The analysis of the staff survey has identified six cohorts of staff and their likely housing needs. These groups are set out below. We introduced Simon, Sarah and their colleagues on page six. Each of them symbolises typical circumstances that are common on each of the groupings below. 40% of survey respondents say they are stretched or very stretched in meeting their housing costs. The analysis below is based on the 3,900 lower income households identified from the survery.



Sector and are likely to be

sharing facilities with others

to be able to reduce housing

the priority groups, reflecting

the income and age profile of

costs. This is the biggest of

£20,000. They are either living in the Private Rented Sector or Housing Association / Council accommodation. Given their incomes, Private Rented is an unaffordable tenure for them and explains why some of them are sharing.



These are couples or single household who have children, with household incomes between £20,000 - £40,000. They are renting their homes which are too expensive and likely to be too small for their needs.



These are couples or single parents who are unusual in the context of the other groups because they own their homes. They are, however, struggling with housing costs and at risk of relocating to a more affordable area and leaving the hospitals employment.

Valeria & Jane

household incomes between £20,000-£40,000 and living in the Private Rented Sector. They are likely to be in a small individual flats or sharing with others. They are likely to be aspiring to settle but are unable to afford a suitable home, either through rent or ownership.



These are couples or single parents with higher household incomes of between £40,000-£60,000. They are renting their properties which are likely to be too small for their needs and are unsatisfied with their tenure.

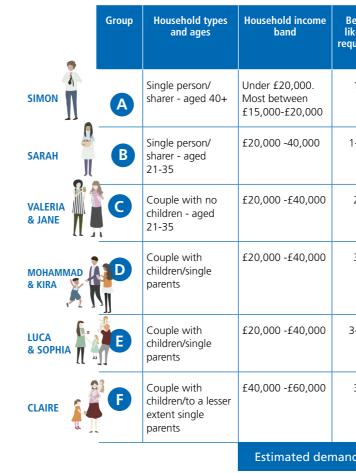
Cambridge University Hospitals NHS Foundation Trust is keen to work with a range of partners to find housing solutions to meet the needs identified below, at rents our staff can afford. In reality, it is recognised that the exercise to date is somewhat theoretical, and therefore CUH is committed to working with partners to develop a staff accommodation service to identify accurately the ongoing housing needs of staff, to establish a "waiting list" and register of requirements (housing typology, location, rent levels etc). This would provide the evidence base required to support the delivery of real world opportunities that can fulfil the requirements identified in this report.

The table below summarises the housing needs of each of these groups.

Demand for affordable housing

The conclusion of this analysis helps to clarify the types of properties likely to be required. For example, Simon requires a 1 bedroom flat and would require a rental discount on average Cambridge rents equivalent to 46% of Open Market Value (or 53% in South Cambridgeshire). There are likely to be in the region of 2,465 other households requiring similar support based on our survey findings, in the broad categories set out below.

* based on Cambridge median rents (South Cambs in brackets) ** calculated based on upper rental budget per month from column 5



SOURCE: All figures derived from Savills report, prepared for CUH 2020

eds kely Juired	Rental budget per month	Typical market rents*	Rent Level as % of open market value**	Number of properties required
1	£350-450	1 bed £987 (£852)	£450 / £987 = 46% (53%)	410
1-2	£450-750	1 bed £987 (£852)	£750 / £987 = 76% (88%)	785
2	£450-750	2 bed £1,264 (£965)	£750/£1264 = 59% (78%)	270
3	£400-750	1 bed £987 (£852)	£750 / £987 = 76% (88%)	356
3-4	£450-750	3 bed £1,409 (£1,211)	£750 / £1409 = 53% (62%)	350
3	£750- £1100	3 bed £1,409 (£1,211)	£1100 / £1409 = 78% (91%)	295
d for affordable homes for our 3,900 staff			2,466	

Where should homes be located?

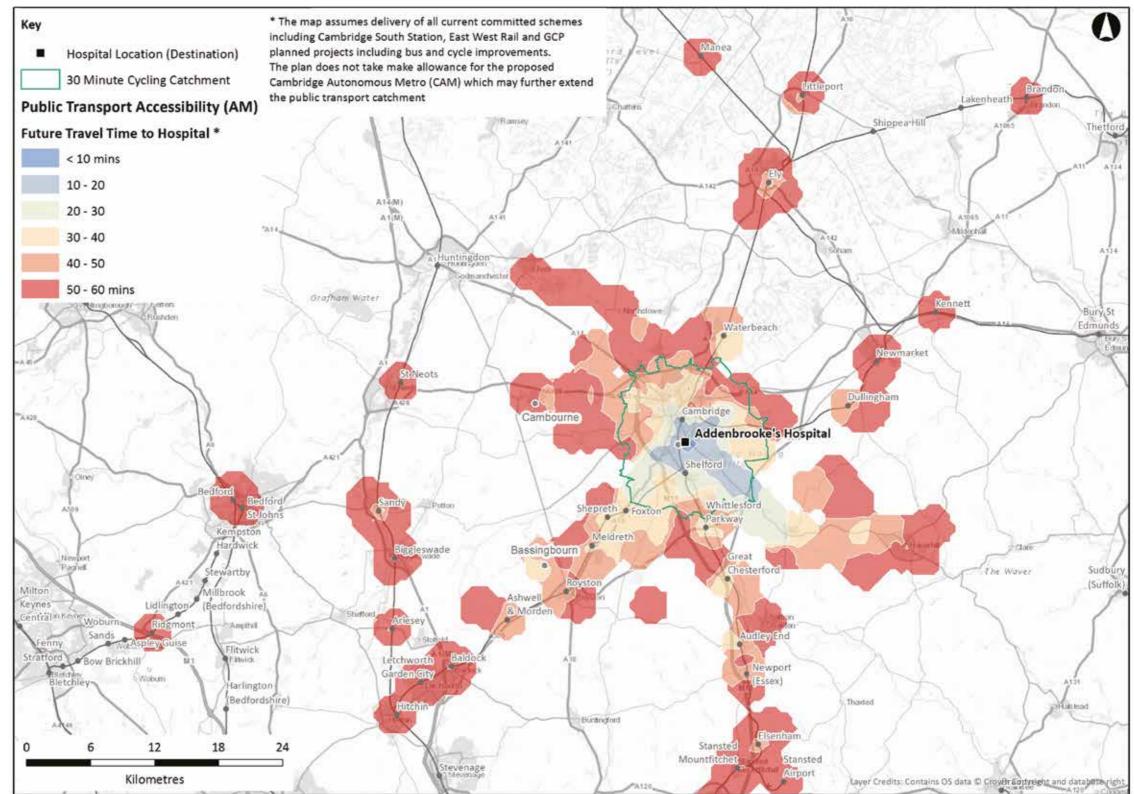
We believe housing affordable to our staff should be located no more than 40-50 minutes from the hospital, by walking, cycling or public transport. The evidence from our survey shows that dissatisfaction with commuting increases substantially beyond an hour.

This map⁹ shows forecast journey times to CUH once committed schemes have been delivered, including:

- Delivery of Cambridge South Station
- East West Rail connections from Bedford via St Neots and Cambourne
- The Greater Cambridge Partnership's (GCP) South East Corridor Improvement providing a dedicated public transport corridor towards Granta Park
- Wider cycle improvements including the GCP's greenways and the Chisholm Trail.

Our objective is to focus on identifying more affordable high quality housing opportunities located within a reasonable commute time from Cambridge. Whilst we would not rule out opportunities beyond this, we wish to target locations generally no further than a 40-50 minute journey time of the Hospital, by walking, cycling and public transport. The target catchment is shown on the map opposite, which picks up a number of the major growth areas in the Cambridge subregion.

9 Footnote: The map opposite has been prepared by Steer, an independent transport consultancy using GIS software enabling the analysis of travel times across multiple networks. Journey times are indicative only.



U/London/Projects/237/9/77/01/GiS/MAPPI/NG/ARCGIS/Mag_Documents/Future Catchments/191220/PT Catchment AM Peak Future Scenario).mx



Making it happen

The detailed analysis undertaken by CUH should be a great help to the Local Authorities as the custodians of housing supply as it comes forward through the planning system. We hope it will also help developers and registered providers consider the affordable housing make up of their schemes, giving a clear steer as to the scale of need, likely housing tenure needed and the geographical area of search, in order to close the housing affordability gap for our staff in locations accessible to our hospitals.

We therefore want to promote a culture of partnership working, to ensure all parties understand our needs, and to explore innovative approaches to meeting these needs in our target geography, with a particular focus on influencing the approach to affordable housing delivery through planning obligations and S106 agreements.

Immediate priorities:

- We will work with Councillors, Housing and Planning Officers to ensure the findings of this research leads to affordable housing delivery which meets the needs of working people at our hospital. We need to do better for the likes of Simon, Sarah, Valeria and Jane, Mohammed, Luca, Sophia and Claire, as just a snapshot of the challenges facing around 4,000 of the 11,000 people we employ.
- This research identifies a real gap in provision based on delivery in recent years. We believe this could be met by more innovative approaches to affordable housing for working people in the 'affordability gap' identified, which may require a fresh look at how affordable housing policies are derived and applied, and how lettings plans are used to prioritise and allocate housing as it comes forward.

- Working with Housing Officers and Registered Providers to develop affordable tenures to meet this need, including discounted rented housing, shared ownership and rent to buy products targeted at the mix identified and at rents our staff can afford, with sufficient priority to ensure allocations to our staff on a proportionate basis, respecting other competing demands and priorities.
- Developing strategic partnerships with Registered Providers, developers or landowners with immediate prospects of delivery (e.g. allocated sites).
- Working with organisations with housing grant funding (eg. Homes England, Cambridgeshire and Peterborough Combined Authority) to explore funding opportunities.
- An early win we are seeking an opportunity to deliver early and close to the Hospital, and to showcase what can be done. We wish to identify an early opportunity to deliver, ideally with homes delivered by 2021, to build momentum and to positively disrupt the status quo.

Longer term priorities:

• Beyond these immediate priorities, we hope to establish a pipeline of housing choices for our staff within the catchment area defined in this report. We anticipate this will include future Local Plan allocations in Cambridge City, South Cambridgeshire, East Cambridgeshire, Huntingdonshire or Uttlesford, with specific policies promoting housing for hospital staff in the most accessible locations

Our commitments to you

In the spirit of partnership, our commitment to all parties is as follows:

- To ensure the needs of our workforce are understood including submission of our detailed evidence base to the Local Plan and updates to this evidence base on a regular basis and to share this openly with interested parties.
- To work with local authorities, developers/landowners and Registered Providers and other key stakeholders to explore opportunities to meet the needs set out in this document (tenure type, housing typology, and rent levels)
- To make the case for meeting NHS needs in accessible locations, generally within 40-50 minutes of the Hospital (by public transport, walking or cycling).
- To positively promote opportunities to our workforce, including:
- Working with partners to develop a 'staff accommodation service' to support those seeking quality housing in the target area – with clearly defined requirements (tenure type, housing typology, location preferences, rent levels etc.). We anticipate this evidence being up to date to provide real time evidence to inform Local Lettings Plans and nominations for affordable housing and to ensure prompt uptake of opportunities.

- Promoting all housing opportunities to our workforce through a range of means to encourage take up as new opportunities are brought forward, ensuring mixed and balanced communities.
- Working with partners to ensure any housing delivered for NHS purposes has the highest rates of occupancy possible.

The full analysis summarised is reported in the CUH commissioned report entitled "Assessing the Housing Need of Hospital Workers", prepared by Savills' Research team, dated January 2020. The report will be made available to interested parties on request.

We hope this is the beginning of a different conversation, where we begin talking about the great solutions we can deliver.

We have set up a dedicated email address for partners to get in touch. Informal expressions of interest are very much welcomed and encouraged. housingstrategy@addenbrookes.nhs.uk



Estates and Facilities Executive sponsor: Carin Charlton Director of Capital, Estates & Facilities Management