



North East Cambridge Area Action Plan

Topic Paper: Health Facilities and Wellbeing

Greater Cambridge Shared Planning Service

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North East Cambridge: Health Facilities, Community and Wellbeing Topic Paper

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1. Introduction

Place and space have a significant impact on health and wellbeing; enabling individuals to lead healthy lifestyles is deeply influenced by the environmental and socioeconomic context in which they take place. This has been put into focus during the Covid-19 pandemic where streets capacity to provide spatial distancing and facilitate safe travel is a key determinant of people's wellbeing. The "built environment", i.e. open space, networks and connectivity between areas as well as the physical structures includes the places where people live, work, play and socialise. The way engagement happens in these activities helps shape wellbeing, and health; both physical and mental. The connections between different spaces, both manmade and natural features are also important. The built environment includes several material determinants of health, including housing, neighbourhood conditions and transport routes, all of which shape the social, economic and environmental conditions for which good health and wellbeing is dependent. This paper looks at how health and wellbeing interface with emerging proposals for North East Cambridge and provides some recommendations for the inclusion of health considerations in the Area Action Plan.

North East Cambridge (NEC) has been allocated as a site to deliver significant housing and jobs for Greater Cambridge in the local plans of both South Cambridgeshire District Council and Cambridge City Council. To achieve this an Area Action Plan (AAP) has been drafted to provide the policy direction that can steer development in a coherent manner. The policy areas covered by the AAP have been identified by the Issues and Options Consultation in 2019. These accompany a

design-led process that has seen the development of a spatial framework iteratively co-designed with key stakeholders.

The 2019 Issues and Options consultation identified health as a key consideration for the AAP. There are also concerns that relate to the highways infrastructure around the site, not only in terms of pedestrian safety and the relationship between high capacity roads near residential uses, but also by the air and noise pollution these contribute to. These issues are also further detailed in the Transport Study, the Internalisation Topic paper, the Noise Assessment, the Air Quality Study.

Respondents to the Issues and Options consultation were clear that the existing challenges should be designed out and that all proposals should enable new residents, workers, and visitors to lead healthy lifestyles. This should be supported by Open Space Topic Paper, Cultural Placemaking Strategy, the Active Travel Toolkit (currently in draft) and the Community and Cultural Facilities Assessment.

2. Key Evidence

National Policy

- National Planning Policy Framework (2019)
- Section 8: Promoting healthy and safe communities
- Section 12: Achieving well-designed places
- Government White Paper: Healthy Lives, Health People (2010)
- Planning Practice Guidance (PPG) The role of Health and Wellbeing in Planning (2014)
- Planning Healthy Weight Environments – a TCPA reuniting health with planning project 2014 (TCPA, PHE)¹

- Building the foundations: Tackling obesity through planning and development 2016 (TCPA, LGA, PHE)²
- Spatial Planning for Health - An evidence resource for planning and designing healthier places 2017 (PHE)³ which provide the findings from an evidence review examining the links between health, and the built and natural environment.
- NHS Healthy New Towns - Putting Health into Place (NHS England, TCPA, The King's Fund, The Young Foundation, Public Health England (PHE))⁴
- Transport for London: Healthy Streets
- <https://www.gov.uk/government/publications/lifetime-neighbourhoods--2>

Key Strategies, Corporate Plans, Planning Policy and Lessons Learned

Key Strategies

- Cambridgeshire Health and Wellbeing Strategy 2012-2017 (updated May 2015)
- South Cambridgeshire District Council Health & Wellbeing Strategy
- SCDC Active Travel Toolkit 2020 (draft, under development)
- Cambridgeshire Adults & Older People Policy Framework 2015⁵
- Cambridgeshire Best start in life, 2019 - 2024
- Cambridgeshire Early Support Guidance & Pathway July 2018
- Cambridge and South Cambridgeshire Indoor Sports Facility Strategy 2015-2031 (2016)
- Cambridge City Playing Pitch Strategy 2015-2031 (2016)
- Greater Cambridge Housing Strategy 2019-2023
- South Cambridgeshire Homelessness Strategy 2018-2023
- Cambridge City Council Older People's Housing strategy 2009-201
- Cambridgeshire County Council, Loneliness Strategy, 2019 (in development)
- Cambridgeshire Supporting New Communities Strategy 2015-202
- South Cambridgeshire Community Engagement Strategy 201
- Cambridge City Council Cambridge sustainable community strategy 200

- Cambridgeshire County Council Design guide for Streets and the Public Realm 2007
- The Supporting People Commissioning Strategy 2011-201
- Environmental Factors influencing physical activity in older adults, 2019, Cambridge University
- Arbury Park Scrutiny papers (SCDC)⁶
- Northstowe Phase 2 Healthy Living and Youth & Play Strategy 2018 (Homes England, CBA)⁷

Corporate Plans

- Cambridgeshire County Council Corporate Strategy 2019-2021
- South Cambridgeshire District Council Business Plan 2019-2024
- Cambridge City Council Corporate Plan 2019-2022

Planning Policy

- Cambridgeshire and Peterborough Strategic Spatial Framework to 2050
- Cambridge City Local Plan 2018
- South Cambridgeshire District Local Plan 2018
- SCDC Health Impact Assessment Supplementary Planning Document 2011
- Cambridge City Public Art SPD 2009
- SCDC Trees and development sites SPD 2009
- SCDC Biodiversity SPD 2009
- SCDC District design guide SPD 2010
- Cambridge City Affordable housing SPD 2010
- SCDC Landscape in new developments SPD 2010
- Cambridgeshire County Council flood and water SPD 2016

Lessons Learned

- Lessons from Cambourne 2007 (Inspire East, Cambridge Architectural Research Limited)⁸

3. Background Context

Place and space have an impact on health and wellbeing and individual actions to improve lifestyle or health and wellbeing status are likely to be influenced by the environmental and socioeconomic context in which they take place. The term “built environment” includes open space, networks and connectivity between areas as well as the physical structures. This includes the places where people work, live, play and socialise. The connections between these spaces, both manmade and natural features are also important. The built environment includes several material determinants of health, including housing, neighbourhood conditions and transport routes, all of which shape the social, economic and environmental conditions for which good health and wellbeing is dependent.

Learning from Northstowe Healthy New Town

The NHS, South Cambridgeshire District and Cambridge County Council together with Homes England (formerly Homes and Community Agency) are working together to develop a healthy new community at Northstowe. This is one of 10 NHS England demonstrator sites to be developed over the next 20 years across the UK, situated five miles North of Cambridge and one of the largest planned new communities in more than 50 years. The aim of the demonstrator sites will be to innovate a range of initiatives which promote health and wellbeing in the built environment and from which the learning can be applied in the future.

The key elements of the approach are detailed below:

Priorities:

Coping with an ageing population and associated health conditions including dementia.

Addressing obesity.

What has been achieved in Northstowe so far?

- Developed a Healthy Living, Youth and Play strategy.
- Co-location of non-medical advice (Citizen's Advice Bureau) in Longstanton branch practice.
- In collaboration with Sheffield Hallam University, produced an assessment tool to more accurately calculate the demand for older people's housing.

What will happen in Northstowe in the future?

- Co-location of health and community facilities in a community wing, and full transition plan for primary care.
- Complete scoping of contract for primary care at scale.
- Finalise design of health campus / community hub including library, housing services, social prescribing etc.
- Develop individualised travel plans for new residents, funded by £75k section 106.

Nationally, feedback from planners, urban designers and others involved in Northstowe and the 10 NHS demonstrator sites, have consistently referred to the value of bringing different disciplines together to focus on health and wellbeing. Many of the built environment propositions planned are not revolutionary, but the health and wellbeing driver of the NHS Healthy Town programme helps ensure that good planning and place making are not pushed aside by other concerns.

Draft Cambridgeshire and Peterborough Health and Wellbeing Strategy

The 10 Healthy New Town Principles are included in the Draft Cambridgeshire & Peterborough Health and Wellbeing Strategy which sets a framework enabling the Local Planning Authorities to work with Public Health and other partners on ensuring each new development takes an evidenced based approach to ensuring the development promotes positive health and wellbeing outcomes both through good design and working together, it also includes the importance of involving and planning with “health services” to help people and communities stay well, rather than focus solely on the treatment of illness, strengthening the opportunities to change the traditional approaches to health care.

The NHS England Healthy New Towns guidance recommends ten principles to creating healthy towns. These principles are:

1. Plan ahead collectively
2. Plan integrated health services that meet local needs
3. Connect, involve and empower people and communities
4. Create compact, walkable neighbourhoods
5. Maximise active travel within the neighbourhood
6. Inspire and enable healthy eating
7. Foster health in homes and buildings
8. Enable healthy leisure and play
9. Provide health services that encourage people to stay well
10. Create integrated health centres

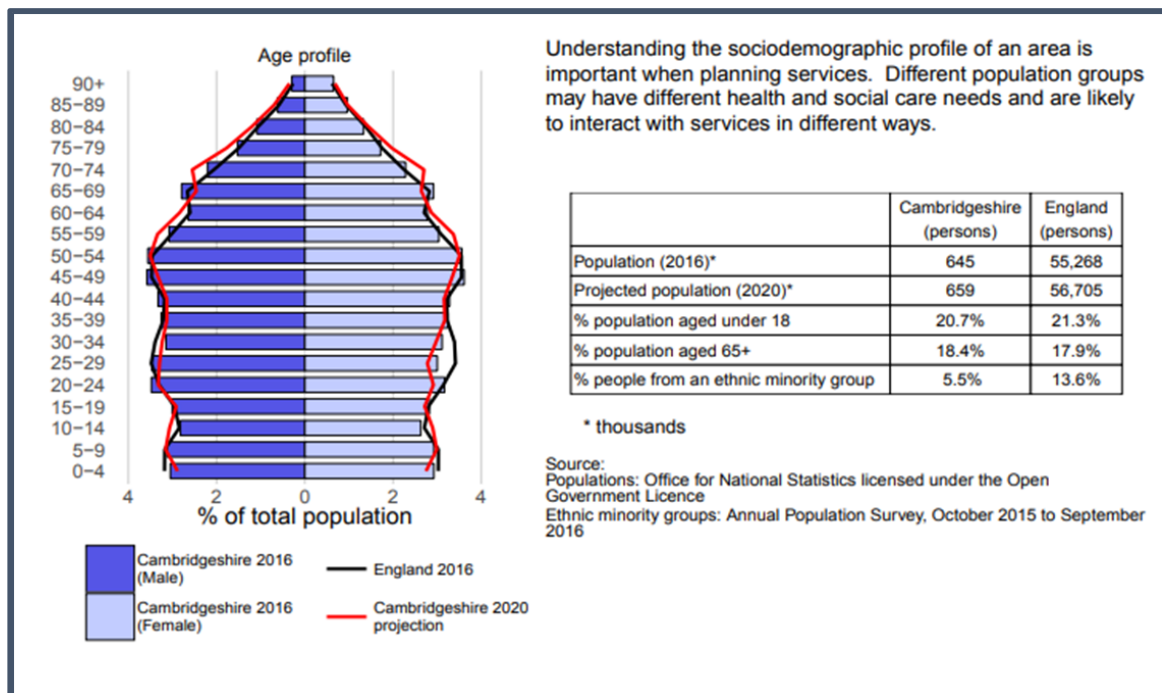
4. Demographic Profile

It is estimated that there are 627,000 people living in Cambridgeshire. A high post-war baby boomer and people born in the 1960s means that there are significant numbers of people who have reached middle age in Cambridge.

Forecasts suggest that the population of Cambridgeshire is set to increase by 25% over the next 20 years (see table 1), with the majority of the increase seen in Cambridge City and South Cambridgeshire. The average household size in new developments ranges from 2.6 to 2.8 ⁽⁵⁾.

Population trends in the GP Practice populations serving new developments show a steady increase each year from 2006 to 2015. The age profile breakdown for GP Practice populations serving new developments show that the majority have an age structure similar to the CCG area, except for Cambourne which shows a spike in the 0-14, and 25-44 age groups.

Figure 1: Population summary (ONS) mid-2016 and project population 2020 for Cambridgeshire compared with England and ethnic minority proportion.



Population forecast

Table 1 Cambridgeshire and Peterborough – CCCRG forecast absolute and proportional long term (20 year) population change, 2016 to 2036 (all ages)

Area	Year					Abs change	% change
	2016	2021	2026	2031	2036	2016-2036	2016-2036
Cambridge	134,080	148,500	154,510	156,240	157,810	+23,730	17.7%
East Cambridgeshire	86,580	92,630	103,580	108,050	108,610	+22,030	25.4%
Fenland	99,200	107,630	113,260	116,180	118,590	+19,390	19.5%
Huntingdonshire	176,590	189,440	203,100	212,620	217,710	+41,120	23.3%
South Cambridgeshire	155,660	169,800	184,500	192,840	200,480	+44,820	28.8%
Cambridgeshire	652,110	708,000	758,950	785,930	803,200	+151,090	23.2%
Peterborough	198,130	216,420	231,520	240,220	240,830	+42,700	21.6%
Cambridgeshire and Peterborough	850,240	924,420	990,470	1,026,150	1,044,030	+193,790	22.8%

Source: CCCRG mid-2015 based population forecasts

Children (overweight or obese) 2017/18

Area	Reception Year			Year 6		
	Number	%	Trend	Number	%	Trend
Cambridge	164	21.8	↓	246	27.7	↓
East Cambridgeshire	155	16.0	↓	234	27.3	↓
Fenland	216	19.9	↓	343	35.0	→
Huntingdonshire	336	17.6	↓	514	29.9	→
South Cambridgeshire	315	18.0	↓	395	23.9	↓
Cambridgeshire	1,186	17.5	↓	1,732	28.4	↓
Peterborough	610	20.9	↓	860	32.8	→
Cambridgeshire and Peterborough*	1,796	18.5	↓	2,592	29.7	↓
England	136,586	22.4	↓	197,888	34.3	↑

Source: PHE Public Health Outcomes Framework Indicator 2.06 (National Child Measurement Programme, NHS Digital). (Table 30)

Adults (18+) (overweight or obese) 2016/17

Cambridge	50.1	54,459
East Cambridgeshire	58.6	40,006
Fenland	70.7	56,744
Huntingdonshire	66.4	92,207
South Cambridgeshire	56.2	68,294
Cambridgeshire	59.8	309,398
Peterborough	62.5	92,650
Cambridgeshire and Peterborough*	60.4	402,113
England	61.3	26,649,992

Sources: PHE Public Health Outcomes Framework Indicator 2.12

(Active People Survey, Sport England), ONS mid-2016 population estimates. (Table 31)

South Cambridgeshire Health Overview, JSNA District Summary 2019 ⁽¹⁷⁾

- South Cambridgeshire is predicted to have the highest level of growth in absolute numbers and proportional growth of any Cambridgeshire district between 2016-2036.
- Recent growth has primarily been driven by natural change, rather than migration. However, proposed new housing sites and numbers of dwellings expected in South Cambridgeshire contribute to the expected population growth.
- In South Cambridgeshire, as with most Cambridgeshire districts, the White British group comprises around 90% of the population.
- South Cambridgeshire is markedly the least deprived district in Cambridgeshire, and none of its population live in the most deprived fifth (20%) of areas nationally.
- Health outcomes in South Cambridgeshire are broadly very good and often statistically significantly better than national averages.
- South Cambridgeshire's educational attainment and employment rates are statistically significantly better than the England average.
- South Cambridgeshire has statistically significantly higher levels of emergency hospital stays for self-harm. There are also higher levels of hospital admissions to 24-hour led services, although this may reflect local service provision.

Cambridge City Health Overview , JSNA District Summary 2019 ⁽¹⁷⁾

- In recent years Cambridge has been the fast-growing district in Cambridgeshire, though this growth is expected to slow.
- The population is ethnically diverse and has a relatively high proportion of working age (16-64) residents.
- Cambridge has high levels of economic migration from the European Union and other areas of the world.
- Health outcomes in Cambridge are broadly very good and often statistically significantly better than national averages.
- Cambridge is statistically significantly better than England for indicators including under 75 cancer mortality rate, male life expectancy at birth and male all-cause under 75 mortality – although it is of note that for females, outcomes are similar to England for these latter two indicators.

- Levels of physical activity, excess weight in adults and children, educational attainment and employment are all better than national averages.
- Overall, socio-economic deprivation is lower in Cambridge than in England, but Cambridge still has some of the most deprived areas in Cambridgeshire.
- Cambridge also has statistically significantly high levels of statutory homelessness, diabetes diagnoses and hospital stays for self-harm and alcohol-related harm compared to England.

City and South Cambridgeshire

There are a number of issues specific to this area:

- Demand for health and education services will continue to increase significantly as a result of the particularly strong local housing growth and the general aging of the population.
- South Cambridgeshire has a significantly higher birth rate than the Cambridgeshire average due in part to the number of new communities which attract young and growing families.
- The high cost of housing in City and South Cambridgeshire means that young families and individuals are at greater risk of poverty.
- Where poverty does exist the percentage of children achieving a good level of development at the end of reception is significantly worse than the England average for local children with free school meal status
- Cambridgeshire has high levels of hospital admissions among 10-24 year olds due to self-harm (almost twice as high as reported across the East of England and 1.5 times higher than found nationally).
- In South Cambridgeshire approximately a quarter of adults are physically inactive, not meeting the recommended 150 minutes of moderate intensity activity each week. Over half of all adults across the district are classified as overweight or obese.

Planning for an ageing population

Social determinants not only influence the health behaviours of people across the life course, they are also an important factor in whether older people can continue to participate. It is, therefore, important to create physical and social environments that are 'age-friendly' and foster the health and participation of older people.

The physical environment (built and natural) that a community occupies also has a significant bearing on these aspects of 'social environment'. For example, there is further detail on the evidence for the role of green spaces and their important impact on physical and mental health and wellbeing within the New Housing Developments and the Built Environment JSNA. Local libraries may act as an important hub for community activities, including lifelong learning, for example, Cambridgeshire Library Service is involved in the roll out of digital inclusion programmes. Primary prevention work offers an opportunity to support the role of communities in meeting the needs of older people and appreciates the fact that many health behaviours must be set in the context of the social norms of the communities older people relate to, rather than being described solely as an issue of individually determined choice. Therefore, structural changes to the social and physical environment may have positive impacts on health outcomes for older people and others across the community.

Environmental factors influencing physical activity in older adults 2019 ⁽¹⁸⁾

- Older adults are more likely than other age groups to not go out or participate in an activity, e.g. walking to the shops, for fear of crime.
- Pedestrians are most likely to be victims of a road traffic accident, and many older adults are unable to cross a road within the allotted a time of a traffic light-controlled crossing.

- A lack of transport is frequently cited by older adults as a reason they are unable to take part in activities.
- Older adults have reported that having somewhere interesting to go can assist with motivation in terms of walking.
- A lack of suitable opportunities and settings for physical activity is often reported by this age group

5. Key Issues

An issue and options consultation was undertaken in Spring 2019 which covered a large range of strategic issues in relation to delivering growth in North East Cambridge. Many questions concerned issues previously raised in relation to human health and wellbeing. The table contained in Appendix A identifies the strategic issues, subsequent questions and representations made. These representations have been considered and used to assist with the formulation of policy within the North East Cambridge Area Action Plan. Any outcome from subsequent consultations will assist with refining these policies further.

1. Sustainable and Healthy Communities

There is strong evidence that the following aspects of the environment affect health and wellbeing:

- Generic evidence supporting the built impact on health
- Green space
- Developing sustainable communities
- Community design (to prevent injuries, crime, and to accommodate people with disabilities)
- Connectivity and land use mix
- Communities that support healthy ageing
- House design and space
- Access to unhealthy/“Fast Food”

- Health inequality and the built environment

There is a marked difference between those occupying private rented market homes and other tenures in the amount of time those occupiers intend to stay in those properties, with the majority intending to stay less than three years.

The occupiers in new developments show a difference in occupations compared to the working population as a whole with more residents employed in the: managers and senior officials, associate professional and technical occupation sectors and less in the skilled trade, sales and customer service, process, plant and machine, and elementary occupation sectors.

Health and wellbeing is an outcome of the circumstances in which society can live, work and creation of personal and social connections made along the way. These wider environmental and social factors influence the ability to flourish and do well and make the most of the opportunities that are presented throughout life, making for a compelling case that responsibility for the health of the public starts with good quality housing and clean, green safe environments.

The core Health and Wellbeing functions of councils include education, transport, social care, economic development, planning, housing, environmental health and waste services. However, beyond its core functions, the council has a number of enabling roles which support good public health mainly through the development of community wellbeing initiatives and activities such as community groups and clubs creating community cohesion. These make up the “Wider Determinants of Health”, a range of social, economic and environmental facts, alongside behavioural risk factors which often cluster in populations, affecting lives.

Keeping people well and independent through the life course is crucial to supporting the economic growth of the district whilst also reducing demand on pressured services.

When thinking about what makes a successful community, factors such as neighbourliness, trust, safety, participation within the community, a healthy environment and access to facilities and services are often on the top of people’s

lists. Research has shown when choosing where to live, residents of new developments consider these things as important factors in their decisions (Rowlands & Tice, 2006). Social capital is associated with better levels of health, better education attainment, and better chances of employment and lower crime rates (CCC/NHS, 2010). Building social capital is essential for a successful and sustainable new community. Therefore, when planning for new communities it is imperative that the North East Cambridge considers community and social issues alongside the design and physical issues as part of the planning process.

2. Social cohesion and community development

A successful community is one where there is co-operation, trust, neighbourliness, social networks and participation; a community that receives as little intervention from public services as possible but has access to support where it is needed. To develop a strong sense of community early on in its development, it is important to ensure the following points are considered:

- Early phasing of infrastructure in new communities to provide the spaces and places which promote and encourage social interaction and meaningful connection.
- Ensure that infrastructure in new communities is designed to meet the needs of the community now and in the future
- Support the development of a self-supporting, healthy and resilient community by helping to build people's capacity to help themselves and others in order to create a good place to live, improve outcomes, support economic prosperity and make people less reliant on public services.
- Ensure that where people's needs are greater than can be met within community resources they are supported by the right services and are helped to return to independence

Of the larger new communities in Cambridgeshire, anecdotal feedback from frontline practitioners, including housing, children's social care and family workers, report that they are seeing higher needs in the initial years. Using data from some of the new communities in Cambridgeshire, analysis has been undertaken to identify whether these reports of higher needs in new communities are translating into increased utilisation of health and social care services.

In researching the outcomes of several recent developments, including for example Clay Farm, South of Cambridge City, there have been higher referral rates to higher tier children's services (more intensive and active support), expected/average referrals to lower tier children's services and very low use of adult social care. For children's services, Orchard Park has very low usage of any children's services at all tiers (data was not available to assess adult social care).

3. Community infrastructure and facilities

New communities should be designed to encourage active lifestyles, independence and wellbeing at the very outset, enabling new residents to adopt healthier lifestyle behaviours supported by the environment when they move in. Early provision of excellent facilities for people to socialise, play sport, keep fit and have fun, is vital to support residents in the early adoption of healthier lifestyles and new social connections.⁽¹⁴⁾

Phasing of infrastructure aligned to the delivery of housing will be crucial to ensure there isn't displaced demand or indeed inadequate access to services that can lead to health and wellbeing inequalities. In the intervening period where infrastructure is being delivered through phased development meanwhile uses will be sought on site to ensure there are facilities and services to encourage and foster community cohesion. These can be in the form of arts and cultural facilities, pop up markets, exhibition space etc.

New communities can be very lonely places⁽⁷⁾ and new residents needs considerable support in helping to settle. In particular key services should be in place before the first occupants move in. A doctors' surgery, primary school, library

and a facility to worship become key meeting places and helps to knit a new community together. These can be in the form of unoccupied houses or classrooms which can be adopted temporarily by the community until a permanent solution is delivered. In the absence of early key infrastructure opportunities for social connection are lost, leading to an increase in contacts with health and social care services particularly in relation to mental health.

The failure to deliver community infrastructure early in community development is linked to poor mental health outcomes as shown from the Learning from Cambourne report ⁽⁷⁾.

4. Health Care Facility at North East Cambridge

Cambridgeshire County Council, Cambridge and Peterborough NHS Trust and the local CCG have identified that the proposed development at North East Cambridge will generate the need to a health facility to be located within North East Cambridge itself. Work is continuing between these organizations and Cambridge City and South Cambridgeshire District Councils to identify the type of facility and the services it should provide. Initial discussions have identified the following:

- The Health Facility needs to be on the NEC area, and probably within the new district centre
- It should be an aspirational facility designed to be fit for purpose for the long-term
- To this end the building needs to be very flexible and adaptable
- Phasing will be key and what is potentially provided as a temporary interim solution may not be suitable for the long-term and may be in a different location
- It is envisaged at this time that the facility will provide a wide range of primary, secondary and other related social services to meet the needs of the wider community

Further work will need to be undertaken to work up the specification in more detail in terms of location, size and other requirements.

5. Health Care Infrastructure

The landscape of Health and Social Care is changing rapidly and notably the **NHS Long Term Plan**⁹ and the **NHS Long Term Plan Implementation Framework**¹⁰ set the direction of healthcare over the next five years. In particular, they identify three levels of delivery model:

- **System** – 1-3m people – locally this is the Cambridgeshire and Peterborough Sustainability and Transformation Partnership and will work to become an Integrated Care System by April 2021
- **Place** – 300-500k people – locally will be implemented integrated care models, embed population health management approaches and deliver the Long Term Plan commitments on care delivery and redesign.
- **Neighbourhood** – 30-50k people – locally this will be delivered through Integrated Neighbourhoods that will develop out of the Primary Care Networks (PCNs) that were established this year and that will integrate primary and community services.

In this way Integrated Care systems will work more closely, taking collective responsibility for managing resources, delivering NHS standards and improving the health of the population they service. In particular it will boost ‘out-of-hospital-care’ and dissolve the artificial divide between community and primary care. This means when considering the impact of growth on the health infrastructure needs of an area that consideration must be given to a wide range of health services, including acute, community, mental health and primary care services.

PCNs, and as they develop, Integrated Neighbourhoods, will be the foundation of the new models of care and will work across practices and health and social care. As PCNs work together capacity should be considered across the PCN rather than at GP practice level. This means flexibility is needed to use developer contributions across a PCN area rather than restricting its use to an individual practice or site within North East Cambridge.

With the significant increase in population expected within Cambridgeshire the growth is more likely to impact the acute sector than area of low growth. This is particularly true due to the high utilisation rates within Addenbrookes Hospital. The Sustainability and Transformation Plan (STP) is using the NHS Improvement (NHSI) publication on S106 and Community Infrastructure Levy (CIL) use in acute sectors¹¹ to help guide how it approaches the challenges these high levels of growth present.

6. Housing

People who live in good quality housing, that meets their needs and which they can afford, are much more likely to be healthy, well and to feel safe. A decent home helps residents achieve an active, happy life, a sense of community, stability, warmth and comfort - wherever they are, whatever their income. The Joint Strategic Needs Assessment is divided into sections that reflect agreed, shared housing priorities. The National Housing Federation highlights that poor housing conditions increase the risk of severe ill-health or disability by up to 25% during childhood and early adulthood.

Housing can affect health in terms of:

- Access in and around the home, particularly for vulnerable and disabled groups of the community.
- Provision of adequate spaces for living, learning, working and playing in and around the home, including the importance of front and back gardens or common public spaces.
- Quality of existing and new homes, including construction, internal environments and design quality.

For South Cambridgeshire, based on Clinical Commissioning Group future population estimates, the predicted increases 2017-2035 in those experiencing certain conditions are:

- Moderate physical disability: 19.4%

- Serious physical disability: 20.6%
- Mod/Serious personal care disability: 19.8%
- Common mental disorder: 17.8%
- A fall: 65.4%
- Dementia: 93.4%

All of these will have serious implications on demand for specialist housing and a built environment which is dementia and age friendly.

Planning can help deliver the right environment for housing, for example the setting of locally-derived quality standards can improve health and wellbeing through good quality and affordable housing and neighbourhood surroundings. Well-designed homes support the occupiers' safety and wellbeing, by avoiding and preventing trip hazards, and making the home easier and more affordable to heat.

There is a growing evidence base that confirms the impact of housing upon health. Some of the key areas identified are:

- Housing conditions that adversely affect health, including
 - indoor dampness;
 - pollutants associated with respiratory problems;
 - features that lead to physical injury.
- Indoor cold was estimated as causing 38,200 deaths across 11 European countries - or 12.2 excess deaths per 100,000. It is also linked to cardiovascular health problems.
- Household overcrowding is associated with an increased risk in the spread of infection (particularly relevant in light of the Covid-19 pandemic).
- The combination of factors associated with poor housing and economic stresses has been identified as having an adverse effect on mental health.

Adequate space in providing personal privacy, reducing depression, anxiety and stress, giving children room to play and a good night's sleep. The cramming of different activities (studying, socialising, and relaxing) into limited space may

adversely affect family life, creating a difficult dynamic which may play a part in the breakdown of relationships.

Poor housing encompassing a lack of private study space for children is associated with underachievement. There is strong evidence that children with better quality homes gain a greater number of GCSEs, "A" levels and degrees and therefore have greater earning power

Studies have linked this with an increase in anti-social behaviour. Children especially, teenagers deprived of adequate space at home may be disruptive and aggressive. In addition, low space standards contribute to poor health and low educational attainment that can express itself in incidences of antisocial behaviour.

Adequate space enables:

- Socialisation both with other family members and with guests (and having the privacy to do so).
- Having more storage space.
- Having more space for solitary activities and good circulation spaces which can also act as storage.
- Spaces for outdoor items such as prams, umbrellas and shoes.
- Relaxation, engaging in private study within bedrooms.
- Reorganisation of rooms internally, if need be, by making openings or converting pitched roofs.
- Working from home (eg to improve life-work balance).
- Having more space in the kitchen so that children can play under the supervision of their parents; more space for waste and recycling bins.
- Improves day light and ventilation.

Large floor spaces allows long term utility of a house, creating the so called life time home. It is important to create minimal space standards, similar to the London housing minimal space standards.

Housing that is of a reasonable size and is affordable to heat is associated with positive health outcomes. Improved warmth and energy efficiency measures, which are often part of wider rehousing and retrofitting programmes, can lead to improvements in health. Reports indicate that increased usable indoor space as a result of improvements in thermal comfort.

The adequacy of housing for older people in Cambridgeshire is crucial; changes in both the population of older people resident in the county, their needs, and their preferences about the sort of housing they wish to occupy, require ongoing consideration. This has been extensively researched and recommendations for the supply of older peoples housing can be found in the “Housing Supply and Demand Tool, developed in collaboration with Sheffield Hallam University ⁽¹⁹⁾.

New developments provide an opportunity to deliver suitable housing for a wide spectrum of needs. This includes make housing affordable and accessible for everyone by providing a mixture of tenure and delivering appropriate housing that is fit for purpose and promotes health and wellbeing. Provide new housing which promotes independent living and provides opportunities for older people to move to more appropriate accommodation as their needs change in later life. Provide specialist housing which assists older people with their housing and support needs in later life and delays or reduces the need for more intensive care. Integrate housing, health and social care services which help meet the ongoing health needs of older people. Provide information and advice which promotes informed choices and planned moves and support independent living in later life.

7. Active Travel

Active transport or travel is any means of getting from A to B that involves being physically active. In the Transport and Health JSNA, active transport has been restricted to non-leisure or utilitarian walking and cycling including trips to work, trips to school and other non-leisure trips such as to the shops. Fitting physical activity into the working day can be difficult. Active travel to and from work is a good way for

many people to get active and work towards the 30 minutes a day target. Increasing physical activity reduces all-cause mortality and reduces ischemic heart disease, stroke and dementia. Those that are most inactive benefit the most, with even small increases in walking and cycling helping health.

Half of work trips are walked or cycled in Cambridge City compared with only one in seven in the rest of the county. In general, the proportion of people who use active transport for work decreases with distance and most notably in those that walk, although cycling rates do not decline until the trip is longer than 5km (3.1 miles).

The proportion of people that walk to work decreases with age although levels remain relatively constant after the age of 40 years. Cycling rates in Cambridge City are high, up to a similar age, after which they begin to decline. However cycling rates in the remainder of Cambridgeshire are fairly static across all age bands, with younger workers no more likely to cycle than older workers.

There are over 18,000 car trips to work in Cambridgeshire that are less than 2km (1.2 miles), with over a third of these in Huntingdonshire. In Cambridge City, short work trips are less likely to be cycled in the outskirt areas and in wards to the south and east of the City.

Traffic cordon data shows that walking is more common in the market towns and cycling more common in Cambridge City.

8. Tackling Obesity through Healthy Weight Environments

Obesity is a public health crisis. Unless current trends improve, an estimated one in three people in England will be obese by 2034 and one in ten will develop type 2 diabetes. The implications of these projections are daunting: obesity on this scale is not only a threat to the mental and physical health of millions of individuals, but a burden on overstretched services, with potentially profound social and economic consequences.

Data taken from the Cambridgeshire and Peterborough Joint Strategic Needs Assessment 2019 ⁽¹⁹⁾

Whilst indicators for overweight and obesity in both Cambridge and South Cambridge for adults and children is better than other District and national averages, it demonstrates that a third of all children are leaving primary school overweight/obese rising to 50% (Cambridge) and 56% in South Cambridgeshire prevalence in adults.

A healthy-weight environment promotes physical activity of all sorts and ensures that sustainable transport and active travel is built into everyone's daily life. It helps people to access and choose healthier goods (such as food and drink) and services (such as healthcare) that support the choice of a balanced diet, leading an active lifestyle and maintaining a healthy weight.

There are 6 common elements that collaboratively help to promote healthy weight environments and these are as follows:

- Movement and access: Walking environment; cycling environment; local transport services.
- Open spaces, recreation and play: natural environment; leisure and recreational spaces; play spaces.
- Food: Food retail (including production, supply and diversity); food growing; access.
- Neighbourhood spaces: Community and social infrastructure; public spaces.
- Building design: Homes; other buildings.
- Local economy: Town centres and high streets; job opportunities and access

The North East Cambridge AAP provides the opportunity to plan an environment which helps its residents in all aspects to adopt healthier habits and maintain a healthy weight.

9. Isolation and lack of support in early stages of development

Some evidence from other previous major developments has indicated a risk of isolation and lack of support for new residents in the early stages of community development. This has shown itself in the number of suicides.

The national suicide prevention strategy⁽²⁴⁾ has an objective to reduce access to the main means of suicide. Local authorities have an important role as leaders in public health and as local planners. According to the Government Guidelines on Suicide prevention a third of all suicides take place outside the home, in a public location of some kind. This can create significant psychological consequences for those who witness or discover a body, including children.

There are four broad areas of action that can be undertaken by a local authority to help eliminate suicides:

1. Restrict access to the site and the means of suicide
2. Increase the opportunity and capacity for human intervention
3. Increase opportunities for help seeking by the suicidal individual
4. Change the public image of the site; dispelling any reputation it may gain as a suicide site.

In terms of planning new developments consideration for the design of high rise private and public buildings needs to be made to limit access and opportunities for suicide. This is because people sometimes attempt suicide on impulse, and if the means are not easily available, or if they attempt suicide and survive, the suicidal impulse may pass. Suicide in high-risk locations and those on the rail and underground networks are most amenable to intervention. Locations that offer easily accessible means of suicide include vehicle and pedestrian bridges, high-rise hotels, multi-story car parks and other high buildings.

The risk of suicide can be reduced by limiting access to these sites and making the sites safer.

6. Recommendations

1. Sustainable and Healthy Communities

Adopt healthy towns principles:

- Connect, involve and empower people and communities
- Create compact, walkable neighbourhoods
- Maximise active travel within the neighbourhood
- Inspire and enable healthy eating
- Foster health in homes and buildings
- Enable healthy leisure and play
- Create integrated health centres (see policy above)

2. Social Cohesion and Community Development

- Early phasing of infrastructure such as primary schools, health services and places of worship.
- Engage new and existing residents in every stage of the development process.
- Employ Community Development worker.

3. Community Infrastructure and facilities

Provision of access to green space and parks both formal and informal.

All design codes should facilitate permeability of the development with the provision of paths, cycleways and unstructured routes enabling people to make active travel choices. These should be supported by:

- Early infrastructure of connected and permeable foot and cycle paths (Active Travel Toolkit (under development))
- A Healthy Ageing Policy used to inform design.
- Public Toilets
- Support healthy ageing, e.g. way-finding, street furniture, public toilets.
- The need to consider suicide prevention and public mental health as part of the design of high rise private and public buildings to limit their access and opportunities for suicide.
- Health service infrastructure (CCG to confirm)

4. Housing

Design and layout should support health and wellbeing through optimum minimum space standards which promote learning and education and prevent disease transmission.

5. Create a Healthy Weight Environment

- a landscape management plan to address healthy weight, including long-term design objectives, management responsibilities and maintenance schedules for all landscape areas
- a walking and cycling strategy for the whole development to be submitted before people move into the development
- full details of children's play areas and play equipment
- a travel plan to be submitted, or a travel plan co-ordinator to be appointed, and proposals to promote alternative forms of transport to and from the site to be provided and to be reviewed periodically
- restrictions on takeaways

Appendix A - NEC AAP issues and options report 2 (2019) questions and representations received

Issue	Question(s)	Representation
Issue: District Identity	Question 12: What uses or activities should be included within the North East Cambridge AAP area which will create a district of culture, creativity and interest that will help create a successful community where people will choose to live and work and play?	<p>Uses and activities in NEC need to be flexible and align with strategic objectives</p> <p>Nursery provision should be made available for Science Park staff.</p> <p>Development must provide free / subsidised / opportunities for nearby deprived wards.</p> <p>Meanwhile/worthwhile uses should be used as a stopgap between leases to enable optimising sites for social/economic benefits.</p> <p>Facilities included at NEC should include Community Church / Community centre / Library / Playground / splashpad /flexible arts/creative indoor and outdoor spaces / accessible public art / secondary school</p>

		<p>'walkability' and 'place making' objectives need to be underpinned by an integral community-focused facility</p>
<p>Issue: Creating a healthy community</p>	<p>Question 13: Should the AAP require developments in the North East Cambridge AAP area to apply Healthy Towns principles?</p>	<p>There needs to be a strategic level of high-quality green space key to health and wellbeing and provision should be proportionate to scale and protect designated sites.</p> <p>Need to include pleasant / interesting active travel options (cycle and footways) leading to Cambridge North Station.</p> <p>A Health Impact and Needs Assessment that considers wider deprivation issues in neighbouring wards needs to be undertaken</p> <p>AAP should include equestrian / Bridleways provision.</p> <p>Healthy towns principles key but flexibility also needed in policy to allow for change in the future.</p>

		<p>A community building will help deliver a range of health objectives as it can house a range of services.</p> <p>The development should incorporate the WELL Community standards into its design to create a healthy community.</p>
<p>Issue: Local movement and connectivity</p>	<p>Question 16: Should the AAP include any or a combination of the options below to improve pedestrian and cycling connectivity through the site and to the surrounding area?</p> <p>A – Create a strong east-west axis to unite Cambridge North Station with Cambridge Science Park across Milton Road. This pedestrian and cycle corridor would be integrated into the wider green infrastructure network to create a pleasant and enjoyable route for</p>	<p>A: Multi-user access required not just pedestrian and cycle access.</p> <p>Option A can be achieved without affecting Veolia site and operation.</p> <p>Support B: coordinated, improved access between Cowley Rd and Nuffield Rd for safe and convenient travel.</p> <p>Option C also justifies boundary extension to include</p>

	<p>people to travel through and around the site. The route could also allow other sustainable forms of transport to connect across Milton Road.</p> <p>B – Improve north-south movement between the Cowley Road part of the site and Nuffield Road.</p> <p>Through the redevelopment of the Nuffield Road area of NEC, it will be important that new and existing residents have convenient and safe pedestrian and cycle access to the services and facilities that will be provided as part of the wider North East Cambridge area proposals.</p> <p>C – Upgrade connections to Milton Country Park by both foot and cycle. This would include improving access to the Jane Coston Bridge over the A14, the Waterbeach Greenway project including a new access</p>	<p>river corridor.</p> <p>Advocate significantly large green infrastructure and linkages to Milton Park which increases habitat enhancement.</p> <p>Using green space and green corridors should be given priority in minimising A14 barrier to connections over Jane Coston Bridge and to Waterbeach.</p> <p>Connected infrastructure needs to be in place before residents move in and there needs to be coordination between the GCP and Milton Rd project</p> <p>Infrastructure and transport links to Waterbeach needs to be funded, planned and delivered coherently and not in a piecemeal fashion.</p> <p>Roads need to be located on the periphery before</p>
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	<p>under the A14 (see Transport Chapter), as well as the existing underpass along the river towpath.</p> <p>D – Provide another Cambridge Guided Bus stop to serve a new District Centre located to the east side of Milton Road.</p> <p>E – Increase ease of movement across the sites by opening up opportunities to walk and cycle through areas where this is currently difficult, for example Cambridge Business Park and the Cambridge Science Park improving access to the Kings Hedges and East Chesterton areas as well as the City beyond.</p>	<p>development comes forward</p> <p>Open routes across the river to pedestrians, bikes and public transport.</p> <p>Enhanced pedestrian and cycling corridor between CRC and Innovation Park is required. Such a link should be as high quality as the busway route, with as few junctions as possible.</p> <p>Many existing families in the area take children to Shirley School, GP surgery etc, so a connection linking these services would be beneficial.</p>
<p>Issue: Crossing the railway line</p>	<p>Question 17: Should we explore delivery of a cycling and pedestrian bridge over the railway line to link into the River Cam towpath?</p>	<p>All connectivity is a positive and must ensure better east-west connectivity across Milton Rd.</p> <p>Cycling and pedestrian bridge must be suitable for</p>

		equestrian access.
<p>Issue:</p> <p>Managing car parking and servicing</p>	<p>Question 20: Do you agree with proposals to include low levels of parking as part of creating a sustainable new city district focusing on non-car transport?</p> <p>Question 21a: In order to minimise the number of private motor vehicles using Milton Road, should Cambridge Science Park as well as other existing employment areas in this area have a reduction in car parking provision from current levels?</p> <p>Question 21b: Should this be extended to introduce the idea of a reduction with a more equitable distribution of car parking across both parts of the AAP area?</p>	<p>Reduction in parking needs to be matched by a proportional provision of public and non-car transport.</p> <p>The college will accept a position to provide no new car parking spaces over the park as a consequence of new development.</p> <p>The site will have car-free zones necessitating some parking facilities on the edge of site and underground.</p> <p>Support more sustainable modes of transport. May need a range of policies to recognise different uses, needs, requirements and transition options to align with viability and delivery realities.</p> <p>Underground parking/parking areas/10 minutes walk to car (allowing time to only drop off)/Cycle parking outside door/Clear and direct cycle routes.</p>

		<p>Improve accessibility, reliability and cost of public transport to relieve this issue.</p> <p>Policy needs to reflect that parking will reduce over time and is a shared ambition to encourage sustainable non-car transport.</p> <p>Encourage car sharing, businesses with showers (for cyclists); consider allowing 1 car space per unit only.</p>
<p>Issue: Green Space provision</p>	<p>Question 24: Within the North East Cambridge area green space can be provided in a number of forms including the following options. Which of the following would you support?</p> <p>A – Green space within the site could be predominately provided through the introduction of a large multi-functional district scale green space. Taking inspiration from Parker’s Piece in Cambridge, a new large space</p>	<p>A may be difficult due to phasing. Smaller scale spaces are more effective in residential schemes.</p> <p>A - Large green spaces good, but a green space should be visible wherever you are.</p> <p>B, but needs to be appropriately connected.</p> <p>B - Smaller green spaces are preferable as they are well used with much potential. Must be safe and welcoming and include natural surveillance design.</p>

	<p>will provide flexible space that can be used throughout the year for a wide range of sport, recreation and leisure activities and include a sustainable drainage function. The sustainable drainage element would link into a system developed around the existing First Public Drain and the drainage system in the Science Park. The green space could be further supported by a number of smaller neighbourhood block scale open spaces dispersed across the site.</p> <p>B – Green spaces within the site could be provided through a series of green spaces of a neighbourhood scale that will be distributed across the residential areas. These green spaces will also be connected to the green infrastructure network to further encourage walking and cycling. Again, these spaces will include a</p>	<p>B - Many parks in area and surrounds are looking tired so an update is welcomed, such as play equipment.</p> <p>C. Needs to be appropriately connected to broader network.</p> <p>D. Requires a review of specific proposals.</p> <p>E. Design needs to prevent perceived or actual connectivity. Landscape edges can create buffers which separate.</p> <p>F. Peripheral routes around green spaces should include equestrian provision. Neglecting multi-user space contravenes Cambridge Rights of Way Improvement Plan.</p> <p>Consider a green fringe between River Cam towpath and the development.</p> <p>Green spaces enhance the public realm, provide</p>
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	<p>sustainable drainage function and link into the existing First Public Drain and the Science Park drainage system.</p> <p>C – Enhanced connections and corridors within and beyond the site to improve the biodiversity and ecological value as well as capturing the essential Cambridge character of green fingers extending into urban areas. These corridors could also be focussed around the green space network and sustainable drainage and would reflect the NPPF net environmental gain requirement.</p> <p>D – Green fingers to unite both sides of Milton Road and capitalise on the existing green networks.</p> <p>E – Consideration of the site edges - enhancement of the existing structural edge landscape and creating new</p>	<p>pleasant areas and sustainable transport, and promote outdoor working.</p> <p>Green corridors should be generous. The commons and existing corridors are heavily used throughout the year. No option to provide once construction is complete.</p> <p>Green space must include equestrian access. A link to Milton Country Park would be welcomed.</p> <p>Options A, B & C all provide sustainable drainage in green spaces, improve and create habitats and ecology (around First Public Drain, which will also improve water quality as per EU Water Framework Directive), and incorporate SuDS.</p> <p>A combination of Options A - F are needed to deliver essential greenspace using SANGS standards. Green</p>
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	<p>structural landscape at strategic points within and on the edge of NEC. This would also enhance the setting to the City on this important approach into the City.</p> <p>F – Creation of enhanced pedestrian and cycle connectivity to Milton Country Park and the River Cam corridor.</p>	<p>corridor connection to Milton Country Park, Waterbeach Greenways and Chisholm Trail also essential.</p> <p>Options C & F are essential. We have no preference over A & B.</p> <p>Children should have parks on doorstep rather than far-away.</p> <p>Consider shared/multi-use spaces that encourage human connectivity and community.</p> <p>Open spaces must have active and safe travel in mind to work, leisure and cultural events, at all times of the day.</p> <p>Prioritise neighbourhood level schemes connected through walkable and cycle-able green corridors leading to Milton Country Park. Large scale green spaces are not a priority.</p>
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		<p>Creating a sense of community supported with open space is important for social cohesion and health.</p> <p>The green network should be used to inform pedestrian movement.</p> <p>The area around Moss Bank should be included within the AAP to improve its quality as a green space.</p> <p>Milton Country Park is already at capacity and the park's proposed expansion plans should also be within the AAP area to provide a high-quality sports and recreation facility for the region.</p> <p>Reconsider opening a footpath from the Bramblefields through to the Guided Busway cycle path?</p>
<p>Issue: Non Car Access</p>	<p>Question 25: As set out in this chapter there are a range of public transport, cycling and walking schemes planned which will improve access to the North East</p>	<p>Include better cycling facilities at Milton Park and Ride.</p> <p>Cycle paths need to be of a high quality.</p> <p>High quality walking and cycling access from the Milton</p>

	<p>Cambridge area. What other measures should be explored to improve access to this area?</p>	<p>end of Fen Road to both Chesterton and the NECAAP area, to safely bypass the level crossing.</p> <p>Consider those who cannot walk or cycle e.g. small electric vehicles.</p> <p>How is school access being addressed? With no school, will children need to be bussed across the city?</p> <p>Priority order of - walking, cycling, bus, train. Cars should not be prioritised.</p> <p>The existing Guided Busway route provides a high-quality cycling route between CRC and Cambridge North Station, and any new routes going through the site should be of a similar standard.</p> <p>Support for a new bridge over Milton Road to enable better cross site movements for pedestrians and cyclists. Use Mere Way as a busway/cycleway to</p>
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		<p>connect Cambridge Science Park to the Park and Ride.</p> <p>Public transport should be subsidised to encourage people to use it and could be funded by demand management.</p> <p>A new connection from NEC to the Shirley School and health centre on Nuffield Road is needed as well as a route through Bramblefields and Cambridge Business Park onto the Guided Busway. Better crossing points for cyclists are needed across the site and wider area.</p> <p>Milton Road requires significant improvements to enable better pedestrian and cycling movements across the site. This includes junction improvements and crossing facilities.</p>
<p>Issue: Car usage in North</p>	<p>Question 26: Do you agree that the AAP should be seeking a very low share of journeys to be made by car</p>	<p>The towpath along the River Cam should remain predominately an area for pedestrians and those who</p>

<p>East Cambridge</p>	<p>compared to other more sustainable means like walking, cycling and public transport to and from, and within the area?</p>	<p>wish to enjoy the tranquillity of the riverbank and the Fen Rivers Way.</p>
<p>Issue: Cycle Parking</p>	<p>Question 29: Do you agree that we should require high levels of cycle parking from new developments?</p> <p>Question 30: Should we look at innovative solutions to high volume cycle storage both within private development as well as in public areas?</p> <p>Question 31: What additional factors should we also be considering to encourage cycling use (e.g. requiring new office buildings to include secure cycle parking, shower facilities and lockers)?</p>	<p>Include percentages of cycle parking suitable for larger cycles such as box bikes, tricycles, and adapted cycles.</p> <p>Not multi-tier systems. Ensure they are appropriately secured.</p> <p>New developments should provide cycle parking but 'high level' is not the correct wording. More relevant to require 'appropriate levels' of cycle parking as significant over provision is not appropriate in every circumstance.</p> <p>High density requires equally ample cycle parking and should be the norm for commercial and residential developments in the NEC.</p> <p>Support clustered parking for efficient land use and</p>

		<p>preventing cluttered sprawl.</p> <p>Make it easy for people to store bikes in their homes.</p> <p>Most high-volume cycle parking solutions are not suitable due to design and capabilities. The development should adopt the Cycle Parking Guide SPD from Cambridge City Council or any successor document.</p> <p>Convenient and secure cycle parking with showers and lockers welcomed. Charging points for electric bike should also be considered. To minimise conflict, consider segregated access for cyclists from pedestrians and vehicles accessing buildings.</p> <p>Homes and offices should be able to store multiple bikes, including those outside the standard design (assistance tricycles / cargo trailers / Child seats etc).</p>
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		<p>These should be easily accessible to all and useable in all weathers. Offices should also provide showers.</p> <p>Cycle parking at Cambridge North Station is not secure and more is needed.</p>
<p>Issue: Quality and Accessibility of Housing</p>	<p>Question 51: Should the AAP apply the national internal residential space standards?</p> <p>Question 52: Should the AAP develop space standards for new purpose built HMOs?</p> <p>Question 53: Should the AAP apply External Space Standards, and expect all dwellings to have direct access to an area of private amenity space?</p> <p>Question 54: Should the AAP apply the Cambridge Local Plan accessibility standards?</p>	<p>There may be some formats where exceptions may be appropriate and smaller shared spaces are preferable (co-living formats including student and young professional accommodation, housing for 'downsizers' etc.).</p> <p>Although space standards are optional, we are committed to a PRS scheme that would be designed, constructed and managed to a high-quality standard.</p> <p>Minimum is not an optimum, space requirements should enable quality of life.</p> <p>All new housing should meet the Technical Housing</p>

		<p>Standards and offer adequate shared spaces to provide all homes (not just HMOs) that are fully future-proofed. Specifically developed space standards for new purpose-built HMOs may prove unnecessary or irrelevant if HMOs within the AAP are not delivered through a purpose-built type.</p> <p>A high standard is expected throughout. External space standards could apply where the viability of development is not compromised.</p> <p>The highest/best local and national standards should be applied, so that no compromises are made away from the largest possible internal space, best direct access to private amenity space, and highest standards of accessibility.</p>
Issue:	Question 57: What community facilities are particularly	A range of community uses should come forward to

<p>Community Facilities</p>	<p>needed in the North East Cambridge area?</p>	<p>create a vibrant, mixed use neighbourhood.</p> <p>NEC will need to consider the neighbouring areas social demographic situation and integrate facilities with new communities at NEC. Provision will need to be informed by the NEC Community Facilities Audit. Provision of facilities should offer flexibility and multi-functional spaces.</p> <p>The forthcoming development of the site and anticipated growth requires close consideration of essential and specialised educational provision. These should allow for flexibility and be underscored with robust evidence</p> <p>Adequate health infrastructure (surgeries, doctors etc). are required</p> <p>Use the Trumpington/Eddington models for community facilities.</p>
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		<p>Overall design/layout needs to facilitate interaction if a sense of community is to be achieved. Provide some structured activities/space and leave space opportunities for first arriving residents to create their own and contribute to the identity of the place. Get a community worker in early on to help with this.</p> <p>Doing so will save problems developing later.</p> <p>Development should be led by community's needs and interests, not the developers.</p> <p>Evening economy needs considering.</p> <p>Need for parent and child friendly facilities within walking distance. Indoors and outdoors to provide year-round options. Integrated with local shops. Attached to a child-friendly cafe. Playgrounds.</p> <p>Facilities such as a community centre, a well-being hub,</p>
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		<p>a secondary school and sport facilities are required within NEC.</p> <p>Existing residents require improved pedestrian/cycling routes linking with Shirley School, GP surgery and other services.</p> <p>Encouraging shops, cafes etc to this area would bring more of a community spirit to the area. There is nowhere to socialise in this area.</p> <p>For the many people, local services such as food shops, doctor's surgery, primary and secondary schools, chemist etc would be necessary.</p> <p>A more detailed education plan is needed, including provision of a secondary school. A site for this school should be identified at an early stage.</p> <p>This development needs nurseries, schools, health</p>
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		<p>centres, shopping centres, Care Homes, a small hospital with A&E, ambulance stations, police station, library, pubs, clubs, restaurants, parking facilities, parks, community centres, and many other facilities to make it a striving and self-sustaining development not just flats and houses that will all depend on Cambridge City Centre or Milton Village and surroundings.</p>
	<p>Issue: Open Space Question 58: It is recognised that maximising the development potential of the North East Cambridge area may require a different approach to meeting the sport and open space needs of the new community. How might this be achieved?</p> <p>Question 59: Should open space provision within the North East Cambridge area prioritise quality and</p>	<p>Provision of green roofs, green walls and urban habitats to attract and retain wildlife while also green a dense urban quarter.</p> <p>A development of this scale should provide open space provision in accordance with SANGS guidelines.</p> <p>Solutions should be comprehensive and provide provision in and beyond the AAP boundary, facilitating greater access opportunities by walking and cycling.</p>

	<p>functionality over quantity?</p> <p>Question 60: Should open space provision within the North East Cambridge area seek to provide for the widest variety of everyday structured and unstructured recreational opportunities, including walking, jogging, picnics, formal and informal play, casual sports, games, dog walking and youth recreation?</p> <p>Question 61: Where specific uses are required to provide of open space as part of the development, should the AAP allow for these to be met through multiple shared use (for example school playing fields & playing pitches for the general public)?</p>	<p>A collaborative effort to produce a broad network (both within and outside of area) of connected green and open spaces which are accessible to all residents and workers in the district should be facilitated.</p> <p>Green corridor/space should form a barrier to minimise the A14, so green corridors should link with the Jane Costen Bridge and the wider area.</p> <p>Far too much detail presented here and no overarching vision that takes us through to 2050. Where exactly is the open space to be located?</p>
<p>Issue: Equalities Impacts</p>	<p>Question 83: What negative or positive impacts might the proposed plans have on residents or visitors to Cambridge with low incomes or who have particular</p>	<p>An inclusive approach to community development should include the deprived areas of Arbury and King's Hedges, other existing communities within the proposed</p>

	<p>characteristics protected under the Equality Act 2010?</p> <p>(The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.)</p>	<p>AAP boundary and the villages that will sit alongside it.</p> <p>A Health Needs and Impact Assessment, should be performed to better understand the challenges and issues faced in deprived neighbouring wards, so as to link into opportunities that will arise in NEC.</p> <p>A successful AAP should make significant positive impacts to the wider community.</p> <p>The bridge "Crossing the railway line" should include road access to the north end of Fen Road. It would make a valuable positive impact on that community (a large percentage are an ethnic minority: Irish Traveller), with regards access to the emergency services, travel and employment opportunities, currently limited by the Fen Road level-crossing.</p> <p>All the walking and cycling infrastructure must be</p>
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		<p>designed to be fully accessible to people with disabilities. That includes people who use adapted cycles, tricycles, tandems or mobility scooters to get around. All pathways and cycleways must be designed with parameters that are feasibly navigated by these vehicles.</p>
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Appendix B - References

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