GREATER CAMBRIDGE
SHARED PLANNING

North East Cambridge Area Action Plan

Proposed Submission

Topic Paper: Health & Wellbeing

Greater Cambridge Planning Service

November 2021

Contents

1. Introduction 3

2. Key Evidence 5

- Cambridgeshire 6
- Cambridgeshire Early Support Guidance & Pathway July 2018 6
- Cambridgeshire and Peterborough Strategic Spatial Framework to 2050 6
- Cambridge City Local Plan 2018 7
- South Cambridgeshire District Local Plan 2018 7

NEC Evidence and Topic Papers: 7

Background Context 7

National Planning Policy Framework 8

Learning from Northstowe Healthy New Town 9

Draft Cambridgeshire and Peterborough Health and Wellbeing Strategy 11

4. Setting the context for population growth in Cambridgeshire 12

Planning for an ageing population 19

Key Issues 20

Sustainable and Healthy Communities 20

Social cohesion and community development 22

Housing 23

Community infrastructure and facilities 27

Active Travel 28

Tackling Obesity through Healthy Weight Environments 29

Isolation and lack of support in early stages of development 30

Health Impact Assessment 32

Health Infrastructure 33

Health Care Facility at North East Cambridge 33

Cavell Centre/Community Health Hub 33
- Dementia/short term memory loss 33
- Mental Health 33
- Minor surgery 33
- Wellbeing 33

Health Care structures and governance 34
Preferred Approach 35
1. Sustainable and Healthy Communities 35
2. Social Cohesion and Community Development 35
3. Community Infrastructure and facilities 36
4. Housing 36
5. Active Travel 37
6. Create a Healthy Weight Environment 37
7. Isolation and lack of support in early stages of development 37
8. Health Impact Assessment 38
Appendix A - References 39

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", e.g., 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 and further substantiated following further consultation in 2020. These accompany a design-led process that has seen the development of a spatial framework iteratively co-designed with key stakeholders.

The 2019 and 2020 consultations 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, and Environmental Health Topic Paper.

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 the Open Space and Recreation Topic Paper, Cultural Placemaking Strategy, the Active Travel Toolkit (currently in draft), the Community and Cultural Facilities Assessment and the Anti-Poverty Topic Paper.

2. Key Evidence

- National Planning Policy Framework (2019)
- Section 8: Promoting healthy and safe communities
- Section 12: Achieving well-designed places
- Government White Paper: Healthy Lives, Healthy 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
- Community Perspectives on building a Healthy New Town - A participatory action research report Peer-led research into the views of people from across East of England
  Microsoft Word - 30 9 19 b Final draft Northstowe and EAHSN - Community Perspectives on building a Healthy New Town.docx (eoecitizenssenate.org)
- National Food Strategy
  1669_NFS_The_Plan_July21_S11.pdf

- 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 2015[5]
- 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 2009-2014
- Cambridgeshire County Council, Loneliness Strategy, 2019 (in development)
- Cambridgeshire Supporting New Communities Strategy 2015-2020
- South Cambridgeshire Community Engagement Strategy 2014
- Cambridge City Council Cambridge sustainable community strategy 2008-2011
- Cambridgeshire County Council Design guide for Streets and the Public Realm 2007
- The Supporting People Commissioning Strategy 2011-2015
- 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]
- Anti-poverty Strategy 2020-2023
- Cambridgeshire County Council Corporate Strategy 2019-2021
- South Cambridgeshire District Council Business Plan 2019-2024
- Cambridge City Council Corporate Plan 2019-2022
- 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 from Cambourne 2007 (Inspire East, Cambridge Architectural Research Limited[8]

NEC Evidence and Topic Papers:

- Open Space and Recreation Topic Paper (2021)
- Cultural Placemaking Strategy (2020)
- Active Travel Toolkit (currently in draft)
- Community and Cultural Facilities Assessment (2020)
- Anti-Poverty Topic Paper (2021)
- Community Safety Topic Paper (2021)
- Transport Evidence (2020)
- Transport Topic Paper (2021)
- Internalisation Topic Pape (2021)
- Environmental Health Topic Paper (2021).

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.

National Planning Policy Framework

In order to achieve sustainable development, paragraph 8 of the NPPF sets out the 3 objectives that include ‘a social objective - to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well-designed beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural well-being’.

Paragraph 92, promotes healthy and safe communities by aiming to achieve healthy, inclusive and safe places which:

“(a) promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;

(b) are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of attractive, well-designed, clear and legible pedestrian and cycle routes, and high quality public space, which encourage the active and continual use of public areas; and

(c) enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of

safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling".

Paragraph 93 also highlights the need to provide social, recreational and cultural facilities to meet community needs including point b) "take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community".

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.

IN 2019 a peer-led research into the views of people across East of England Community Perspectives on building a Healthy New Town was undertaken by the Eastern AHSN (Academic Health Science Network) which is funded by the NHS and the Office for Life Sciences to bring together academia, citizens, health services and industry to realise the value of innovations more quickly.

This research was conducted by members of the community who were recruited for their local connections, passion and diversity of lived experience.

The project brief was to speak to diverse and representative groups within the East of England, in order to investigate their health and wellbeing experiences and find out what would be most important for people to have in a Healthy New Town.

The most common things people wanted were:

- A community hub
- Libraries, and good public spaces
- Access to outdoor and green space
- Enough GP surgeries to ensure shorter waiting times
- More activities for; older people, men and young people

- Subsidised/discounted gyms
- Good mental health services
- Community events in town centre to bring people together

To summarise participants at a mental health service who said an ideal community would have: “Community gardens and allotments, good outside spaces, libraries and community centres, places for people to meet, community run cafes that are affordable, playgrounds for kids to run and jump around. Community carpentry, music and art groups. Affordable sports and swimming. Community murals”.

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. Setting the context for population growth in Cambridgeshire

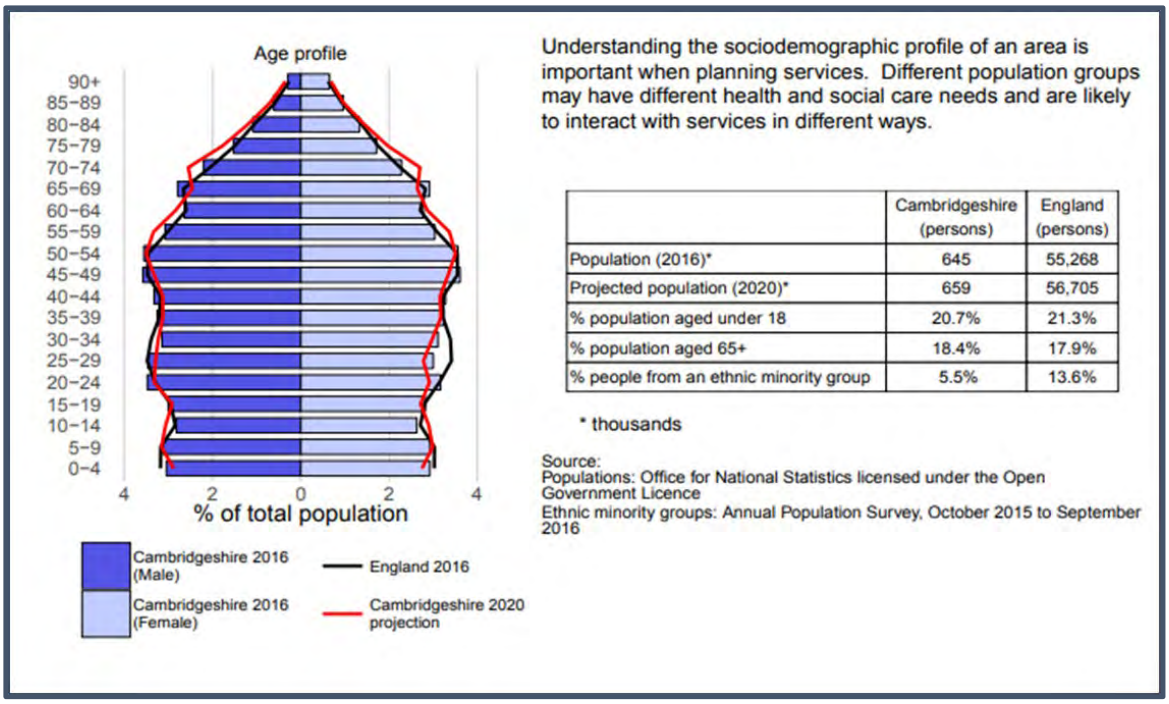
It is estimated that there are 627,000 people living in Cambridgeshire. A high post-war baby boomer and people born in the 1960s means that there are significant numbers of people who have reached middle age in Cambridge.

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.

The county-wide demographic forecast will be kept under review to ensure the Topic Paper is underpinned by the most recently published population data.

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



Understanding the sociodemographic profile of an area is important when planning services. Different population groups may have different health and social care needs and are likely to interact with services in different ways.

	Cambridgeshire (persons)	England (persons)
Population (2016)*	645	55,268
Projected population (2020)*	659	56,705
% population aged under 18	20.7%	21.3%
% population aged 65+	18.4%	17.9%
% people from an ethnic minority group	5.5%	13.6%

* thousands

Source:
Populations: Office for National Statistics licensed under the Open Government Licence
Ethnic minority groups: Annual Population Survey, October 2015 to September 2016

Population forecast for Cambridgeshire and Peterborough

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)

Population forecast profile for North East Cambridge

North East Cambridge AAP – Forecast for 16 years and over population

This section sets out Cambridgeshire County Council's (CCC) methodology for the production of its forecast for the 16 years and over population for NEC. The population forecast has been produced based on information provided to CCC on the total number of dwellings and dwelling mix at NEC and shown in the Table below. CCC was also asked to produce the forecast based on 40% of the housing being affordable, spread evenly across the dwelling types. At this stage, the trajectory, in terms of dwelling completions over time is not available.

Dwelling mix and total

No of units	1 bed flat	2 bed flat	3 bed flat	4 bed flat	2 bed house	3 bed house	4 bed house
8,350	2,673	4,773	434	0	141	282	47
%	32.0	57.2	5.2	0.0	1.7	3.4	0.6

The overall population forecast has been produced by applying population multipliers by dwelling size and tenure to the provided housing mix for the NEC. The population multipliers have been derived from data collected from a programme of surveys of households living in new developments within Cambridge undertaken by CCC (https://cambridgeshireinsight.org.uk/housing/priority-themes/new-homes-communities/). This includes data from the following household surveys:

- in 2011-12 of Cromwell Road, George Nuttall Close and the NIAB frontage;
- in 2017-18 of the Cambridge Southern Fringe developments of Clay Farm, Glebe Farm, Ninewells and Trumpington Meadows; and
- in 2019 of Eddington.

As well as using the findings from the surveys listed above, the population multipliers collected from a programme of new development surveys in Peterborough (The Hamptons, Cardea and Paston) during 2020 have been considered, along with Census 2011 data for Cambridge.

The aggregated data from the surveys on occupancy by dwelling size (by number of bedrooms) and tenure type was used to derive the set of population multipliers used for the overall population (16 years and over) forecast for NEC and shown in the Table below.

Population (16 years and over) multipliers by dwelling size and tenure (persons per dwelling)

Dwelling tenure and size	1 bed	2 bed	3 bed	4 bed
Affordable	1.47	1.83	2.09	2.67
Market	1.27	1.79	1.88	2.07

The population multipliers have been applied to the dwelling mix by tenure and size for the NEC to produce an overall population forecast for those aged 16 years and over of 14,530.

Population (16 years and over) forecast for North East Cambridge

Dwelling tenure and size	1 Bed	2 Bed	3 Bed	4 Bed	Total
Affordable	1,395	2,950	1,370	385	6,100
Market	1,805	4,305	1,865	455	8,430
Total	3,200	7,255	3,235	840	14,530

Data rounded to nearest 5

The forecast age structure of the adult population is also based on the findings of the new development surveys. The age structure from each of the surveys was analysed. The range of results was used to derive the forecast age structure, taking into account the dwelling size mix proposed for the NEC.

The overall population (16 years and over) forecast for the NEC is shown in the Table below.

Overall population (16 years and over) forecast for North East Cambridge

Age group	Population
0-3 years	1363
4-10 years	794

11-15 years	207
16-24 years	1,260
25-29 years	2,520
30-44 years	6,859
45-59 years	2,100
60-74 years	840
75 years and over	420
Total	16,362

Nb. It must be noted that the population forecast data for Cambridgeshire and Peterborough was sourced for different purposes than the population forecast for NEC above and therefore will not align.

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.

Key Issues

Consultation was undertaken in Spring 2019 and Autumn 2020 which covered a large range of strategic issues in relation to delivering growth in North East Cambridge with specific concerns raised over existing and required health provision for NEC. Many questions concerned issues previously raised in relation to human health and wellbeing. These representations have been considered and used to assist with the formulisation of policy and the preferred approach within the North East Cambridge Area Action Plan. Any outcome from subsequent consultations will assist with refining these policies further.

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
- Air Quality

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.

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. An approach to this using 'Bumping Spaces' allows residents to cross paths during the course of their day and forge communities. 'Creating bumping spaces where anything is possible' (Nurture Development)
- Ensure that infrastructure in new communities is designed to meet the needs of the community now and in the future to ensure flexibility is afforded to the type of infrastructure and services people may need in time. The Five Ways to Wellbeing model approach should be considered at an early stage which considers what service and infrastructure provision might look like for different generations/diverse ethnic group within the community e.g. age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, marriage and civil partnership, pregnancy and maternity (see NEC AAP EqIA).

- 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 strengthening existing services and creating new services that can help return people 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).

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 - whomever 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.

These housing considerations are particularly important in a high density environment such as is being proposed for NEC.

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. It is recommended that Minds' Five Ways to Wellbeing model is considered at the earliest possible stage. These are identified below:

- Connect
- Be active
- Take notice
- Keep learning
- Give

5 ways to wellbeing (health-in-mind.org.uk)

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. Local community led consultation will help inform the types of intermediate services that would be most beneficial to the area.

New communities can be very lonely places and new residents needs considerable support in helping to settle. Key infrastructure will be required to be in place and fully operational prior to first occupation from development proposals.

A doctors' surgery, primary school, library and a facility to worship become key meeting places and helps to knit a new community together. Opportunities for temporary facilities that will house early phase community services will need to be explored including the reuse of existing redundant buildings on site or in close proximity or the erection of temporary structure to allow early residents to benefit from community services. These services are of paramount importance to increase 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.

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).]

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.

The aim is for NEC to be a sustainable urban quarter with employment and services close by and this should encourage more walking between the different activities.

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.

Isolation and lack of support in early stages of development

As a result of the COVID-19 pandemic, there has been an increase in the self-reported cases of depression compared with pre-pandemic levels. According to a study carried out by the Mental Health Foundation[1] in 2020, one in five adults in the UK have experienced depressive symptoms in the last quarter, compared to one in

[1] Coronavirus: Mental Health in the Pandemic | Mental Health Foundation

ten before the pandemic began. Women, younger people, people with less disposable income and people who are disabled or have another long-term physical health condition were more likely to report depressive symptoms. The reasons for increased rates of depressive symptoms could relate to people feeling isolated, not communicating frequently with colleagues at work, not being able to access training and employment opportunities or frequenting schools and academies.

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. The National Institute for Health and Care Excellence - Preventing

suicide in community and custodial settings guidance has provided recommendations that should be considered when designing new developments and include:

1. Formation of suicide prevention partnerships
2. Suicide prevention strategies
3. Suicide prevention action plans
4. Gathering and analysis of suicide related information
5. Awareness raised by suicide prevention partnerships
6. Reduction of access to methods of suicide
7. Training by suicide prevention partnerships
8. Supporting people bereaved or affected by a suspected suicide
9. Preventing and responding to suicide clusters
10. Reduction of potential harmful effects of suicide being reported in the media

https://www.nice.org.uk/guidance/ng105/chapter/Recommendations

Health Impact Assessment

Health Impact Assessment are a tool which will be required and agreed at outline planning stage to identify the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decision-makers and stakeholders, with the aim of maximizing the proposal's positive health effects and minimizing its negative health effects. The approach can be applied in diverse economic sectors and uses quantitative, qualitative and participatory techniques.

HIA provides a way to engage with members of the public affected by a particular proposal. It also helps decision-makers make choices about alternatives and improvements to prevent disease or injury and to actively promote health. It is based on the four interlinked values of democracy (promoting stakeholder participation),

equity (considering the impact on the whole population), sustainable development and the ethical use of evidence.

Health Infrastructure

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 (with a footprint size of around 1,500sq.m)
- 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

Cavell Centre/Community Health Hub

- Dementia/short term memory loss
- Mental Health
- Minor surgery
- Wellbeing

Further work and confirmation from the NHS/CCG and other organisations including voluntary organisations such as CPSL Mind (who have expressed interest in moving

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

It is imperative that the delivery of health services at NEC need to embed a far wider role than that of physical health. Wider initiatives that promote social inclusion and mental wellbeing will be coordinated with the physical construction of facilities.

Health Care structures and governance

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 starting in April 2022
- **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 new Integrated Care systems will work more closely including with the third sector (voluntary), 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 currently using the NHS Improvement (NHSI) publication on S106 and Community Infrastructure Levy (CIL) use in acute sectors[11] to help guide how it approaches the challenges these high levels of growth present.

There is an opportunity to consider health provision in a broader overarching and multi-agency governance structure for NEC. This has taken place in Ely so there are opportunities for learning in this respect.

Preferred Approach

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

- Phasing of infrastructure such as primary schools, health services and places of worship to align with phasing and occupation of development including provision of temporary/interim facilities as appropriate

- Engage new and existing residents in every stage of the development process.
- Employ Community Development worker(s)
- The use of Health Impact Assessments as a tool to inform future required infrastructure

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 including the management and maintenance secured through a management fee and operated through a management company
- 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.
- Provision of more recreational green space (both formal and informal) that are safe, usable and well-lit
- Provision for allotments to promote healthy eating initiatives

4. Housing

Design and layout should support health and wellbeing through optimum minimum space standards which promotes learning, physical exercise, education and prevent disease transmission. Design and layout of buildings should also ensure air quality and noise does not prejudice physical and mental health and wellbeing. The Environmental Health Topic Paper consider air quality, noise and design in further detail.

5. Active Travel

The NEC development is seeking to provide a high-density sustainable quarter with everything on your doorstep. Car movement is discouraged and active modes for walking and cycling are being encouraged with should help support a health community.

6. 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
- Employ youth and project/sport development workers to identify requirements and details of children's play areas and play equipment (see Southern Fringe model)
- 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
- Planning conditions restricting over hours of operation for takeaways within a certain distance of a school or a condition controlling the percentage/over proliferation within an identified neighbourhood/district centre (see: Hot Food Takeaways in Medway - A Guidance Note, 2014. Appendix 1: Further Background Information)
- Local Authority/Public Health backed health food establishment promotion and farmers markets/market gardens

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

Evidence from other developments has shown a risk of isolation and lack of support for new residents in the early stages of community development. Local authorities have an important role as leaders in public health in terms of supporting community development and individual families. There is also a higher risk of suicide in new

developments, so sites need to be made safer and access limited to higher buildings. These initiatives can be further supported by suitable community and partnership working.

8. Health Impact Assessment

The NEC AAP includes a planning policy requirement for carrying out a Health Impact Assessment on new development proposals which will be able to consider the wider health implications of the developments as they are considered through the Development Management process.

Delivery of Health Provision in NEC

The formal health provision will be considered through the development management processes on planning applications and using Section 106 Agreements and developer contributions. It is acknowledged that health provision is fast changing in terms of structures and approach and therefore it is important to provide as much flexibility as possible within the delivery models. Nevertheless, as part of the development management processes, decisions will ultimately need to be made on:

- where the health provision/facility goes within the NEC area and whether it forms part of the Community Hub.
- The spatial requirements for the health facility. The initial estimate is for a health centre of around 1,500sq.m.
- Who will deliver the facility?
- Who will operate and manage the facility?
- Whether there may be involvement from other parts of the NHS/third sector, and
- the participants will need to commit to taking up their agreed space within the health facility

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