UNIVERSITY OF CAMBRIDGE

North West Cambridge

Future Phases of Eddington

September 2025

Health Impact Assessment

Quod

Health Impact Assessment

North West Cambridge Masterplan

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1 Introduction

This Health Impact Assessment ('HIA') has been prepared by Quod on behalf of The University of Cambridge ('UoC') ('the Applicant') and is submitted in support of the Outline Planning Application ('OPA') for North West Cambridge Masterplan ('NWCM') (the 'Site'). The following report considers the potential health effects relating to the planning application for the OPA.

1.1 Eddington is the UoC's response to the need to provide affordable housing for its staff so it can attract and retain top talent to maintain its global competitiveness. By housing staff in a purpose-built, high quality neighbourhood, the UoC also reduces the demand on the wider housing market in the city. By providing 50% of housing for staff and the remainder contributing to increasing the overall supply of housing in the city, the NWCM supports the highly successful Cambridge eco-system which provides long-term growth and prosperity for the local, regional and national economy.

1.2 Importantly however, Eddington is open to all. Eddington combines all the community infrastructure that is needed for a new, growing neighbourhood. The UoC's investment in the community is evident in the school, nursery, post-doctoral centre, hotel, supermarket, community centre, sports facilities and parklands as well as homes delivered in Phase 1. The Site will remain under the UoC's long-term stewardship.

1.3 Outline Planning Permission ('OPP') for Eddington was originally granted (application references 11/1114/OUT and S/1886/11) in February 2013 for a residential led mixed use development. The full description of development for that 2013 OPP is as follows:

"Proposed development comprising up to 3,000 dwellings; Up to 2,000 student bedspaces; 100,000 sq.m. employment floorspace, of which: up to 40,000 sq.m. commercial floorspace (Class B1(b) and sui generis research uses) and at least 60,000 sq.m. academic floorspace (Class D1); up to 5,300 sq.m. gross retail floorspace (Use Classes A1 to A5) (of which the supermarket is 2,000 sq.m. net floorspace); Senior Living, up to 6,500sq.m. (Class C2); Community Centre; Indoor Sports Provision; Police; Primary Health Care; Primary School; Nurseries (Class D1); Hotel (130 rooms); Energy Centre; and associated infrastructure including roads (including adaptions to Madingley Rd and Huntingdon Rd), pedestrian, cycle and vehicle routes, parking, drainage, open spaces and earthworks."

1.4 Today Phase 1 is partially operational and partially under construction. Phase 1 has delivered a primary school – University of Cambridge Primary School, nursery – Bright Horizons and a community centre – Storey's Fields alongside new key worker accommodation and retail uses.

Proposed Development

1.5 The Site is on the north-western edge of the City of Cambridge, to the south and west of the village of Girton.

1.6 The Site is bound by:

- a small portion of the A14 to the north, and Girton College, residential properties and agricultural fields which front onto Huntingdon Road (A1307) to the north and north-east;
- residential properties located along Huntingdon Road, Ascension Parish Burial Ground, Trinity Hall (University of Cambridge student accommodation) and Trinity Hall sports grounds to the east of the site;
- Madingley Road Park and Ride, Madingley Road (A1303), and residential properties and buildings associated with the University of Cambridge to the south; and
- the M11 motorway to the west, beyond which lies agricultural fields.

1.7 Cambridge City Centre is approximately 2km to the south-east of the Site at its nearest point. The neighbourhood emerging here under the Outline Planning Permission ('OPP') is now known as Eddington (which will include all phases when complete).

1.8 The Applicant is seeking Outline Planning Permission for the future phases of the NWCM. The Outline Planning Application ('OPA') seeks planning permission for:

Outline planning application (all matters reserved except for means of access to the public highway) for a phased mixed use development, including demolition of existing buildings and structures, such development comprising

- *Living Uses, comprising residential floorspace (Class C3/C4, up to 3,800 dwellings), student accommodation (Sui Generis), Co-living (Sui Generis) and Senior Living (Class C2);*
- *Flexible Employment Floorspace (Class E(g) / Sui Generis research uses);*
- *Academic Floorspace (Class F1); and*
- *Floorspace for supporting retail, nursery, health and indoor sports and recreation uses (Class E (a) – E (f)).*
- *Public open space, public realm, sports facilities, amenity space, outdoor play, allotments and hard and soft landscaping works alongside supporting facilities;*
- *Car and cycle parking, formation of new pedestrian, cyclist and vehicular accesses and means of access and circulation routes within the site;*
- *Highway works;*
- *Site clearance, preparation and enabling works;*
- *Supporting infrastructure, plant, drainage, utility, earthworks and engineering works.*

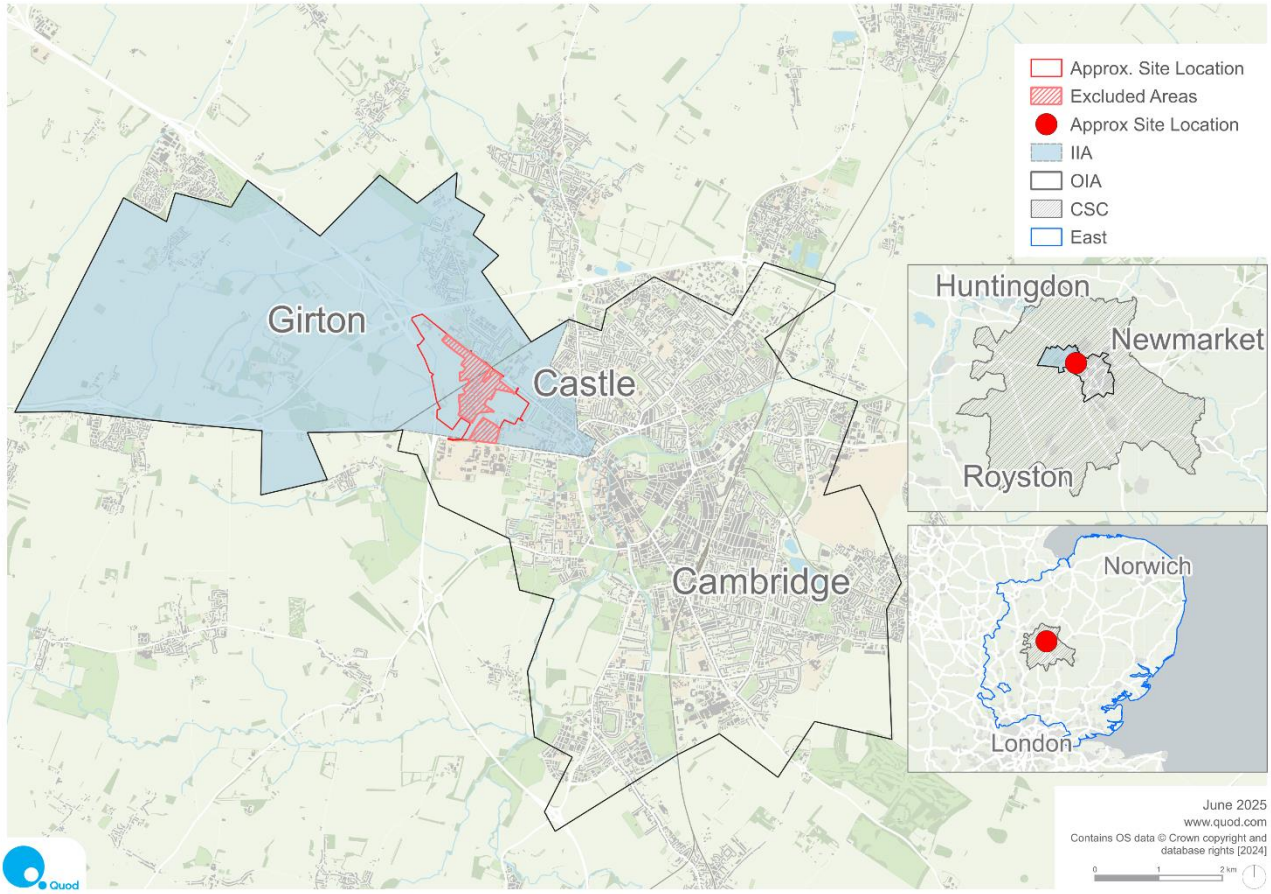
1.9 The OPA is submitted with matters reserved to provide the necessary flexibility for the detailed design of the scheme at a later stage. The OPA includes three Control Documents which define the Specified Parameters for the Proposed Development – the 'Control Documents':

1. The Development Specification;
2. The Parameter Plans; and
3. The Design Code.

1.10 The Parameter Plans indicate which Development Zones may be suitable for specific uses and guide the spatial distribution of proposed uses across the Site. They also define maximum building heights, areas of green infrastructure, and access and circulation routes. These plans

are designed to provide flexibility for future detailed design, which will be subject to approval by the local planning authority through subsequent Reserved Matters Applications ("RMAs").

Figure 1.1: Site Boundary



Health and Planning

1.11 Health is influenced by a combination of biological and environmental factors. Biological factors are largely inherent. However, environmental factors can be influenced through design and management of buildings and spaces which may be able to impact on health outcomes. These are recognised as the 'wider determinants of health' and include:

- General socio-economic, cultural and environmental conditions;
- Living and working conditions;
- Social and community influences; and
- Individual lifestyle factors.

1.12 Planning and development can play a key role within these wider determinants of health, as outlined below.

Health and Planning

The World Health Organisation (WHO) defines health as a state of complete physical, mental and social well-being and not the absence of disease or infirmity.

An ever-growing body of research indicates that the environment in which we live is inextricably linked to our health, and whilst the causal links between the built environment and health are often complex, research consistently reports that most health outcomes are influenced by factors other than genetics and healthcare[1].

Barton and Grant's health map[2] (shown above) highlights the relationship between health and these wider physical, social, economic, and environment factors (the 'wider determinants of health'). The direct process of planning and development is highlighted within one sphere, the 'built environment', however development can have wider reaching effects on health with direct or indirect effects on wider spheres of life and society. For example, the design of neighbourhoods can influence physical activity levels, travel patterns, social connectivity and mental and physical health outcomes.

[1] Public Health England, 2017. Spatial Planning for Health: An evidence resource for planning and designing healthier places.
[2] Barton, H., and Grant, M. 2006. A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health, 126 (6). Pp. 252-253 (modified from Dahlgren and Whitehead (1991).

1.13 Greater Cambridge Shared Planning service ('GCSP') has published HIA guidance - Greater Cambridge Health Impact Assessment Supplementary Planning Document (SPD)[3].

1.14 The SPD sets out the process to identify the potential positive and negative effects development could have on determinants of health. The determinants and themes set out in this guidance include:

- Healthy Environments
- Healthy Homes
- Active Travel and Inclusive Mobility
- Open Space and Recreation
- Access to Healthy Food
- Vibrant Communities
- Digital Connectivity and Access to Telecommunications Infrastructure

1.15 Quod has undertaken a health-focused policy and baseline analysis to identify the local health profile and priorities for consideration within this assessment. The analysis was informed by publicly available data, including sources from Public Health England (PHE), the local authority evidence base (including that outlined in Appendix 2 of the SPD), and community consultation where relevant. The findings are presented in **Sections 4 and 5**, respectively.

1.16 Quod has used GCSP's guidance to assess the potential health impacts the Proposed Development's, set out in **Section 7**.

1.17 The HIA assessed the Proposed Development (during both construction and at occupation) against relevant wider determinants of health to establish potential direct and indirect health impacts. Given the scale of the Proposed Development and the outline nature of the application, details regarding design, layout, use and type of development are still to be determined. This limits the level of detail that can be included in this HIA at this stage. The assessment therefore includes suggested steps to be taken into consideration at the detailed design stages (e.g. through Reserved Matters applications), and where longer-term monitoring is recommended.

1.18 It is important to recognise that development, planning, and land use have significant—but ultimately limited—effects on health outcomes. This assessment focuses on health pathways and priorities most relevant to land use and planning. Factors such as health screening, healthcare service delivery, and individual behaviours and choices also have substantial impacts on health, but fall outside the scope and control of land use and planning decisions.

[3] Greater Cambridge Shared Planning (April 2025). Greater Cambridge Health Impact Assessment Supplementary Planning Document (Adopted April 2025). Available at: scambs.gov.uk/media/c4ccuvtx/greater_cambridge_hia_spd_adoption_2025.pdf

1.19 HIA is a multidisciplinary process, therefore the assessment of the Proposed Development's potential health impacts was informed through analysis of relevant technical assessments and documents submitted as part of the planning application, including:

- Design Code.
- Design and Access Statement.
- Landscape Strategy (and Landscape Maintenance and Management Plan).
- Affordable Housing Statement.
- Sustainability Statement.
- Planning Statement.
- Outline Sitewide Waste Management Plan ('SWMP').
- Statement of Community Involvement.
- Transport Strategy (including Travel Plan).
- Construction Environmental Management Plan ('CEMP').
- Construction Transport Management Plan ('CTMP').
- Flood Risk Assessment and Drainage Strategy.
- ES Volume 1:
  - Chapter 6 Socioeconomics
  - Chapter 7 Traffic and Transport
  - Chapter 8 Air Quality
  - Chapter 9 Noise and Vibration
  - Chapter 13 Ground Conditions
  - Chapter 14 Water Resources

1.20 Reference to these documents is made throughout this HIA, which should be read in conjunction with these documents.

2 Planning Policy Framework

2.1 A summary of policy which is of direct relevance to human health is set out below.

National Planning Policy

2.2 Chapter 8 'Promoting Healthy and Safe Communities' of the **National Planning Policy Framework** (NPPF), 2024[4] sets out a planning framework relevant to human health. It emphasises that planning and development should "*aim to achieve healthy, inclusive and safe places*" (para. 96) especially "*where this would address the identified local health and well-being needs and reduce health inequalities*" (para. 96 part c).

2.3 The Planning Practice Guidance (PPG)[5] further highlights the role of health, setting out the importance for Local Planning Authorities (LPAs) to identify local health needs, to plan effectively for the future. This includes working closely with other public health organisations and providers to support health infrastructure and promote healthy communities.

Local Planning Policy

2.4 The Site falls within the boundaries of both Cambridge City Council ('CCC') and South Cambridgeshire District Council ('SCDC'). Both authorities are within Cambridgeshire County Council ('CCoC'). As such, policies from both local authorities and the county authority are considered.

2.5 The OPA will be determined by the Greater Cambridge Shared Planning ('GCSP') authority.

Cambridge Local Plan 2018

2.6 The Cambridge Local Plan[6] sets out the vision, policies and proposals for the future development and land use in Cambridge to 2031. Strategic objectives of relevance to health include:

- **Strategic Objective 12.** Promoting social cohesion and sustainability and a high quality of life by maintaining and enhancing provision for open space, sports and recreation, community and leisure facilities, including arts and cultural venues that serve Cambridge and the sub-region
- **Strategic Objective 15**. Promoting a safe and healthy environment, minimising the impacts of development and ensuring quality of life and place
- **Policy 35 'Protection of human health and quality of life from noise and vibration'** – outlines that development will be permitted where it is demonstrated that:

[4] Ministry of Housing, Communities and Local Government, 2025. National Planning Policy Framework. London. HMSO.
[5] Ministry of Housing, Communities and Local Government (Live Document) Planning Practice Guidance [online] Available: http://planningguidance.communities.gov.uk/.
[6] Cambridge City Council (2018) Cambridge Local Plan (Adopted October 2018). Available at: cambridge.gov.uk/media/6890/local-plan-2018.pdf

        - A. it will not lead to significant adverse effects and impacts, including cumulative effects and construction phase impacts wherever applicable, on health and quality of life/amenity from noise and vibration; and
        - B. adverse noise effects/impacts can be minimised by appropriate reduction and/or mitigation measures secured through the use of conditions or planning obligations, as appropriate (prevention through high quality acoustic design is preferable to mitigation).
    - **Policy 36 'Air quality, odour and dust'** - outlines that development will be permitted where it is demonstrated that:
        - A. that it does not lead to significant adverse effects on health, the environment or amenity from polluting or malodorous emissions, or dust or smoke emissions to air; or
        - B. where a development is a sensitive end-use, that there will not be any significant adverse effects on health, the environment or amenity arising from existing poor air quality, sources of odour or other emissions to air
    - **Policy 75 'Healthcare facilities'** – outlining where and how new and enhanced healthcare facilities will be permitted in new development including located in the area they are expected to service and where possible (and appropriate) are co-located with complementary services

North West Cambridge Area Action Plan (2009)[7]

2.7 The site falls within the North West Cambridge Area Action Plan which is a joint plan created and adopted by both CCC and SCDC.

2.8 **Policy NW7: "Balanced and Sustainable Communities"** outlines that a suitable mix of house types, sizes and tenure (including affordable housing) will be provided, attractive to and meeting the needs of all ages and sectors of society including those with disabilities. This should include a proportion of new homes designed to Lifetime Home Mobility Standards (noting that Lifetime Homes standards have been superseded by Part M4 of the Building Regulations and nationally described space standards).

South Cambridgeshire District Council (SCDC) Local Plan[8] *(2018)*

2.9 The South Cambridgeshire Local Plan outlines the vision for growth across the district until 2031: "South Cambridgeshire will continue to be the best place to live, work and study in the country. Our district will demonstrate impressive and sustainable economic growth. Our residents will have a superb quality of life in an exceptionally beautiful, rural and green environment."

2.10 It details the objective of ensuring that: "all new development provides or has access to a range of services and facilities that support healthy lifestyles and well-being for everyone."

2.11 Policies of relevance to the health assessment include:

[7] Cambridge City Council and South Cambridgeshire District Council (2009). North West Cambridge Area Action Plan Local Development Framework 2009
[8] South Cambridgeshire District Council (2018). South Cambridgeshire Adopted Local Plan 2018.

- **Policy HQ1: "Design principles"** sets out the need for new development to deliver high quality design which incorporates permeability, allowing ease of movement and access for all users including those with limited mobility or those with other impairments such as sight or hearing.
- **Policy H/9: "Housing Mix"** outlines that development will need to provide a wide choice and type and mix of housing to meet the needs of different groups in the community, it also stipulates that 5% of homes in a development should be built to the accessible and adaptable dwelling m4(3) standard.
- **Policy SC/4: "Meeting Community Needs"** sets out that all housing developments must include or contribute to the provision of the services and facilities necessary to meet the needs of the development, these services and facilities should be provided in accessible locations.

South Cambridgeshire District Council, Health & Wellbeing Strategy Refresh 2024

2.12 The SCDC Health and Wellbeing Refresh[9] outlines the role of SCDC in promoting good health for all residents. The document notes that the SCDC is among the least deprived districts in England however inequalities across the district are widening, particularly following the pandemic.

2.13 The document notes the Council's four priority areas as outlined below:

- Children and Young People – promoting inclusive activity for children, supporting vulnerable families with children and early identification of children at risk;
- Health Behaviours and Lifestyles – promoting activity for aging population, designing in health and wellbeing into strategic sites, support residents facing food, fuel poverty and homelessness, deliver improved air quality and support people into high quality employment;
- Mental Health – actively building community cohesion into strategic sites, plan environments promoting positive mental wellbeing, deliver community facilities brining people of all ages together; and,
- Ageing well – support residents to live independently at home, ensure provision of suitable housing choice for aging population and plan for inclusive environments supporting residents to age well.

SCDC Equality Scheme (2024)[10]

2.14 The SCDC Equality Scheme 2024 sets out the Council's commitment to improving equality. The scheme identifies the following objectives:

- Understand the diversity that exists within the SCDC population and identify, prioritise, and deliver actions that will narrow the gap in outcomes between disadvantaged groups and the wider community;
- SCDC is an employer that values difference and recognises the strength that a diverse workforce brings; and

[9] South Cambridgeshire District Council, Health & Wellbeing Strategy Refresh 2024 – 2028. Available at: https://scambs.moderngov.co.uk/documents/s133576/Appendix%20A%20-%20Health%20and%20Wellbeing%20Strategy.pdf
[10] South Cambridgeshire District Council (2024). South Cambridgeshire District Council Equality Scheme 2024-2028.

- Protected groups are included and have their voices heard in discussions about the future shape of the district.

Cambridgeshire County Council's (CCoC) Equality, Diversity and Inclusion Strategy 2023-2027[11]

2.15 CCoC's Equality, Diversity and Inclusion Strategy sets out the vision for Cambridgeshire to become greener, fairer and more caring. The strategy identifies the following aims for the strategy period:

- Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes.
- Travel across the county is safer and more environmentally sustainable.
- Health inequalities are reduced.
- People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.
- People are helped out of poverty and income inequality.
- Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services, and social justice is prioritised.
- Children and Young People have opportunities to thrive.

Cambridgeshire and Peterborough Joint Strategic Needs Assessment 2023

2.16 The Cambridgeshire and Peterborough Joint Strategic Needs Assessment (JSNA) (2023)[12] identifies health needs across the Integrated Care System (ICS). The assessment highlights substantial population growth in the region over the past decade, with particularly high increases in Cambridge and Peterborough—both cities saw more than a 17% rise in population between the 2011 and 2021 censuses, compared to 8% growth across the East of England and a 7% national average. This growth is expected to continue, with the population of SCDC forecast to increase by 37% by 2041.

2.17 The JSNA sets out that the age structure of the population is also changing. The number of people aged 65 or over grew by 26% between 2011 and 2021, this is forecast to grow by a further 26% by 2031. Despite this ageing trend, Cambridge and Peterborough have also seen significant growth in the number of children and young people, with the under-15 population increasing by 17% over the same ten-year period. Cambridge City is noted for having a particularly high proportion of residents aged 20–34, reflecting the large student population — although, on average, this age group typically has the lowest demand for health services.

2.18 The JSNA identifies further challenges for the ICS area, including significant health inequalities. Some areas within the ICS experience poor health outcomes in contrast to the relatively good outcomes seen across the region as a whole. This is reflected in age-standardised mortality rates, which are significantly higher in more deprived areas, particularly

[11] Cambridgeshire County Council (2023). Equality, Diversity and Inclusion Strategy 2023-2027.
[12] Cambridgeshire and Peterborough Insight (2023) Joint Strategic Needs assessment for Cambridgeshire and Peterborough. Available at: https://cambridgeshireinsight.org.uk/jsna-2023/

in relation to deaths from cardiovascular and respiratory diseases. Another concern is the rising proportion of children living in relative low-income households.

2.19 The JSNA also highlights the most commonly recorded health conditions on GP registers across the ICS. For CCoC, the three most prevalent conditions are hypertension (13%), depression (18+years) (12%) and asthma (6+ years) (7%). The main cause of death (proportion of all age deaths per year) in CCoC was cancer (28%).

Cambridgeshire and Peterborough ICS Health and Wellbeing Strategy 2022

2.20 The Cambridgeshire and Peterborough Health and Wellbeing Integrated Care Strategy (2022)[13] identifies key priorities for healthcare in the ICS as set out in Table 2.1 below:

Table 2.1: Cambridgeshire and Peterborough Health and Wellbeing Strategy Priorities

Priority 1: To Ensure that children are ready to enter and exit education, prepared for the next phase of their lives
Increase the number of children who show a good level of development (GLD/school readiness) when they enter education
Reduce the number of young people aged 16-17yrs who are not in Education, Employment or Training (NEET)
Reduce inequalities in both these outcomes
Priority 2: To create an environment that gives people the opportunity to be as healthy as they can be
Achieve a 5% decrease in childhood overweight/obesity by 2030
Reduce childhood overweight/obesity to pre-pandemic levels by 2026
Reduce adult overweight/obesity levels to pre-COVID-19 times by 2030
Every child in school will meet the physical activity recommendations
Achieve a 10% increase in the number of adults who undertake 150 minutes of physical activity per week by 2030
Reduce inequalities in overweight / obesity
Priority 3: To reduce poverty through better employment, skills and housing
Reduce relative poverty, for example the proportion of children living in relative poverty
Deliver improved quality and availability of housing that meets health and wellbeing needs, for example increasing the supply of affordable housing for key workers and the proportion of local people in safe and secure accommodation
Achieve improved employment opportunities and outcomes, for example through better jobs and employability skills provision
Priority 4: To promote early intervention and prevention measures to improve mental health and wellbeing
Increase the proportion of children and young people who score a high mental wellbeing score on the annual school survey.
Increase the proportion of adults who report a ‘good’ or ‘very good’ score for their life being worthwhile in 2030 compared with 2021/22.

[13] Cambridgeshire and Peterborough Integrated Care System (2022) Health and Wellbeing and Integrated Care Strategy (December 2022). Available at: https://www.cpics.org.uk/health-wellbeing-integrated-care-strategy#:%7E:text=To%20guide%20us%20in%20this%20work,%20we%20have%20agreed%20a

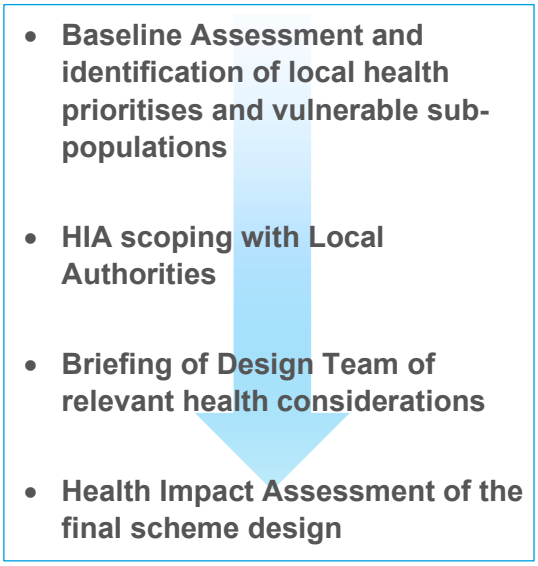
Reduce the proportion of children and young people who need to be referred to mental health services
Increase understanding of what people can do, and what choices they can make, to best support their wellbeing and the wellbeing of those they care about.

3 Methodology

3.1 The scope and methodology of the HIA process has been informed by Greater Cambridge Shared Planning (GCSP) Health Impact Assessment Supplementary Planning Document (2025) document[14] and agreed with the Local Authority public health teams through pre-application consultation.

3.2 Health assessment is most effective when interventions are incorporated early in the design process, therefore a preliminary health focused policy and baseline analysis exercise was undertaken. This was used to the inform the scope and methodology of the HIA, and to brief the design team of relevant health considerations.

3.3 This section provides a summary of the HIA process undertaken, and the scope and methodology agreed with relevant local authorities (CCC, SCDC and GCSP) to assess the final scheme design.



Baseline Assessment

Local Health Profile

3.4 Quod undertook a health focused baseline analysis to identify local health priorities and vulnerable sub-populations for consideration as part of the HIA process.

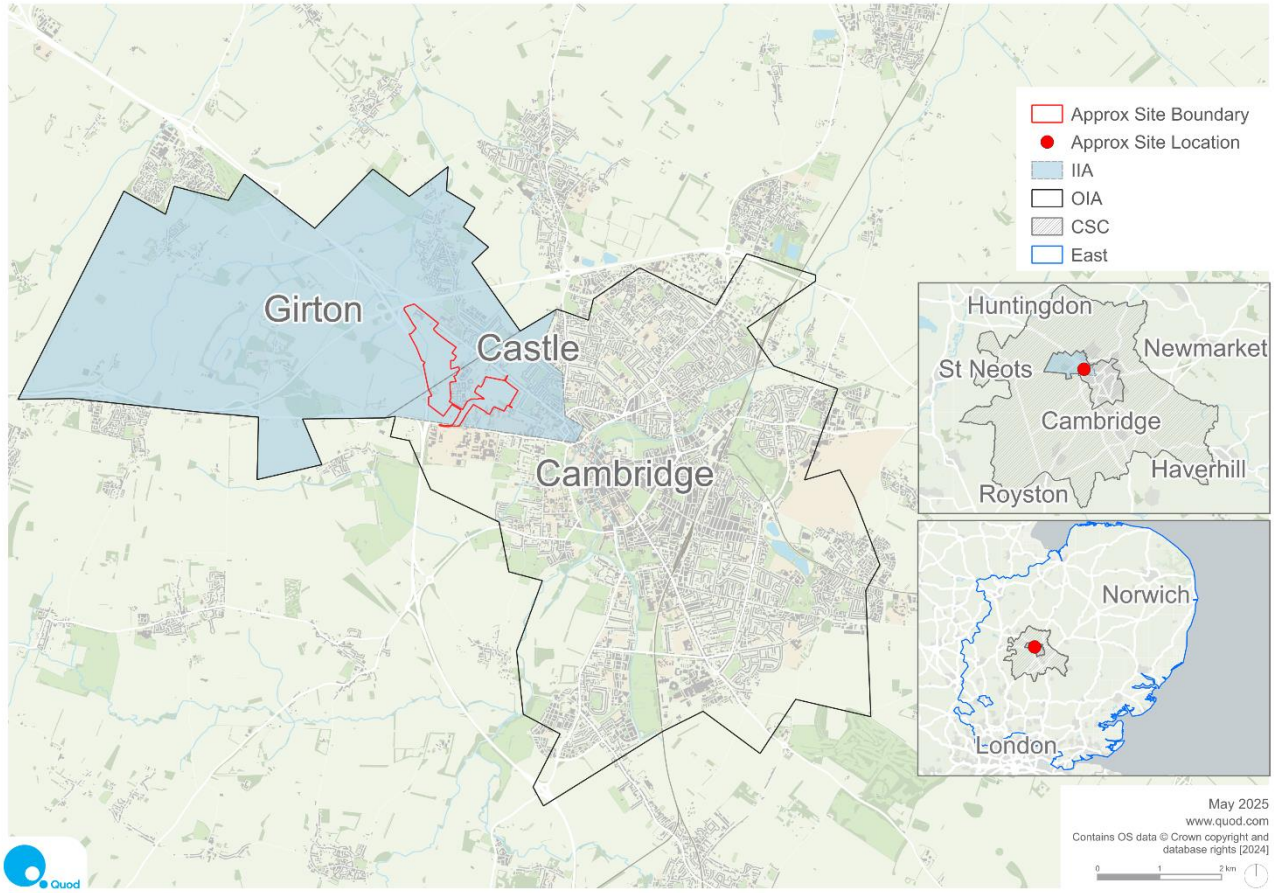
3.5 The baseline considered relevant health statistics for Castle ward (referred to as the 'Local Area' and shown in Figure 3.1) where available, CCC and SCDC alongside the East of England average for comparison purposes.

3.6 The baseline drew on a range of publicly available data sources which are referenced throughout this report including Public Health England Fingertips[15] and Cambridgeshire and Peterborough's Joint Strategic Needs Assessment (JSNA)[16]. These datasets are supplemented with data from the 2021 Census[17].

3.7 A summary of this baseline profile is presented in **Section 4** of this HIA document, supplemented through input from community consultation, considering comments raised by the community and relevant stakeholders with regards to health (**Section 5**).

[14] Greater Cambridge Shared Planning (2025) Health Impact Assessment Supplementary Planning Document (Adopted April 2025). Available at: https://www.scambs.gov.uk/media/c4ccuvtx/greater_cambridge_hia_spd_adoption_2025.pdf
[15] Public Health England (2025) Fingertips Data. Available at: https://fingertips.phe.org.uk/
[16] Cambridgeshire and Peterborough (2023) Joint Strategic Needs Assessment.
[17] Office for National Statistics (2021) Census.

Figure 3.1: Spatial Study Areas (note that western parts of Girton are predominantly rural)



Health Pathways

3.8 The mechanisms through which planning and development can affect health are referred to as 'health pathways'. The potential health pathways for the following assessment have been informed by the Appendix 3 of the GCSP HIA Checklist and consider the wider determinants of health under the following themes:

- Healthy Environments
- Healthy Homes
- Active Travel and Inclusive Mobility
- Open Space and Recreation
- Access to Healthy Food
- Vibrant Communities
- Digital Connectivity and Access to Telecommunications Infrastructure

3.9 Health pathways were identified for each of these eleven wider determinants of health, informed by an extensive literature review – the most significant being the Marmot Review into

Health Inequalities[18] and Public Health England's Spatial Planning for Health evidence resource[19].

3.10 The baseline analysis also included an assessment of the surrounding local area in relation to each of the wider determinants of health to establish the condition of the Site's existing health pathways.

Consultation with Local Authorities

3.11 The technical team met with a SCDC Health Specialist Development Officer on 19th May 2025 to present the proposed approach and methodology to this HIA. The discussions highlighted SCDC priorities including:

- Access to employment supporting mental health outcomes arising from concerns relating to long-term unemployment and availability of lower skilled occupations;
- Cohesion between different communities especially where developments propose housing typologies usually considered transient (e.g. student accommodation);
- Addressing health inequalities across SCDC – the health specialist noted that generally SCDC performs well regarding health outcomes but there are significant inequalities that are shielded in data;
- Supporting aging well; and,
- Housing design supporting home working spaces.

3.12 The officer highlighted the importance and need for community consultation especially in consideration of vulnerable sub-populations.

3.13 The public health team at CCC has been contacted for comment. At the time of writing, Quod has not received a response to requests for engagement.

Health Impact Assessment of Final Scheme Design

3.14 The assessment of the Proposed Development has been guided by the SPD, alongside consideration of the identified local health priorities and vulnerable sub-populations, to ensure a comprehensive analysis of all potential health effects.

3.15 Health pathways for each of the wider determinants of health, as identified by the GCSP guidance, are outlined, followed by an assessment of the Proposed Development's response to each pathway to identify potential health impacts.

3.16 HIA is a multidisciplinary process. Therefore the assessment of the Proposed Development's potential health impacts has been informed by analysis of relevant technical assessments submitted as part of the planning application. This includes various chapters of the Environmental Statement (ES) as well a wider planning application documents as listed in Section 1 of this assessment.

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[18] The Marmot Review (2010) Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England Post-2010. and Institute of Health Equity, 2020. Health Equity in England: The Marmot Review 10 Years On.
[19] Public Health England (2017) Spatial Planning for Health: An evidence resource for planning and designing healthier places.

3.17 Wider physical, social, economic, and environmental factors do not produce predictable or equal health effects in individuals. When exposed to the same health pathway, individuals may respond differently due to a complex mix of underlying health conditions, lifestyle factors and personal preferences. As such, assigning a scale of significance to the identified health effects cannot be done at an individual level. Instead, the assessment has been carried out at a general population level, with a separate assessment of potential effects on identified vulnerable sub-populations.

3.18 The assessment has been done in line with IEMA (now ISEP) guidance[20] by reviewing:

- How many people will be affected by that impact;
- Which groups may be more or less impacted;
- The health pathways for identified impacts;
- The duration of impact; and,
- The priority of impact.

3.19 The priority of impact will be categorised with consideration given to Public Health England's (PHE) Health Impact Assessment in Spatial Planning[21] aligning with SPD guidance (copied below):

- **Significant Impact (major adverse impact or major benefit):** Categorisation based on the following: high exposure or scale of impact; long-term duration; continuous frequency; severity predominantly related to mortality; majority of population affected; permanent change to day-to-day life; and substantial service quality implications. For identified harms, prevention measures will be required and should be prioritised. Identified benefits should be incorporated as part of the development, where feasible.
- **Potentially Significant Impact (moderate adverse impact or moderate benefit):** Categorisation based on the following: low exposure or medium scale of impact; medium-term duration; frequent events; severity predominantly related to moderate changes in morbidity; large minority of population affected; gradual reversal; and small service quality implications. Prevention or mitigation measures will be required to address identified harms. Identified benefits should be incorporated as part of the development, where feasible.
- **Slight Impact (slight adverse impact or slight benefit):** Categorisation based on the following: very low exposure or small scale of impact; short-term duration; occasional events; severity predominantly related to minor change in morbidity; small minority of population affected; rapid reversal; and slight service quality implications. Design intervention may be required but should be balanced against development constraints and the need to mitigate more significant impacts.

[20] Pyper, R., Waples, H., Beard, C., Barratt, T., Hardy, K., Turton, P., Netherton, A., McDonald, J., Buroni, A., Bhatt, A., Phelan, E., Scott, I., Fisher, T., Christian, G., Ekermawi, R., Devine, K., McClenaghan, R., Fenech, B., Dunne, A., Hodgson, G., Purdy, J., Cave, B. (2022) IEMA Guide: Determining Significance for Human Health in Environmental Impact Assessment.

[21] Public Health England (PHE), 2010. Health Impact Assessment in spatial planning – A guide for local authority public health and planning teams. [online] available at: https://assets.publishing.service.gov.uk/media/5f93024ad3bf7f35f184eb24/HIA_in_Planning_Guide_Sept2020.pdf

- **Not Significant (neutral impact):** Categorisation based on the following: negligible exposure or scale; very short-term duration; one-off frequency; severity predominantly relates to a minor change in quality-of-life; very few people affected; immediate reversal once activity complete; and no service quality implication. No further action required.

Recommendations

3.20 Where impacts have been identified, potential mitigation measures and recommendations (that could reasonably be undertaken) have been proposed to minimise any adverse effects and/or maximise opportunities for the Proposed Development to contribute to improvements in local health.

3.21 As previously discussed, some details will only become available at Reserved Matters stage. Where this is the case, the assessment includes suggested steps to be considered during the detailed design stages, along with recommendations for longer term monitoring.

Limitations and Constraints

3.22 The baseline of a neighbourhood may change overtime. The most recently published data sources and literature have been used to establish the baseline; however, this may not always accurately reflect the current status. For example, the latest Census data available is from 2021. In some cases, health data is not available at ward level, which limits the ability to characterise the Local Area in the context of CCC and SCDC. This is an unavoidable limitation of working with this type of data and at this scale and is unlikely to affect the assumptions or conclusions of this assessment.

3.23 The analysis of environmental impacts is based on the findings of the Environmental Impact Assessment (EIA). For details on limitations and any assumptions applied in these assessments, reference should be made to the Environmental Statement (ES).

3.24 As the application is submitted in outline, varying levels of design detail have been provided across different components of the scheme. Many detailed aspects of the Proposed Development - some of which may have implications for health - will be determined at the Reserved Matters stage.

4 Baseline Profile

4.1 This section sets out the current health profile of the Local Area, CCC and SCDC. This baseline information, together with the health policy context and comments raised through consultation informs the health priorities for consideration with this HIA.

Existing Uses

4.2 Most of the site comprises of topsoil and clay extracted as part of the Phase 1 development, but also still currently comprises research facilities, a farm and residential homes (three homes).

4.3 Elements of Phase 1 of the 2013 OPP has been delivered including community facilities on-site comprising of the University of Cambridge Primary School, Bright Horizons Eddington Nursery and Storey's Field Community Centre. Although beyond the redline boundary for the Proposed Development these uses, and their users, will need to be carefully considered in the context of health impacts.

4.4 As a phased development future residents and users will also need to be carefully considered in the context of health impacts.

Demographic Profile

4.5 A full demographic and economic profile is provided in **ES Volume 1, Chapter 6: Socio-economics**. The socio-economic baseline considered different geographies to those proposed for the HIA in Section 3. These are outlined below:

- Inner Impact Area (IIA) – Castle Ward (Cambridge) and Girton Ward (South Cambridgeshire) (where data is available);
- Outer Impact Area (OIA) – Girton Ward and Cambridge Wards (Abbey, Arbury, Castle, Cherry Hinton, Coleridge, East Chesterton, King's Hedges, Market, Newnham, Petersfield, Queen Edith's, Romsey, Trumpington, West Chesterton) (where data is available); and
- Cambridge and South Cambridgeshire ('CSC') – CCC and SCDC; and

4.6 The data for these areas are summarised below.

Table 4.1: Demographic Profile

Measure	IIA	OIA	CSC	East
Total Population				
2011 Census	*	*	272,600	5,847,000
2021 Census	13,200	151,000	307,800	6,335,000
2011 to 2021 Population Growth	-	-	13%	8%
Age Profile: 2021 Census				
0-15 years	13%	14%	17%	19%

Measure	IIA	OIA	CSC	East
16-74 years	79%	80%	75%	72%
75+ years	8%	6%	8%	9%
Economic activity (residents aged 16-74 years), 2021				
Total number of working age residents	10,400	120,500	232,000	4,560,000
Economically active (%)	52%	59%	59%	65%
Unemployment rate (%)	4.6%	4.9%	4.8%	3.3%
Claimant count (residents aged 16-64) (August 2024)				
Total Claimants	80	2,420	4,135	136,205
Claimant Rate	0.9%	2.1%	2.0%	3.5%
Key Employment Sectors (jobs)				
Total Jobs	10,200	121,000	211,000	2,970,000
Education	4,200 (41%)	26,400 (22%)	33,500 (16%)	255,000 (9%)
Professional, scientific & technical	1,800 (18%)	23,800 (20%)	46,000 (22%)	255,500 (9%)
Arts, entertainment, recreation & other services	920 (9%)	5,900 (5%)	9,300 (4%)	135,500 (5%)
Construction	185 (2%)	1,275 (1%)	6,750 (3%)	183,500 (6%)

Health Profile

4.7 **Table 4.2** provides a health profile summary for residents of the Local Area (where data is available), CCC, and SCDC alongside the East average for comparison purposes – this is set out three sections: health outcomes, risk factors and wider determinants. The baseline narrative in this section focuses on health outcomes and risk factors, whilst wider determinants are discussed in detail within the *Health Pathways* sections which follow.

Table 4.2: Health Profile Summary

Health Indicator		Local Area	CCC	SCDC	East
Health outcomes					
Life Expectancy at Birth (years) (2021/23)	Male	-	80.2	82.5	80.0
	Female	-	84.0	85.4	83.6
Mortality rate from all causes (2021/23)	Per 100,000	-	302	238	311
Under 75 mortality rate: cardiovascular (2021/23)	Per 100,000	-	43	64	69

Health Indicator		Local Area	CCC	SCDC	East
Under 75 mortality rate: cancer (2021/23)	Per 100,000	-	106	86	113
Suicide rate, per 100,000 population (2021/23)		-	13.1	9.7	9.5
Self-Reported Health, percentage of the adult population	'Very Good' and 'Good'	91%	87%	86%	83%
	'Fair'	8%	10%	11%	12%
	'Bad' and 'Very Bad'	2%	3%	3%	5%
Long Term Health Problem/Disability – day-to-day activities limited, percentage of the adult population		13%	15%	15%	17%
Depression: Recorded Prevalence in adults (2022/23)		-	9%		12%
Risk Factors					
Adults Classified as overweight or obese (2022/2023)		-	50%	66%	65%
Children in Year 6 classified as overweight or obese (2023/24)		-	16%	13%	22%
Physically active adults (>150 mins of moderate intensity activity per week) (2022/23)		-	77%	71%	68%
Wider Determinants					
Child poverty 2019 (Income Deprivation Affecting Children Index)[22] (percentage of children)		4%	12%	8%	17% (England)
Statutory homelessness: households in temporary accommodation (per 1,000 population) (2022/23)		-	-	1.0	3.0
Air pollution: fine particulate matter (mean micrograms per cubic meter (µg/m3) (2023)		-	7.4	7.0	7.2
The rate of complaints about noise (per 1,000 population) (2020/21)		-	4.2	2.4	4.1

[22] The proportion of children living in families in receipt of out-of-work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60 per cent of UK median income.

Health Indicator	Local Area	CCC	SCDC	East
Killed and seriously injured (KSI) casualties on England's roads (rate per billion vehicle miles) (2023)			-	72.4

Sources: *Public Health England – Cambridge City and East of England Health Profiles; Census 2021.*

Health Outcomes

4.8 Table 4.2 demonstrates that residents of the CCC on the whole experience better general health than the East of England average.

4.9 The life expectancies presented in Table 4.2 are from ONS data collected from 2021 to 2023. Life expectancies at birth for both men and women are higher across SCDC than both CCC and the East of England. Life expectancy at birth across CCC and the East of England are broadly aligned.

4.10 Residents across CCC and SCDC both experience significantly lower under 75s mortality rates than the East of England as a whole, particularly for cardiovascular mortality.

4.11 The 2021 Census asked residents to self-assess their health, and the results suggest that residents in the Local Area have better self-perceived health than all comparator areas, with 91% indicating 'very good' or 'good' health. This is higher than the average for CCC, SCDC and the East of England, at 87%, 86% and 83% respectively.

4.12 According to the 2021 Census, there are 1,023 residents in the Local Area who experience limited day-to-day activities due to long term health problems or disability – this equates to 13% of the Local Area's total population. This rate is below with the average for CCC and SCDC (both 15%) and the East of England as a whole (17%).

Risk Factors

4.13 CCC experiences notably better outcomes in relation to risk factor indicators compared to the East of England. The CCC had lower excess weight and obesity rates and higher rates of physical activity in adults. These trends are also reflected in determinants affecting children.

4.14 SCDC outcomes broadly align with the East of England in relation to risk factors with slightly higher proportion of adults engaging in physical activity weekly compared to the East of England.

4.15 Mental health and physical health are inextricably linked: poor physical health can cause mental health problems and vice versa. Those that suffer from obesity, substance misuse, smoking, cancer and cardiovascular disease are particularly likely to also have a mental health problem.

4.16 The Cambridgeshire and Peterborough Mental Health Needs JSNA[23] highlights that, around three in 10 Cambridgeshire residents report that they struggled with their mental health in 2024. The assessment further identifies that the mental health system is under increasing pressure with greater demand, longer waiting times and gaps in workforce and funding Depression is recorded in 9% of the adult population in CCC, lower than the East of England average (12%).

Wider Determinants

4.17 Environmental amenity is lower in CCC with higher air pollution and complaints about noise compared to other comparator areas. The Site is adjacent to the M11 which is a source of traffic noise.

4.18 Child poverty is higher in CCC (14%) than SCDC (8%) but lower than the England average (17%). Further data on poverty has been provided through stakeholder engagement.

4.19 Following engagement, the SCDC Health Specialist Development Officer provided data from SCDC's Low Income Family Tracker data which is not publicly held. This data reveals the inequalities across SCDC revealing:

- 15.6% of all households across SCDC are claiming benefits;
- 29% of benefit households are living below the UK poverty line (of which 33% contain at least one child);
- Of those households in relative poverty, 39% accommodate at least one child revealing that households in poverty are more likely to accommodate children than older people.

4.20 This data is publicly available for CCC[24] and reveals:

- 13.3% of households across CCC are claiming benefits;
- There were 3.3% more households claiming benefits in CCC than the same point last year.
- 28% of benefit households are living below the UK poverty line;
- Across CCC nearly 22% of all children live in a benefit household with 10% experiencing relative poverty.

Health Deprivation

4.21 The Government's Index of Multiple Deprivation (IMD) (2019) measures deprivation by combining indicators including a range of social, economic and housing factors, to establish a single deprivation score for each small area (Lower-layer Super Output Area (LSOA)) across England. LSOAs are statistical geographic areas based on population size. The minimum population for a LSOA is 1,000 residents or 400 households. All LSOAs are ranked relative to one another according to their level of deprivation.

4.22 These factors are divided among seven domains of deprivation, outlined as follows:

[23] Cambridgeshire and Peterborough (2024) Cambridgeshire and Peterborough Mental Health Joint Strategic Needs Assessment 2024.
[24] CCC (2023) Mapping Poverty. [online] Available at: https://cambridge.gov.uk/mapping-poverty

- Income deprivation;
- Employment deprivation;
- Education, skills, and training deprivation;
- Health deprivation and disability;
- Crime;
- Barriers to housing and services; and
- Living environment deprivation.

4.23 Health deprivation and disability measures "*the risk of premature death and the impairment of quality of life through poor physical or mental health*"[25]. Measures of health include morbidity, disability and premature mortality.

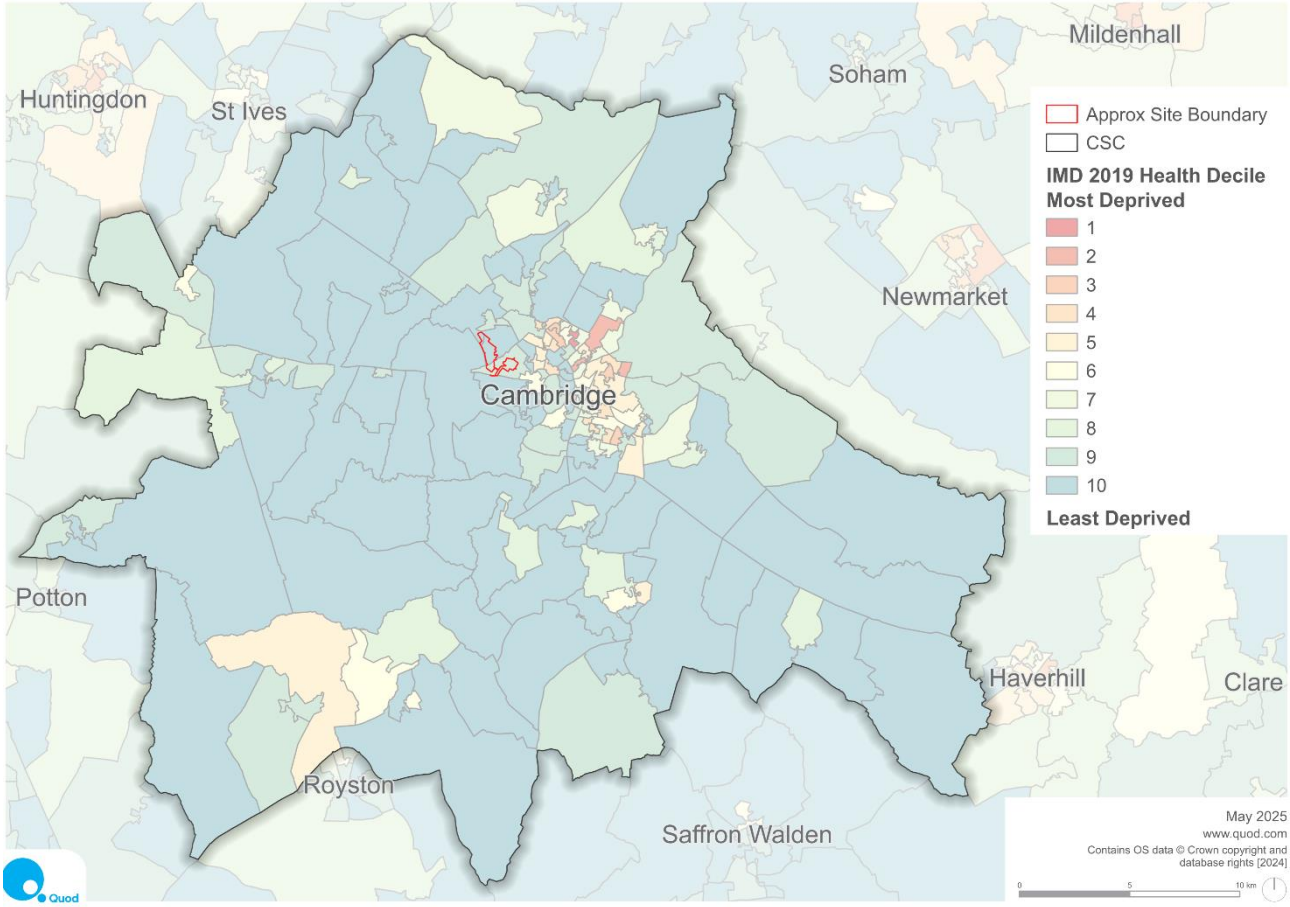
4.24 Figure 4.1 shows the relative levels of deprivation within this health domain in the area surrounding the Site; areas in red are within the 10% most deprived in England, and those in yellow are within the 20% most deprived in England.

4.25 The Site and neighbouring areas are among the least deprived in terms of health. There are areas of high deprivation in terms of health to the east of Cambridge city as illustrated in Figure 4.1.

4.26 People with higher levels of deprivation are more likely to have a long term (health) condition due to factors such as poorer housing conditions, fuel poverty and higher risk of social insecurity[26].

[25] Ministry of Housing, Communities and Local Government (2019) The English Indices of Deprivation 2019: Statistical Release
[26] UCL Institute of Health Equity (2012) The impact of the economic downturn and policy changes on health inequalities in London.

Figure 4.1: Index of Deprivation: Health Domain



5 Community Consultation

5.1 The Applicant has undertaken a comprehensive and inclusive approach to consultation as described in the **Statement of Community Involvement ('SCI)**. The approach to consultation and engagement has been guided by best practice and professional experience.

5.2 The Applicant has gone above and beyond to ensure the fullest extent of engagement with stakeholders and the wider community. A central aim of consultation was to ensure that hard-to-reach residents and stakeholders had access to a consultation event.

5.3 There were three formal rounds of consultation in September 2024, November – December 2024 and March – April 2025. On top of this programme, the Applicant carried out engagement via community events.

Formal Consultation

5.4 The consultation process included both in-person (in a variety of places) and online activity to engage with a wide group and capture feedback. These consultation events were widely publicised and promoted including:

- Press releases to local news outlets.
- Consultation leaflets (approximately 8,100 of these were circulated to nearby).
- Letters to selected stakeholders to ensure local businesses, resident groups and politicians were kept up to date on upcoming events.
- Social media adverts to maximise engagement with the local community and to attract hard to reach groups such as the younger demographic.
- Internal UoC promotion using internal communication channels.
- In the quarterly project newsletter – the Eddington Edition – established in summer 2024.
- Advertisements: in the week before the first consultation event, two newspaper adverts containing details on each of the consultation events and on how to get involved.

First round of Consultation

5.5 The first round of consultation (September 2024) presented the early masterplan proposals and vision for the future phases at NWCM including the vision, guiding principles including new homes and green spaces. Consultation events included:

- The UoC hosted public drop-in exhibitions at Storey's Field Centre in Eddington, in the Lion Yard Shopping Centre , and the University Centre in order to reach existing residents of Eddington and its surroundings, the student population, and wider Cambridge residents.
- The Applicant hosted a webinar attended by 21 members of the public.

Feedback

5.6 Feedback is summarised in the **SCI** – detail repeated here is limited to feedback that relates to the health pathways as described in **Section 3**. Feedback included:

- Prioritising sustainability and minimising carbon emissions;
- Appreciation for the provision of green spaces, walking space, and sports fields;
- Provision of new homes welcomed with push for range of homes to accommodate range of needs. Further agreement that affordable housing is essential for key workers;
- Importance placed on maintaining communal areas and spaces suitable for families and children (including private housing section);
- Desire to develop the NWCM with communal ownership of spaces crating spaces in which people can meet and connect supporting social cohesion;
- Push for more local services including high street health services (e.g. pharmacy, dentist) and leisure uses;
- Concern with noise impacts from adjacent M11;
- Concern for safety and security across the NWCM with a focus on balancing need for adequate lighting and CCTV while maintaining a community-friendly atmosphere;
- Desire to improve transport infrastructure – particularly active travel opportunities (e.g. bus and cycling routes) and to help alleviate congestion through park-and-ride system. A car-free NWCM was seen as a priority; and,
- Well-connected offer for senior care to support ongoing independence among residents.

Second round of Consultation

5.7 The second round of consultation outlined how feedback was considered in the evolution of the masterplan.

5.8 This consultation focused heavily on the provision of new recreational and sports facilities with questions focused on how to improve provision or design to improve accessibility or inclusivity. Feedback included ensuring any provision is well-maintained and caters to a diverse range of preferences, age groups and physical activity levels. Feedback emphasised the social element to these activities.

5.9 Further consultation events were held during this period including:

- A stall at Eddington's Winter Warmer event, which aimed to encourage engagement from a wide range of demographics. A total of 118 people attended the pop-up consultation.
- Four public drop-in events held at the Postdoc Academy in Eddington and the West Hub to ensure engagement with the academic community. A total of 214 visitors attended across the events
- The Applicant held an online webinar attended by a total of 6 members of the public.

Feedback

5.10 Feedback from this consultation is summarised in the **SCI** – detail repeated here is limited to feedback that relates to the health pathways as described in **Section 3**. Feedback included:

- Positive response to the diverse sports offer;

- Concern related to family focused amenity and community facilities;
- Concern related to traffic and safe active travel routes; and,
- Desire for an inclusive and accessible design for all to enjoy.

Third round of Consultation

5.11 The third round of consultation included several consultation events which included:

- A total of five public drop-in exhibition sessions were held, three events were held at Storeys Field Centre with events also taking place at the Lion Yard Shopping Centre and West Hub. The exhibitions were attended by a total of 462 visitors.
- An online webinar was attended by 11 members of the local community.

5.12 Feedback relevant to the health pathways included:

- Positive response to the active travel plans including extension of cycleways;
- Suggestion for improved crossings with those delivered in Phase 1 causing confusion on priority;
- Positive response to green and open space including increases to biodiversity;
- Concern that the sustainability features did not align with promised features (noting dissatisfaction with proposed grey water scheme and proposed food waste disposal system);
- Positive response to the proposed health centre (delivered in Phase 1) with suggestion that a pharmacy would be well received; and,
- Positive response to the proposed sports facilities particularly provision of 3G pitches.
    - For further details on the engagement strategy and feedback received please refer to the **Statement of Community Involvement**, submitted as part of the Application.

Community Events

5.13 In addition to the formal engagement, the Applicant undertook community engagement including hosting three interactive, accessible community events to engage outside of formal consultation and foster community cohesion.

Storey's Field Parkrun

5.14 The Applicant undertook informal engagement at the Storey's Field Parkrun to draw footfall and broaden reach. Members of the public were encouraged to engage with and provide feedback on exhibit boards in exchange for a free hot or soft drinks. This event was attended by 155 visitors and 93 drinks were distributed.

The Eddington Grow Club

5.15 The Eddington Grow Club Launch event attracted 251 residents. The aim of the grow club was to create a self-sufficient and resident-led community initiative that would exist beyond the launch itself and continue to foster interest in sustainable growing in Eddington. Several initiatives were undertaken as part of this:

- A “cup of tea” event was held in early March to begin building momentum
- Branded seed packets and starter pots were distributed during the third round of consultation.

5.16 The grow club launch helped to support consultation by providing an informal and accessible space for residents to view proposals and share feedback.

University of Cambridge Primary School Design Exhibition

5.17 The Applicant hosted the University of Cambridge Play Space Design Exhibition at Storey’s Field Centre.

5.18 This event encouraged local children to share their views and help shape the future of their neighbourhood. 160 Year 3 and Year 4 pupils worked on submissions during art lessons with each class allocated one of the three future spaces in the Eddington masterplan: the Shared Gardens, Brook Leys and North West Corner Play Area. Children were asked to design their own visions for these spaces as well as providing their reasoning.

5.19 The exhibition showcased the work to teachers, parents and stakeholders and ensures that the voices of children, a hard-to-reach demographic, are engaged with in a relevant way. Ideas will contribute to future play spaces by creating an accessible, fun activity where all pupils can have their say on the future of Eddington.

Engagement on Health Priorities

5.20 The Team has engaged with SCDC health officer and several attempts to contact CCC health officer and integrated neighbourhood team have been made. At the time of drafted no response has been received.

5.21 As outlined in Section 3, the technical team met with a SCDC Health Specialist Development Officer on 19th May 2025.

Future Engagement

5.22 The Applicant remains committed to continual engagement with the community and will be maintaining regular and meaningful updates and feedback channels throughout the remainder of the planning process and beyond as the master developer and owner-occupier of the NWCM.

5.23 This includes post-submission Public Information Sessions, set to be held in September 2025, that will detail the final proposals for the community and set out reasoning behind design decisions.

Summary

5.24 Consultation has been central to developing and evolving the masterplan to respond to local needs. The engagement has been varied and carefully planned to reach as much of the community as possible including hard to reach groups. This is vital to ensuring that local voices across all groups (including vulnerable sub-populations) are heard and considered in the

design of the masterplan. Engagement with hard-to-reach groups was highlighted by SCDC, as described in **Section 3**, as a priority to ensure spaces reflected local needs and considered vulnerable sub-populations.

5.25 Themes running through the consultation of direct relevance to this assessment are:

- Availability of and accessibility of active travel opportunities
- Breadth of sport, recreation and community facilities (balancing needs for different ages, abilities and interests)
- Management of sustainability commitments and features
- Need for the health centre and other local shops.

6 Health Priorities and Vulnerable Sub-populations

Health Priorities

6.1 Based on the baseline profile set out above, and relevant local authority strategic documents, the following have been identified as key health priorities for consideration through the HIA process.

- Tackling health inequality across the Greater Cambridge Shared Planning (GCSP) area where may people have very good health outcomes but there is a significant gap between the best and worst health outcomes;
- Supporting children in education throughout the lifecycle of education (from early years onwards);
- Supporting population in aging well and planning for inclusive and accessible design supporting mobility and access to services;
- Creating environments that give people the opportunity to be as healthy as they can be e.g.:
  - Promoting physical activity through development, initiatives and spaces to promote good physical health including active and sustainable travel and a wide range of sport and recreation offers.
  - Planning for on-site health facilities.
- Reducing poverty and its indirect effects on health through better employment, skills and housing; and,
- Improving mental health by promoting early intervention and prevention measures.

6.2 It is worth reiterating with respect to this list that development, planning and land use have important, but still limited, effects on health outcomes. This assessment focusses on those health pathways and priorities most relevant to land and planning.

Vulnerable Sub-populations

6.3 Within a defined population, individuals will range in their levels of sensitivity to health outcomes due to factors such as age, socio-economic deprivation, and pre-existing health conditions. Some groups of individuals may be particularly vulnerable to changes whereby they could experience differential or disproportionate effects when compared to the general population. For example, older people, young children, and individuals with chronic pre-existing respiratory conditions would be more sensitive to adverse changes to air quality with the potential for emergency admission to hospital more likely than for someone of working age who has good respiratory health.

6.4 The baseline has helped identify vulnerable sub-populations. Vulnerable groups are those that could potentially experience effects on their health differentially (because of their vulnerability) or disproportionably (because of their incidence).

6.5 The following vulnerable sub-populations have been identified as being particularly sensitive to health impacts because they have existing underlying health vulnerabilities or because of an intersectionality that means that a health impact could be magnified for them:

Vulnerable Group	Vulnerability	Local Context
Children and Young People	A dependent group reliant on others for health and wellbeing. The wider determinants of health including poverty, housing, access to services (including education) and exposure to environmental factors have increased influence on health outcomes for children and young people. Children are empirically more sensitive to poor air quality and some types of noise effects. Behavioural patterns established in childhood can have long term impacts.	There are lower levels of residents aged 0-15 years across the IIA and OIA (13% - 14% respectively) compared to CSC and East (17% to 19% respectively). Local health strategies forecast that growth is forecast in this age group.
Older People	Often a dependent group reliant on others for health and wellbeing. Increased vulnerability with effects physical decline (including reduced mobility) and increased risk of illness. Mental health is also a key factor with social isolation and loneliness key vulnerabilities. This group are more likely to spend more time at home and therefore may be differentially impacted by effects arising from the Proposed Development on local environment (e.g. noise). Older people are empirically more sensitive to poor air quality, and have a relatively high risk of complex co-morbidity.	In the IIA 8% of residents are over the age of 75 (6% across the OIA). This is in line with the CSC and East. Local health strategies forecast that growth is forecast in this age group.
Socio-economic disadvantage (e.g. low income, those experiencing discrimination)	Those in this group are more likely to face greater health inequalities across health outcomes. There is an İntersectionality between health and socio-economic factors including poverty and unemployment, access to services, access to education.	The levels of unemployment at the local level – both IIA and OIA are in line with CSC but higher than the region.
People with existing poor health (physical and mental health)	Those in this group are more likely to be vulnerable to changes in their environment and surroundings. They may suffer from complex co-morbidities that could be exacerbated by environmental impacts. This group are more likely to spend more time at home and therefore may be differentially impacted by effects arising from the Proposed Development.	The Local Area has lower proportion of residents who have a long term health problem/disability (13%) compared to the East 17%.
People with access limitations and/or	Those in this group are more likely to be vulnerable to changes in their environment and surroundings.	As set out above, unemployment across the

Vulnerable Group	Vulnerability	Local Context
geographical isolation, e.g. unemployed or shift workers, people with long term disabilities, people in living in isolated locations and/or with limited transport options	They may be less resilient to changes in service provision or transport. This group are more likely to spend more time at home and therefore may be differentially impacted by effects arising from the Proposed Development at a local level (e.g. noise).	local level are in line with CSC but higher than the region.

6.6 All the above vulnerable sub-populations will be considered throughout the HIA process.

7 Healthy Environments

7.1 **Creating healthy environments** that support and provide opportunity for communities to be as healthy as can be is identified as a health priority. This includes ensuring that the environment including air quality, noise, ground conditions, etc are of a quality that supports positive health outcomes.

Flooding

Potential Health Pathways

7.2 The Marmot Review highlights a clear link between climate change and health, with climate change impacts likely to most effect those with the poorest health. This is reiterated in 'Marmot Review 10 Years On' with a further call to action to employ measures to reduce emissions and the potential impacts of climate change.

7.3 Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments to cope with higher temperatures, more uncertain rainfall, and more extreme weather events, along with their impacts such as flooding.

Health Impact Assessment

Does the proposed development incorporate sustainable drainage techniques (SuDS), including storing rainwater, use of permeable surfaces and green roofs?

7.4 The Site is predominantly within Flood Zone 1 – having low probability of flooding - with a small area to the north-west corner in Flood Zone 2 (medium probability).

7.5 The masterplan incorporates SuDS in line with the 2013 OPP which have been developed in consultation with the Lead Local Flood Authority. The full details are provided in the **Flood Risk Assessment and Surface Water Drainage Strategy.**

7.6 In summary, the surface water runoff from plots and external areas are proposed to discharge into a network of SuDS features and ultimately to Brook Leys where the runoff is restricted to greenfield rates prior to discharge to the Washpit Brook. The design has carefully considered opportunities for SuDS in its proposed landscaping proposals with the proposed 'shared gardens' offering an opportunity to function as surface water drainage conveyance routes.

7.7 An Outline Surface Water Drainage Strategy (available in **Appendix J** of the **Flood Risk Assessment and Surface Water Drainage Strategy**) has been developed to provide a broad indication of the key features proposed for the Site. As the application is submitted in outline, this will be subject to further detailed design and hydraulic modelling at the next stage.

7.8 Flooding could have direct implications on health including mortality. The careful consideration of the proposed design and provision of SuDS techniques to reduce potential surface water flooding has a beneficial impact on health of future Site users. This is considered to be a slight benefit in the context that the existing Site has a low probability of flooding.

7.9 This effect is considered to be the same for both the general population and vulnerable sub-populations.

Is there a Flood Evacuation Plan and does this consider people with mobility or specific care needs?

7.10 There is currently no Flood Evacuation Plan including the OPA. As the proposals are being submitted in outline this level of detail is not yet available and will be subject to future Reserved Matters Applications (RMA) at detailed design stage.

7.11 The proposed **Design Code** highlights accessibility as an important aspect of any future public realm and landscape which notes the need for spaces to be available for use independently.

Contaminated Land

Potential Health Pathways

7.12 Ground conditions and land contamination can pose risks to human health, the wider ecosystem and the environment. Contamination of groundwater, surface water and soil - exposure to vapours and ground gases - can have direct impacts on human health, including irritation, gastrointestinal issues, respiratory problems (particularly where gases are inhaled) and potentially long-term health effects and diseases.

7.13 Development can increase the risk of exposure to contaminants, particularly where significant groundworks are undertaken that affect ground conditions or have potential impacts on nearby water courses.

Health Impact Assessment

Has the proposed development been assessed for any potential contaminated land risks to construction workers or future site users?

7.14 Yes, the **Environmental Statement Volume 1: Chapter 13 Ground Conditions and Land Contamination** includes a risk assessment of potential land contamination effects on groundwater and surface water likely to arise from construction and operation of the future Proposed Development.

7.15 The chapter includes an assessment on the human receptors considering human health impacts related to land contamination during construction including direct contact with or ingestion of contaminated soil, dust or water, inhalation of soil particulates, vapours and ground gas and explosive atmosphere in enclosed spaces from the build-up of ground gases.

7.16 Potential sources of contamination are identified as:

- On-Site: Historical Activities and associated Made Ground; Current and former petrol stations; Electricity Substations; and Industrial features including tanks.

- Off-Site: Historical Activities and associated Made Ground; Current and former petrol stations; Electricity Substations; Industrial features including tanks; Current electrical vehicle charging station; and Motor Repairs.

7.17 Chapter 13 takes a precautionary approach, considering a worst case scenario and identifies risks to human health from these sources, if there is no mitigation as part of the Enabling, Demolition and Construction process. All potential effects on human health can be mitigated through adequate risk assessment following intrusive ground investigations which will be required as part of the planning process and all residual effects are not significant.

7.18 A **Construction Environmental Management Plan (CEMP)** (to be submitted and approved by the relevant authorities) will set out embedded measures throughout construction - such as adopting best practice relating to spillage risk, washing vehicles, etc. – to reduce potential effects.

7.19 This effect is considered to be the same for both the general population and vulnerable sub-populations.

Noise and Vibration

Potential Health Pathways

7.20 Noise and vibration are linked to population health, particularly in places where people live or work in close proximity to sources of noise and vibrations. Very high noise levels can have direct health impacts such as hearing loss or tinnitus; but, there “should be no risk” of these levels of noise from environmental factors[27]. Lower levels - those causing nuisance or annoyance – can have indirect effects, including through stress-related illness and sleep disturbances.

7.21 These nuisance-level effects do not impact all individuals. The degree of nuisance or annoyance can vary depending on personal sensitivity, time of day and the duration of exposure. Perceptions differ both within and across populations; and this importance or variability can be uncertain[28]. As such, it is challenging to predict with any certainty the degree to which nuisance and annoyance from noise will affect people at an individual level.

7.22 Where noise is a potential factor in a health impact assessment it is appropriate to consider effects at a population level separately to those at an individual level. Vulnerable sub-populations include those more sensitive due to existing health conditions (both physical and mental), and who spend more time at home during daytime hours when construction activities will occur – the impacts associated with construction would be temporary (construction activities and associated noise impacts will move around the site as it is phased).

Health Impact Assessment

Does the proposal minimise the impact of noise caused by traffic and commercial uses through insulation, site layout and landscaping?

[27] Noise exposure level beyond 80 dB during 40 years of working a 40 hour work week can give rise to permanent hearing impairment. Given that environmental exposure to noise is much lower than these levels and that noise-related hearing impairments are not reversible, the GDG considered that there should be no risk of hearing impairment due to environmental noise and considered any increased risk of hearing impairment relevant. WHO, 2018, Environmental Noise Guidelines for the European Region p. 23
[28] WHO, 2018, Environmental Noise Guidelines for the European Region p. 24

7.23 **ES Volume 1, Chapter 9: Noise and Vibration** considers the impact of noise caused by traffic and building services once operational.

7.24 Each residential plot will include a building services plant, and commercial buildings are expected to include similar plant. Each development plot will need to include acoustic attenuation to these building services to control noise emissions. This attenuation will need to be considered in early design stages to allow for adequate space on roof tops and other designated plan areas. It is expected that design would achieve the recommended limits as detailed in national guidance and effects would be negligible. The specific measures will be detailed within RMAs as they come forward for each development plot. The Building services plant will be designed to achieve recommended limits, which will be secured by condition.

7.25 Noise caused by operational traffic will generally be very low. Some receptors will have significant adverse effects, but this is due to the level of change - absolute effects are still below the daytime SOAEL thresholds[29] in the Design Manual for Bridges and Roads (i.e. $L_{A10,\ 18h}$ 68 dB).

7.26 Low noise road surfaces (single layer or two-layer porous asphalt) can reduce road surface noise, by up to 5 dBA when compared with the hot rolled asphalt (a typical / standard road surface). Accordingly, it is feasible to reduce sound levels at the affected properties further. As the design of the road has not been finished it would be appropriate to consider such mitigation in the future, once the layout and other requirements are confirmed. In addition to this, the review of Garrod Street will be secured through a planning condition.

7.27 Any further mitigation measures, if required, would be determined through detailed design as part of future RMAs.

7.28 In light of the assessment provided in the ES, the effect on the general population is neutral. The effect on people with heightened vulnerability could be slight adverse to neutral at a sub-population level but not significant at a population or sub-population level.

Air Quality

Potential Health Pathways

7.29 Air quality is a key influence in the quality of the environment in which a population lives, with implications for long-term health. Dust and emissions from transport and construction processes are the main potential source of pollutants. Poor air quality is associated with negative health outcomes, such as chronic lung disease, heart conditions and asthma, particularly among children.

7.30 Planning and development influence land use and, therefore, may influence the quantity and types of emissions produced – either reducing or increasing them. Mitigation measures, including the design of open spaces to act as green lungs for a community and the use of technology to reduce and capture emissions, may be used where appropriate.

[29] significant observed adverse effect level

Health Impact Assessment

Does the proposal minimise air pollution caused by traffic and employment uses?

7.31 **ES Volume 1, Chapter 8: Air Quality** assesses potential air quality impacts arising from the operational stage including traffic.

7.32 A full baseline of air quality is available in **ES Volume 1, Chapter 8: Air Quality**. The baseline conditions highlight that the main source of pollution in CCC and SCDC is from road traffic. CCC has previously declared an Air Quality Management Area (AQMA) which was revoked in early 2025 "due to success in reducing harmful pollutants in Cambridge[30]".

7.33 The Proposed Development is likely to have an all-electric energy strategy, and, on this basis, there will be no emissions from on-site combustion plant.

7.34 The predicted effect from road traffic emissions once the Proposed Development is operational will not be significant, falling below the UK Air Quality Strategy Objectives.

7.35 Overall, the Proposed Development is not anticipated to result in any significant effects on local air quality. The risk of air quality impacts from construction dust is considered negligible, and not significant, on the basis appropriate mitigation in implemented. The air quality impact from construction traffic and operational traffic is not significant in the Interim Year 2033 and Operational Year 2038.

7.36 The health impact on the general population is neutral. The effect on people with heightened vulnerability could be slight adverse to neutral at a sub-population level but not significant at a sub-population or population level.

Overheating

Potential Health Pathways

7.37 Overheating has links to human health outcomes with exposure to heat resulting in mild to severe effects which may, in extreme cases, affect mortality.

7.38 Use of resources and waste from development can create environmental impacts – these include ecological impacts (e.g. stripping of materials, mining for minerals etc.) through excessive use of resources; increased vehicle movements associated with the removal, sorting and disposal of waste; and hazardous impacts associated with improper disposal of waste materials. Waste from development (both during construction and operation) can create environmental and ecological impacts. Therefore, reducing and appropriately planning for waste disposal and contribute to improved health outcomes directly and indirectly by minimising environmental impact.

Health Impact Assessment

[30] CCC, 2024. Accessed: 300725 https://www.cambridge.gov.uk/news/2024/11/20/air-quality-management-area-to-be-revoked-due-to-success-in-reducing-harmful-pollutants-in-cambridge

Does the design of buildings and spaces avoid internal and external overheating?

7.39 Yes, the design of buildings and spaces avoid internal and external overheating. The detailed design of buildings and spaces will be subject to RMA. The design will be subject to the parameters submitted as part of the OPA including the **Design Code**.

7.40 The **Design Code** outlines that all façade design must follow Passivhaus principles including consideration to overheating from low sun. Furthermore, it requires all future design to consider overheating for example through solar shading, ventilation and orientation.

7.41 The careful consideration of design of spaces and buildings alongside Passivhaus principles has a neutral effect on health of future Site users. This is a neutral effect for the general population. Given their high susceptibility and the requirement for further design work it is considered that the effect on vulnerable sub-populations, especially older people, could be slight adverse pending final design work.

Waste Management

Potential Health Pathways

7.42 Reducing waste can, therefore, contribute to improved human health both directly and indirectly by minimising environmental impact. Planning and development can reduce waste at both construction and operational phases through both minimising use of resources and encouraging recycling.

Health Impact Assessment

Does the proposal include a suitable means for the storage and collection of waste?

Does the proposal include means to separate recycling from general waste?

7.43 The OPA is accompanied by an **Outline Site Waste Management Plan (SWMP)** which details the overarching waste management processes and practices to be implemented on -site during the construction phases of the Proposed Development. This includes the planned management of demolition, excavation and construction waste.

7.44 As outlined in the **Sustainability Statement,** the Underground Bin Strategy implemented in Phase 1 will be expanded to future phases to manage residential waste. Waste streams will be segregated to facilitate recycling. The Applicant will continue to work with the local authority to coordinate food waste collection requirements, which were highlighted as a local issue during consultation.

7.45 The location of underground bins has been planned, taking into account emptying requirements and drainage strategies, as set out in the **Operation Waste Management Strategy**.

7.46 The proposals incorporate appropriate waste management measures and support recycling, contributing to beneficial health outcomes. This is considered to be a slight benefit for both general population and vulnerable sub-populations.

Safe Construction

Potential Health Pathways

7.47 Construction sites can present particular opportunities for crime such as vandalism, theft of building materials, and increase fear of crime due to poor lighting and lack of animation out of work-hours.

Health Impact Assessment

Does the proposal minimise construction impacts such as dust, noise, vibration and odours on sensitive land uses (e.g. residential areas, hospitals and schools)?

7.48 **ES Volume 1, Chapter 8: Air Quality** assesses potential air quality impacts arising from the construction stage with regards dust and road traffic.

7.49 ES Volume 3, Appendix: Air Quality – Annex 3 provides a Dust Risk Assessment and outlines appropriate levels of mitigation required on site to avoid or reduce potential effects arising from dust to sensitive receptors. Measures to reduce dust production include development of a **Dust Management Plan**, which may include measures to control other emissions to be approved by the relevant authority. The level of detail provided will depend on the risk but will include minimum measures such as recording all complaints, erecting solid screens / barriers around dusty activities and ensuring activities are carried out away from sensitive receptors

7.50 Other mitigation measures to minimise impacts on air quality include ensuring best practice with Non-Road Mobile Machinery (NRMM) to reduce emissions.

7.51 The assessment of air quality effects arising from construction traffic is considered to be not significant for all pollutants – falling below the UK Air Quality Standard objectives.

7.52 **ES Volume 1, Chapter 9: Noise and Vibration** considers the effects of the Proposed Development arising from construction noise and traffic and associated vibration. The assessment concludes that, during periods of construction activity, the noise and vibration associated with construction activities and traffic would result in significant effects across ten of the 32 receptors. Current modelling suggests the effect could extend for prolonged periods (in limited cases and in a worst case scenario, for several months).

7.53 Most of the receptors identifying significant effects are within the red line boundary. Those existing receptors that are identified as potentially experiencing significant effects include residential properties at Conduit Head Road and 1-8 Bradrushe Fields.

7.54 Mitigation will be adopted by the principal contractors to reduce noise due to construction activity. Other measures include: agreed working hours; regular monitoring of noise; the fitting and use of efficient silencing devices on equipment in line with British Standards; and all measures associated with ‘Best Practicable Means’ in line with the CEMP.

7.55 **ES Volume 1, Chapter 16: Effects Interactions** summarises the likelihood for in-combination effects. These can occur because of interactions between multiple individual effects associated with one receptor. This assessment identifies potential significant adverse effects on Phase 1 receptors (residents and site users) across Lots S1 and S2 relating to vibration arising from

construction activities and noise from construction traffic. Lot S3, Conduit Head Road and 1-8 Bradrushe Fields are also identified as experiencing potential in-combination effects from construction vibration and construction traffic noise. These effects are likely to be short-term and temporary with effects only experienced during specific construction activities. The individual effects would be managed through site-specifics management plans and strategies secured through the **Construction Environmental Management Plan (CEMP).**

7.56 Given the neutral effects arising from air quality and potential significant effects for identified receptors for noise and vibration effects (including in-combination effects) – the effect on human health is short-term but moderate adverse for the general population. Depending on the nature of their vulnerabilities, it could be short term and moderate adverse for vulnerable sub-populations.

Has a Construction Environment Management Plan or similar document been prepared for the development?

7.57 A **Construction Environmental Management Plan (CEMP)** has been drafted to outline the mitigation measures to be implemented during the construction phase of the Proposed Development. This includes compliance with environmental commitments, requirements and best practice. The CEMP submitted with the OPA will be supplemented by Detailed CEMPs, to be prepared by principal contractors for approval prior to the commencement of any works.

7.58 A **Construction Traffic Management Plan (CTMP)** has also been submitted focusing on the impact of construction activities – including supply chain operations - on the road network. The CTMP submitted with the OPA will be supplemented by Detailed CTMP to be prepared by principal contractors for approval prior to the commencement of any works.

7.59 The mitigation measures outlined for construction impacts are consistent with those described above in relation to minimising the effects of construction activities.

Table 7.1: Health Impact Assessment – Healthy Environments

Summary: Healthy Environments			
Key Impacts	**Receptor**	**Overall Effect on Health**	**Mitigation & Recommendation**
1a. Flooding Incorporating SuDS	General Population	Slight Benefit	Subject to further detailed design and hydraulic modelling at the next stage
	Vulnerable Sub-populations	Slight Benefit	
1a. Flooding Flood Evacuation Plan	General Population	n/a	Subject to RMA
	Vulnerable Sub-populations	n/a	
1b. Contaminated Land	General Population	Moderate Adverse	Undertaking additional ground investigation to determine risk profile and remediation strategy (if required)
	Vulnerable Sub-populations	Moderate Adverse	
1c. Noise Impacts	General Population	Neutral	Further mitigation measures, if required, to be determined through detailed design as part of future RMAs
	Vulnerable Sub-populations	Slight Adverse to Neutral	
1d. Air Quality	General Population	Neutral	None required
	Vulnerable Sub-populations	Slight Adverse to Neutral	
1e. Overheating	General Population	Neutral	Adherence to Design Code – subject to detailed design with future RMAs
	Vulnerable Sub-populations	Slight Adverse	
1f. Waste Management	General Population	Slight benefit	Adherence to Outline Site Waste Management Plan and Operation Waste Management Strategy
	Vulnerable Sub-populations	Slight benefit	
1g. Safe Construction Minimising construction impacts and CEMP	General Population	Moderate Adverse	Adherence to CEMP and CTMP
	Vulnerable Sub-populations	Moderate Adverse	

8 Healthy Homes

Potential Health Pathways

8.1 Access to good quality housing is essential for public health, particularly for vulnerable sub-populations such as the elderly or young people, or low-income groups. The Marmot Review (2010) identified that poor housing conditions – which also include factors such as homelessness, temporary accommodation, overcrowding, tenure insecurity and housing in poor physical conditions – constitute a risk to health, and this is most likely to affect the more vulnerable sub-populations in society. The Marmot Review 10 Years On (2020) report also notes the direct impact of poor-quality housing on mental health including stress resulting from affordability issues and financial strain.

8.2 Several housing factors can impact on health causing mental disorders, physical illness and accidents; these factors include:

- Poor choice of housing location (poor access to local services);
- Design and orientation;
- Poor sanitation;
- Unfit living conditions such as excessive damp, poor insulation;
- Unhealthy environmental quality; and,
- Overcrowding.

8.3 Section 6 identifies supporting residents to 'age well' as a health priority. This includes supporting older residents to live independently for longer through provision of high-quality homes with appropriate design to support an aging population. This also includes the provision of high-quality senior living accommodation which responds to local needs for those who require additional support.

8.4 As stated in the baseline, the levels of overall deprivation across CSC are low, however, analysis of the individual domains of deprivation reveals that the local area falls among the top 10% and 20% most deprived areas in England with regards to access to housing – because of housing affordability.

8.5 Data from the **ES Volume 1, Chapter 6: Socio-Economics** looked at overcrowding. Overcrowding is defined by the ONS as households that do not have enough bedrooms for the number of people living in that household and their characteristics and relationships (including age and sex). Households with a rating of -1 or lower are classified as being overcrowded. 2021 Census data notes only 1% of all IIA households are overcrowded, which is lower than rates across the OIA, CSC and the East of England. Out of all tenure types in the Local Area, overcrowding is higher in privately rented households, with 3% of all households within this tenure being overcrowded.

Health Impact Assessment

Healthy Homes:

Does the proposal meet policy requirements for daylight, sound insulation, and odour mitigation in residential development?

8.6 The **Design Code** provides the overarching design vision for future detailed applications. Overheating, ventilation, and daylighting are important design considerations for the process of detailed design. This includes a commitment to minimise single-aspect units as far as possible.

8.7 As outlined in the above section – Healthy Environments –the future design for development plots will incorporate design-led noise mitigation measures such as building orientation, layout and façade sound insulation, to achieve appropriate acoustic conditions.

8.8 Detailed design measures are subject to future RMAs.

8.9 This is considered to be a slight benefit to the general population and vulnerable sub-populations.

Does the proposal meet policy requirements for residential privacy?

8.10 All new homes are expected to have direct access to an area of private amenity space. The form of amenity space will depend on the type of housing and may include a private garden, roof garden, balcony, glazed winter garden or ground-level patio with defensible space from shared amenity areas. This is in line with Policy 50: 'Residential space standards Internal residential space standards' of CCC's Local Plan.

8.11 This is considered to be a slight benefit to the general population and vulnerable sub-populations.

Healthy Homes (internal space standards):

Does the proposal satisfy internal space standards for new homes, including sufficient storage space?

8.12 Homes will be designed to meet the Nationally Described Space Standards (NDSS), which set minimum requirements for floor areas and storage. Detailed designs will be subject to future RMAs for individual development plots.

8.13 This is considered to be a slight benefit to the general population and vulnerable sub-populations.

Healthy Homes (external space standards):

Does the proposal satisfy external space standards for new homes?

8.14 As outlined above, all new residential units are expected to have direct access to an area of private amenity space. The form of amenity space will vary depending on the housing type and may include a private garden, roof garden, balcony, glazed winter garden or ground-level patio with defensible space from shared amenity areas. This is in line with Policy 50: 'Residential space standards Internal residential space standards' of CCC's Local Plan.

8.15 This is considered to be a slight benefit to the general population and vulnerable sub-populations.

Relevant Housing Types and Tenures

Does the proposal include a range of housing types and sizes that respond to local housing needs?

8.16 The Proposed Development will deliver up to 3,800 new homes delivering a range of housing types and sizes including market housing (including family sized homes), Key Worker Accommodation, student accommodation, co-living and senior accommodation responding to local needs.

8.17 The Proposed Development will provide a wide range of housing types, sizes and tenures, including houses and flats ranging from single person to 5 bed units. Alongside the proposed student, co-living and senior living accommodation, the Proposed Development will meet the needs of a wide range of ages and sectors of society.

8.18 **ES Volume 1, Chapter 6: Socio-Economics** assessed the Proposed Development's housing delivery as being a direct, permanent and significant beneficial effect.

8.19 As outlined above, access to high quality housing is essential to public health being a key element in the wider determinants of health. Therefore, the effect is considered to be a moderate benefit and significant for the general population and vulnerable sub-populations.

Affordable Homes

Does the proposal provide affordable housing that meets identified local needs?

8.20 The Proposed Development will deliver key worker housing (KWH) of a mix of sizes. This tenure would provide essential housing at subsidised rents to university and/or approved affiliated institutions. The University recognises the difficulty in finding affordable, and good quality housing for staff.

8.21 A survey (as detailed in the Affordable Housing Statement) has helped inform the type of KWH being provided as part of the proposals – recognising the need for smaller 1 and 2-bed affordable homes.

8.22 The **Affordable Housing Statement** provides an overview of the proposals and its alignment with national and local planning policy alongside well-evidencing institutional need. The North West Cambridge Area Action Plan (2009) allocates half of the homes on the site for University of Cambridge Key Workers – demonstrating the need to support the University in its mission to contribute to society through education, learning and research.

8.23 This is considered to be a moderate benefit and significant for the general population and vulnerable sub-populations.

Accessible Homes

Does the proposal provide accessible homes for older or disabled people?

8.24 All homes are to be designed so that people can use them safely, easily and with dignity. They are to be designed to provide a wide choice, type and mix of housing to meet the needs of different groups and be capable of easy adaptations to meet the changing needs of people.

8.25 In line with Policy 51: Accessible Homes of the Cambridge Local Plan 2018, all housing developments will be designed to meet Building Regulations M4(2) 'accessible and adaptable dwellings'; and 5% of the affordable housing component of every housing development providing 20 or more self contained affordable homes will meet Building Regulations M4(3) 'wheelchair user dwellings'.

8.26 The Proposed Development includes delivery of 75 senior living (C2) homes – providing homes for older people.

8.27 This is considered to be a moderate benefit and significant for the general population and vulnerable sub-populations.

Homes for Gypsies and Travellers

Does the proposal make provisions for the Gypsy, Roma and Traveller (GRT) community?

8.28 The proposals do not make provisions for the GRT community.

Table 8.1: Health Impact Assessment Summary – Healthy Homes

Summary: Healthy Homes			
Key Impacts	**Receptor**	**Overall Effect on Health**	**Mitigation & Recommendation**
2a. Healthy Homes	General Population	Slight benefit	None required
	Vulnerable Sub-populations	Slight benefit	
2b. Healthy Homes (Internal Space Standards)	General Population	Slight benefit	None required
	Vulnerable Sub-populations	Slight benefit	
2c. Healthy Homes (External Space Standards)	General Population	Slight benefit	None required
	Vulnerable Sub-populations	Slight benefit	
2d. Relevant Housing Types and Sizes	General Population	Moderate benefit	None required
	Vulnerable Sub-populations	Moderate benefit	
2e. Affordable Homes	General Population	Moderate benefit	None required
	Vulnerable Sub-populations	Moderate benefit	
2f. Accessible Homes	General Population	Moderate benefit	None required
	Vulnerable Sub-populations	Moderate benefit	
2g. Homes for Gypsies and Travellers	General Population	n/a	n/a
	Vulnerable Sub-populations	n/a	n/a

9 Active Travel and Inclusive Mobility

Potential Health Pathways

9.1 Traffic or transport impacts may have positive or negative effects on health. Planning and development may result in effects that improve or reduce access to services, including health services, and to employment. It may provide or remove access to public transport, walking and cycling routes that support active lifestyles.

9.2 Increased traffic from large vehicles associated with demolition and construction may also pose indirect health effects through fear and intimidation to pedestrians and cyclists. Fear would impact on health by increasing stress, while intimidation may dissuade individuals from walking or cycling limiting healthy lifestyle choices.

9.3 Accidents and road safety directly impact health, where traffic volumes could potentially have a detrimental effect on highway safety through increased opportunities for conflict.

9.4 Promoting active travel is important to deliver a 'modal shift', with less reliance on cars, and cycling, walking and other forms of active travel can be considered to have the ability to tackle multiple health considerations – including pollution, obesity, congestion and road accidents – all at once. Supporting healthy behaviours and activities including active travel is identified as a health priority.

Health Impact Assessment

Promoting Walking and Cycling

Does the proposed development promote accessibility via walking and cycling?

Does the proposed development seek to reduce car use (e.g. by using Travel Plans)?

9.5 The Proposed Development includes provision of significant walking and cycling infrastructure connecting existing networks locally and encouraging active travel across all site users. The objective is for active travel to be the first and easiest choice.

9.6 There are three proposed alternative cycle/pedestrian routes providing access across the Site. These are categorised by use typology to ensure access / appropriate options for all site users. This includes a 'fast', 'adventure' and 'quiet' route.

9.7 The proposed 'Cartwright Avenue' will provide an internal spine road linking Huntingdon Road and Turing Way. The Avenue has been designed to prioritise active travel providing dedicated pedestrian and cycle paths and low-speed environments. For full details please refer to the **Transport Assessment**.

9.8 The **Access and Movement Parameter Plan** shows where the key vehicular and non-vehicular access points and routes will be. This network would be supported by a finer grain of streets, paths, roads and routes that will ensure the Site is highly permeable.

9.9 A **Framework Site-Wide Travel Plan** has been submitted as part of the OPA. This identifies, how under the long-term stewardship of the University, the future travel needs of the community will be met. It outlines sustainable travel patterns offering opportunities to support healthy lifestyles and meet wider carbon reduction targets.

9.10 This document provides the framework within which future Travel Plans for development plots will be developed as part of the detailed design process and RMAs.

9.11 The objectives of the Travel Plan support active travel with a focus on reducing the reliance on private car for trip purposes with a long-term strategy for modal shift away from car use, facilitating shared transport, improve permeability and support walking, wheeling, cycling and use of public transport.

9.12 This commitment to accessibility in the Framework Site-Wide Travel Plan alongside the design priority to active travel uses would have a beneficial effect on future site users. This is considered to be a moderate benefit to the general population and vulnerable sub-populations.

Connectivity

Have measures been taken to connect the development to existing cycle and walking networks?

Is the proposed development well connected to public transport networks, local services and local amenities?

9.13 The Proposed Development is well connected to existing transport networks providing access to local services and amenities. It is a 15 minute cycle from the centre of Cambridge and a Universal bus service provides links to the city centre and nearby localities (including Cambridge Rail Station, Cambridge West and the Biomedical Campus).

9.14 The Transport Strategy prioritises connectivity to the existing transport network including cycle, walking and public transport. The University has a strong reputation across Cambridge for promoting and implementing a sustainable travel demand and management strategy being proactive in delivering improvements where possible.

9.15 The Proposed Development will build on the Transport Strategy developed for the 2013 OPP and Phase 1 of the wider masterplan with regards to the active travel network. Phase 1 has implemented a comprehensive pedestrian network supporting internal movements between homes, the local centre and the Madingley Road Park and Ride facility.

9.16 The Transport Strategy is underpinned by ‘triple access planning’ which considers three forms of connectivity including physical mobility (i.e. walking, cycling, public transport), spatial proximity (i.e. how close to essential / day to day services and destinations are to where people live), and digital connectivity (i.e. access to services and opportunities through digital forms). Therefore both physical and spatial proximity are prioritised throughout.

9.17 A key element of the transport strategy is the network of on-site mobility hubs. These will cluster complementary transport modes and services allowing people to switch easily between transport modes. These hubs can also adapt overtime to emerging modes and services to

support a modal shift away from the car. Provision of onsite mobility hubs will help to maximise facilities for all sustainable travel options and discourage car drivers as a travel mode.

9.18 Three mobility hubs are proposed across the Proposed Development as illustrated in Section 16 of the **Transport Assessment**. Each hub will have a bus stop and could provide cycle parking, cycle repair hub, lockers and electric vehicle charging. These hubs are subject to detailed design and therefore future information will come forward with RMAs.

9.19 A series of neighbourhood mobility hubs are also proposed and will be designed to respond to the end users and the surrounding area. Components could include car club spaces, cycle repair tools and visitor cycle parking.

9.20 The Proposed Development has carefully considered active travel and spatial proximity not only in the Transport Strategy but in the design of the masterplan including location of essential uses. This is therefore considered to be a moderate benefit to the general population and slight benefit vulnerable sub-populations.

Safe Travel

Does the proposal include traffic management and calming measures, and safe and well-lit pedestrian and cycle crossings and routes?

9.21 **ES Volume 1, Chapter 7: Traffic and Movement** considers road user and pedestrian safety once the Proposed Development is operational. A detailed analysis of collision data has shown that no accident clusters were identified in the future plans with no inherent causation factors suggesting any significant road safety issues.

9.22 A Road Safety Audit has also been completed on the proposed new spin road – Cartwright Avenue – identifying no outstanding safety concerns.

9.23 All design of the internal transport network has been developed in line with relevant highways standards with design features aimed at enhancing road safety including appropriate lane widths, crossing points, traffic calming measures, segregated cycle lanes and footways with adequate separation.

9.24 The **Design Code** outlines key design features for inclusion in future development plots including lighting across car storage, pedestrian pathways and cycling routes. The code also highlights the importance of lighting across steps and ramps to ensure well-lit spaces to support distinguishing changes in gradients or steps and supporting legibility considering vulnerable sub-populations.

9.25 This is considered to be a slight benefit to the general population and vulnerable sub-populations.

Cycle Parking Infrastructure

Does the proposed development provide an adequate level of cycle storage?

Have measures been taken to ensure cycle storage is secure?

9.26 The **Transport Assessment** includes the emerging Residential Cycle Parking Strategy and Commercial Cycle Parking Strategy.

9.27 According to minimum standards, an estimated total of 5,528 dedicated residential cycle parking spaces will be required based on the illustrative scheme across the development plots with an additional 553 visitor spaces.

9.28 The parking will be provided in in a secure, covered and lockable enclosure, preferably within the footprint of the building. To promote ease of use and cycling as the modal choice, the parking should be at the front of the building either in a specially constructed cycle shed or an easily accessible garage. However, where not viable, cycle parking will be at the rear with access to a cycle route. If dedicated cycle parking cannot be provided at the frontage, provision with garages will be provided, subject to design. The size of the garage must allow cycles to be removed easily without first driving out any car.

9.29 For visitor parking, the Cambridge Cycle Parking Guide for New Residential Developments states that for houses, visitor parking should be provided as close as possible to the front of the house and take form of a suitable stand. A wall bar / ring is also appropriate.

9.30 Based on the illustrative scheme, 1,114 commercial spaces will be required with additional visitor cycle parking.

9.31 This is considered to be a slight benefit to the general population and vulnerable sub-populations.

Inclusive Mobility

Does the proposed development provide suitable parking facilities and accessible infrastructure for people with impaired mobility?

9.32 The design of car parking is covered by the Design Code. All housing types will offer car parking for Blue Badge permit holders. Further spaces will be provided for the academic (Class F1(a) floorspace and flexible town centre uses (Class E(a) – (f)). The detailed design will be considered at RMA stage.

9.33 This is considered to be a slight benefit to the general population and vulnerable sub-populations.

Table 9.1: Health Impact Assessment – Accessibility and Active Travel

Summary: Accessibility and Active Travel			
Key Impacts	**Receptor**	**Overall Effect on Health**	**Mitigation & Recommendation**
3a. Promoting Walking and Cycling	General population	Moderate benefit	Travel Plans submitted as part of future RMAs
	Vulnerable groups	Moderate benefit	
3b. Connectivity	General population	Moderate benefit	Detailed design of mobility hubs to come forward in future RMAs to consider end users and local surrounds
	Vulnerable groups	Slight benefit	
3c. Safe Travel	General population	Slight benefit	Detailed design including lighting to be submitted as part of future RMAs
	Vulnerable groups	Slight benefit	
3d. Cycle Parking Infrastructure	General population	Slight benefit	None required
	Vulnerable groups	Slight benefit	
3e. Inclusive Mobility	General population	Slight benefit	Detailed design to be submitted as part of future RMAs
	Vulnerable groups	Slight benefit	

10 Open Space and Recreation

Potential Health Pathways

10.1 Numerous studies point to the direct benefits of green space to both physical and mental health. Green space has been associated with a decrease in health complaints, improved mental health, reduced stress levels and the perception of better general health. The provision of open space also has indirect benefits by encouraging social interaction and providing space for physical activities, improving air quality.

10.2 Accessible amenity space has been linked with environments that are more walkable, with aesthetics and street connectivity influencing patterns of use. Physical activity, which is more likely to be undertaken if open space or improved linkages are provided, plays a key role in the prevention of specific diseases / health issues that include cardio-vascular disease, depression, and obesity.

10.3 Access to open space and nature is closely linked to the theme of healthy lifestyles, due to its multiple functions - providing space for recreation, tranquillity, relaxation, and more. These environments can positively influence people's ability to adopt healthier habits, including regular exercise. Open spaces also offer opportunities to host social events, supporting both social cohesion and mental health. Promoting healthy behaviours and activities through environments that enable people to be as healthy as possible - such as the provision of open space, play areas, and sports facilities - is recognised as a health priority.

10.4 Long-standing research suggests that green and other natural spaces offer increased mental and physical health benefits. The World Health Organization encourages green interventions in future urban developments to improve the quality of life in cities[31].

10.5 Crime-related injury, perception and fear of crime reduces social solidarity and can have a negative psychological impact. This can lead to mental health issues and subsequent physical illness associated with a lack of access to services and facilities, a lack of social interaction, and a sedentary lifestyle.

Health Impact Assessment

Access to Open Space

Does the proposal retain or replace existing open space?

Does the proposal provide new open or natural space, or improve access to existing spaces?

10.6 The Proposed Development includes significant provision of new open space, sports facilities, playspace and growing spaces providing infrastructure to support healthy behaviours. As detailed in Section 6, these spaces, their provision and design have been subject to extensive consultation with feedback incorporated into the future design.

[31] World Health Organisation – Regional Office for Europe (2017) Urban green spaces: a brief for action.

10.7 The **Landscape Strategy** outlines the Core Objectives for the landscape across the Proposed Development. This includes supporting multi-functional spaces, biodiversity and nature, ensuring democratic access to green space and taking opportunities to minimise carbon. The strategy looks to provide a variety of open spaces providing diversity of experience for site users with distinctive character. These spaces will be connected supporting amenity across the masterplan.

10.8 **ES Volume 1, Chapter 6: Socio-Economics** assessed the Proposed Development's effect on open space and playspace in line with local guidance. It will meet the demand arising from the population on-site and have a minor beneficial effect at the site and local area.

10.9 The provision of a variety of open spaces, sports and recreation, play and growing spaces across the Proposed Development landscape is considered to be a moderate health benefit for the general population and vulnerable sub-populations.

Outdoor Play and Recreation

Does the proposal provide outdoor play spaces or recreational opportunities for children and young people?

Are play spaces and/or recreational facilities accessible?

10.10 As outlined above the Proposed Development includes provision of a variety of outdoor play and recreational facilities for children and young people. The detailed design of these spaces is not yet available given the outline nature of the application however the **Play and Youth Strategy** as described in the DAS outlines how these spaces could be delivered within the planned parameters and in line with relevant guidance (most notably the NWC Area Action Plan) including distance from each home.

10.11 In line with the core principles all spaces are designed with accessibility and inclusivity in mind. As such all spaces will be designed to be accessible for all supporting access for vulnerable sub-populations.

10.12 This is a moderate health benefit to the general population and vulnerable sub-populations.

Indoor Recreation and Sport Space

Does the proposal provide indoor sports and recreational opportunities?

Are indoor sports and recreational facilities accessible?

10.13 The Proposed Development includes up to 3,500 sqm of flexible Class E floorspace including supporting retail, nursery, health, indoor sports and recreation as part of a local centre. This could include delivery of indoor sports and recreational facilities.

10.14 The detailed design of any future facility is not yet known, however, the **Design Code** and **Design and Access Statement (DAS)** both highlight the importance of accessibility and inclusive design for all buildings, open spaces and surrounding environment. The DAS notes that Building Standards and Good Practice Guidance will be adhered to with regards to

inclusive design guidance. The strategies for inclusivity outline the design measures incorporated throughout the proposals to ensure accessibility.

10.15 Given the outline nature of the proposals and range of potential future uses for this floorspace this is considered to be a neutral effect for the general population and vulnerable sub-populations.

Safety and Crime Prevention

Are the open, natural or recreational spaces provided as part of the development welcoming?

Has the proposed development included a layout that promotes natural surveillance?

10.16 The core design principles as outlined in the **Landscape Strategy** include maximising useable space, providing a variety of experience, incorporating doorstep playspace and play on the way, accessible spaces that are overlooked by homes providing natural surveillance, supporting connections across the masterplan, inviting social interactions with dwell space and ensuring all spaces are welcoming and inclusive.

10.17 The detailed design for all future development plots will come forward with future RMAs.

10.18 This is considered to be a slight benefit to the general population and vulnerable sub-populations.

Open and Recreational Space Management

Does the proposal set out how new open space and play areas will be managed and maintained (e.g. a Landscaping Management Plan)?

10.19 Yes, the application is supported by a **Landscape Maintenance and Management Plan**. This document outlines the high level objectives for the maintenance and long-term landscape management of open space and amenity spaces proposed across the Proposed Development.

10.20 The University will be responsible for the long term maintenance and management of the external works described in the Plan. The detailed maintenance tasks required will come forward with future development plot RMAs once details of hard and soft landscape materials are known.

10.21 The proper maintenance and long-term management of spaces is essential to supporting ongoing use of these spaces for activities including sport, play and informal recreational activities. Where spaces are not maintained this can lead to decreased use and anti-social behaviour. Vulnerable sub-populations may not be able to access (or access safely) spaces that are not maintained. Therefore, the commitment to ongoing maintenance and management of these spaces is considered to be a moderate benefit to the general population and vulnerable sub-populations.

Table 10.1: Health Impact Assessment – Open Space and Recreation

Summary: Access to Open Space and Recreation			
Key Impacts	**Receptors**	**Overall Effect on Health**	**Mitigation & Recommendation**
4a. Access to Open Space	General population	Moderate benefit	Detailed design for all future development plots will come forward with future RMAs
	Vulnerable groups	Moderate benefit	
4b. Outdoor Play and Recreation	General population	Moderate benefit	Detailed design for all future development plots will come forward with future RMAs
	Vulnerable groups	Moderate benefit	
4c. Indoor Recreation and Sport Space	General population	Neutral	None required
	Vulnerable groups	Neutral	
4d. Safety and Crime Prevention	General population	Slight benefit	Detailed design for all future development plots will come forward with future RMAs
	Vulnerable groups	Slight benefit	
4e. Open and Recreational Space Management	General population	Moderate benefit	Future RMAs to include detailed maintenance tasks for each Development Plot
	Vulnerable groups	Moderate benefit	

11 Access to Healthy Food

Potential Health Pathways

11.1 A diet including ample fresh fruit and vegetables is highly beneficial to personal health, providing essential vitamins that protect the human body from infection, boost the immune system and reduce the risks associated with a high-fat, high-sugar diet; for example, obesity and heart disease linked to high cholesterol.

11.2 Supporting healthy behaviours and activities through creating an environment that gives people the opportunity to be as healthy as they can be (such as environments supporting a healthy diet) is identified as a health priority.

Health Impact Assessment

Local Spaces for Growing Spaces

Does the proposed development facilitate the supply of or is it close to opportunities for locally grown food (e.g. allotments, community orchards etc.)?

11.3 The Proposed Development includes the provision of allotments and shared gardens. These will provide opportunities to residents and the locally community to engage with food growing.

11.4 **ES Volume 1, Chapter 6: Socio-Economics** assessed the Proposed Development's delivery of open space including allotments – this noted a requirement resulting from the resident population for 3.32 ha of allotment space (in line with policy requirements of 0.4ha per 1,000 population).

11.5 The **Design Code** includes guidance for future development plots to ensure appropriate facilities to support growing space across shared gardens. This includes allowing for sufficient space for these activities, access to a water point, seating and accessible routes.

11.6 The provision of allotments and shared gardens will support community-led activities and offer the opportunity for Eddington residents to shape their local environment.

11.7 Furthermore, the **Design Code** notes that the public realm and communal spaces must include provision for resident growing or edible planting for communal foraging, to support site wide food production objectives for health and well-being.

11.8 This is considered to be a moderate benefit to the general population and vulnerable sub-populations.

Retail Choices

Is the proposal connected to or does it make provisions for a range of retail uses, i*ncluding food stores and smaller independent and affordable shops?*

11.9 The Proposed Development includes up to 3,500 sqm of flexible Class E floorspace as part of a local centre. This could include delivery of retail uses such as food stores.

11.10 Phase 1 of the wider NWCM has delivered a Sainsbury's food store and green grocers as part of the town centre.

11.11 This is considered to be a slight benefit to the general population and vulnerable sub-populations.

Table 11.1: Health Impact Assessment – Access to Healthy Food

Summary: Access to Healthy Food			
Key Impacts	**Receptor**	**Overall Effect on Health**	**Mitigation & Recommendation**
5a. Local Spaces for Growing Food	General Population	Moderate benefit	None required.
	Vulnerable Sub-populations	Moderate benefit	
5b. Retail Choices	General Population	Slight benefit	None required.
	Vulnerable Sub-populations	Slight benefit	

12 Vibrant Communities

Potential Health Pathways

12.1 Public services and community infrastructure are essential for building strong, sustainable and cohesive communities. Good access to public services - including health services, education and community facilities - has an indirect positive effect on human health. Without such access, individuals may face isolation and lack the support needed to maintain a healthy lifestyle. Under-provision can also lead to longer travel times, increasing transport requirements and potentially increasing local pollution.

12.2 The provision of schools and facilities for children creates spaces where they can learn and grow, supporting skill development and fostering social cohesion among young people. Supporting children in education from early years onwards is recognised as a health priority.

12.3 Social cohesion and social capital are challenging concepts, broadly referring to social relationships and community characteristics that generate social and economic benefits. These, in turn, have indirect impacts on the mental and physical health of that community.

12.4 The productive and cohesive functioning of society, to the mutual benefit of all of its members, can be undermined by poverty, deprivation, poor education and fragmentation of society along lines of age or race etc.

12.5 The availability of community infrastructure is central to fostering social cohesion. It provides opportunities for social interaction and participation in community activities, which can reduce social isolation and promote mental and physical wellbeing.

12.6 The design of new buildings and public spaces can reinforce or enhance the character, legibility, permeability, and accessibility of a neighbourhood. Development should aim to maximise opportunities for community diversity, inclusion, and cohesion, and enable residents to lead healthy, active lives.

12.7 Access to employment is a significant contributing factor to improved health. Being in work can make it easier to pursue a healthy lifestyle, with income being one of the most significant influences on health and the prevalence of disease in public health research.

12.8 Unemployment is often related to an increased risk of poor physical and mental health, and premature death. There are three core ways in which unemployment affects levels of morbidity and mortality:

- Financial problems due to unemployment can result in lower living standards, which may in turn reduce social integration and lower self-esteem;
- Unemployment can trigger distress, anxiety and depression; and
- Unemployment can affect health behaviours via increased smoking and alcohol consumption, and reduced levels of physical exercise.

12.9 Supporting residents into high quality employment tackling long-term unemployment is a health priority identified for this community. The unemployment rate across the CSC area as presented in Table 4.1 of this report is higher than the regional average.

Health Impact Assessment

Healthcare Facilities

Has the impact on healthcare services been considered?

Does the proposal include the provision or replacement of a healthcare facility and/or does it provide a financial contribution for this?

12.10 **ES Volume 1, Chapter 6: Socio-Economics** sets out the existing local provision and capacity of education and healthcare facilities surrounding the site and assesses the impact of the proposals on the local provision.

12.11 At the time of writing, there is one GP within 1km of the Site which has an average patient list size that is above the Practise Care Network (PCN) and Integrated Care Board (ICB) averages but below the national average.

12.12 Phase 1 of the 2013 OPP has provided space for a new GP facility (700 sqm GIA). The design of the facility includes a variety of clinical space including five consulting rooms for GP use. Therefore, the facility could feasibly support five FTE GPs. The Cambridgeshire and Peterborough ICB has forecast that the facility will be operational by 2026, pending lease agreements and internal fit-outs.

12.13 **ES Volume 1, Chapter 6: Socio-Economics** assesses the capacity of local GP noting that there is limited capacity available locally. The Proposed Development would generate demand for 4.4 to 5.7 full time equivalent (FTE) GPs. The estimated demand from Eddington (Phase 1 plus future phases) is noted as 5.3 to 6.8 FTE GPs. Noting this demand against provision this is considered to be a minor adverse (not significant) effect as part of the ES.

12.14 It is therefore considered to be a slight adverse effect for the general population.

12.15 Access to services may have differential impacts on vulnerable sub-populations including older people and those with poor existing health. Section 6 of this report which identifies vulnerable sub-populations notes that the population of those aged 75 and over is forecast to grow. Those individuals identified as having long-term health problem/disability is lower in the Local Area compared to the East. Access to a GP on-site within easy walking distance will be a slight benefit to the general population and vulnerable sub-populations.

Educational Facilities and Childcare Services

Does the proposed development contribute to meeting primary, secondary and post-16 education needs?

12.16 Phase 1 of the NWCM delivered a new primary school – University of Cambridge Primary School. This offered 3 forms of entry (FE) or 630 places at primary level. As noted in **ES**

Volume 1, Chapter 6: Socio-economics this school is currently at capacity with four surplus places but the majority of the places are taken up by children from outside the development.

12.17 Data from the school reveals that currently only 21% of pupils live in the area covered by the 2013 OPP. Over time more applications from masterplan residents will displace children travelling from elsewhere based on the nearest distance to the front gate principle.

12.18 This school, delivered and sponsored by the Applicant, is rated Outstanding in all areas. Ofsted states: Together with other pupils, disadvantaged pupils and pupils who have special educational needs (SEN) and/or disabilities typically make rapid progress from their different starting points.

12.19 Phase 1 also delivered a new nursery – Bright Horizons Nursery.

12.20 **ES Volume 1, Chapter 6: Socio-economics** estimates child yield for the Proposed Development (under maximum parameters) at 310 to 538 children of primary school age and 351 to 474 secondary school aged children. The assessment at primary level is found to be minor adverse (not significant) and moderate adverse (significant) at secondary level.

12.21 The provision of education services is servicing a vulnerable sub-population – children and young people – as such there is no assessment on the general population. This is considered to be a slight adverse effect for vulnerable sub-populations if off-site provision is not made.

12.22 The 2013 OPP included financial contributions towards education (both primary and secondary level) within the agreed Section 106. These contributions would be provided to the Country Council to support them in meeting their statutory duty to provide school places and there would be no residual adverse health effect.

Does the proposed development provide childcare facilities?

12.23 The Proposed Development includes up to 3,500 sqm of flexible Class E floorspace including supporting retail, nursery, health, indoor sports and recreation as part of a local centre. This could include delivery of additional childcare facilities such as a nursery or early years facility.

12.24 Provision of childcare facilities support a vulnerable sub-population (children) but also parents, especially working parents providing care to support adults in working – therefore both the general population and vulnerable sub-populations are considered in this assessment.

12.25 This is a slight benefit for general population and vulnerable sub-populations.

Social Facilities

Are community facilities or spaces for indoor recreation provided as part of the proposal?

12.26 The Proposed Development includes up to 3,500 sqm of flexible Class E floorspace including supporting retail, nursery, health, indoor sports and recreation as part of a local centre. This could include delivery of indoor recreation. This is a slight benefit for the general population and vulnerable sub-populations.

12.27 Phase 1 delivered the Storey's Field Centre.

Are community facilities designed to be accessible for all members of a community?

12.28 Accessibility is a key element of design as demonstrated by the **Design Code** and **Design and Access Statement (DAS)**. The DAS notes that Building Standards and Good Practice Guidance will be adhered to with regards to inclusive design guidance. The strategies for inclusivity outline the design measures incorporated throughout the proposals to ensure accessibility. This includes consideration to:

- Movement – making spaces easy to navigate, giving pedestrian priority and providing step-free routes;
- Uses – offering a variety of spaces to accommodate the needs of different people including inclusive play spaces and amenity spaces;
- Approaches to buildings – ensuring access to buildings will be step-free or provide level access with ramped routes of equal importance, providing accessible car parking and drop-off points to suit those of varying needs and supporting inclusive cycling providing safe and secure storage for non-standard cycles; and
- Buildings – all buildings will be built to the highest access standards with design consideration given to entrances, circulation, lifts, amenities, toilets and emergency evacuation.

12.29 This is a slight benefit for the general population and vulnerable sub-populations.

Cultural Facilities

Does the proposed development make provisions for places of worship or different faith groups?

12.30 The Proposed Development does not include space for places of worship.

Employment Opportunities

Does the proposed development provide access to employment opportunities for local people?

12.31 The Proposed Development will provide employment opportunities both during construction and once operational. At the time of the application the construction period is expected to run over a ten year period supporting 1,150 full time equivalent (FTE) jobs over the duration of this phase. The construction period would support job opportunities across construction occupations.

12.32 Construction employment provides opportunities across the whole skills spectrum. The construction phase provides the opportunity for direct contribution to the local labour market through employment and skills programmes for local residents.

12.33 In end-use, the Proposed Development includes delivery of new employment floorspace including Class E(g); flexible Class E(a)-E(f); Class F1 and Sui Generis. Housing typologies

delivered on-site would also support employment opportunities including the PBSA / co-living and senior living facility.

12.34 **ES Volume 1, Chapter 6: Socio-economics** estimates that these uses could accommodate between 1,520 to 4,255 full time equivalent (FTE) roles in end use depending on the exact mix of uses that comes forward. This is a moderate benefit for general population and vulnerable sub-populations.

Does the proposed development make appropriate arrangements for homeworking?

12.35 The homes will be designed in line with Nationally Described Space Standards (NDSS) which sets minimum space requirements for new dwellings ensuring adequate space for everyday activities. This could include activities such as homeworking.

12.36 Additionally, the telecommunications infrastructure proposed across the Proposed Development would support homeworking.

12.37 This is a neutral effect for the general population and vulnerable sub-populations.

Compatible Land Uses

Does the proposed development contain a mix of land uses?

12.38 Yes, as outlined above the Proposed Development includes delivery of new employment floorspace including Class E(g); flexible Class E(a)-E(f); Class F1 and Sui Generis alongside housing typologies and significant landscaping delivering new open space and sports facilities.

12.39 This is a moderate benefit for the general population and vulnerable sub-populations.

Have design measures been incorporated to ensure that commercial disturbances on sensitive uses (e.g. homes) will be mitigated?

12.40 As outlined under other themes of this HIA, including Healthy Environments and Healthy Homes, as an outline planning application the detailed design measures will come forward as part of the detailed design process for future RMAs.

12.41 The **Design Code** seeks to set out the design requirements and provide specific and detailed parameters for the future development of plots including building design and the public realm. This includes consideration to key design features to mitigate any disturbances on sensitive uses. Future RMAs will need to demonstrate compliance with this code. This is considered to be a neutral effect for general population and vulnerable sub-populations.

Table 12.1: Health Impact Assessment – Access to Work and Training

Summary: Access to Work and Training			
Key Impacts	**Receptor**	**Overall Effect on Health**	**Mitigation & Recommendation**
6a. Healthcare Facilities	General Population	Slight adverse	None required
	Vulnerable Sub-populations	Slight benefit	
6b. Educational Facilities and Childcare Services primary, secondary and post-16 education needs	General Population	n/a	Financial contributions secured through the Section 106
	Vulnerable Sub-populations	Slight adverse	
6b. Educational Facilities and Childcare Services Nursery provision	General Population	Slight benefit	None required
	Vulnerable Sub-populations	Slight benefit	
6c. Social Facilities Indoor recreation	General Population	Slight benefit	None required
	Vulnerable Sub-populations	Slight benefit	
6c. Social Facilities Accessibility	General Population	Slight benefit	None required
	Vulnerable Sub-populations	Slight benefit	
6d. Cultural Facilities	General Population	n/a	None required
	Vulnerable Sub-populations	n/a	
6e. Employment Opportunities Local Employment	General Population	Moderate benefit	None required
	Vulnerable Sub-populations	Moderate benefit	
6e. Employment Opportunities Home working	General Population	Neutral	None required
	Vulnerable Sub-populations	Neutral	
6f. Compatible Land Uses Mix of Uses	General Population	Moderate benefit	None required
	Vulnerable Sub-populations	Moderate benefit	
6f. Compatible Land Uses Mitigation on sensitive uses	General Population	Neutral	None required
	Vulnerable Sub-populations	Neutral	

13 Digital Connectivity and Access to Telecommunications Infrastructure

Potential Health Pathways

13.1 Today, much of our engagement and social connection is linked to digital connectivity and access to telecommunications infrastructure. Speaking on the phone or linking through the internet are an essential part of social connection and communication. This is inextricably linked to mental health. Providing opportunities for social interaction and involvement in the community can help to reduce social isolation and promote mental and physical wellbeing.

13.2 This is particularly important for vulnerable sub-populations who are more likely to be isolated. Access to telecommunications infrastructure allows for wider accessibility by a range of users.

Health Impact Assessment

Is there adequate broadband infrastructure, or, in cases where improvements are needed, does the proposal seek to deliver high-quality services?

Mobile Network Coverage

Is there adequate mobile network coverage, or, in cases where improvements are needed, does the proposal seek to deliver high-quality services?

13.3 The **Strategic Utility Report** outlines that the telecoms networks delivered as part of Phase 1 are expected to continue to roll out for the remainder of the Proposed Development. Phase 1 included installation of three separate communications networks which allowed providers (Openreach and Virgin Media) to operate their own dedicated duct bank. A third duct bank is being retained by the University. The development plots would be fed by these strategic networks.

13.4 A network distribution infrastructure has been developed based on the illustrative masterplan as provided for in Appendix C of the Strategic Utility Report.

13.5 This is considered to be a slight benefit to general population and vulnerable sub-populations.

Summary: Digital Connectivity and Access to Telecommunications Infrastructure			
Key Impacts	Receptor	Overall Effect on Health	Mitigation & Recommendation
7a. Broadband Infrastructure and Internet Connection and 7b. Mobile Network Coverage	General population	Slight benefit	None required
	Vulnerable Sub-populations	Slight benefit	

14 Conclusions

14.1 The Proposed Development's potential health impact has been assessed based on the principles of GCSP's SPD. The baseline analysis of both local policy and locally available data has helped to identify the following health priorities as noted in Section 6. The table below outlines how these priorities are being considered within the Proposed Development.

Table 14.1: Health Priorities and the Proposed Development

Identified Health Priorities	Proposed Development response
Tackling health inequality across the GCSP area where may people have very good health outcomes but there is a significant gap between the best and worst health outcomes;	The extensive consultation process has worked hard to gather responses from the community to ensure the Proposed Development responds to local needs not just of future site users but the existing community. The design principles are health focused. Landscape, layouts, land use, community and amenity, movement and access all have been guided by the principle of creating spaces to foster healthy living together. The provision of the health centre which has been delivered as part of early phases of the wider masterplan will support access to health services for the local community.
Supporting children in education throughout the lifecycle of education (from early years onwards);	The Proposed Development includes floorspace that could come forward as facilities supporting early years. The early phases of the wider masterplan delivered a new nursery – Bright Horizons Nursery – and primary school – University of Cambridge Primary School – supporting both existing and future communities. The Primary School, delivered and sponsored by the Applicant, is rated Outstanding in all areas. Ofsted states: Together with other pupils, disadvantaged pupils and pupils who have special educational needs (SEN) and/or disabilities typically make rapid progress from their different starting points.
Supporting population in aging well;	The provision of high-quality housing across the Proposed Development, meeting nationally described space standards, and Building Regulations M4(2) and M4 (3) providing accessible and adaptable housing to ensure homes are appropriate, comfortable, safe and can be adapted over time to suit occupier needs. Additionally the Proposed Development provides new senior living units supporting the population requiring additional support. All areas of the Proposed Development, in line with the core principles, are designed with accessibility and inclusivity in mind. As such all spaces will be designed to be accessible for all supporting access for vulnerable sub-populations including the older population.
Creating environments that give people the opportunity to be as healthy as they can be (e.g. promoting physical activity	The Proposed Development has carefully considered the environment in design providing significant new open space including sports facilities and playspace to promote healthy

Identified Health Priorities	Proposed Development response
through development, initiatives and spaces to promote good physical health)	behaviours including physical activity and mental health through social cohesion. Management and maintenance of spaces are prioritised to ensure ongoing access and accessibility for vulnerable sub-populations. Healthy diets are supported in the provision of food growing opportunities including allotments and community gardens proposed as well as those already delivered in Phase 1 of the wider masterplan. Transport across the Proposed Development has prioritised active travel opportunities. The location and design of local centres and social infrastructure has been carefully planned to support social cohesion and creation of neighbourhoods. The proposed transport network links in with existing provision providing excellent access to the wider community and Cambridge town centre. The proposals also considered the impacts of air quality, noise, ground conditions arising from site activities to ensure any effects are mitigated and managed supporting the best environment.
Reducing poverty and its indirect effects on health through better employment, skills and housing	The Proposed Development includes provision of new employment space including academic, Class E(g) and flexible Class E(a-f) floor space supporting up to 4,255 full time equivalent (FTE) roles on-site. The jobs would offer new employment opportunities across the Site.
Improving mental health by promoting early intervention and prevention measures	Mental health is promoted across the Proposed Development through the design and management of the new community. The proposals carefully consider the delivery of early phases of the wider masterplan and build on this to develop new neighbourhoods within the wider community of Eddington. This includes activities that promote social cohesion such as the provision community gardens / allotments and open spaces which encourage social interaction and community-building working to reduce feelings of loneliness and isolation associated with poor mental health.

14.2 The assessment has found that the Proposed Development is likely to have an overall beneficial impact on health.

14.3 A wider summary of the positive health effects, looking beyond health priorities include:

- Incorporation of SuDS across the landscape and waste management.
- Provision of new homes in a range of sizes and typologies (including key worker housing, student accommodation, co-living and senior living) responding to local needs;
- Supporting active travel opportunities through the Transport Strategy and framework Travel Plan;
- Provision of outdoor play and recreation space;
- Provision and access to open space and recreational space management;

- Provision of local spaces for growing food;
- Retail choices across the masterplan;
- Provision of employment and employment opportunities in construction and end-use;
- Provision of a mix of uses supporting neighbourhoods and social cohesion; and,
- Provision of telecommunications infrastructure across the Proposed Development.

14.4 Significant positive in-combination health effects may arise from the delivery of social infrastructure, extensive open space and design principles that promote health behaviours. As a strategic site, Eddington has the potential to generate wider benefits for the community by providing new community assets.

14.5 Potential negative health effects have been identified in relation to:

- Contaminated land – potential adverse effects relating to ground gases to both population and vulnerable sub-populations.
- Noise impacts – potential adverse effects for both general population and vulnerable sub-populations arising from changes in traffic.
- Air quality – air quality in end-use with potential adverse effects for vulnerable sub-populations.
- Safe construction – adverse noise, vibration and air quality effects during construction (including potential in-combination effects).

14.6 A number of other recommendations/mitigation measures have been identified to minimise potential negative health impacts and maximise positive health outcomes for occupants of the Site and surrounding area, including:

- General adherence to the Control Documents including the Design Code and Parameter Plans.
- Undertaking additional ground investigation to determine risk profile and remediation strategy (ground conditions).
- Implementation of the Construction Environmental Management Plan (CEMP) - drafted to outlines the construction phase mitigation measures for the Proposed Development. This includes compliance with environmental commitments, requirements and best practice. The CEMP submitted with the OPA will be supplemented by Detailed CEMPs to be prepared by principal contractors for approval prior to the commencement of any works.
- Implementation of the Construction Traffic Management Plan (CTMP) - focusing on the impact on the road network from construction (including supply chain activities). The CTMP submitted with the OPA will be supplemented by Detailed CTMP to be prepared by principal contractors for approval prior to the commencement of any works.
- Travel Plans submitted as part of future RMAs.

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