

# VILLAGE ASSESSMENT PAPWORTH EVERARD

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# Quality Assurance

<b>Site name:</b>	Papworth Everard
<b>Client name:</b>	Varrier-Jones Foundation & Papworth Trust
<b>Type of report:</b>	Village Assessment
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# 1.0 Introduction

## Background

- 1.1 This Village Assessment has been prepared by Bidwells on behalf of the Varrier-Jones Foundation (VJF) and the Papworth Trust (PT) who both have large landholdings in and around the village of Papworth Everard in Cambridgeshire (**Figure 1**) and provide for extensive and supported housing in the village. The assessment reviews available data to understand the potential for future development in and around the village by considering the potential constraints and possible solutions.
- 1.2 The VJF provides financial support for the PT, whose objective is for disabled people to have equality, choice and independence. The VJF meets this commitment through the development and investment of its assets, which primarily comprise its landholdings. It is therefore incumbent on both the VJF and PT to make best use of their assets to meet this objective. However, in doing so, both are required to provide evidence supporting their actions and ensure that any harm does not outweigh the benefits they provide.
- 1.3 Consequently, the VJF and PT are taking particular care in developing their proposals to ensure that they are sympathetic to the health and wellbeing of the village and make enhancements to the village where these do not run counter to their overall objective; to the benefit of the village and the ability for VJF and PT to continue their supporting and custodian role in the village.

## A Brief Review of the Policy Context

- 1.4 This report provides for an objective assessment of the village and does so led by relevant policies.
- 1.5 National Planning Policy Framework (NPPF) makes clear the Government's objective to boost the supply of housing in England. This is particularly the case in areas of high demand, such as the Cambridge-Milton Keynes-Oxford Arc (CaMKOx Arc), where Papworth Everard is located. However, this objective is not without restrictions and the NPPF also makes clear that in achieving sustainable development the planning system has three objectives: economic, social and environmental.
- 1.6 While all three are relevant to this assessment, the social objective is the focus, which states it is:

*“To support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural well-being.”*

- 1.7 This is expanded upon in Chapter 8 of the NPPF, which states that planning policies and decisions should aim to achieve healthy, inclusive and safe places which:
- Promote social interaction, including opportunities for meetings between people who might not otherwise meet each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;

- Are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high-quality public space, which encourage the active and continual use of public areas; and
- Enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.

1.8 It is within this context that the Village Assessment is prepared. A fuller analysis of policy is provided in **Appendix 1**, including a review of local planning policy.

Figure 1: Papworth Everard



## Assessment Methodology

### The Study Area

- 1.9 An assessment of this nature needs data from Government sources such as the census. There are several geographic areas that could be used to collate the data, but none fit perfectly with the settlement envelope. The village lies within the ward of Papworth and Elsworth, which also includes Graveley, Papworth St Agnes, Elsworth, Knapwell, Conington and Fen Drayton. Consequently, data for the ward is unlikely to reflect the circumstances in Papworth Everard. In addition, ward data is only a 'best fit', sourced from the ONS' statistical Output Areas (OAs).
- 1.10 Instead therefore, two Lower Super Output Areas (LSOAs) are used (E1018278 and E1018276) which only cover Papworth Everard, Papworth St Agnes and Graveley (**Figure 2**). Where data is not available for these LSOAs, the larger Middle Super Output Area (MSOA, E02006874) is used. These study areas are shown on the next page and within this report the term 'study area' is used interchangeably with Papworth Everard.

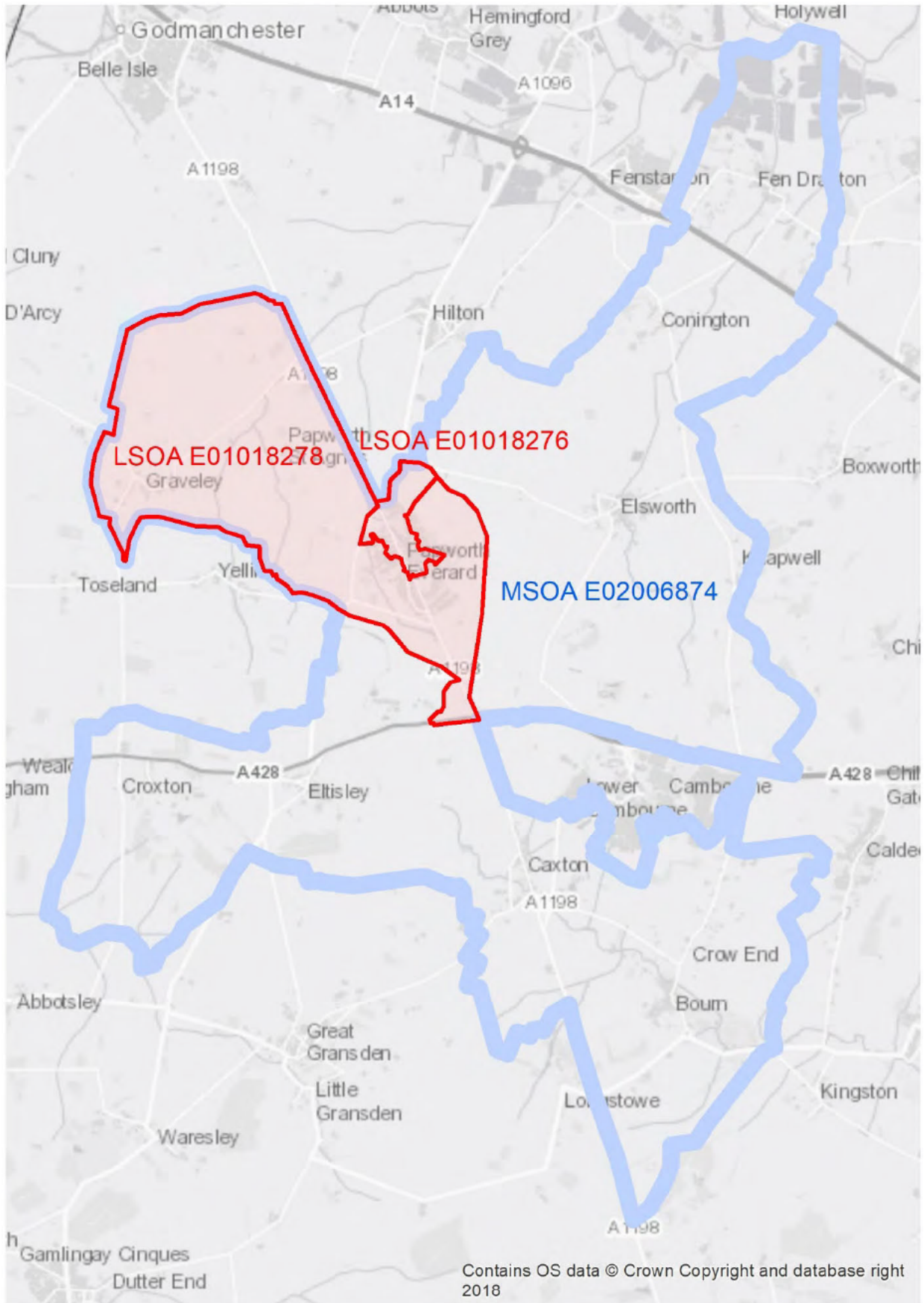
### Method of Assessment

- 1.11 The assessment is predominantly desk-based, using official sources of information on population, infrastructure and employment. This was subsequently sense-checked through site visits and discussions with VJF and PT. Once the information had been collated, it was critically reviewed against expected capacity and quality standards. This led to an analysis of potential constraints on future development.
- 1.12 Separately, the landholdings of both VJF and PT have been assessed in terms of their theoretical development capacity to understand approximate maximum total quantum of development that might be achieved.
- 1.13 Through both further analysis on the suitability of sites for development and iterative analysis of the potential constraints and possible solutions, it was possible to identify a balanced level of development that would meet the charities' objectives without harming the health and wellbeing of the village.

### Limitations

- 1.14 At the time of writing, the 2011 Census data is almost seven years old. While every effort has been made to supplement this with data from newer sources, this is not always possible or to the same quality.
- 1.15 In addition, by using publicly available information only, there is a risk that plans and strategies not yet made public have not been accounted for and could run counter to the recommendations in this assessment.

Figure 2: Plan Showing the Lower Super Output Areas and the Middle Super Output Area



## 2.0 The Village Today

### Introduction

- 2.1 Papworth Everard is a village of approximately 4,000 people in South Cambridgeshire, close to the border with Huntingdonshire. Whilst certainly an ancient village dating from the Saxon period, the village is best known as home to the Royal Papworth Hospital. Originally treating discharged soldiers with tuberculosis after WW1, in the 1950s it became a centre for surgery. However, after 100 years, the Hospital is relocating to the Cambridge Biomedical Campus, Addenbrooke's Hospital where it will benefit from proximity to Addenbrooke's Hospital and the considerable medical research being undertaken across the Campus.

**Figure 3: Aerial Photograph of Papworth Everard**



## The Role of Papworth Trust and Varrier-Jones Foundation

- 2.2 Approximately 300 dwellings in the village are owned and managed by PT, all offered as social rented to applicants nominated by the District Council. Of these, approximately 37% were built before WWII (comprising mainly 2- and 3-bed houses) with a further 18% constructed in the ten years following the war (mainly 3-bed houses). Sporadic additions were made in the 1970s-1990s accounting for 36% of the stock (mainly 2-bed bungalows). The remaining 9% was not added until 2015 (mostly 1-bed flats). **Table 1** sets out the PT stock in detail. A further two dwellings are understood to be in development.

**Table 1: PT Housing Stock in Papworth Everard**

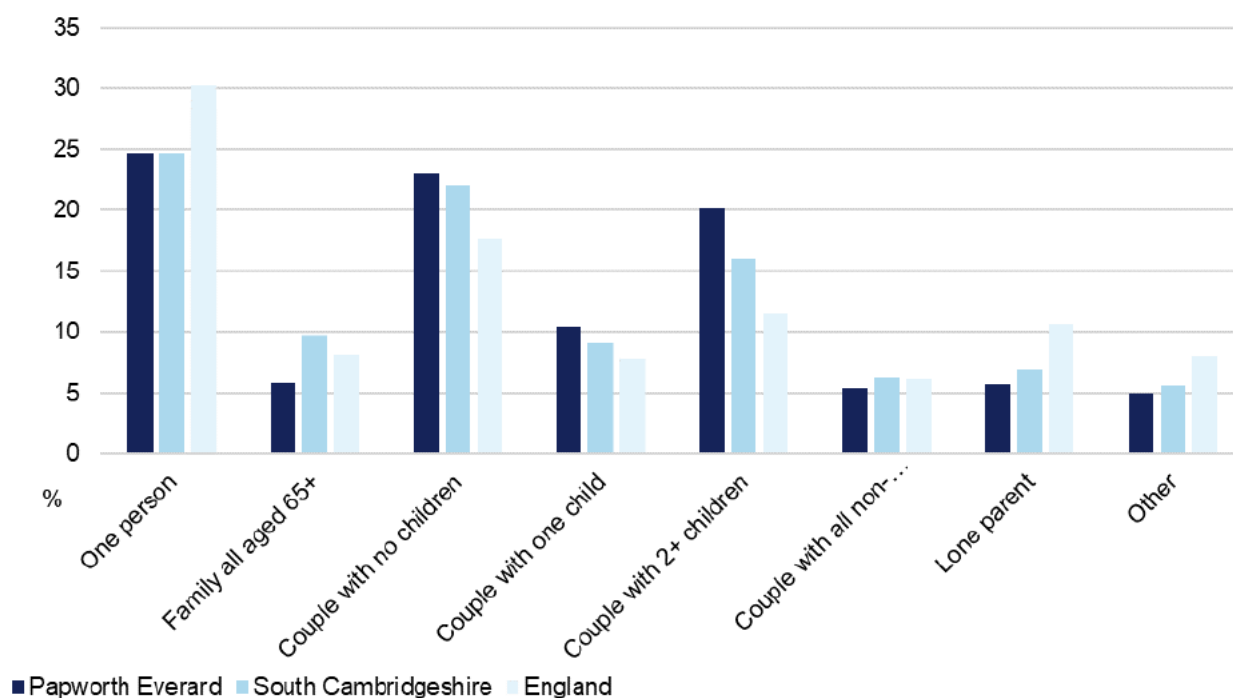
TYPE	SIZE (BEDROOMS)	NO. UNITS
Bungalows	1-bed	27
	2-bed	58
	3-bed	9
Houses	2-bed	38
	3-bed	131
Flats	Bedsit	12
	1-bed	31
	2-bed	2
Staffed Group Home	-	4
<b>TOTAL</b>		<b>312</b>

- 2.3 In addition, PT own and maintain two play areas to the North West Quadrant open space School Walk and Barons Way Wood. PT also owns Turnhill Room, a large lounge/dining area which serves the tenants of the 37 properties in Southbrook Field, as well as the wider community.
- 2.4 The VJF also plays an important role through developing its landholdings, including Pendrill Court and the Stirling Way Business Park.

## Population

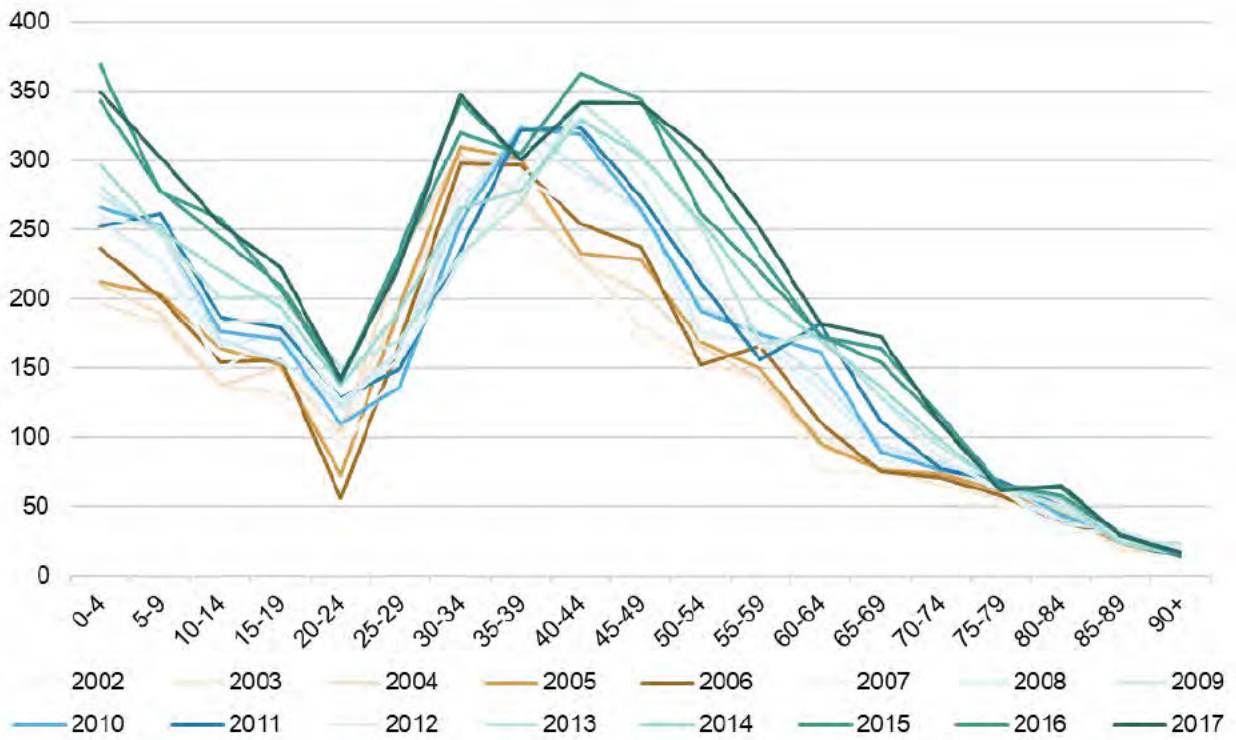
- 2.5 The ONS Small Area Population Estimates (SAPE) show that the population of the study area increased from approximately 2,500 people in 2002 to 4,000 people in 2017, an increase of 62.8% in 15 years. Growth however has not been constant, with notable increase in 2002/03 (5.3%), 2007/08 (5.7%) and 2014/15 (11.0%), most likely associated with the completion and occupation of new housing.
- 2.6 Across the District the profile of the population is steadily ageing, with the proportion aged 65+ increasing by 4.4% in the last 16 years (Figure 5). In the study area however, where the proportion of those aged 65+ was already substantially below the District average to start, the proportion has decreased by 0.5% over the same period (Figure 4). This is likely to be due to the rapid growth of the population over this period (62.8%) resulting from the two completed housing developments on the western flank, which predominantly comprised family housing. It is therefore unsurprising that the 2011 Census found that Papworth Everard has a particularly high proportion of married couples with two or more children (Figure 3).
- 2.7 However, while the proportion aged 65+ has not increased, those aged 50-64 have. This could suggest two mechanisms. First, it is likely that the average age of house-buyers has increased over this period, as seen nationally. Second, with no specific older-person accommodation in the study area, those that need to down-size or seek residential care are moving out of the study area. Either way, it would suggest that some sort of older-person accommodation is already required or will be required in the near future.
- 2.8 The 2011 Census shows that the population is predominantly White British but includes a notable percentage of Asian/Asian British ethnicity. Other ethnicities appear to be under represented compared to the national picture. The 2011 Census also shows that the majority of the population either have English as their first language or speak English very well.

Figure 3: Household Composition, 2011



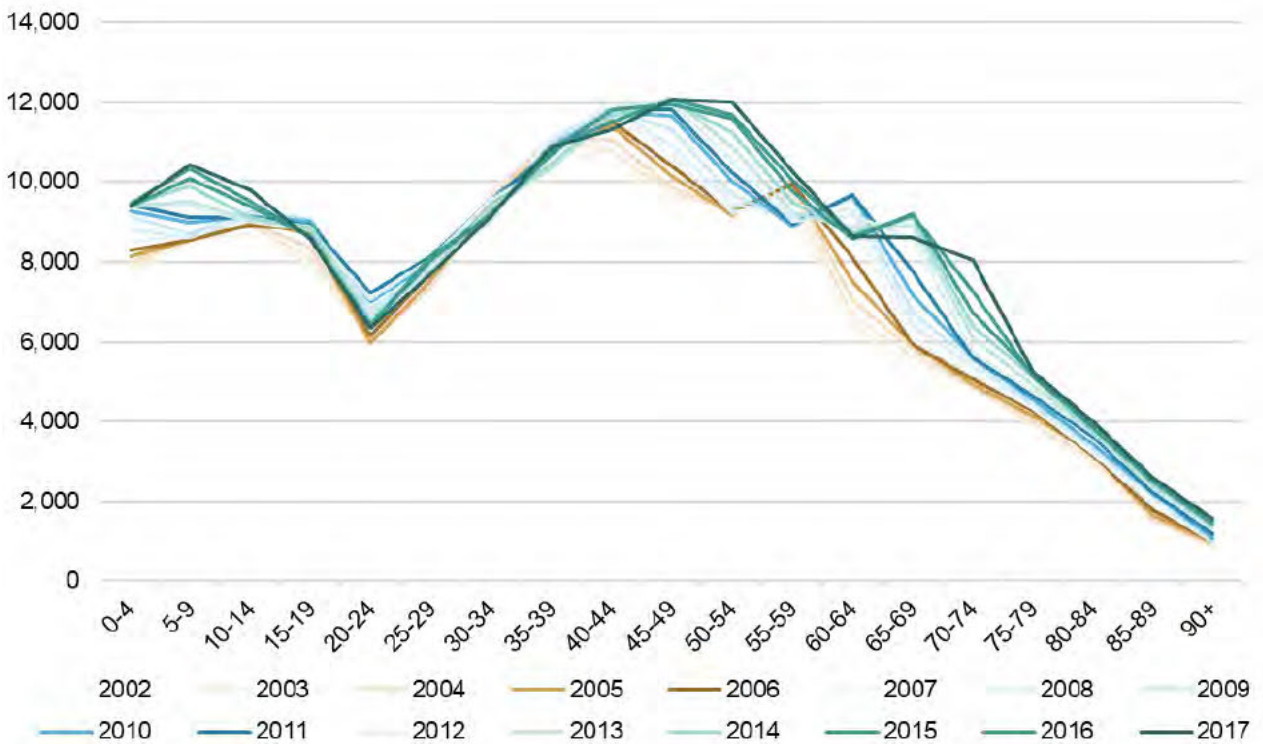
Source: ONS 2011 Census

**Figure 4: Change in Population Profile in Papworth Everard, 2002-17 to show decreasing population of 65+**



Source: ONS Small Area Population Estimates

**Figure 5: Change in Population Profile in South Cambridgeshire, 2002-17: an aging population especially 70+ years**



Source: ONS Mid Year Population Estimates

## Housing

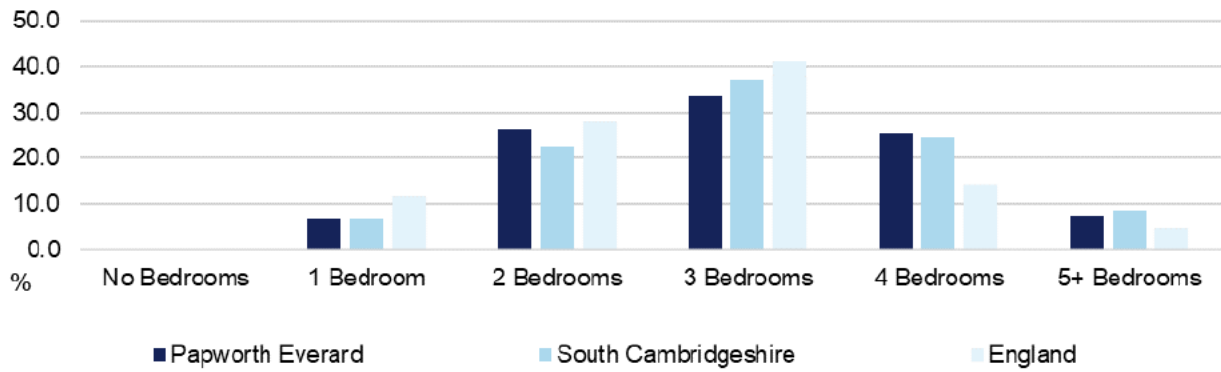
- 2.9 The 2011 Census indicates that there were 1,269 dwellings in the study area at that time, of which 22 were vacant. Subsequently, the Summersfield development was permitted and completed, comprising 365 dwellings. Various other small housing developments have gained planning permission and have assumed to either have been completed or will be completed. As such, it is estimated that there are currently approximately 1,700 dwellings in the study area.
- 2.10 A planning application for 175 dwellings on land to the east of Old Pinewood Way and Ridgeway was submitted in May 2018 but was subsequently refused in the September. At the time of writing, it is unknown if the applicant intends to appeal the decision.
- 2.11 Most of the housing in the study area in 2011 was houses or bungalows (**Table 2**) and the addition of the Summersfield development certainly would not have materially altered this. Compared to the District, the distribution of detached, semi-detached and terraced dwellings was comparable. However, compared to the national picture, the stock is clearly skewed towards detached dwellings. Despite this, the study area also has a relatively high percentage of purpose-built flats compared to the District.
- 2.12 Consequently, the study area has a slightly different profile of housing sizes (**Figure 6**). For example, it has a notably higher proportion of 2-bedroom dwellings compared to the District but also a significantly higher proportion of 4-bedroom dwellings compared to the national picture. This has resulted in a notably lower proportion of 3-bedroom dwellings, although the Summerfield development may have helped to address that to some degree.
- 2.13 This complex mix however seems to work in the study area as there is a relatively good occupancy ratio, with very little indication of overcrowding (**Figure 7**).
- 2.14 Finally of note is the tenure mix, which reflects the work of PT. A substantial proportion of the housing stock is socially rented – PT currently own 314 dwellings. Furthermore, very few households own their dwelling outright; another indication that households are leaving the village in later life (**Table 3**).

**Table 2: Accommodation Type, 2011**

	PAPWORTH EVERARD		SOUTH CAMBS		ENGLAND	
	NO.	%	NO.	%	NO.	%
Unshared Dwelling	1,239	99.4	59,937	100.0	21,985,413	99.6
Whole House or Bungalow	1,121	89.9	55,729	92.9	17,235,610	78.1
Detached	510	40.9	24,932	41.6	4,949,216	22.4
Semi-Detached	394	31.6	20,220	33.7	6,889,935	31.2
Terraced (Including End-Terrace)	217	17.4	10,577	17.6	5,396,459	24.5
Flat, Maisonette or Apartment	118	9.5	3,585	6.0	4,668,839	21.2
Purpose-Built Block of Flats or Tenement	112	9.0	2,901	4.8	3,624,359	16.4
Part of a Converted or Shared House	4	0.3	430	0.7	834,083	3.8
In Commercial Building	2	0.2	254	0.4	210,397	1.0
Caravan or Other Mobile or Temporary Structure	0	0.0	623	1.0	80,964	0.4
Shared Dwelling	8	0.6	23	0.0	77,955	0.4
<b>ALL HOUSEHOLDS</b>	<b>1,247</b>	<b>100.0</b>	<b>59,960</b>	<b>100.0</b>	<b>22,063,368</b>	<b>100.0</b>

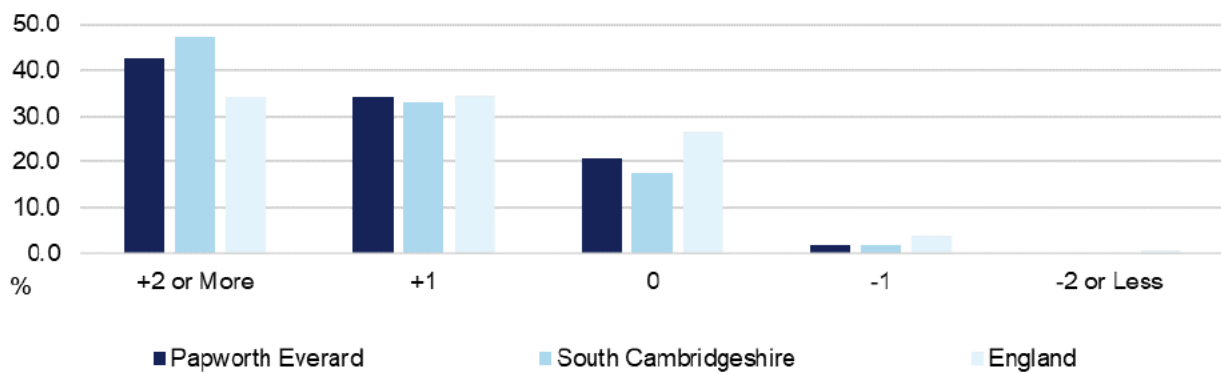
Source: ONS 2011 Census

**Figure 6: Number of Bedrooms, 2011**



Source: ONS 2011 Census

**Figure 7: Occupancy Ratio, 2011**



Source: ONS 2011 Census

**Table 3: Tenure, 2011**

	PAPWORTH EVERARD		SOUTH CAMBS		ENGLAND	
	NO.	%	NO.	%	NO.	%
<b>Owned</b>	717	59.7	42,129	71.8	13,975,024	63.8
Owned Outright	200	16.7	20,759	35.4	6,745,584	30.8
Owned with a Mortgage or Loan	517	43.0	21,370	36.4	7,229,440	33.0
Shared Ownership (Part Owned and Part Rented)	46	3.8	1,258	2.1	173,760	0.8
<b>Social Rented</b>	344	28.6	8,546	14.6	3,903,550	17.8
Rented from Council (Local Authority)	48	4.0	5,464	9.3	2,079,778	9.5
Other Social Rented	296	24.6	3,082	5.3	1,823,772	8.3
<b>Private Rented</b>	121	10.1	7,174	12.2	3,715,924	17.0
Private Landlord or Letting Agency	100	8.3	6,213	10.6	3,401,675	15.5
Employer of a Household Member	13	1.1	362	0.6	55,211	0.3
Relative or Friend of Household Member	3	0.2	350	0.6	199,428	0.9
Other	5	0.4	249	0.4	59,610	0.3
Living Rent Free	19	1.6	853	1.5	295,110	1.3
<b>ALL OCCUPIED HOUSEHOLDS</b>	<b>1,201</b>	<b>100.0</b>	<b>58,702</b>	<b>100.0</b>	<b>21,889,608</b>	<b>100.0</b>

Source: ONS 2011 Census

- 2.15 In terms of house prices, there are some clear differences between the study area and the District (**Table 4**). For both LSOAs that constitute the study area the median and lower quartile house prices are lower than the District, suggesting the study area is a relatively affordable one. However, the type of stock that was sold over the past year is a key factor.
- 2.16 Generally, detached houses are the most expensive with new-build dwellings being more expensive than existing stock. LSOA 021C includes the Summersfield development and it is likely that at least some of the detached and semi-detached dwellings sold last year were the final phase of this development. This almost certainly led to prices in LSOA 021C to be higher than LSOA 021A. Overall however, terraced houses and flats accounted for over half of all sales in the study area compared to only 30% across the District. This would have drawn down the house prices relative to the District. Consequently, it is unlikely that the study area is notably different in terms of house prices compared to the District.

**Table 4: House Sales and Prices for Year Ending June 2018**

	SOUTH CAMBS 021A		SOUTH CAMBS 021C		SOUTH CAMBS		ENGLAND
	NO.	%	NO.	%	NO.	%	NO.
<b>Number of Sales</b>							
Detached	7	22.6	15	36.6	930	41.8	-
Semi-Detached	3	9.7	9	22.0	620	27.8	-
Terraced	13	41.9	12	29.3	522	23.4	-
Flats	8	25.8	5	12.2	155	7.0	-
<b>Total</b>	<b>31</b>	<b>100.0</b>	<b>41</b>	<b>100.0</b>	<b>2,227</b>	<b>100.0</b>	<b>-</b>
<b>House Prices</b>							
Median	£230,000		£292,000		£360,000		£235,995
Lower Quartile	£174,000		£245,500		£280,000		£155,000

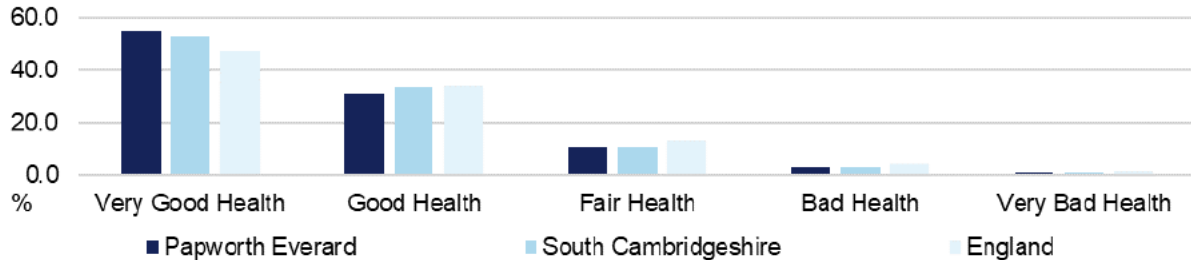
Source: ONS House Price Statistics for Small Areas

- 2.17 Model-based analysis of household income in 2015/16 at the MSOA level produced by ONS suggests that the area has the fourth lowest levels of net income before housing costs in the District. Once housing costs are removed, the area has the second lowest level of net income in the District. This is because, while the District average difference between the two income levels is £4,300 or 10.6%, for the area covering the study area the difference is £5,900 or 15.3%. Only two areas have higher differences and both are unsurprisingly areas where there is substantial new housing being built: Cambourne and Northstowe.
- 2.18 While the study area has seen some housing development elevating house prices, as shown in **Table 4**, this is unlikely to be the whole story. The tenure of the housing is probably also a significant reason as social rented housing is means-tested. Therefore, where a high proportion of social rented housing is present, income levels are necessarily lower than nearby comparable areas.
- 2.19 Consequently, it seems probable that few residents of the study area could have afforded to move to the new development as the cost of the housing, whilst comparable to nearby areas, was too great relative to their incomes. This can cause social situations whereby the occupants of the new housing have no association with those in the existing; it is generally better for social cohesion if there is far greater mixing within an area.

## Health and Primary Healthcare

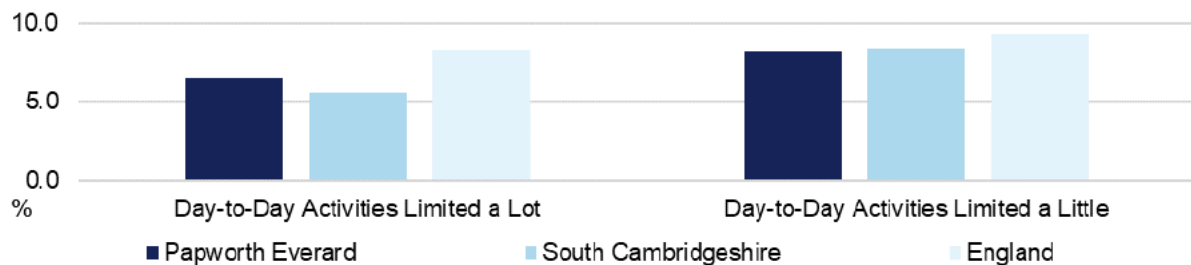
2.20 The Public Health England Health Profile for the MSOA is included in **Appendix 2**. This does not show any health concerns that should be addressed. Further analysis of the 2011 Census for the study area itself confirms this (**Figures 8-10**), although the proportion of people providing 50+ hours unpaid care per week is notable compared to the District.

**Figure 8: General Health, 2011**



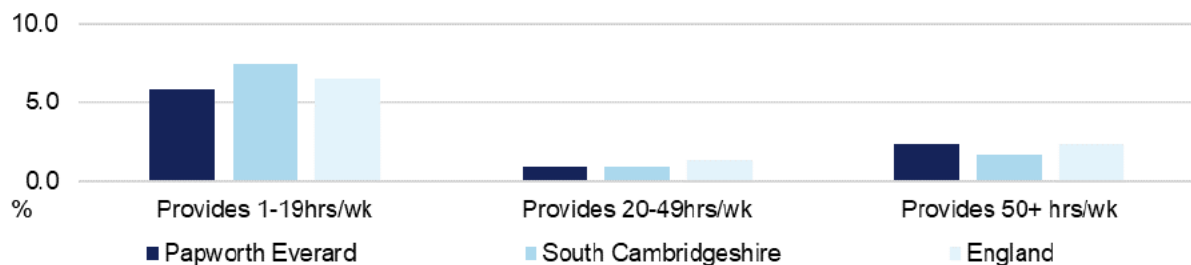
Source: ONS 2011 Census

**Figure 9: Long Term Limiting Illness/Disability, 2011**



Source: ONS 2011 Census

**Figure 10: Provision of Unpaid Care, 2011**



Source: ONS 2011 Census

2.21 There is one GP surgery in the village, co-located with the only pharmacy. It is understood that the six GPs are all part time but are supported by a large nursing team. It has been rated as good by the Care Quality Commission (CQC) and is currently accepting new patients.

2.22 As of December 2018, the surgery had 7,310 registered patients. If all six GPs were full time, this would equate to 1,218 patients each; at 50% it would equate to 2,437 patients per full time equivalent (FTE) GP. The actual ratio is likely to fall somewhere in between. Historically, a benchmark of 1,800 patients per FTE GP was applied. However, the greater use of nurse specialists and a focus of larger surgeries has enabled the ratio to increase. Overall therefore it seems likely that the study area has a good level of primary healthcare provision.

## Education

### Early Years (Pre-School and Nursery)

- 2.23 The study area has one pre-school and two nurseries:
- The Pendragon Pre-School located at the Daisy Centre
  - Children's Ark Day Nursery, which has spaces for up to 39 children aged 0-5 years old.
  - Tots 2 Teens Nursery, which has spaces for up to 50 children aged 0-5 years old.
- 2.24 While pre-schools are Government funded and are intended to provide a level of free childcare, nurseries are private businesses and therefore tend to grow and contract to meet demands. Overall, the level of provision seems reasonable for the population of the study area.

### Primary Schools

- 2.25 According to the Cambridgeshire County Council Primary School Directory 2017/18, the study area is served by two primary schools:
- The Newton Primary School in Caxton End, Eltisley, which has capacity for 105 pupils (equivalent to 0.5-form entry). It was rated Good in its last Ofsted inspection.
  - Pendragon Primary School in Papworth Everard, which has capacity for 420 pupils (equivalent to 2-form entry). It was rated Good in its last Ofsted inspection.
- 2.26 It seems probable however that Elsworth Primary School, which has capacity for 140 pupils (slightly more than 0.5-form entry), also assists. It was rated Good in its last Ofsted inspection.
- 2.27 According to the latest school census data, these schools have the following numbers of pupils on roll:
- Newton Primary School has 91 pupils (87% of capacity).
  - Pendragon Primary School has 363 pupils (86% of capacity).
  - Elsworth Primary School has 124 pupils (89% of capacity).
- 2.28 Combined therefore there is capacity for 665 pupils with a roll of 578 pupils (87% of capacity). Education authorities prefer small surplus of spaces to maintain a degree of flexibility, especially in rural areas where the addition of only a few pupils during term time can make a considerable impact. Notwithstanding this, 87 surplus spaces is likely to be unsustainable.
- 2.29 The Cambridgeshire County Council 0-19 Education Organisation Plan 2018-2019 however states that:
- "A number of speculative planning applications have been approved in recent months, with a significant number of new homes anticipated to be delivered in Papworth over the next 3-5 years. As part of the response to these, the Council has identified a need to explore the expansion of Pendragon Primary School. The timescales for this will need to be determined in line with the pace of housing development in the village."*
- 2.30 Consequently, the plan identifies the expansion of Pendragon Primary School by 210 spaces (1-form entry) as a potential project in its capital programme pending further review.

Secondary Schools

2.31 The study area falls within the catchment of Swavesey Village College (1,350 places and 1,315 pupils (97%)) but is closer to Cambourne Village College (1,050 places and 959 pupils (91%)). Both are rated as Outstanding by Ofsted and both are understood to require further expansion to meet identified population growth in the adopted South Cambridgeshire Local Plan. In relation to Swavesey, the Education Organisation Plan states:

*“Demographic forecasts indicate that there is increasing demand for places at Swavesey Village College over the course of the next decade which, combined with development in the school’s catchment area, will lead to a shortage of places towards the end of the decade. This pressure is being addressed in part through the expansion of the school to accommodate a PAN of 270, and through making changes in the school’s catchment area. This change will involve Longstanton (served by Hatton Park Primary Academy) becoming part of the catchment area of the new Northstowe secondary. The Council is exploring the potential for a further increase of 1FE at Swavesey Village College to mitigate the further growth in demand anticipated as a result of the large number of speculative planning applications across the villages in the school’s catchment area.”*

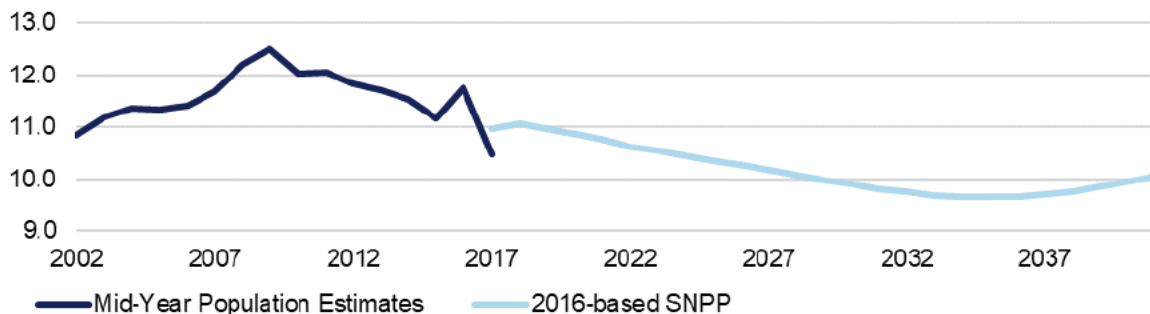
2.32 In relation to Cambourne, it states:

*“Future demand for places will rise steeply once the proposed major development of 2,300 houses to the west of Cambourne is built out. This development was approved in late 2016. In response, the Council is currently in the process of expanding the current Cambourne Village College by 2FE. Additionally, as part of the Cambourne West proposals, the Council has identified a need for an additional 6FE of secondary provision. This will be run as a second campus of Cambourne Village College. The timescales for this will depend upon the pace of housing development.”*

2.33 The second campus is anticipated to open in September 2022, initially with 4-form entry, although this is dependent on housing development.

2.34 It is clear therefore that current provision is strained, and measures are already in place to provide substantial additional places over the next decade. It should be noted however that much of this provision is required to meet an increase in birth rates seen in 2005-2012 and current population projections now suggest that the rate is likely to decline significantly in future years. Consequently, care is needed to not over-provide in the longer term.

**Figure 11: Gross Birth Rate for South Cambridgeshire (births per 1,000 population)**



Source: ONS

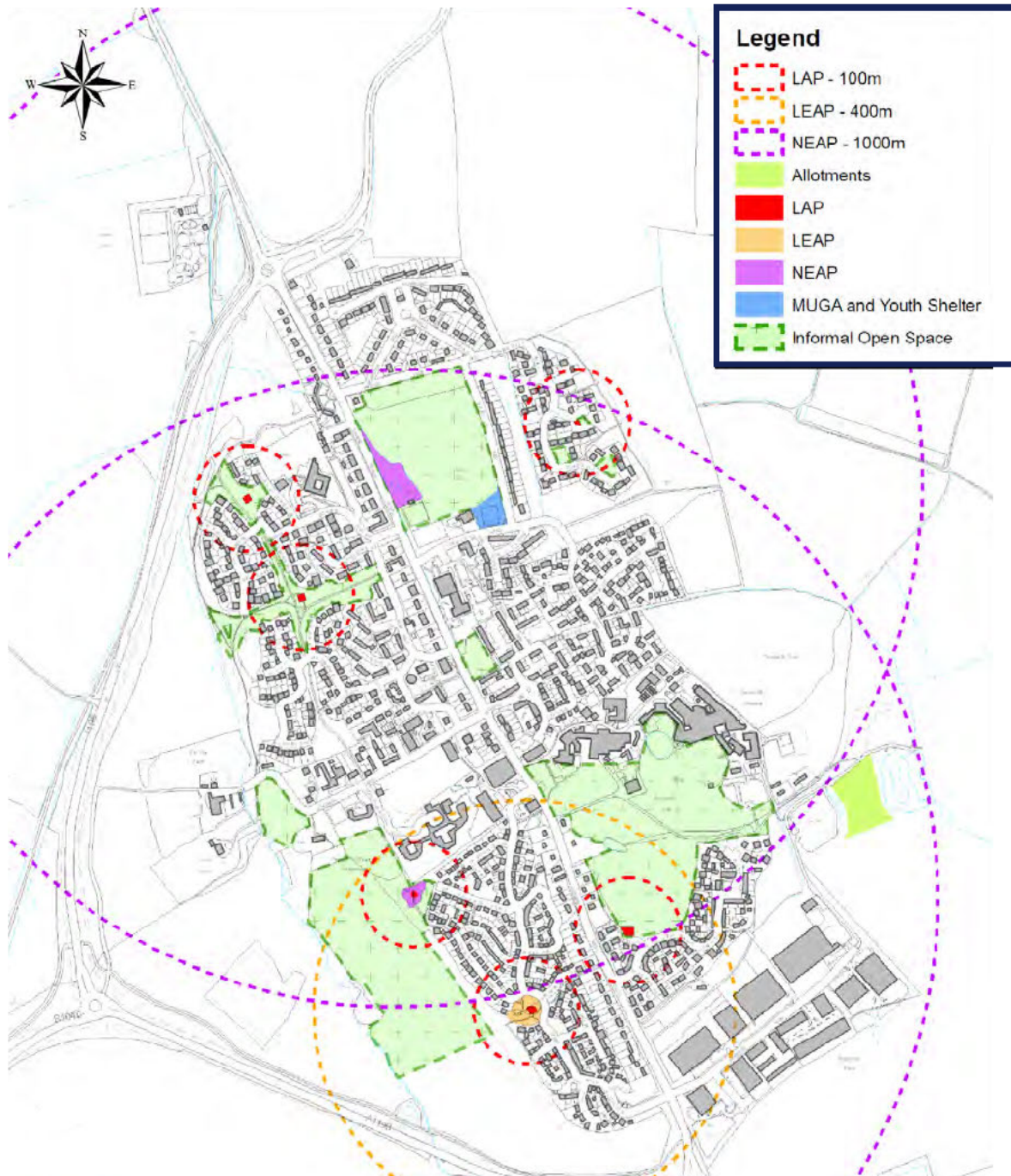
## Sport and Leisure

- 2.35 The study area currently benefits from:
- The Studio in Pendrill Court provides space for fitness classes;
  - The Village Hall is available for hire for fitness classes;
  - Papworth Tennis Club;
  - Papworth Bowls Club; and
  - Football pitches and cricket squares at the King George V playing fields in the centre of the village, with associated changing facilities.
- 2.36 Overall, given the size of the population, this is a particularly good level and diversity of provision. Larger and more costly facilities such as sports halls and swimming pools need far larger catchment populations and those living in rural areas would expect to travel to larger settlements nearby to access these.
- 2.37 The Cambridge City and South Cambridgeshire Playing Pitch Strategy 2015-2031 (June 2016) identifies an over-supply of football pitches in the area including the study area. It is also understood that the cricket squares are underused with no active cricket club in the village.
- 2.38 In addition to the Village Hall, there are various other community facilities providing leisure pursuits and opportunities for social interaction and community engagement:
- Papworth Library;
  - Papworth Heritage Centre located at the hospital;
  - Community rooms in Pendrill Court, the Conservatory, Vinter Close, Turnhill Room
  - St Peters Church of England church and St Thomas Indian Orthodox church
- 2.39 Children's play areas in Papworth Everard are located at:
- Local Areas of Play (LAP): South Park Playground, Land South of Docwra Road, Land West of Varrier Jones Place, Woodhead and Summersfield
  - Local Equipped Areas for Play (LEAP): Summersfield, Trinity Way
  - Neighbourhood Equipped Areas for Play (NEAP): Papworth Everard Recreation and Summersfield, St Peter's Lane
  - Allotments east of Stirling Way.
- 2.40 Youth provision is limited to a single multi-use games area following the closure of the youth club. **Table 5** shows that in comparison to the District Council's standards there is a small deficiency in formal children's play areas, a surplus of informal open space and a shortfall of allotments.
- 2.41 Generally, the provision is good for a settlement of this scale, although there are gaps in the provision of play space, particularly in the northern part of the village (**Figure 12**). **Figure 12** also shows that the village is walkable with many routes available through and around the village.

**Table 5: Open Space in the Study Area**

	DISRTICT STANDARDS	ESTIMATED STUDY AREA PROVISION	SURPLUS / DEFICIT
Formal children’s play areas	0.4ha/1,000 people	1.3ha	Deficit 0.3ha
Informal open space	0.4ha/1,000 people	27ha	Surplus 25ha+
Allotments/community orchards	1.2ha/1,000 people	0.94ha	Deficit 2ha
Sports pitches	1.6ha/1,000 people	5.29ha	Deficit 1.1ha

**Figure 12: Play provision and recommended walking catchments**



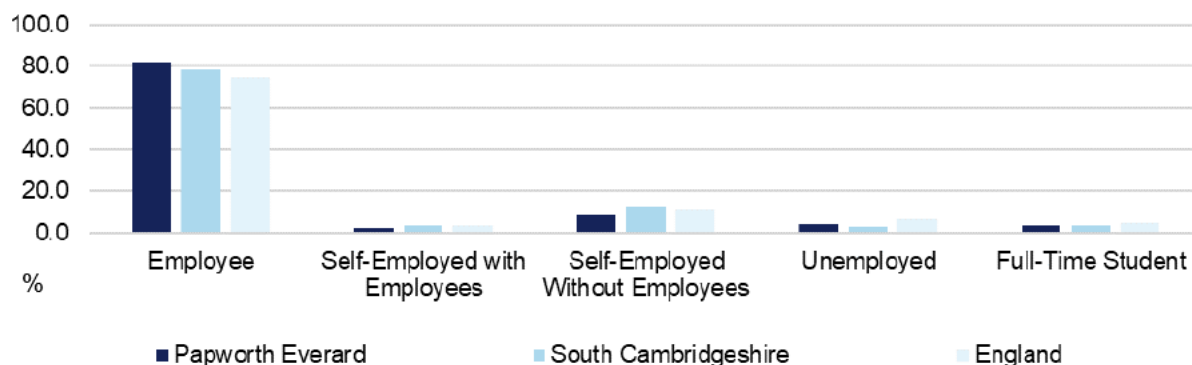
## Retailing and Other Services

- 2.42 Retail provision is limited in the study area. Several small units are located in Pendrill Court, including three food outlets, the post office and a hairdresser. A Nisa convenience store is located on Ermine Street. There is also a bar on Chequers Lane and a restaurant on the A1198/B1040 roundabout. A further restaurant is located on Lakeside Crescent.
- 2.43 The nearest large convenience stores are a Morrisons in Cambourne, Tesco in Bar Hill or St Neots, or Sainsbury's in Huntingdon.
- 2.44 Buses are limited and are understood to be under threat of closure due to financial viability.
- 2.45 Overall this is not an uncommon situation for a village of this size. It is now of sufficient scale that there would be an inherent expectation that it would have more services. However, with all services becoming leaner and more centralised due to need to maximise profits or simply be financially viable, the days when each reasonably sized village can expect to have good suite of services are over. Instead, the village needs to expand further and gain the critical mass relative to surrounding smaller settlements so that it can become a rural hub for services. This is discussed further in the next chapter.

## Employment

- 2.46 The 2011 Census indicates that the study area has a very high economic activity rate at 78.5% compared to the District and national average (76.2% and 69.9% respectively). **Figure 13** shows that the vast majority of these are employees, very few are self-employed. Unemployment was slightly higher than the District but less than the national average (note that in 2011 the economy had not rebounded from the 2008 recession and unemployment has subsequently reached record lows).

**Figure 13: Economic Activity, 2011**

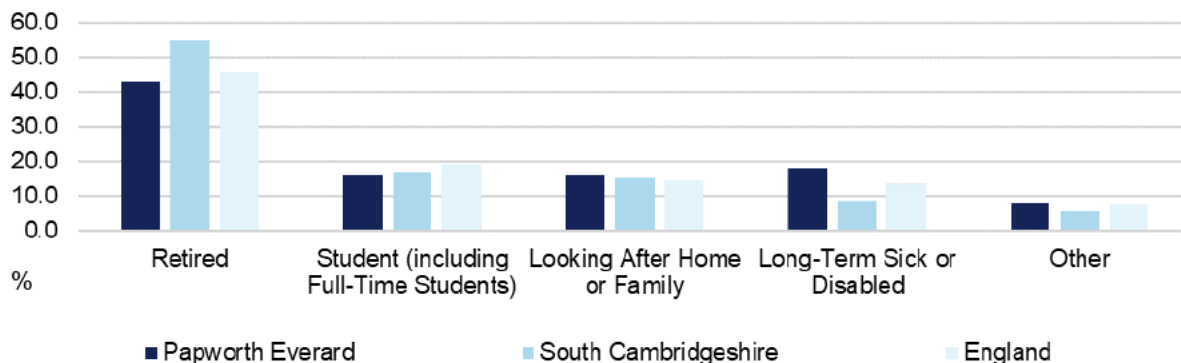


Source: ONS 2011 Census

- 2.47 Reflecting the relatively young population compared to the District, there are notably fewer retirees amongst those that are economically inactive (**Figure 14**). There are however higher levels of people looking after home or family or are long-term sick or disabled. The two could be connected and relate to the slightly higher level of people providing 50+ hours per week unpaid care (**Figure 10**).
- 2.48 A review of Employment and Support Allowance (ESA) claimants suggests that the proportion of those that are economically inactive due to long-term sick or disabled is still relatively high. A

proportionally high number of these are reported as either ‘disease – nervous system’ or ‘disease – other’, suggesting complex issues that may prevent any involvement in the workforce.

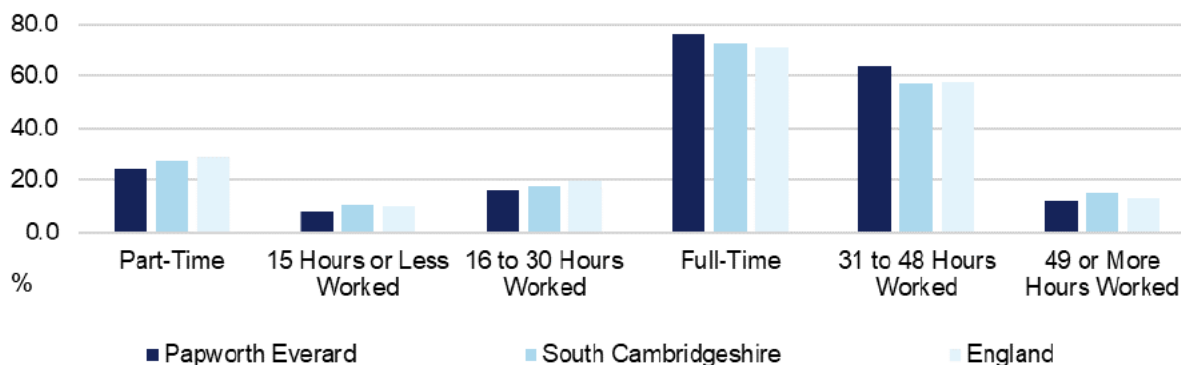
**Figure 14: Economic Inactivity, 2011**



Source: ONS 2011 Census

2.49 Of those residents that are employed, the majority are in full time employment (**Figure 15**). Most work 31-48 hours with relatively few working more.

**Figure 15: Hours Worked, 2011**

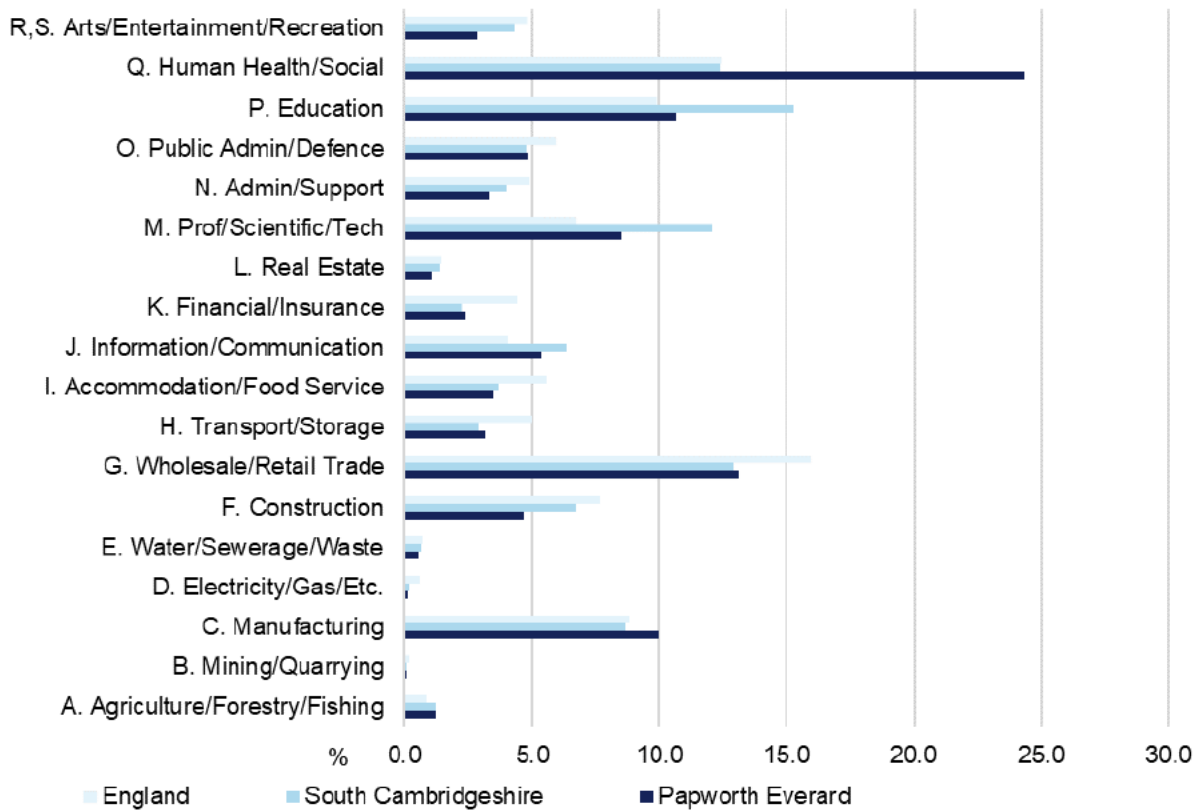


Source: ONS 2011 Census

2.50 **Figure 16** indicates that a considerable proportion of the resident population work in the health and social care sector, most likely at Papworth Hospital and the Cambridge Biomedical Campus. There is also a relatively high proportion in the science and technology sectors, although not as high as the District average. There is a slightly higher proportion working in manufacturing.

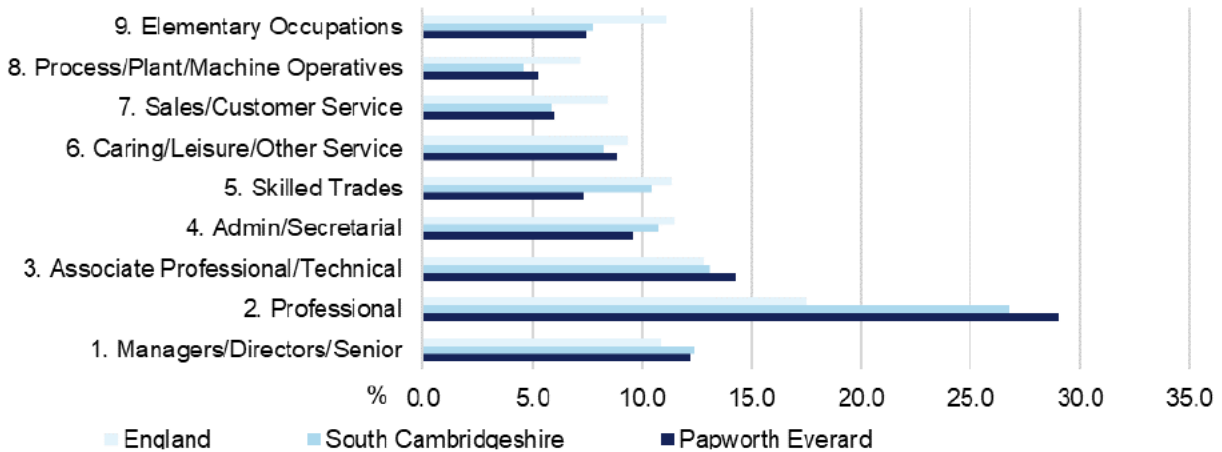
2.51 **Figure 17** indicates that a high proportion of residents are in professional occupations compared to both the District and national averages. There are very few in skilled trades, which aligns with the low proportion working in the construction industry which is most often associated with these occupations. Very few residents are identified as being in care occupations, which seems at odds with the presence of Papworth Hospital. However, the particularly high proportion of professional occupations would suggest that many of those that live in the study area and work at the Hospital might be in associated occupations.

**Figure 16: Industry of Employment, 2011**



Source: ONS 2011 Census

**Figure 17: Occupation, 2011**



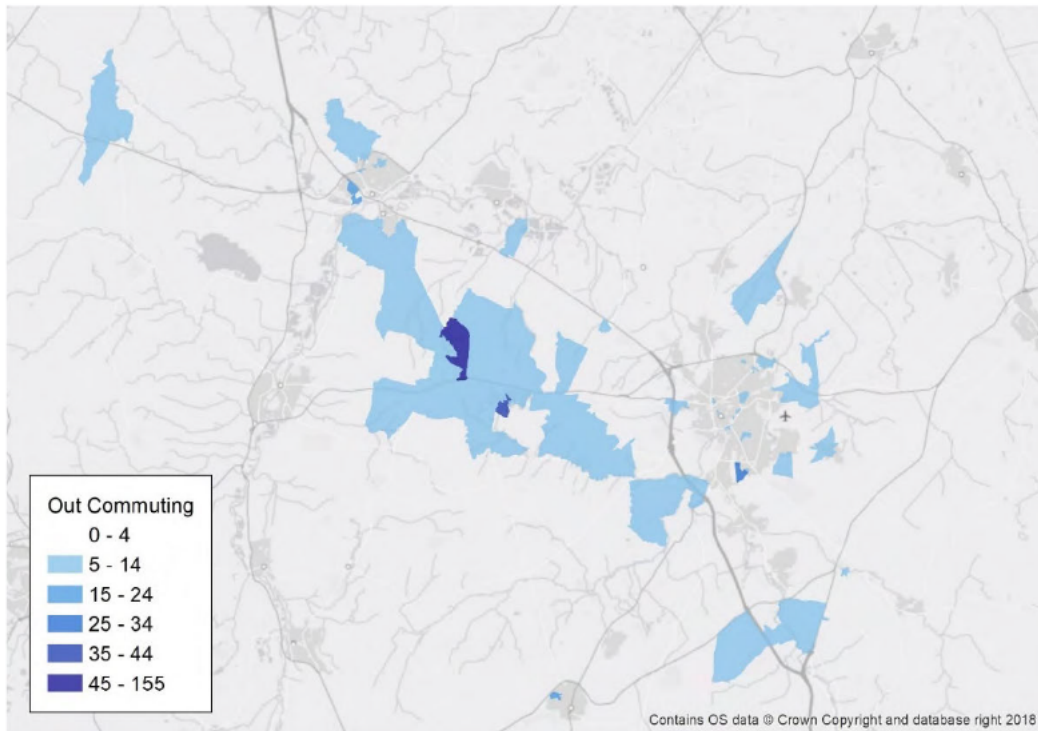
Source: ONS 2011 Census

2.52 **Figure 18** shows outward commuting patterns for residents of the study area. It shows that 21% of residents in employment work in the study area. This is a significant amount, with most new settlements aspiring to achieve this level of retention.

2.53 The remainder show a clear northwest to southeast arc associated with the A14/M11 and A428 transport corridors. Few residents commute into the centre of Cambridge but a notable proportion travel to the Cambridge Biomedical Campus (adjacent to Addenbrooke’s Hospital), which is likely

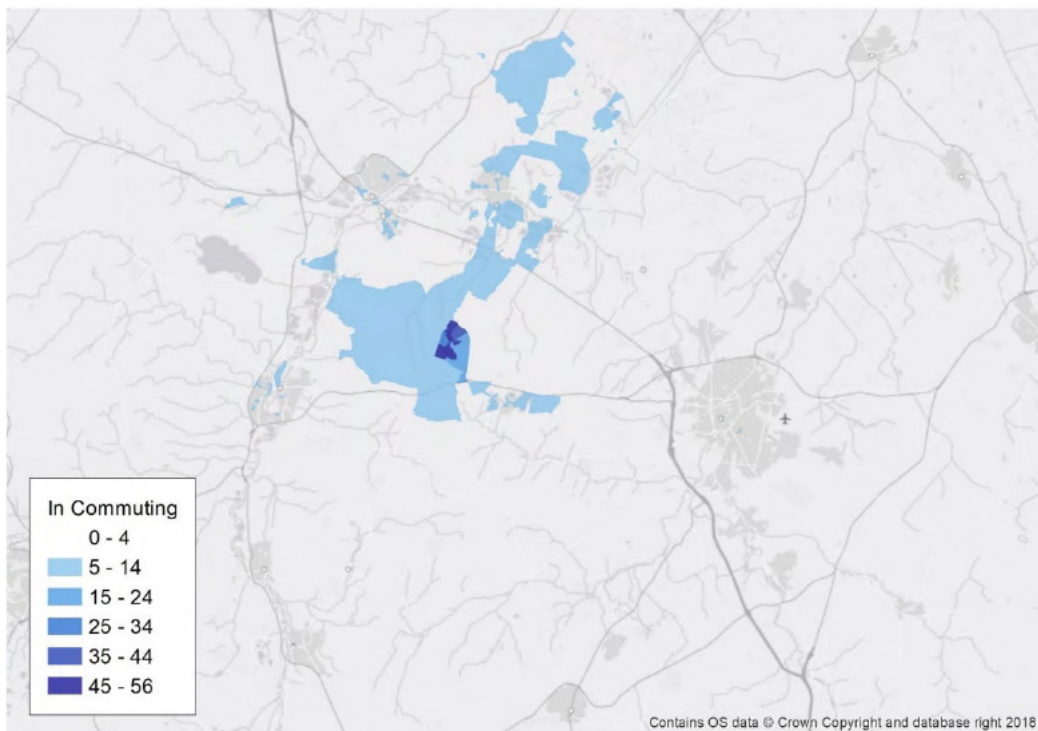
to increase with the relocation of Papworth Hospital. Nearer to home, a notable proportion work in and around Cambourne with a smaller number travelling north to Huntingdon.

**Figure 18: Outward Commuting Patterns of the Study Area, 2011**



Source: ONS 2011 Census

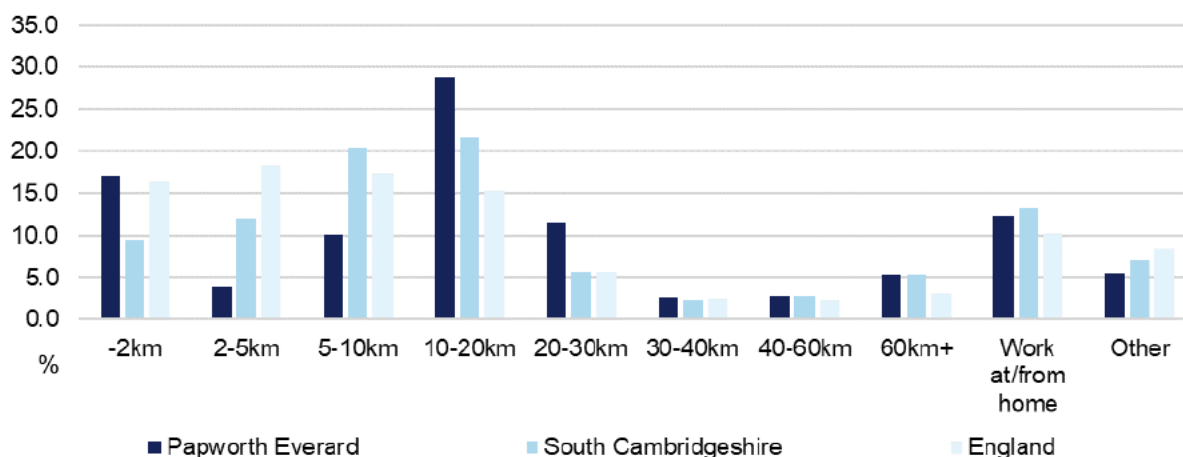
**Figure 19: Inward Commuting Patterns of the Study Area, 2011**



Source: ONS 2011 Census

- 2.54 **Figure 19** shows the polar opposite pattern for those working in the study area. Some 13% of workplaces in the study area filled by those living in the study area; there are approximately 1.7 workplaces in the study area for every resident in employment.
- 2.55 Of those commuting into the study area, clearly most come from the northeast. St Ives appears to be a particularly preferred location, possibly because of the B1040 providing good direct access across the A14 and lower house prices.
- 2.56 **Figure 20** confirms that a relatively high proportion of residents travel less than 2km to work. However, as a rural settlement, there are few employment opportunities between 2km and 10km from the study area. Between 10km and 30km away from the study area are the ring of towns including Cambridge, Huntingdon and St Neots, which provide considerably more opportunities and hence the higher proportion of residents working in these locations.

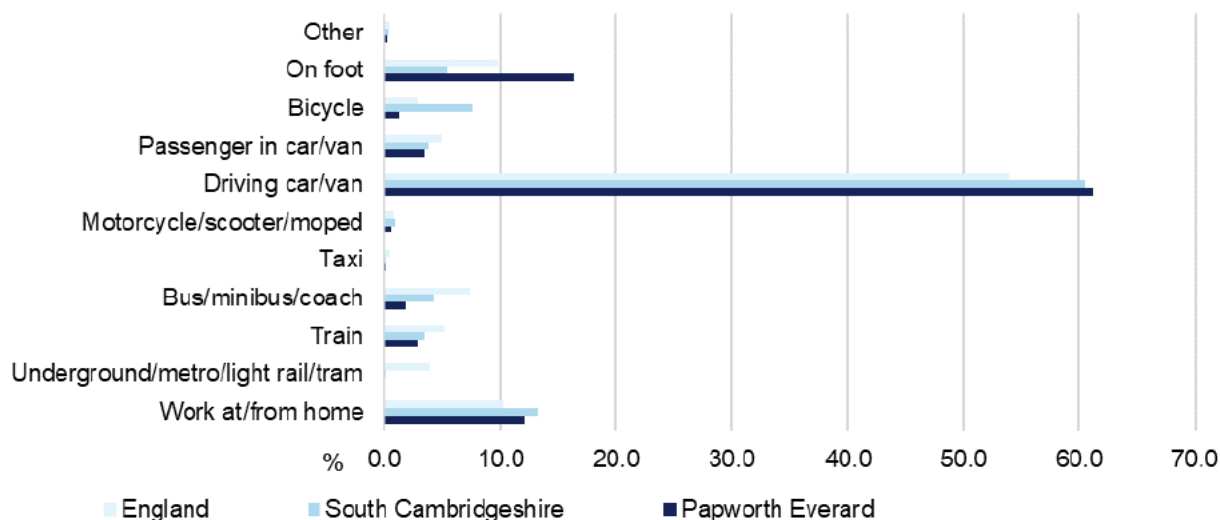
**Figure 20: Distance Travelled to Work, 2011**



Source: ONS 2011 Census

- 2.57 Perhaps unsurprisingly **Figure 21** shows that the majority of residents' travel to work by private car with very few travelling as passengers. There are very few opportunities to use public transport and it is understood the bus routes that are available struggle financially.
- 2.58 The reason for this is likely to be the dispersed nature of employment opportunities beyond Papworth Everard itself. The village is not subservient to any one higher order settlement but rather is located equidistance from several. Because the study area's resident population is not very large, its dispersal means that only a small number are travelling in any one direction and fewer still would find public transport in that direction convenient. With such low patronage during peak periods, it is perhaps understandable that buses are not currently viable.
- 2.59 A further issue is the location of the study area relative to the higher order settlements. Buses travelling from St Neots to Huntingdon, Huntingdon to Cambridge and Cambridge to St Neots would all most likely use the main highways (A1, A14 and A428 respectively), serving only those settlements on those routes. Papworth Everard is in the triangle between each of these routes and would result in a significant (and not financially viable) detour for each.
- 2.60 On a more positive note, **Figure 21** does show a particularly high proportion of people walking to work, reflecting the high proportion of people living and working in the village. This is clearly the most sustainable, and healthy, form of transport and should be promoted further.

Figure 21: Method of Travel to Work, 2011



Source: ONS 2011 Census

## Summary

2.61 The key points that emerge from our analysis are:

- Population:** In the context of an ageing District population, the study area shows a decrease in those aged 65+ but an increase in the 50-64 group. Given the lack of dedicated older persons accommodation, this suggests that older persons are needing to leave the study area.
- Housing:** There are approximately 1,700 dwellings in the study area, with a high proportion of affordable housing. The provision is generally adequate, although more dedicated older persons accommodation would be ideal. The relatively high proportion of social rented housing in the village has likely led to the below average net household income, which has subsequently meant that few existing residents are likely to have been able to afford the new housing being built in the village. This has potentially created a barrier and ways of integrating new residents into the community are paramount.
- Healthcare:** No significant healthcare issues have been identified.
- Education:** Evidence suggests adequate levels of early years care and primary education in the study area. Primary schools show capacity for additional children. The nearest secondary school is in Swavesey, which is at capacity. The need to expand both primary and secondary capacity has been acknowledged by the County Council.
- Sport, leisure and open space:** There is a broad range of facilities suited to the village’s size, albeit with some under provision of youth facilities, children’s play areas, and allotments. Sports pitches however are utilised. This provides an opportunity for future growth to support qualitative improvement and provide additional facilities that will benefit the existing as well as new residents.
- Retail:** The village has a reasonable range of retail provision.
- Public transport:** The bus services are limited and are understood to be under threat due to not being financially viable.

- **Employment:** There are 1.7 jobs in the study area per economically active resident. Some 21% of residents work in the study area and a high proportion walk to work. Out commuting by residents living in the study area is generally to the southeast while people commuting into the village for work typically come from the northeast, particularly St Ives. Residents have a very high economic activity rate, with a high proportion working in the health and social care sectors.

Overall, the study area shows all the hallmarks of a sustainable small settlement and its immediate hinterland. It has many of the services it requires, although there is a desire to see more, and has a good number of employment opportunities relative to the number of residents in employment.

## 3.0 Analysis

### Introduction

- 3.1 This Chapter considers the potential for future development, the constraints that may affect it and potential solutions.

### Current Development Pipeline

- 3.2 Only limited development proposals are currently being considered in the study area. Papworth Everard itself is classified as a Minor Rural Centre in the South Cambridgeshire Local Plan, which suggests that developments sought through planning applications under the current Local Plan context will permit up to 30 dwellings on any one development site. Papworth St Agnes is classified as an Infill Village, where developments are restricted to a maximum of two dwellings.
- 3.3 The Local Plan also allocates sites in the study area:

*“Policy H/4: Papworth Everard West Central*

*1. Redevelopment of Papworth Everard West Central, as defined on the Policies Map, must be aimed at the continued invigoration of the village centre with the principle of providing a mix of uses including community uses, employment uses and housing development.*

*2. Any scheme for redevelopment must:*

- a. Be well related to, and respect the character of, Papworth Everard village centre; and*
- b. Integrate with surrounding development including the new residential development to the south.*

*3. Exceptionally, planning permission will be granted for housing development above the scale permitted in a Minor Rural Centre.”*

- 3.4 This site currently has planning permission for:

*“Outline planning permission for the demolition of existing buildings & the erection of up to 58 dwellings (Class C3) access, car parking & associated works, open space, landscaping & a children’s play area, all matters reserved except for access and; full planning permission & conservation consent for the partial demolition of the existing printworks building & the conservation and re-use of the retained building to provide a brewhouse (B2) bakery (B1) floor area for the consumption of food and drink (A3/A4/A5) and community rooms (D2) associated access, car parking & landscaping; and eight units of accommodation to be used either as housing (C3) and/or business uses (B1a).”*

- 3.5 It is understood that this site could yield up to 66 dwellings. However, it is understood that the project has some delays.

3.6 In addition, there are two employment allocations:

*“Policy E/5: Allocations for Class B1, B2 and B8 Employment Uses*

*The following sites are allocated for employment development for uses within Classes B1: Offices; Research and Development, B2: Light Industry and B8: General Industry and Storage uses:*

- 1. Over: Norman Way (residue) (1.7 ha.)*
- 2. Papworth Everard: Ermine Street South (residue) (2.5 ha.)”*

*“Policy E/6: Papworth Hospital*

*1. The reuse or redevelopment of the Papworth Hospital site, as defined on the Policies Map, will be permitted based on a sequential approach to finding replacement uses beginning with healthcare.*

*2. Only if a suitable healthcare use or uses cannot be found after the site has been marketed for healthcare for a period of no less than 2 years would other employment uses within the B1 Business Use Class compatible with this location in the centre of Papworth Everard be permitted.*

*3. Any scheme must:*

- a. Maintain the vitality and viability of Papworth Everard village;*
- b. Maintain the housing and employment balance of the village;*
- c. Maintain or enhance the setting of Papworth Hall; and*
- d. Preserve or enhance buildings on the site identified in the Papworth Everard Conservation Area Appraisal that contribute to the setting of the village and history of the site.*

*4. New housing development and/or redevelopment for housing will not be permitted. Conversion of existing buildings of character for residential use may exceptionally be permitted where it would be the most appropriate use of the buildings and recreate the character of the original Papworth Hospital buildings fronting the historic landscaped parkland setting of Papworth Hall.*

3.7 Consequently, it is assumed that these policies would likely generate a further 100 dwellings at most in the near future, bringing the total to 1,800 dwellings in the study area. It is also assumed that the Ermine Street South employment land is built out and that the Papworth Hospital site is reused/redeveloped for an employment generating use, in line with Local Plan policy. The net effect of this is anticipated to be an increase of employment relative to housing.

3.8 Using population multipliers derived from the 2011 Census results for South Cambridgeshire, it is estimated that the current pipeline of approximately 100 dwellings would house 245 people.

## Future Development Potential

- 3.9 The high-level analysis undertaken by Bidwells Urban Design Studio (**Appendix 3**) suggests that there is capacity for approximately 465-655 dwellings on the VJF/PT main land holdings that are appropriate for residential development; the dwelling range depending on the density it is developed at. There is also potential for approximately 50 dwellings on various small plots within the village. Consequently, it is assumed that, in addition to the current pipeline, there is future development potential for 515-705 additional dwellings over the next plan period. This is estimated to house 1,261-1,726 people using the same multipliers as before and provides a robust analysis for this Assessment.
- 3.10 In addition, there is land identified as a potential expansion to the business park to the south.

## Facilitating Future Development

- 3.11 Taking into account both the current pipeline of housing development and the future development potential, it is estimated that the study area could increase by 615-805 dwellings, as summarised below.

**Table 6: Summary of Anticipated Housing Numbers in the Study Area Over the Next Plan Period**

FUTURE DEVELOPMENT	HOMES	POPULATION
Current pipeline	100	245
Future development potential: Small sites	50	123
Future development potential: strategic sites	465-655	515-705
<b>Total</b>	<b>615-805</b>	<b>1,505-1,971</b>

- 3.12 **Table 7** sets out the estimated population this would house, broken down to reflect the likely life stage for each.

**Table 7: Population Profile of All Future Housing Development**

AGE RANGE	DESCRIPTION	615 DWELLINGS NO.	805 DWELLINGS NO.
0-2	Nursery	57	74
3-4	Pre-school/nursery	39	51
5-11	Primary (R-Y6)	129	169
12-16	Secondary (Y7-11)	97	126
17-18	Sixth Form (Y12-13)/Economically Active	36	47
19-24	University/Economically Active	79	103
25-34	Economically Active	176	231
35-49	Economically Active	350	458
50-64	Economically Active	295	386
65-74	Economically Active/Retired	134	176
75-84	Economically Active/Retired	82	108
85+	Economically Active/Retired	32	41
<b>All</b>	<b>Total</b>	<b>1,505</b>	<b>1,971</b>

3.13 Taking into account this population profile and the baseline analysis set out in the previous chapter, **Table 8** identifies potential constraints to development and solutions.

**Table 8: Potential Constraints and Solutions**

CONSTRAINTS AND SOLUTIONS	
<b>Ageing Population</b>	<p><b>Constraint</b></p> <p>It is already recognised that the resident population is ageing and that there is not any form of older persons accommodation to allow those wishing to down-size or require an element of residential care. While the population growth is likely to introduce a generally younger population, the demand for older persons accommodation will still increase.</p>
	<p><b>Solution</b></p> <p>It is recommended that a dedicated older persons development is included. Ideally this would include both private and affordable rented elements.</p>
<b>Mix of Housing</b>	<p><b>Constraint</b></p> <p>It was found that households in the study area generally have lower net incomes relative to the rest of the District. This is to some degree connected to the high proportion of social rented housing. It does however mean that few existing residents can afford houses in the new developments, which effectively creates a barrier to the mixing of existing and new residents in the village.</p>
	<p><b>Solution 1</b></p> <p>The NPPF now includes a wider definition of affordable housing, including discount market sales and shared ownership. It is recommended that it would be preferable for the affordable housing element if the new housing includes only limited social rented accommodation and instead focuses on alternative tenures that would benefit those existing residents trying to get on the housing ladder.</p>
	<p><b>Solution 2</b></p> <p>It has been found in other locations in the District that larger dwellings are not selling because the cost is simply too high, despite the demand for them. This would be exacerbated in the study area by the comparably lower net household income. Consequently, the size of dwellings should focus on 3-bed dwellings.</p>
<b>Primary Healthcare</b>	<p><b>Constraint</b></p> <p>It is likely that the additional housing would generate the need for a further full-time equivalent GP in the village or comparable provision of nurse specialists.</p>
	<p><b>Solution</b></p> <p>The existing GP surgery is a mixture of one and two storeys. Furthermore, it is set in large grounds in the very centre of the village. It seems probable that the existing building could be expanded in size relatively easily to meet the future needs.</p>
<b>Early Years</b>	<p><b>Constraint</b></p> <p>The existing provision for nursery and pre-school places is likely to be only just sufficient to meet current needs. The addition of a further 96-125 0-4-year olds, an increase of approximately 28%, is likely to require further provision.</p>
	<p><b>Solution</b></p> <p>There are several possible solutions. The most likely is the expansion of the existing pre-school and the inclusion of a further nursery. The nursery either could be a standalone facility or co-located with a one-form entry primary school if the option to not expand the current primary school is not considered viable (see next section).</p>
<b>Primary Schooling</b>	<p><b>Constraint</b></p> <p>There is only limited capacity in the existing primary schools and the additional dwellings could add approximately 18-24 pupils per year. However, as shown in <b>Figure 11</b>, the birth rate in the future is expected to decline significantly compared to that seen at the time of the 2011 Census. Care therefore needs to be taken to not over provide school places.</p>

CONSTRAINTS AND SOLUTIONS	
	<p><b>Solution</b></p> <p>As a worst-case, it seems that there would be a need for approximately 570 primary school spaces based on the current resident population of the study area and the estimations in <b>Figure 5</b> (this assumes that none travel out of the village to Newton or Elsworth primary schools). This would indicate that three forms of entry (630 spaces) would likely be required. While this might seem to be an overprovision, particularly considering the falling fertility rates, the current 420 spaces would be far from enough.</p> <p>The additional single form of entry (210 spaces) could be provided as a separate primary school but would probably be better served by increasing capacity at the existing Pendragon Primary School. Land is available to the north of the school in the ownership of VJF that could be used to facilitate this.</p>
Secondary Schooling	<p><b>Constraint</b></p> <p>The additional housing may generate demand for 97-126 secondary school places. Currently, pupils need to travel out of the village.</p>
	<p><b>Solution</b></p> <p>As a worst-case, it seems that there would be a need for approximately 350 secondary school spaces. This is insufficient to warrant a secondary school in the village and therefore provision will need to be made to ensure pupils can reach nearby schools as easily as possible:</p> <ul style="list-style-type: none"> <li>● It is proposed that a dedicated cycle way should link the village to Cambourne Village College.</li> <li>● Swavesey Village College is approximately 7km from Papworth Everard and therefore a dedicated cycle way is unlikely to be well used by school children. Instead therefore it is proposed to increase school bus services to Swavesey.</li> </ul>
Open Space, Sport and Leisure	<p><b>Constraint</b></p> <p>There is under provision of children's play areas and allotments, youth provision has been noted as limited and sports pitches are under-utilised.</p>
	<p><b>Solution</b></p> <p>The fact that the existing outdoor sports provision in the village is under-utilised and there is a District-wide surplus of football pitches would suggest that providing yet more space would simply be an unnecessary financial and maintenance burden on the local community. Instead, the equivalent financial contribution would be better served in looking into further improving the existing facilities and helping the local community be more involved in sport. This should address in particular the ageing population.</p> <p>Children's play space can be provided throughout the new development areas to meet the District Council's open space population and walking catchment standards. Future provision would be 1.2ha of open space per 1,000 people, of which</p> <ul style="list-style-type: none"> <li>● Formal children's play space 0.4/1,000 people = 0.6-0.78ha, plus 0.3ha to cover existing deficit</li> <li>● Informal children's play space 0.4/1,000 people = 0.6-0.78ha</li> <li>● Informal open space 0.4/1,000 people = 0.6-0.78ha, although there is already a substantial over provision.</li> </ul> <p>The village may be better served by distributing some play spaces elsewhere in the village, making use of VJF's land ownerships, to address existing deficiencies.</p> <p>An additional area of allotments or a community orchard could be created in several areas, if there is clear demand for it, which can be identified through consultation with the Parish Council. SCDC standards recommend 0.4ha/1,000 people which suggests new provision of 0.6-0.78 ha plus 2ha to address the existing deficit, if demand exists.</p>

CONSTRAINTS AND SOLUTIONS	
<b>Retail</b>	<p><b>Constraint</b></p> <p>The current provision of shops and other services is reasonable for the size of the village but there is a desire to see greater activity in the centre, particularly convenience retailing.</p>
	<p><b>Solution</b></p> <p>A total of 1971 dwellings is unlikely to warrant significantly more retail floorspace in the village. However, it is difficult to accurately determine at this stage if it might be possible for an additional small foodstore to be accommodated that could provide an alternative offer to the large superstores in surrounding settlements. This might be one of the national retailers 'local' foodstores or possibly a farm shop.</p> <p>It is the intention of VJF to complete the retail development at Pendrill Court for future retailing or other town centre type uses.</p>
	<p><b>Constraint</b></p> <p>Papworth Hospital is currently the single biggest employer in the village but will be relocating to the Cambridge Biomedical Campus at Addenbrooke's Hospital later this year. The Stirling Way Business Park on the southern edge of the village is nearing capacity and as such is unlikely to generate many more employment opportunities.</p> <p>While Local Plan policy prefers that the hospital site is taken up by either an alternative healthcare provider or a different employment use, there is uncertainty to the level of employment this might provide and when.</p>
<b>Employment</b>	<p><b>Solution</b></p> <p>Maintaining a balance between housing and employment is key for a sustainable community. In particular, it is important to provide a diverse range of employment opportunities to maximise the potential for residents to access employment close to where they live. Similarly, it would be inappropriate to over-supply employment as this would only lead to increased in-commuting, which could have a negative effect on the daily lives of the residents.</p> <p>To ensure a sustainable balance therefore, it is proposed to not allocate land at Stirling Way for residential development, rather to safeguard it for mixed employment uses, should they be required in the future or to allocate for employment if matters become more certain over the course of the Local Plan preparation</p>
	<p><b>Constraint</b></p> <p>Travel to work patterns are dominated by singularly occupied private cars because of the dispersed nature of the employment opportunities outside of Papworth Everard.</p>
	<p><b>Solution</b></p> <p>It may be possible to support a bus route from St Ives to Cambourne. This could then connect with services between Cambourne and the Cambridge Biomedical Campus or continue onto the Campus itself if no other routes are available. This would benefit those travelling into the village for work from the St Ives area (or at least those that continue to do so once the Hospital has relocated) and those residents that work in Cambourne and the Cambridge Biomedical Campus (Addenbrooke's Hospital), including the relocated Papworth Hospital.</p> <p>This bus route would also benefit pupils travelling to Cambourne and those wishing to access the wider retail offer in Cambourne.</p>

## Summary

- 3.14 The above analysis has not found any major constraints to future development in the study area of the scale identified through Bidwells Urban Design Studio's site analysis. Overall, the scale of development proposed would benefit local residents where the solutions set out in **Table 8** are implemented.

## 4.0 Recommendations and Conclusions

### Recommendations

- 4.1 The analysis finds that growth of up to 615-805 dwellings in the village, including 465-655 dwellings on 'Parcel A' as an extension to the south west of the village, is reasonable and without any major social or economic constraints and leads to the following recommendations:
- The proposals can include for provision of dedicated older persons development.
  - The affordable housing element of the proposals can focus on tenures that would assist local residents in entering the housing market such as discount market sales and shared ownership models, linked to the affordability identified by this assessment.
  - A mix of dwelling types and sizes should be included but the focus could be on 3-bed dwellings with only a limited number of larger dwellings to relate to the needs and affordability of the Papworth Everard community.
  - Future development could contribute towards the expansion of the existing GP surgery rather than providing alternative accommodation.
  - Provision could be made for another nursery, either a standalone facility or co-located with a one-form entry primary school (see below).
  - Future development could contribute towards the expansion of the existing pre-school.
  - Future development could contribute towards the expansion of Pendragon Primary School to three-form entry with increased play and sport space. Alternatively, space could be provided for a single-form entry primary school elsewhere in the village.
  - A dedicated cycle way to Cambourne can be supported.
  - The opportunity to increase school bus services to Swavesey.
  - Future development could contribute towards the existing outdoor sports provision in the village and look at opportunities to increase participation, particularly amongst the older population.
  - Future development could provide for children's play space. However, a view should be taken as to whether this would be best served as part of the development itself or located elsewhere in the village, or both.
  - Future development could include further allotment space, or a community orchard.
  - Land in the centre of the village adjacent to Pendrill Court can provide increased retailing or other town centre type uses.
  - Land at Stirling Way should be safeguarded for future employment uses.
  - The potential for a bus route between St Ives and Cambourne, and possibly onto the Cambridge Biomedical Campus, Addenbrooke's Hospital could be supported.

## Conclusions

- 4.2 Overall, Papworth Everard is a sustainable location for further residential development and, potentially, employment development. There are no major social or economic constraints identified to the level of housing proposed. Indeed, if the recommendations set out in this assessment are implemented, such development is expected to have a net beneficial effect on the wellbeing of the existing residents of the village.
- 4.3 Development in line with the recommendations will provide a number of 'pathways' through which health and wellbeing can be improved for new and existing residents.
- 4.4 Varrier-Jones Foundation and Papworth Trust have been, and continue to be, committed to creating a high-quality environment for residents through the provision of facilities, housing and services. Their dedication to this approach remains, offering certainty that health and wellbeing will continue to be a key consideration throughout the development process.

# APPENDIX 1

## POLICY REVIEW

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## National Policy and Guidance

The National Planning Policy Framework 2019 (NPPF) sets out the Government's planning policies for England and how these are expected to be applied. Supporting strong, vibrant and healthy communities is one of the three primary objectives of the planning system. It is to be delivered through adequate housing provision, fostering a well-designed and safe built environment with accessible services and open spaces that reflect current and future needs and support communities. Healthy and safe places will include opportunities that promote social interaction and infrastructure that supports healthier lifestyles.

Planning Practice Guidance (PPG) supports the NPPF. Health, wellbeing and health infrastructure should be considered in plan making and decision making, recognising the causal relationship between health and wellbeing and the built and natural environment<sup>1</sup>. The PPG defines a healthy community as:

*“A healthy community is a good place to grow up and grow old in. It is one which supports healthy behaviours and supports reductions in health inequalities. It should enhance the physical and mental health of the community and, where appropriate, encourage:*

- *Active healthy lifestyles that are made easy through the pattern of development, good urban design, good access to local services and facilities; green open space and safe places for active play and food growing and is accessible by walking and cycling and public transport.*
- *The creation of healthy living environments for people of all ages which supports social interaction. It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments.”<sup>2</sup>*

The NHS England (2018) Healthy New Towns initiative is a three-year programme, to look at how health and wellbeing can be planned and designed into new places. It brings together partners in housebuilding, local government, healthcare and local communities to demonstrate how to create places that offer people improved choices and chances for a healthier life. Ten principles are promoted:

PRINCIPLE	HOW TO DELIVER
Plan ahead collectively	Creating healthier places depends on support and involvement from local, professional and resident communities. This can be achieved through early, meaningful engagement and collaboration between people and organisations. A shared vision with clear objectives, based on local health evidence and forecasts, will help deliver improved health.
Plan integrated health services that meet local needs	Understand specific local health needs and how they will evolve as the population changes
Connect, involve and empower people and communities	Social connections are vital for health and wellbeing. Actively inviting established communities and new residents to be involved in decision making and shaping new developments can lead to a greater sense of connection with the place for those involved. Enabling residents to share information, time and resources in a way that uses people's skills and knowledge to benefit their community improves quality of life.
Create compact neighbourhoods	Well-connected, mixed use places with pedestrian and cycle-friendly streets enable people of all ages, abilities and financial means to reach jobs, services,

<sup>1</sup> Paragraph: 001 Reference ID: 53-001-20140306 (Revision date: 06 03 2014)

<sup>2</sup> Paragraph: 005 Reference ID: 53-005-20140306 (Revision date: 06 03 2014)

PRINCIPLE	HOW TO DELIVER
	shops and schools easily. Strong, healthy communities flourish in areas that do not rely on cars, and which encourage social interaction in attractive streets, parks and other civic spaces.
Maximise active travel	Well planned neighbourhoods will make walking, cycling and affordable public transport the first choice for getting around for everyone, including people with impaired mobility. Providing appropriate infrastructure for whole journeys makes active travel options practical for users. Networks of safe walking and cycling paths, preferably segregated, are a good start. These should be augmented with clear signposting, seating and cycle-parking along routes, in public spaces and at transport hubs.
Inspire and enable healthy eating	Enabling people to eat a balanced and healthier diet, and making it easy and affordable to do so, are key to tackling health inequalities and improving environmental sustainability. Careful placemaking, urban design and partnership working can give residents easy access to nutritious ingredients for home cooking, and to healthier food when they are out, whether at school or at work.
Foster health in homes and buildings	Sufficient space, daylight levels, ventilation, outlook and privacy are essential for good health. In workplaces, schools and other institutions, there are many opportunities to support health through building design and management, and through the activities of the organisations that occupy them. Central to this is enabling people to gather and socialise, and to enjoy quiet reflection. Buildings that are comfortable, offer character and cultivate a sense of community and pride have a positive impact on people's health. Such buildings are also likely to be resilient to social and technological change.
Enable healthy play and leisure	Leisure time and activity are vital to good health and wellbeing. Healthy placemaking must create opportunities for people of all ages and abilities to come together, be active and enjoy leisure time collectively. Community groups and leaders must be consulted on emerging designs, and later given support by developers and the council to organise events. A wide range of things to do, in places designed to make it easy to join in, will be even more popular if supported by technology that helps people to find out what's on and how to take part.
Provide health services that help people stay well	Strengthen primary care and other out-of-hospital services. Integrated teams can be built that bring together a range of health professionals. Health services can also be linked to other local assets such as 'social prescribing', which involves connecting GPs more closely with local charities and community groups.
Create integrated health centres	Providing a range of health services on a single site can make it quicker and more convenient for people to get support, advice, diagnosis and treatment. Integrated health centres enable health staff to work in a more joined up way

The Marmot Strategic Review of Health Inequalities in England post 2010 'Fair Society Healthy Lives' makes the case that delivering health and wellbeing is about reducing health inequality. The Report identifies six policy objectives aimed at improving health and wellbeing for all and reducing health inequalities:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all

- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Public Health England (PHE, 2015) guide to community-centred approaches for health and wellbeing explains that local government and the NHS have important roles in building confident and connected communities as part of efforts to improve health and reduce inequalities. The project 'Working with Communities – Empowerment Evidence and Learning' was initiated jointly by PHE and NHS England to draw together and disseminate research and learning on community-centred approaches for health and wellbeing.

Community-centred approaches are not just community-based, they are about mobilising assets within communities, promoting equity and increasing people's control over their health and lives. A new family of community-centred approaches represents some of the available options that can be used to improve health and wellbeing, grouped around four different strands:

- Strengthening communities – where approaches involve building on community capacities to take action together on health and the social determinants of health
- Volunteer and peer roles – where approaches focus on enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities
- Collaborations and partnerships – where approaches involve communities and local services working together at any stage of planning cycle, from identifying needs through to implementation and evaluation
- Access to community resources – where approaches connect people to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation.

The National Institute for Health and Care Excellence (NICE) guidance endorses community engagement as a strategy for health improvement. There is a substantial body of evidence on community participation and empowerment and on the health benefits of volunteering.

The Government's Sporting Future 'A New Strategy for an Active Nation' (2015) requires sporting investment to deliver physical and mental wellbeing, individual development, social and community development and economic development. The Strategy prioritises making sport and physical activity more widely accessible, so that they can benefit everyone but particularly underrepresented groups. Sport England's Vision (2016) seeks to deliver this by maintaining high levels of regular activity, increase the number of people being regularly active and increase participation in the lower socio-economic groups with the aim of reducing inequalities. These ambitions are reflected in the Playing Pitch Strategy for the Greater Cambridgeshire Area and Indoor Sports Facility Strategy.

NHS (October 2014) Five Year Forward View plans the future shape of the NHS. It recognises the need for change in order to ensure it can continue to provide services for communities in the future. It is widely appreciated that the NHS is suffering financially, and this is having an impact on its ability to deliver services efficiently and effectively.

The document acknowledges that local authorities now have a statutory responsibility for improving the health of people in their area. It suggests that local authorities should take a stronger role in considering the needs of communities when faced with applications for new fast food outlets to reduce the need for the NHS to intervene to control obesity. Further, the Next Steps on the NHS Five Year Forward View document (March 2017) acknowledges that many local authorities will gain new powers in order to ensure that health and wellbeing of the population in their area is maintained. This will mean that local

authorities will, now more than ever, need to consider encouraging new developments to ensure that proposed developments bring health benefits to new and existing communities.

In 2017, the UK Industrial Strategy was launched with a vision to improve productivity through five foundations: ideas, people, infrastructure, business environment and people. It recognises four grand challenges: developments in technology that are set to transform industry in society:

- Artificial intelligence and data revolution (priority areas including cyber security, life sciences, construction, manufacturing, energy and agricultural technology)
- Shift to clean growth (construction, renewable energy, smart systems, food production)
- Future of mobility
- Power of innovation and needs of aging society

These challenges steer the Industrial Strategy towards sectors that are already present in Cambridgeshire, and in some instances, world leading notably R&D and capturing innovation. Growth of small and medium size businesses is a priority. The Strategy advocates focusing on our strengths, *“fostering clusters and connectivity across cities, towns and surrounding areas”*, and makes particular reference to Cambridge’s education and technology strengths, *“...towns such as MK, Oxford and Cambridge have been hot spots for job creation. We must promote growth through fostering clusters and connectivity across cities, towns and surrounding areas”*.

### **The Combined Authority**

In November 2016 the Cambridgeshire and Peterborough Devolution Deal was agreed. This involved the creation of the Cambridgeshire and Peterborough Combined Authority (C&PCA), led by a directly elected mayor, overseeing strategic issues across the six LPAs. It was subsequently agreed that the Local Enterprise Partnership (LEP) should be assimilated into the C&PCA as a Business Board.

One of the Mayor’s powers is to create a non-statutory Strategic Spatial Framework (SSF, 2018) to guide development and planning across the Combined Authority area based on the Devolution Deal.

The SSF promotes more than 90,000 new jobs and over 100,000 additional dwellings by 2036, which is based on the current adopted local plans. The SSF intends to build on this and set out the broad scale of development up to 2050.

Its five ‘ambitions’ are:

- Healthy, thriving and prosperous communities,
- Becoming the UK’s capital of innovation and productivity;
- Access to a good job within easy reach of home;
- A workforce for the modern world founded on investment in skills and education; and
- Environmentally sustainable.

In the context of the UK Industrial Strategy, the C&PCA have commissioned in depth analysis of the area’s economy (September 2018), to help inform the preparation of a Local Industrial Strategy. The Combined Authority have been set a target to double the area’s economic growth over the next 25 years (to 2043). This requires a significant increase in employment growth and productivity. The report recommends that a future industrial strategy should:

- Have a blended spatial strategy with emphasis on fringe and transport corridor locations as well as densification and dispersal.

- Instigate development of a wellbeing led growth dimension to growth targets, with particular consideration of dispersed growth to tackle local variations in deprivation and wellbeing.
- Ensure that Cambridge continues to deliver for knowledge-based industries, which typically want to agglomerate.

Key recommendation 3 states that “*ensuring that Cambridge continues to deliver for KI businesses should be considered a nationally strategic priority*”, because of the internationally footloose nature of Knowledge Intensive business in Cambridge. The Report notes a missed opportunity to supply these clusters from within the area: 10.8% of supplies come from within the local area (30mile radius) while 27.8% come from overseas. Measures that encourage the development of local supply chains, for example through the provision of high-quality employment land, will support this objective.

### Local Policy

The draft Greater Cambridge Housing Strategy 2019 focuses on “*building the right homes in the right places that people need and can afford, and that when required support is available so that everyone has the opportunity to live settled, healthy lives*”. Supporting housing development in villages is a priority. Particular focus is given to increasing the delivery of:

- Social and affordable rented homes;
- A broad range of intermediate products for those aspiring to own their home;
- Housing for essential workers, (not restricted to the NPPF definition);
- A retirement village (South Cambridgeshire is noted as a preferred location); and
- Elderly appropriate housing including homes for downsizing, future proofed homes, wheel chair accessible homes and age exclusive developments.

It supports the Combine Authority’s target for 33,500 in the Greater Cambridge area by 2031. The draft Strategy seeks to promote health and wellbeing through housing by prompting the integration of health and social care and housing, supporting people to remain in their homes, digital inclusion, combating loneliness and tackling crime and anti-social behaviour.

The current adopted South Cambridgeshire Local Plan (2018) states that all developments of three or more dwellings require 40% of dwellings to be affordable. Affordable housing is to be provided through:

- Rented housing (70%) - included social rented and affordable rented;
- Intermediate housing (30%) – homes for rent and sale provided at a cost above social rent but below market levels (targeted at working households).

This however pre-dates the NPPF, which expands the definition of affordable housing to include a wider range of products.

Recent planning decisions in South Cambridgeshire have indicated a prioritisation of development delivering health and wellbeing, high lighting importance of a detailed Health Impact Assessment in accordance with the HIA Supplementary Planning Guidance (2011).

The Cambridgeshire Health and Wellbeing Strategy 2012-2017 identifies six priorities:

- Priority 1: Ensure a positive start to life for children, young people and their families;
- Priority 2: Support older people to be independent, safe and well;
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people’s personal choices;

- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health;
- Priority 5: Create a sustainable environment in which communities can flourish;
- Priority 6: Work together effectively.

The Strategy was extended to 2019, with a focus on three priorities that cross cut these original six:

- Health inequalities, including the impact of drug and alcohol misuse on life chances;
- New and growing communities and housing;
- Integration – including the Better Care Fund, delayed transfers of care. This would also cover monitoring the impact of developing place-based care models.

The key concern relating to 'new and growing communities is how to better understand planned growth and health needs, how to deliver health provisions where there are limited or no developer contributions and how resourcing for health services keep pace with planned growth.

The Cambridgeshire Local Transport Plan (LTP3) 2011-2031 seeks to address existing transport challenges as well the needs generated by new development, and plan for the delivery of new transport infrastructure, such as road improvements. This third LTP comprises 3 documents:

- Policies and Strategies (2018)
- The Long-Term Transport Strategy (July 2015) (previously the Implementation Plan)
- The Transport Delivery Programme (updated annually).

LTP3 addresses the County Council's latest priorities, as well as strategic objectives carried forward from LTP2. These are:

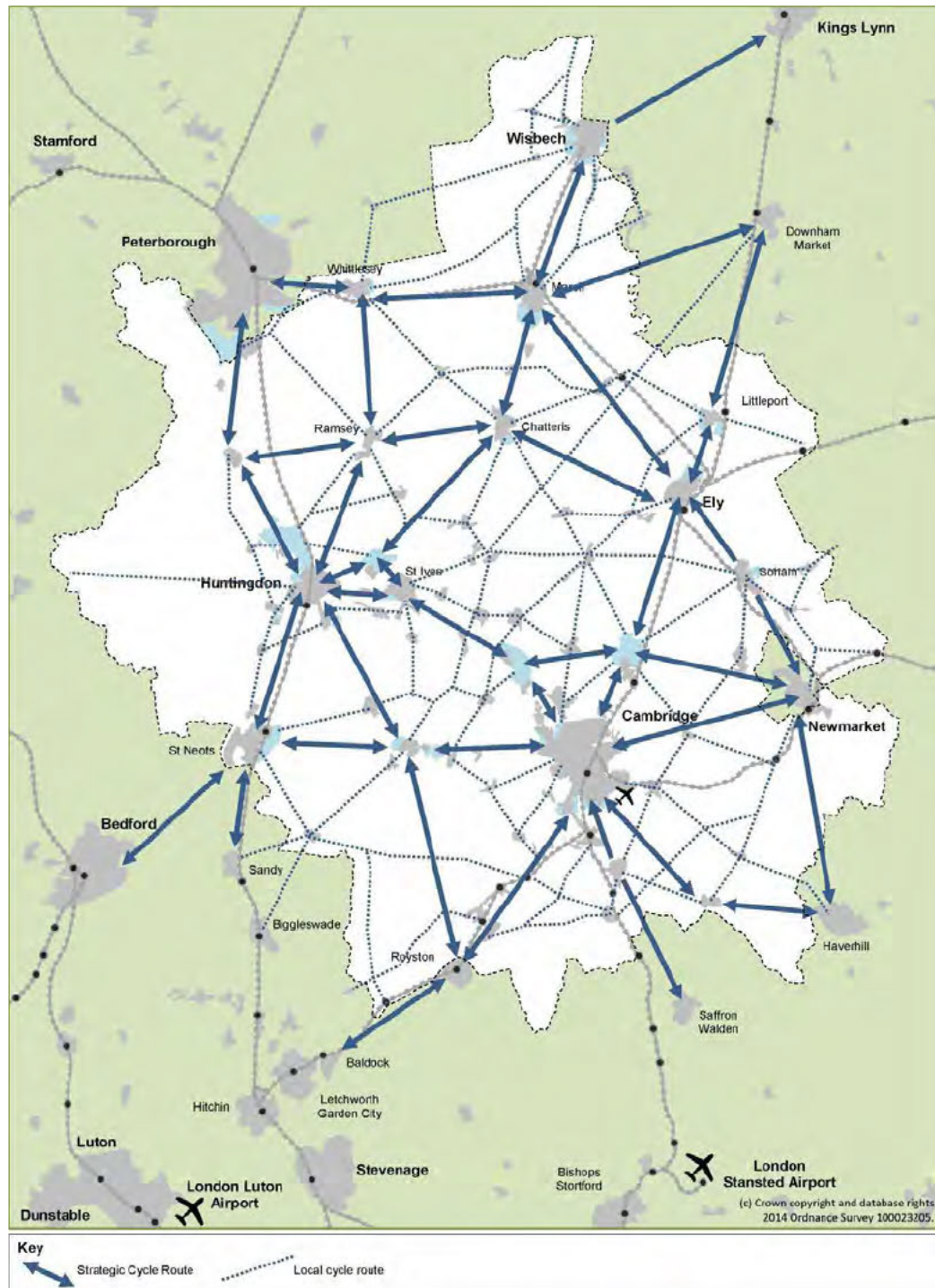
- Supporting and protecting people when they need it most
- Helping people to live independent and healthy lives in their communities
- Developing our local economy for the benefit of all
- Enabling people to thrive, achieve their potential and improve quality of life
- Supporting and protecting vulnerable people
- Managing and delivering the growth and development of sustainable communities
- Promoting improved skills levels and economic prosperity across the county, helping people into jobs and encouraging enterprise
- Meeting the challenges of climate change and enhancing the natural environment

The Cambridgeshire Long Term Transport Strategy 2011-2031 identifies the major infrastructure requirements that are needed to address existing problems and capacity constraints on Cambridgeshire's transport network, and the further infrastructure that is required to cater for the transport demand associated with planned growth. It includes the following schemes will improve the connectivity of Papworth Everard:

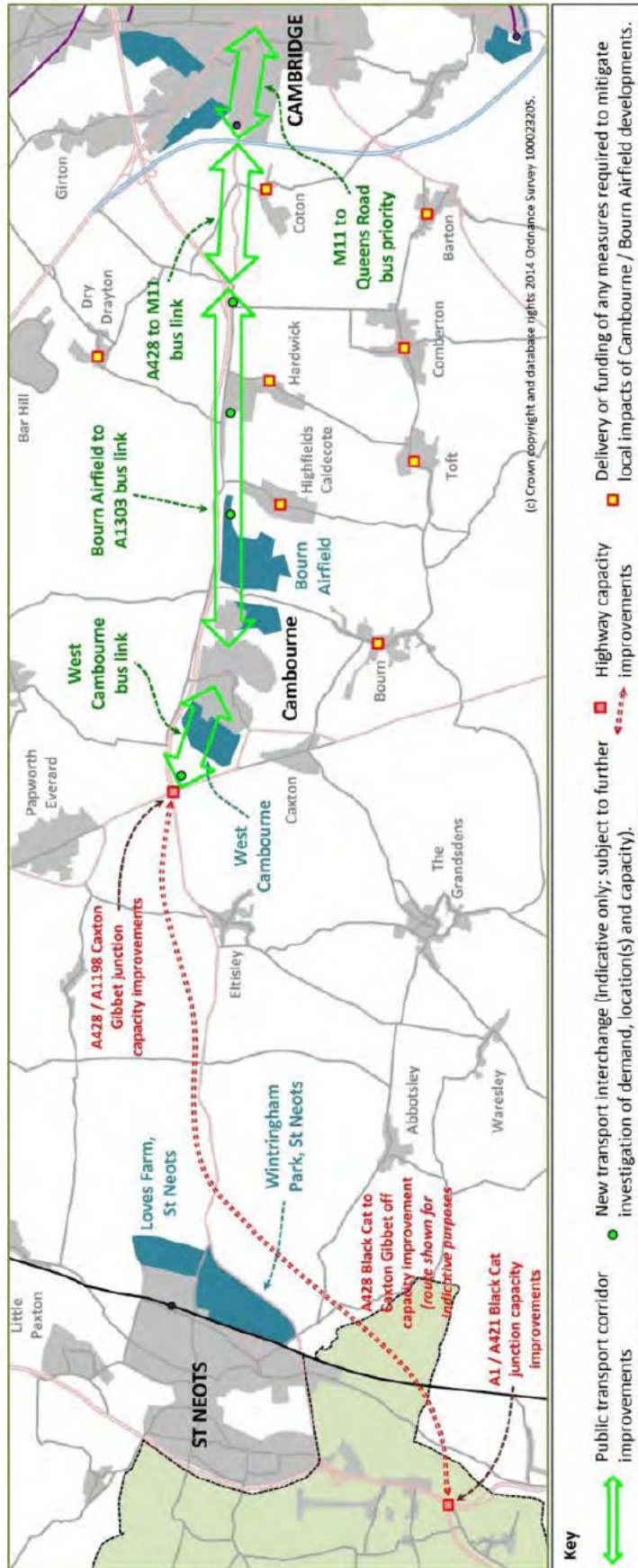
- Strategic and local cycle network improvement between Huntingdon-Papworth Everard-Cambourne. (See diagram below)
- Area action plans for the A14 Trunk Road in Huntingdonshire and South Cambridgeshire delivering new A14 trunk road, local road capacity, cycle and pedestrian routes.

- Area action plan for the A428 Trunk Road in Huntingdonshire and South Cambridgeshire. This includes
- A428 Caxton Gibbet to Black Cat dualling by 2021, including a grade separated junction at the A1 Black Cat roundabout.
- Bus priority measures Caxton Gibbet – West Cambourne, A428 to Bourne airfield (see plan below)
- A428 park and ride
- A428 and A1198 junction improvements

**Proposed cycle network improvements**



Proposed public transport improvements



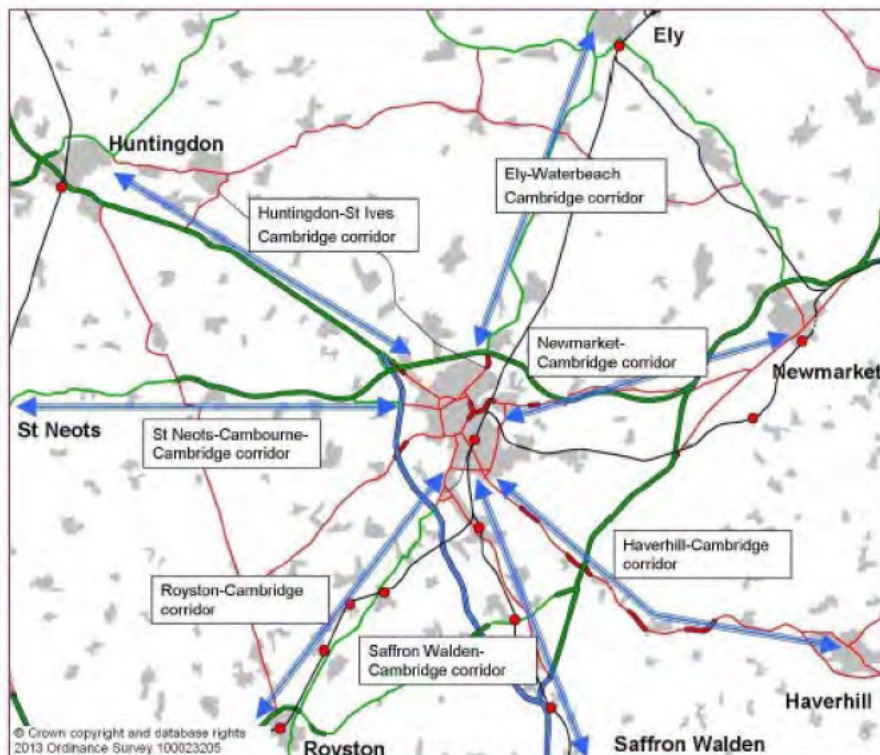
The Transport Strategy for Cambridge and South Cambridgeshire (March 2014) provides a detailed policy framework and programme of schemes for the area and supports the Cambridge and South Cambridgeshire Local Plans. It covers the district of South Cambridgeshire and the City of Cambridge, but also considers the transport corridors beyond their boundaries from the ring of towns around Cambridge.

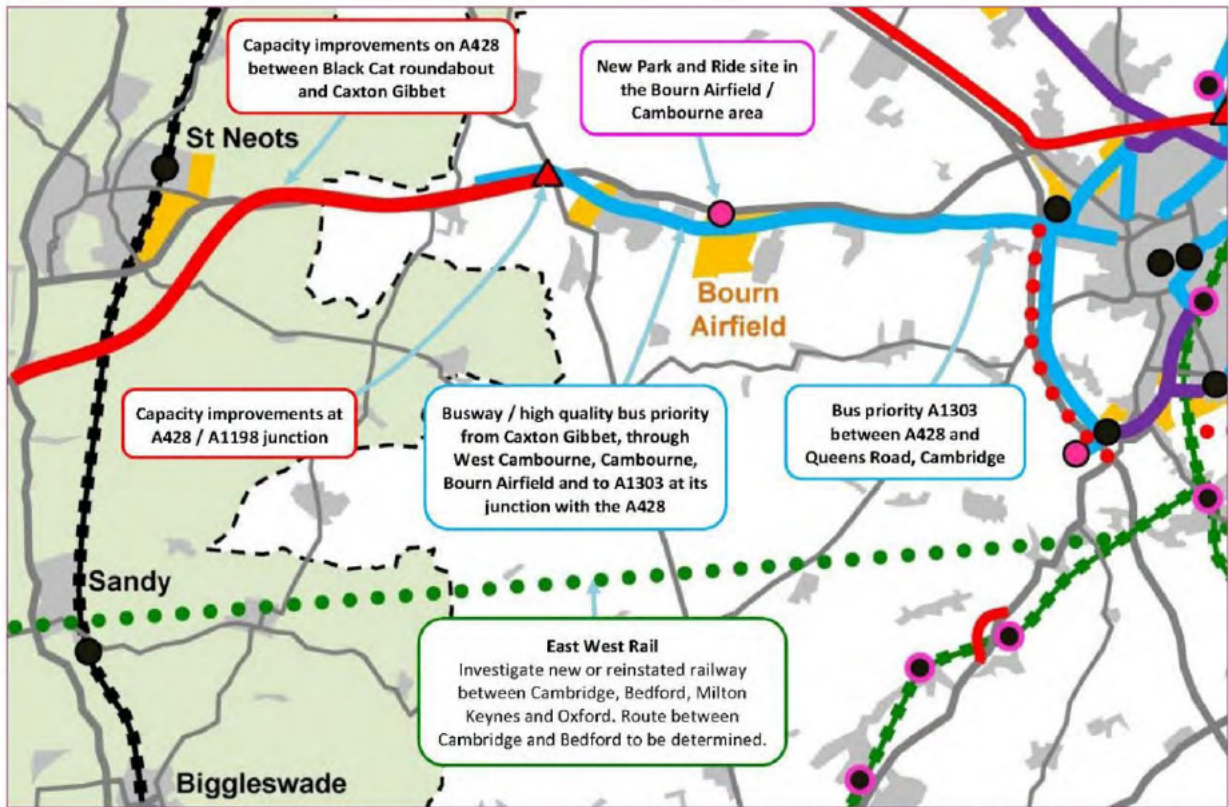
It sets out eight objectives:

- To ensure that the transport network supports the economy and acts as a catalyst for sustainable growth.
- To enhance accessibility to, from and within Cambridge and South Cambridgeshire (and beyond the strategy area).
- To ensure good transport links between new and existing communities, and the jobs and services people wish to access.
- To prioritise sustainable alternatives to the private car in the strategy area and reduce the impacts of congestion on sustainable modes of transport.
- To meet air quality objectives and carbon reduction targets and preserve the natural environment.
- To ensure that changes to the transport network respect and conserve the distinctive character of the area and people's quality of life.
- To ensure the strategy encourages healthy and active travel, supporting improved well-being.
- To manage the transport network effectively and efficiently

Seven Transport Corridor Program areas are defined along the arterial routes into Cambridge, including the A14 between Huntingdon-St Ives-Cambridge and St Neots-Cambridge-Cambridge corridor between which Papworth Everard is located. These are shown below along with the major interventions planned for the A428 Action Area.

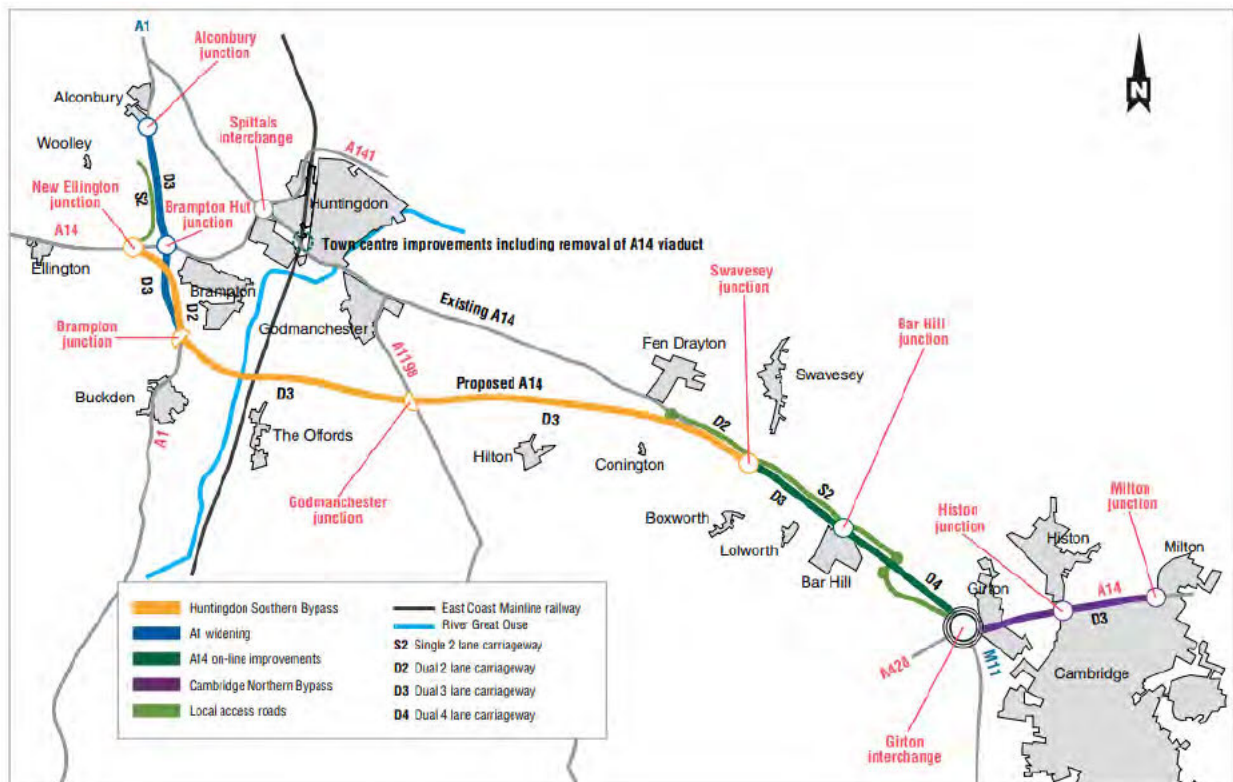
Figure 5.1. The transport corridor programme areas.





© Crown copyright and database rights 2013 Ordnance Survey 100023205.

The A14 corridor improvements are shown below:



The scheme would have the following beneficial effects for pedestrians, cyclists and equestrians:

- A new shared cycleway/footway between Fenstanton and Girton on the north-eastern side of the A14 AND along the local access road the crematorium, which provides new, safer opportunities to travel by non-motorised means;
- Reduced traffic volumes on the existing A14 alignment between Brampton Hut and Swavesey making conditions safer for cyclists;
- The provision of dedicated footways and cycleways at new junctions on the A14;
- Two purpose built bridges for pedestrians and cyclists at Swavesey and Bar Hill to provide links for local communities to key employment centres by non-motorised means;
- Improved access to bus stops which would be relocated to local access roads;
- A new bridleway near Brampton to reconnect bridleways severed by previous A1 widening work, linking Brampton to Brampton Wood and the Brampton Hut services.

# APPENDIX 2

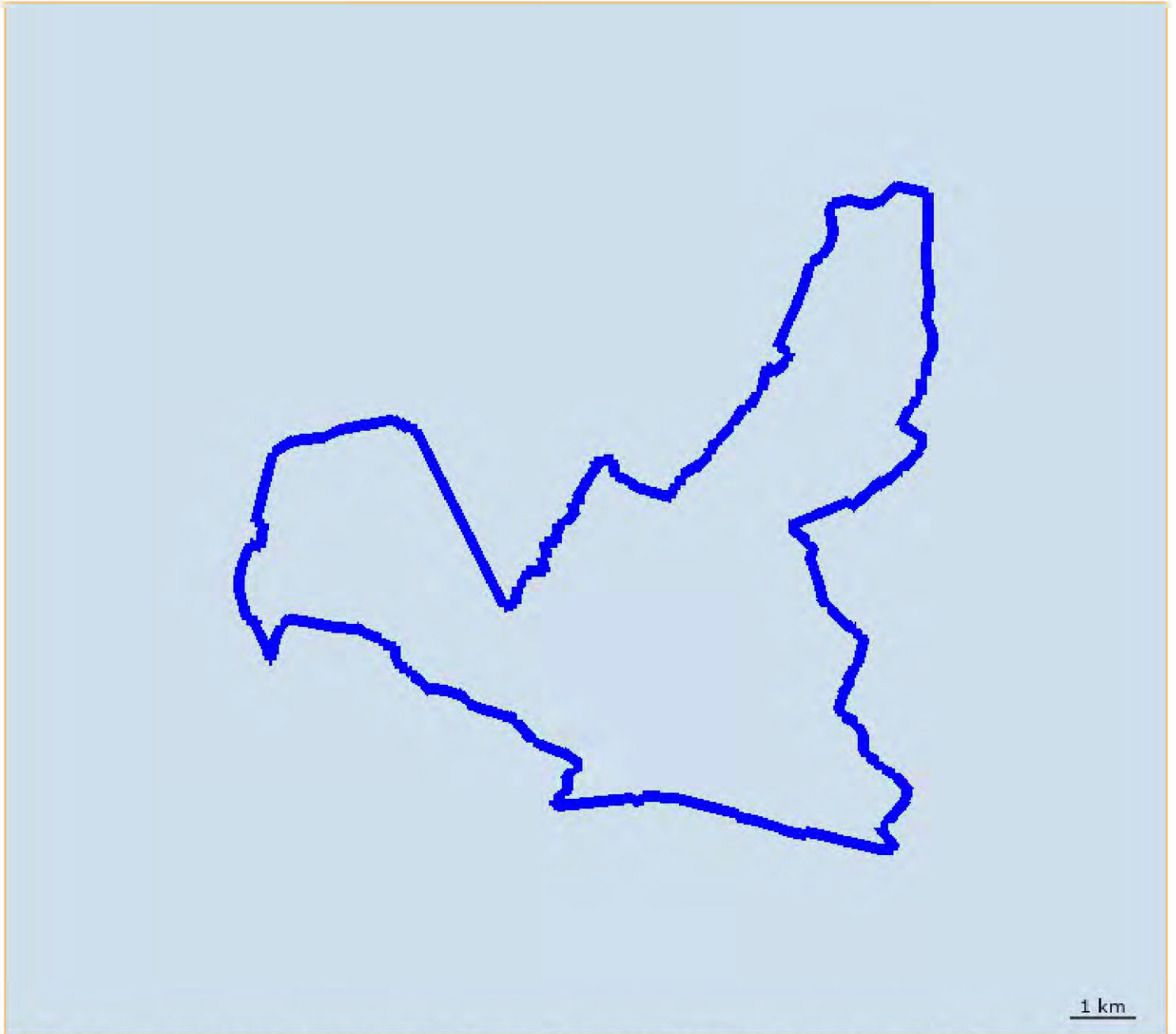
## PHE LOCAL HEALTH PROFILE

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Report - Ward 2016: Papworth and Elsworth (Ward (2016))

Presentation map



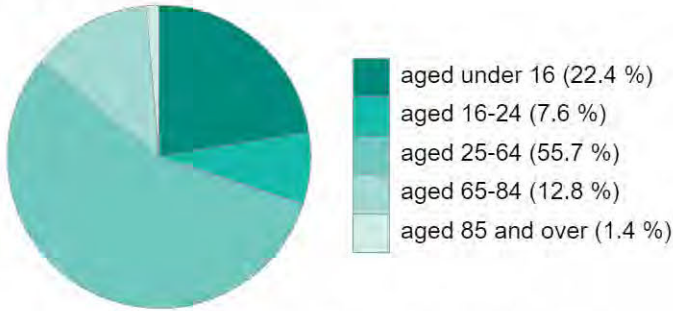
©PHE - © Crown copyright and database rights 2017, Ordnance Survey 100016969 - ONS © Crown Copyright 2017



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

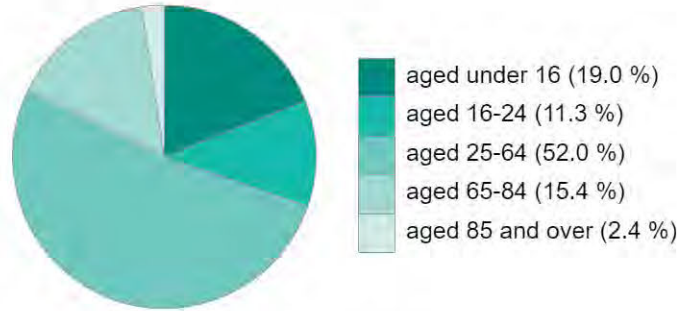
Population

Population by age group, 2015  
Your selection



Source: ONS © Crown copyright 2016 - total: 5,690

Population by age group, 2015  
England



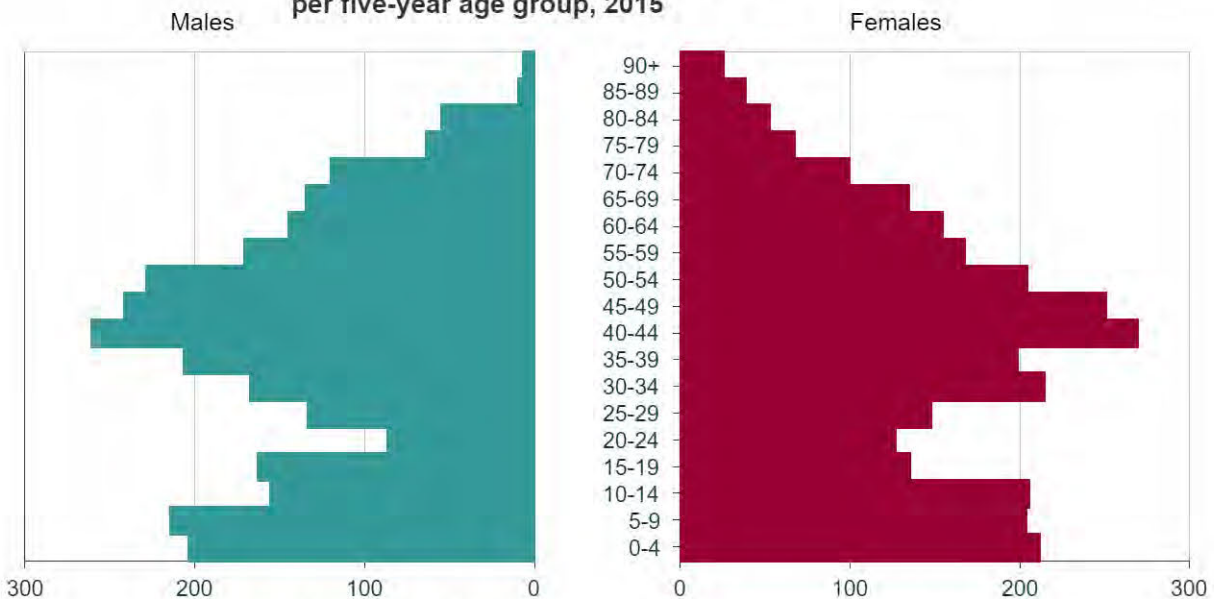
Source: ONS © Crown copyright 2016

Population by age group, 2015, numbers

Ages	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
aged under 16	1,277	30,669	118,357	10,405,114
aged 16-24	433	13,365	75,733	6,192,870
aged 25-64	3,168	81,936	336,923	28,476,771
aged 65-84	730	24,962	100,411	8,416,283
aged 85 and over	82	3,956	15,814	1,295,289
Total	5,690	154,888	647,238	54,786,327

Source: ONS © Crown copyright 2016

Age pyramid for selection: male and female numbers per five-year age group, 2015



Source: ONS © Crown Copyright 2016



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

Ethnicity & Language

Ethnicity & Language indicators, 2011, numbers

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Black and Minority Ethnic (BME) Population	491	9,968	46,223	7,731,314
Population whose ethnicity is not 'White UK'	719	18,943	96,593	10,733,220
Population who cannot speak English well or at all	29	651	6,415	843,845

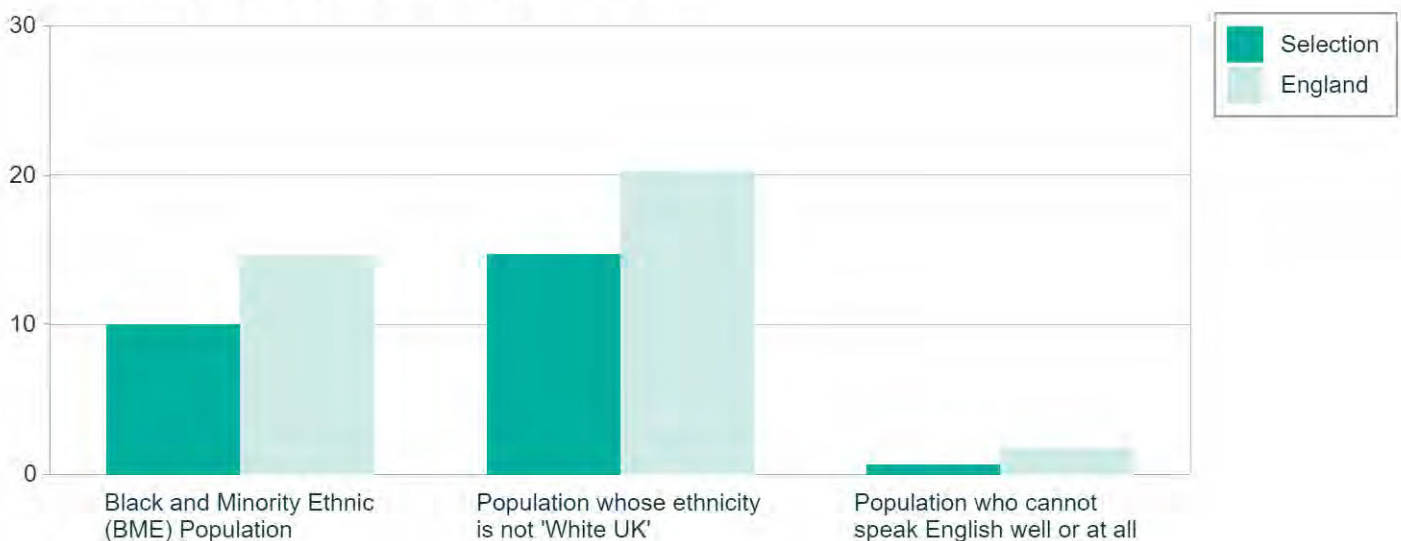
Source: ONS Census, 2011

Ethnicity & Language indicators, 2011, %

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Black and Minority Ethnic (BME) Population	10	6.7	7.4	14.6
Population whose ethnicity is not 'White UK'	14.7	12.7	15.5	20.2
Population who cannot speak English well or at all	0.6	0.5	1.1	1.7

Source: ONS Census, 2011

Ethnicity & Language indicators, 2011, %, Selection



Source: ONS Census, 2011



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

Deprivation

Indices of Deprivation, 2015, Score

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
IMD 2015 Score	9	8.1	13.4	21.8

Source: DCLG © Copyright 2015. Please see metadata for further guidance on how to interpret IMD score

Indices of Deprivation, 2015, numbers

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
People living in means tested benefit households	346	9,618	56,799	7,790,220
Children living in income deprived households	74	2,509	14,487	2,016,120
People aged 60+ living in pension credit households	117	3,008	16,133	1,954,617

Source: DCLG © Copyright 2015

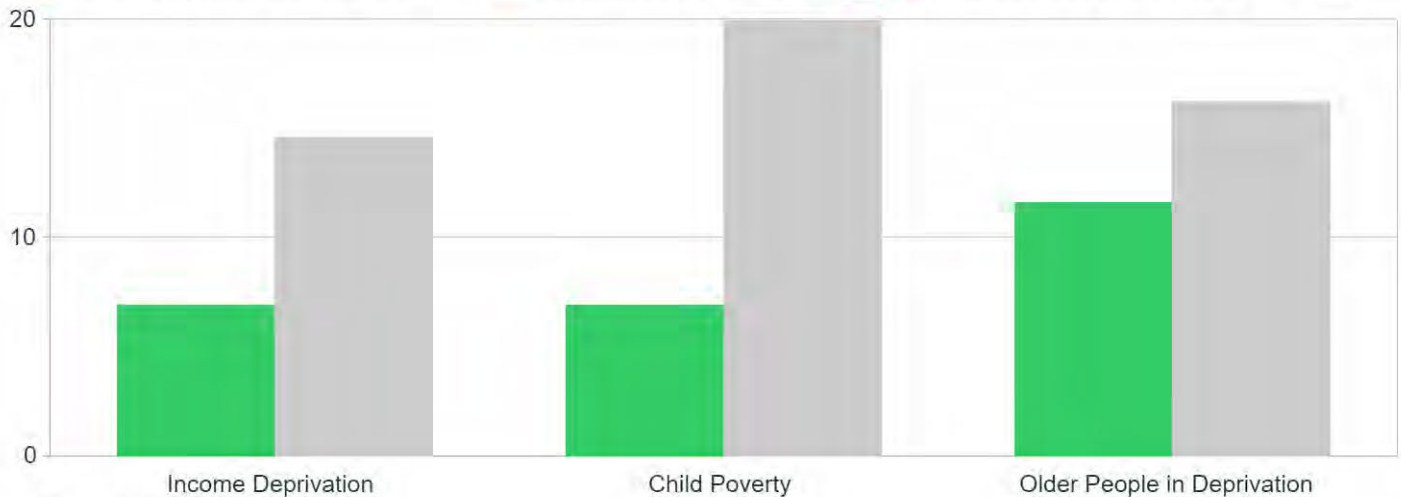
Indices of Deprivation, 2015, %

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Income Deprivation	6.9	6.4	9.1	14.6
Child Poverty	6.9	8.4	12.7	19.9
Older People in Deprivation	11.6	8.4	11.3	16.2

Source: DCLG © Copyright 2015

Indices of Deprivation, 2015, %, Selection (comparing to England average)

■ Significantly better than England    
 ■ Not significantly different    
 ■ Significantly worse than England    
 ■ England



Source: DCLG © Copyright 2015



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

## Child Development, Education and Employment

### Child development, education and employment indicators, numbers (estimated from MSOA level data)

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Low birth weight of term babies, 2011-2015	6	148	810	86,826
A good level of development at age 5, 2013/14	43	1,219	4,396	387,000
Achieving 5A*-C (inc Eng & Maths) GCSE, 13/14	32	994	3,428	315,795

Source: Public Health England, ONS, NOMIS, DfE

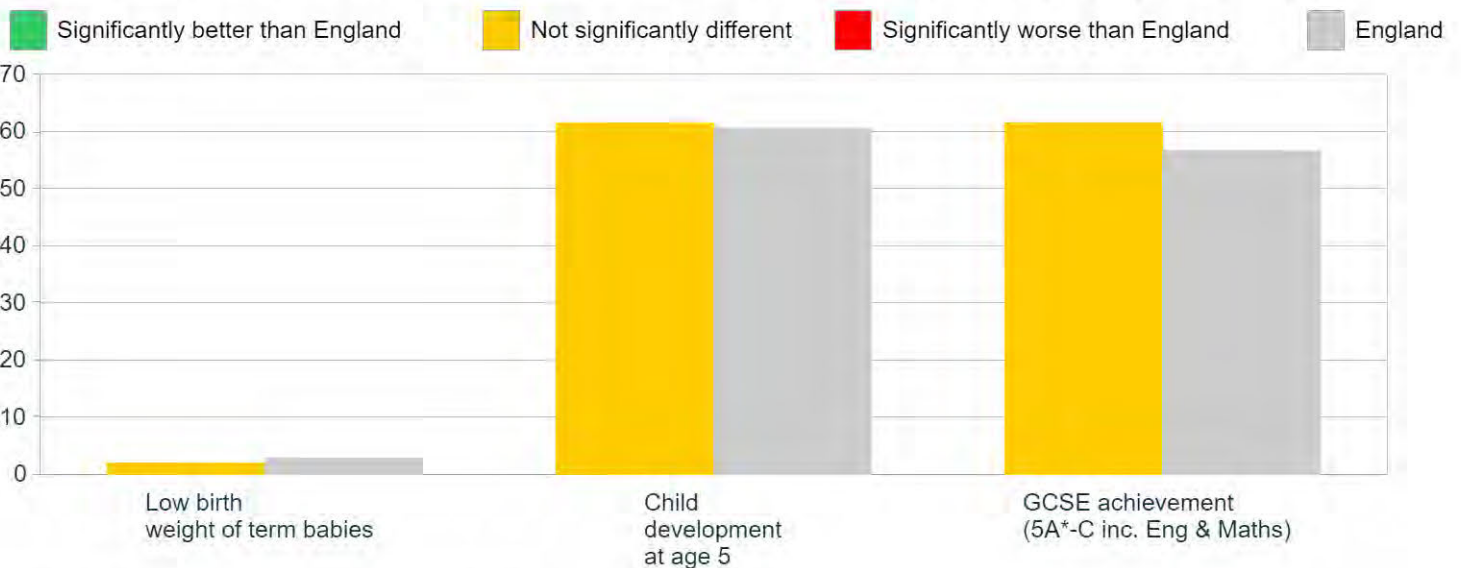
Please note employment data for Wards is not available at this time

### Child development, education and employment indicators, values (estimated from MSOA level data)

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Low birth weight of term babies	1.9	1.9	2.4	2.8
Child development at age 5	61.5	66	61.2	60.4
GCSE achievement (5A*-C inc. Eng & Maths)	61.5	66	56.5	56.6

Source: Public Health England, ONS, NOMIS, DfE

### Child development, education and employment indicators, Selection (comparing to England average)



Source: Public Health England, ONS, NOMIS, DfE  
www.localhealth.org.uk



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

Health and Care

Health and care indicators, 2011, numbers

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
General health: very bad	45	1,036	5,453	660,749
General health: bad or very bad	173	4,775	25,168	2,911,195
Limiting long term illness or disability	711	20,728	95,027	9,352,586
Provides unpaid care for 1 or more hours per week	474	14,991	60,176	5,430,016
Provides unpaid care for 50 or more hours per week	116	2,444	12,078	1,256,237

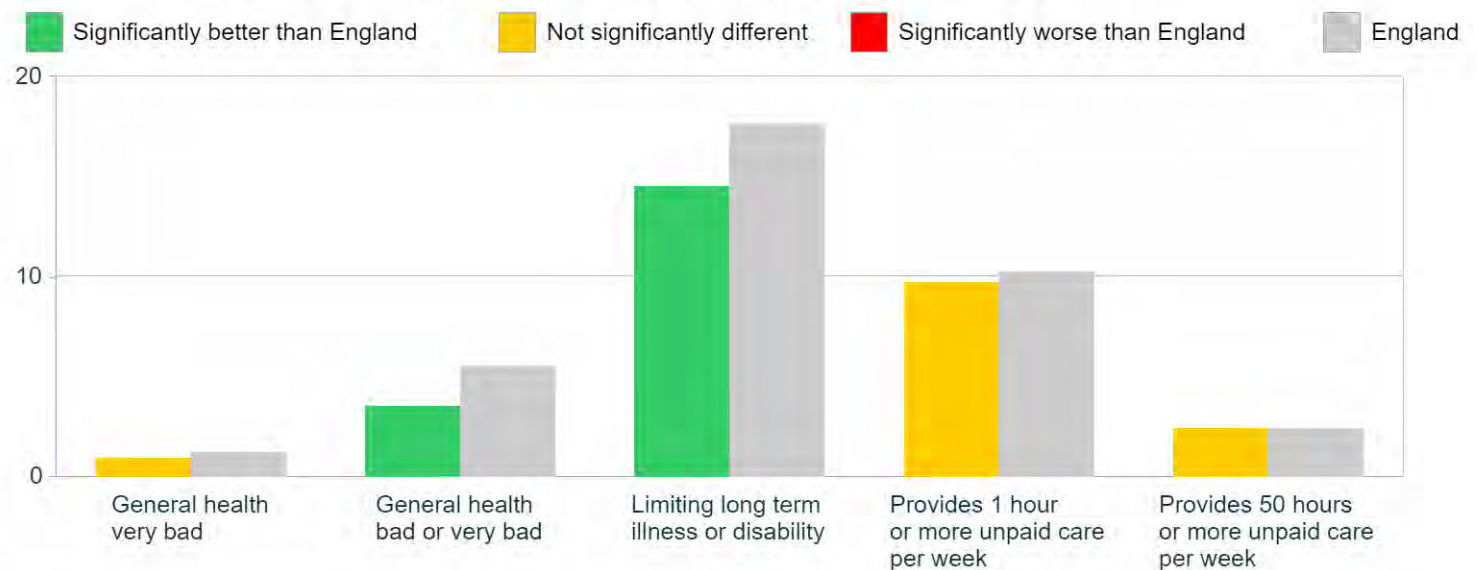
Source: ONS Census, 2011

Health and care indicators, 2011, %

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
General health very bad	0.9	0.7	0.9	1.2
General health bad or very bad	3.5	3.2	4.1	5.5
Limiting long term illness or disability	14.5	13.9	15.3	17.6
Provides 1 hour or more unpaid care per week	9.7	10.1	9.7	10.2
Provides 50 hours or more unpaid care per week	2.4	1.6	1.9	2.4

Source: ONS Census, 2011

Health and care indicators, 2011, %, Selection (comparing to England average)



Source: ONS Census, 2011



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

Housing and Living Environment

Housing and living environment indicators, 2011 and 2014, numbers

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Fuel Poverty, 2014	213	4,870	21,093	2,379,357
Overcrowded households (at least 1 room too few)	85	2,345	15,430	1,928,596
Pensioners living alone	164	6,899	29,408	2,725,596

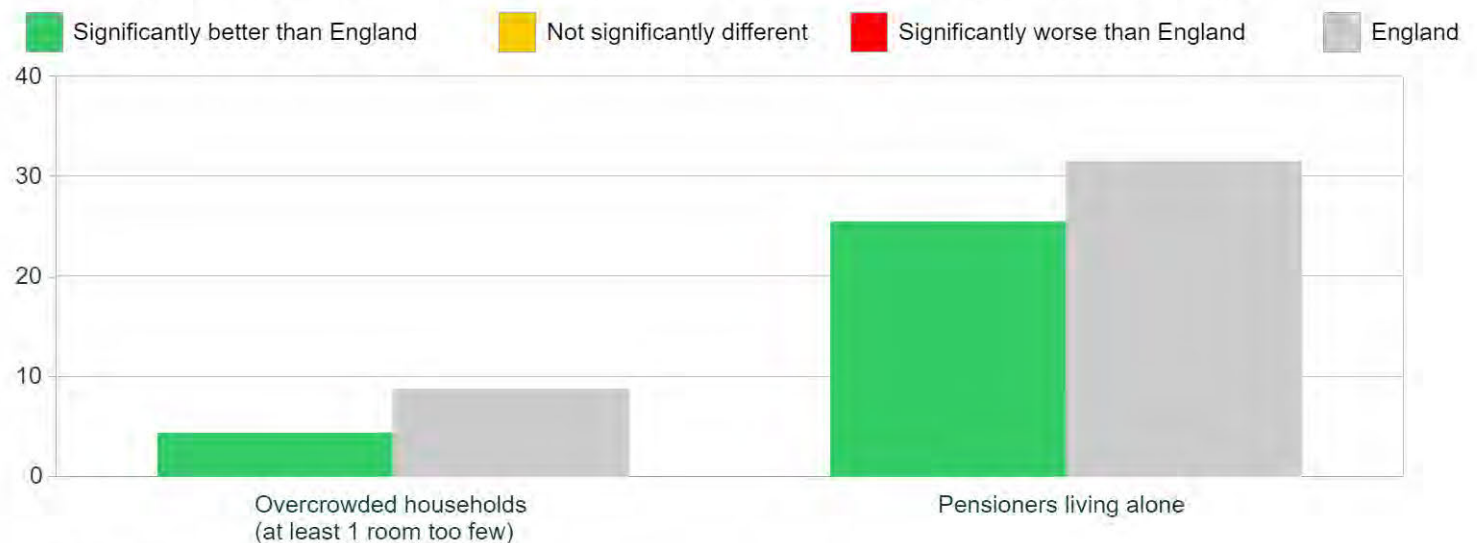
Source: ONS Census, 2011; Department of Energy and Climate Change, 2014

Housing and living environment indicators, 2011 and 2014, %

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Fuel Poverty, 2014	10.5	7.9	8.2	10.6
Overcrowded households (at least 1 room too few)	4.3	3.9	6.1	8.7
Pensioners living alone	25.4	27.9	29.3	31.5

Source: ONS Census, 2011; Department of Energy and Climate Change, 2014

Housing and living environment indicators, 2011, %, Selection (comparing to England average)



Source: ONS Census. Please note Fuel Poverty cannot be displayed on chart as it does not have confidence limits.



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

Children's Weight

Children's weight indicators, 2013/14-2015/16, numbers (estimated from MSOA level data)

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Obese children (Reception Year)	16	319	1,503	169,362
Children with excess weight (Reception Year)	43	948	3,988	404,465
Obese children (Year 6)	27	595	2,594	307,544
Children with excess weight (Year 6)	47	1,148	4,752	535,056

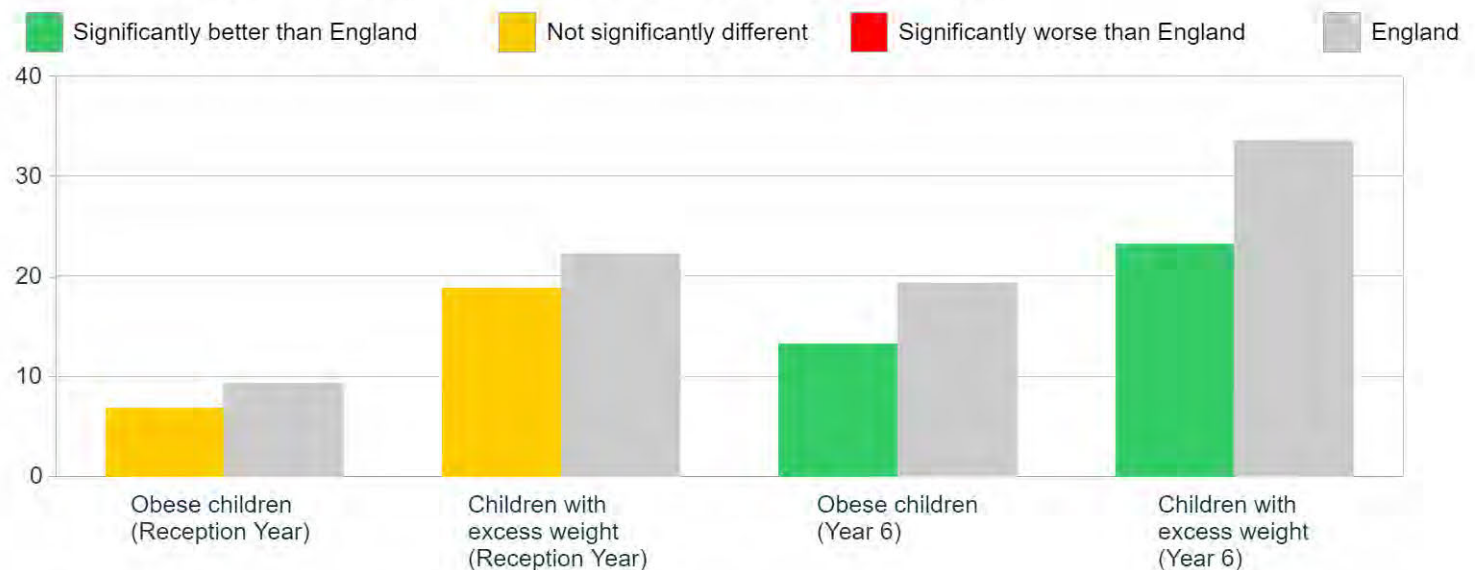
Source: National Child Measurement Programme, NHS Digital © 2013-2016

Children's weight indicators, 2013/14-2015/16, % (estimated from MSOA level data)

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Obese children (Reception Year)	6.8	6.2	7.4	9.3
Children with excess weight (Reception Year)	18.8	18.4	19.7	22.2
Obese children (Year 6)	13.2	13.2	15.3	19.3
Children with excess weight (Year 6)	23.2	25.5	28.1	33.6

Source: National Child Measurement Programme, NHS Digital © 2013-2016

Children's weight indicators, %, Selection (comparing to England average)



Source: National Child Measurement Programme, NHS Digital © 2013-2016



## Report - Ward 2016: Papworth and Elsworth (Ward (2016))

### Children's health care activity

#### Children's health care activity, numbers, 2013/14 - 2015/16 (estimated from MSOA level data)

indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Emergency Admissions 0-4 year olds	156	2,175	15,124	1,533,272
A&E attendances 0-4 year olds	320	10,759	44,748	5,670,099
Admission for injury 0-4 year olds	21	423	2,224	235,961
Admission for injury 0-14 year olds	49	1,091	5,036	527,519
Admission for injury 15-24 year olds	33	1,070	5,417	470,265

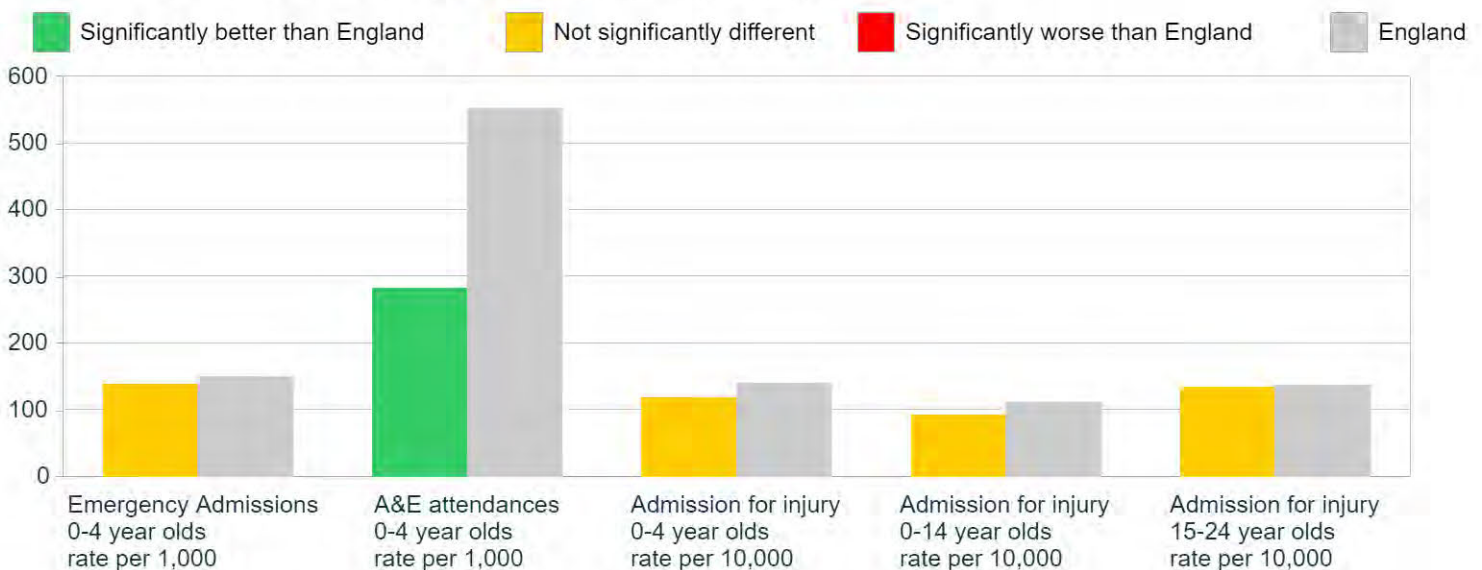
Source: Public Health England, NHS Digital 2017

#### Children's health care activity, values, 2013/14 - 2015/16 (estimated from MSOA level data)

indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Emergency Admissions 0-4 year olds rate per 1,000	137.5	77	131.3	149.2
A&E attendances 0-4 year olds rate per 1,000	281.4	381.1	388.4	551.6
Admission for injury 0-4 year olds rate per 10,000	117	89.8	117.1	138.8
Admission for injury 0-14 year olds rate per 10,000	91.8	77.4	92.9	110.1
Admission for injury 15-24 year olds rate per 10,000	132.8	136.9	131.1	137

Source: Public Health England, NHS Digital 2017

#### Children's health care activity, Selection (comparing to England average)



Source: Public Health England, NHS Digital 2017



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

Adults' Behavioural Risk Factors

Adults' Behavioral Risk Factors, 2006-08, numbers (estimated from MSOA level data)

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Obese adults	551	22,047	101,727	9,983,436
Binge drinking adults	540	19,739	96,059	8,290,798
Healthy eating adults	1,091	38,932	158,016	11,907,157

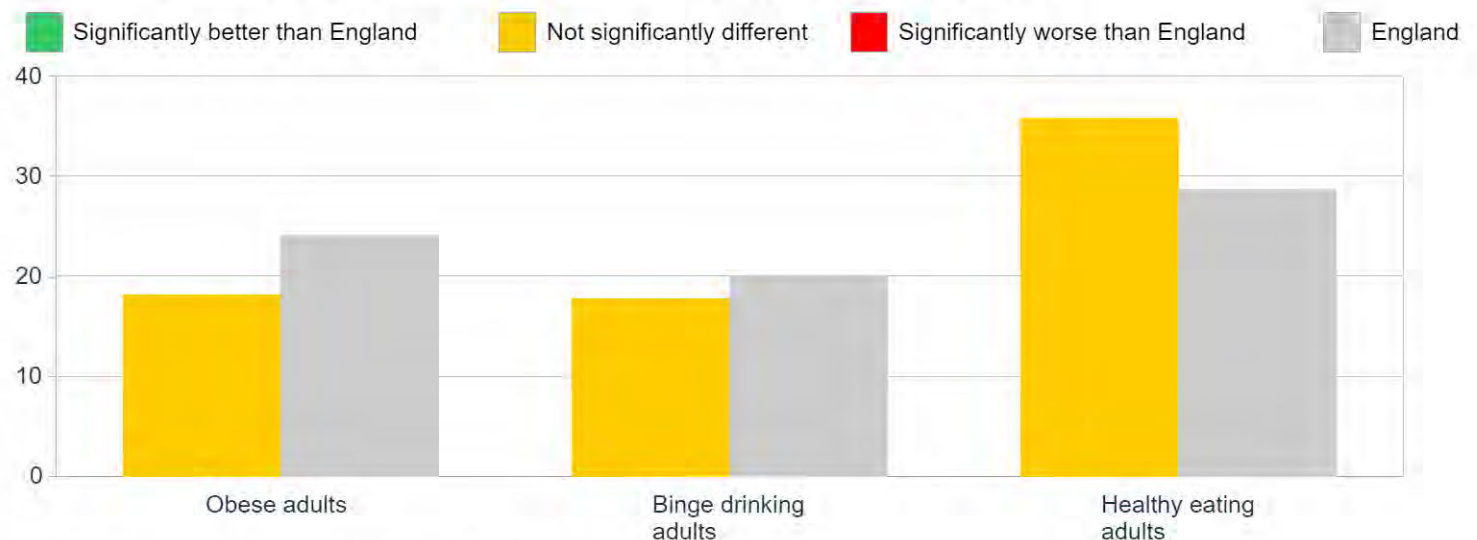
Source: Public Health England © Copyright 2010

Adults' Behavioral Risk Factors, 2006-08, % (estimated from MSOA level data)

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Obese adults	18.1	20.1	20.9	24.1
Binge drinking adults	17.7	18	19.7	20
Healthy eating adults	35.8	35.4	32.4	28.7

Source: Public Health England © Copyright 2010

Adults' Behavioral Risk Factors, %, Selection (comparing to England average)



Source: Public Health England © Copyright 2010



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

Emergency hospital admissions

Emergency Hospital Admissions, numbers, 2011/12 to 2015/16 (estimated from MSOA level data)

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Emergency hospital admissions for all causes	1,859	58,247	269,947	26,930,251
Emergency hospital admissions for CHD*	66	1,536	7,684	688,090
Emergency hospital admissions for stroke	23	875	3,932	398,062
Emergency hospital admissions for MI*	33	772	3,737	335,723
Emergency hospital admissions for COPD*	28	1,084	5,655	583,448

Source: Public Health England, NHS Digital © Copyright 2017

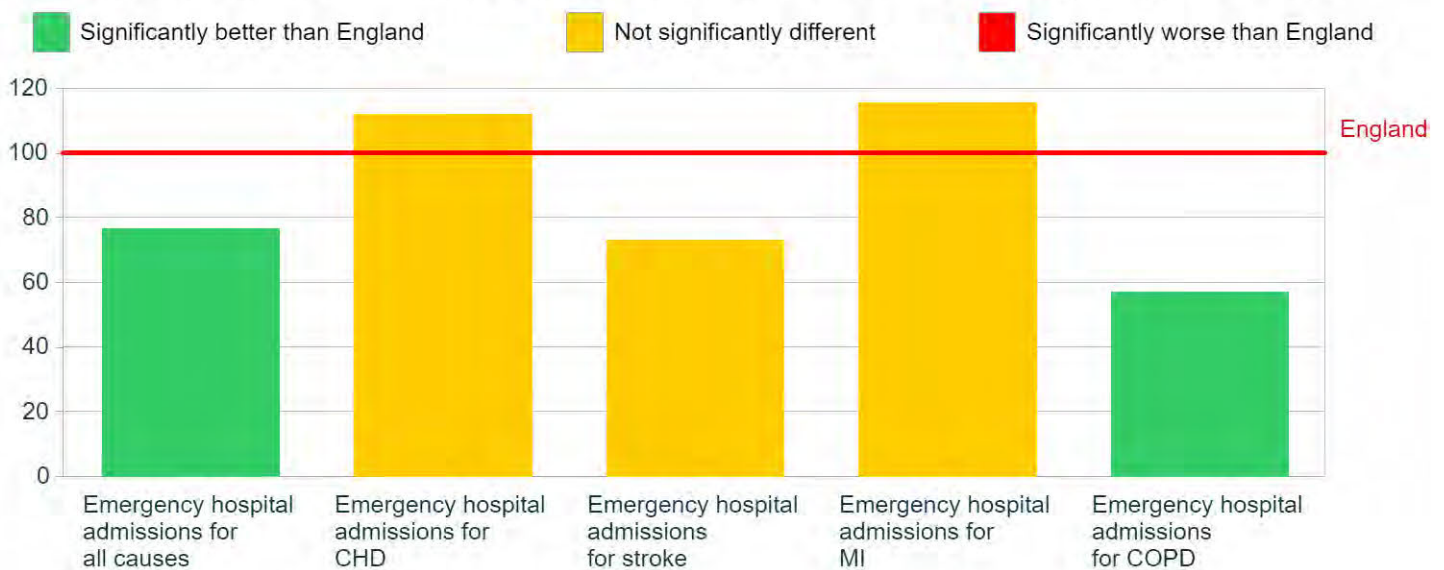
\* CHD: Coronary Heart Disease; MI: Myocardial Infarction (heart attack); COPD: Chronic Obstructive Pulmonary Disease

Emergency Hospital Admissions, Standardised Admission Ratios (SAR), 2011/12 to 2015/16 (estimated from MSOA data)

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Emergency hospital admissions for all causes	76.6	75.8	85.3	100
Emergency hospital admissions for CHD	111.8	75.5	94.4	100
Emergency hospital admissions for stroke	73	74.8	83.6	100
Emergency hospital admissions for MI	115.4	77.7	94.1	100
Emergency hospital admissions for COPD	57.1	63.2	82.2	100

Source: Public Health England, NHS Digital © Copyright 2017

Emergency Hospital admissions, SAR, 2011/12 to 2015/16, Selection (comparing to England average)



Source: Public Health England, NHS Digital © Copyright 2017



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

Cancer incidence

Cancer incidence, numbers, 2011-2015 (estimated from MSOA level data)

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
All cancer	128	4,320	17,150	1,469,163
Breast cancer	22	715	2,704	221,700
Colorectal cancer	13	504	2,115	173,299
Lung cancer	16	373	1,823	186,030
Prostate cancer	13	607	2,340	196,749

Source: English cancer registration data from the National Cancer Registration and Analysis Services' Cancer Analysis System (AV2015 CASREF01)

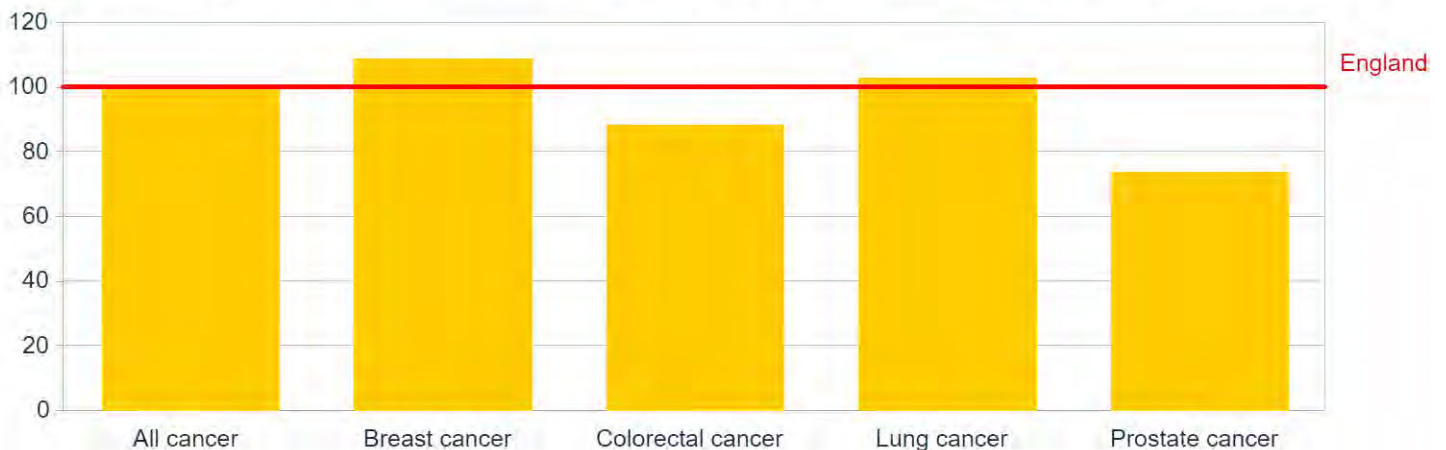
Cancer incidence, Standardised Incidence Ratios (SIR), 2011-2015 (estimated from MSOA level data)

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
All cancer	100	99.5	98.6	100
Breast cancer	108.7	109.6	104.1	100
Colorectal cancer	88.2	98.4	103	100
Lung cancer	102.8	67.8	82.8	100
Prostate cancer	73.5	102.2	98.9	100

Source: English cancer registration data from the National Cancer Registration and Analysis Services' Cancer Analysis System (AV2015 CASREF01)

Cancer incidence, SIR, 2011-2015, Selection (comparing to England average)

■ Significantly better than England
 ■ Not significantly different
 ■ Significantly worse than England



Source: English cancer registration data from the National Cancer Registration and Analysis Services' Cancer Analysis System



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

Hospital admissions - harm and injury

Hospital admissions - harm and injury, numbers, 2011/12 to 2015/16 (estimated from MSOA level data)

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Hospital stays for self harm	30	1,576	7,511	537,455
Hospital stays for alcohol related harm	141	4,130	18,596	1,633,232
Emergency admissions for hip fracture aged 65+	15	791	3,297	283,432
Elective hospital admissions for hip replacement	31	1,007	4,017	338,773
Elective hospital admissions for knee replacement	23	884	3,794	374,028

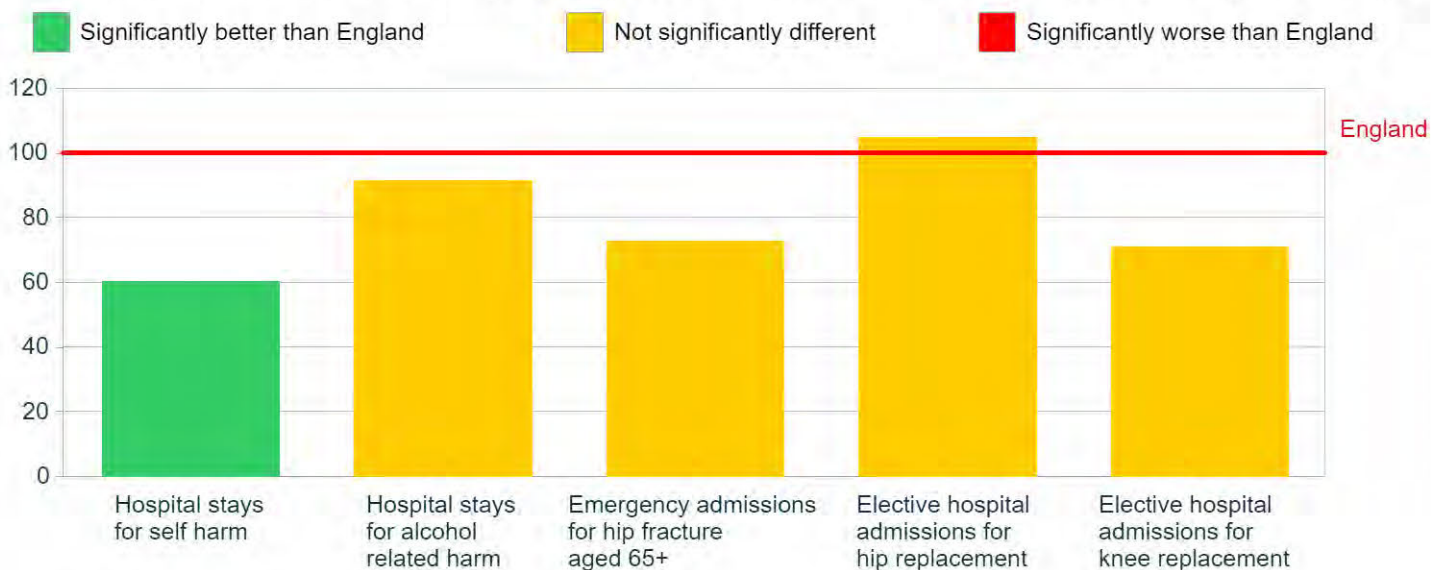
Source: Public Health England, NHS Digital © Copyright 2017

Hospital admissions - harm and injury, Standardised Admission Ratios (SAR), 2011/12 to 2015/16 (estimated from MSOA)

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Hospital stays for self harm	60.1	108.6	118	100
Hospital stays for alcohol related harm	91.3	87.9	96	100
Emergency admissions for hip fracture aged 65+	72.6	95	98.2	100
Elective hospital admissions for hip replacement	104.7	101	100.5	100
Elective hospital admissions for knee replacement	71	80.3	86	100

Source: Public Health England, NHS Digital © Copyright 2017

Hospital admissions - harm and injury, SAR, 2011/12 to 2015/16, Selection (comparing to England average)



Source: Public Health England, NHS Digital © Copyright 2017



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

Mortality and causes of death - all ages

Causes of deaths - all ages, numbers, 2011-2015

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
All causes	140	5,552	24,868	2,357,381
All cancer	40	1,695	7,218	666,658
All circulatory disease	41	1,562	6,848	646,138
Coronary heart disease	15	662	2,912	289,738
Stroke	8	406	1,736	165,375
Respiratory diseases	22	637	3,153	325,764

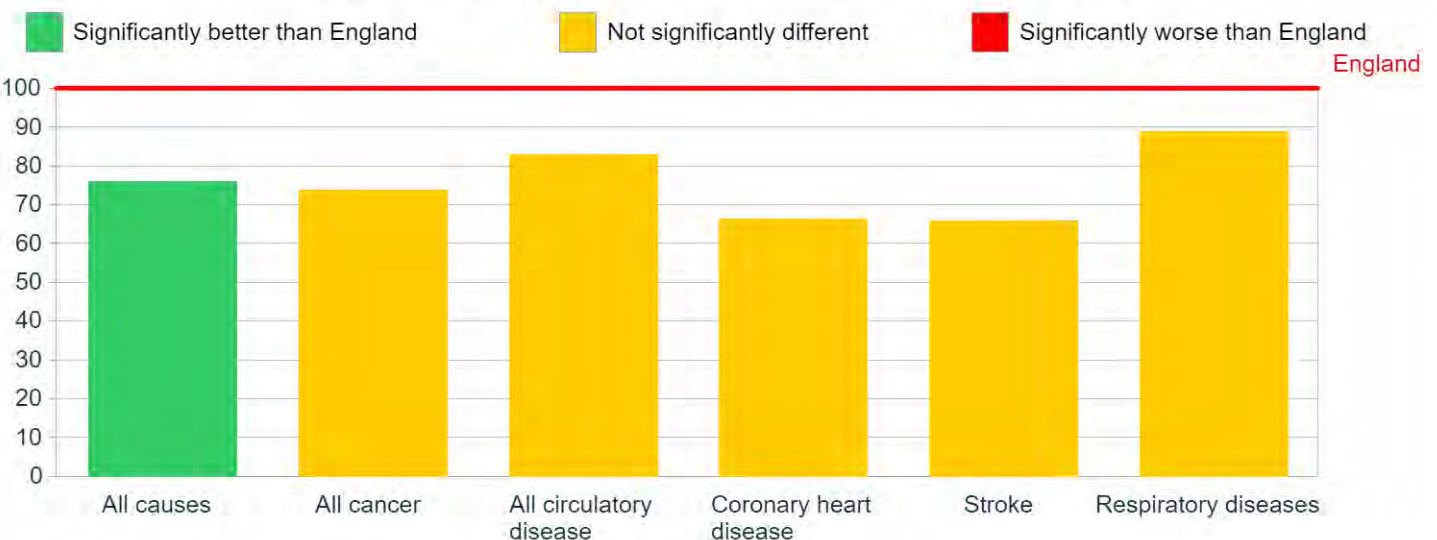
Source: Public Health England, produced from ONS data Copyright © 2017

Causes of deaths - all ages, Standardised Mortality Ratios (SMR), 2011-2015

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
All causes	76	80.1	89	100
All cancer	73.6	86.5	91.7	100
All circulatory disease	82.8	82.1	89.4	100
Coronary heart disease	66.3	77.6	84.9	100
Stroke	65.7	83.3	88.4	100
Respiratory diseases	88.9	66.5	81.5	100

Source: Public Health England, produced from ONS data Copyright © 2017

Causes of deaths - all ages, SMR, 2011-2015, Selection (comparing to England average)



Source: Public Health England, produced from ONS data Copyright © 2017



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

Mortality and causes of death - premature mortality

Causes of deaths - premature mortality, numbers, 2011-2015

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
All causes, aged under 65	33	704	3,531	373,093
All causes, aged under 75	61	1,531	7,400	752,670
All cancer, aged under 75	24	734	3,234	310,786
All circulatory disease, aged under 75	13	315	1,610	166,529
Coronary heart disease, aged under 75	6	170	843	91,057

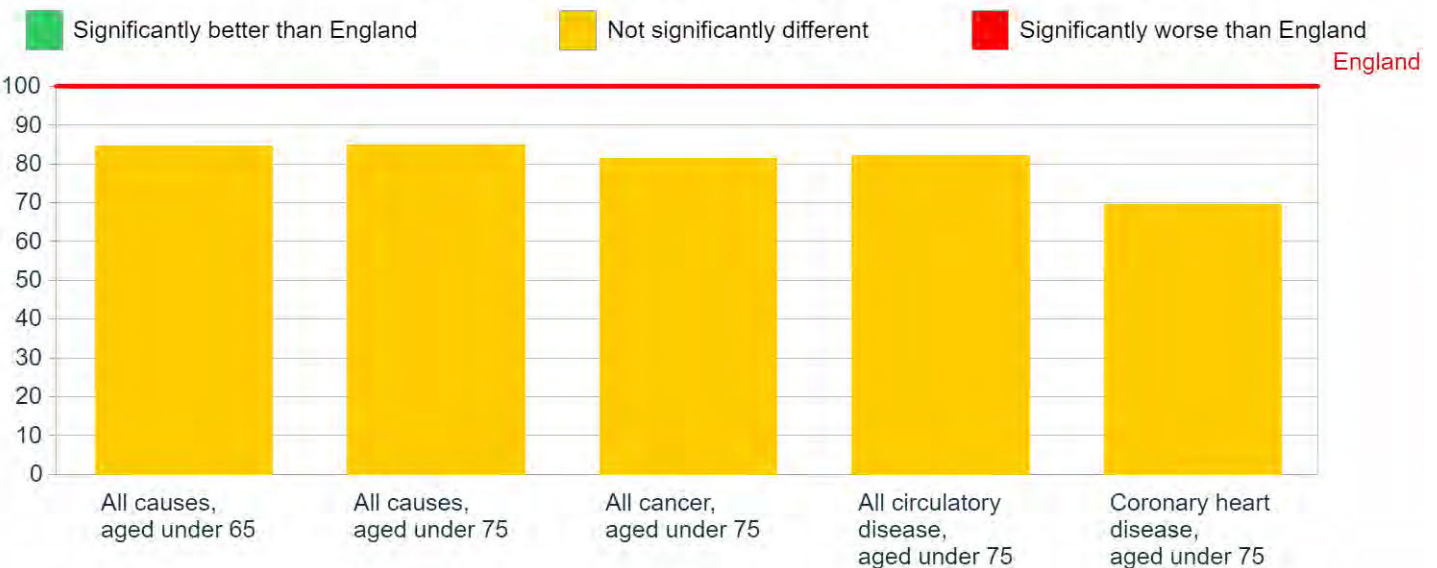
Source: Public Health England, produced from ONS data Copyright © 2017

Causes of deaths - premature mortality, Standardised Mortality Ratios (SMR), 2011-2015

Indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
All causes, aged under 65	84.7	63.8	79.7	100
All causes, aged under 75	84.8	68.8	82.8	100
All cancer, aged under 75	81.5	79.4	87.4	100
All circulatory disease, aged under 75	82.1	63.7	81.3	100
Coronary heart disease, aged under 75	69.5	62.7	77.8	100

Source: Public Health England, produced from ONS data Copyright © 2017

Causes of deaths - premature mortality, SMR, 2011-2015, Selection (comparing to England average)



Source: Public Health England, produced from ONS data Copyright © 2017



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

**Modelled prevalence of young people who smoke**

**Modelled prevalence of young people who smoke, numbers (2009-2010)**

indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
People age 15 who have never smoked	//	1,489	5,462	498,595
People aged 15 who occasionally smoke	//	100	356	25,778
People aged 15 who regularly smoke	//	169	681	56,916

Source: Dept of Geography, University of Portsmouth and Geography and Environment, University of Southampton

**Modelled prevalence of young people who smoke, values (2009-2010)**

indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Never smoked, age 15	//	76.5	75.3	76.6
Occasional smoker, age 15	//	5.1	4.9	4
Regular smoker, age 15	//	8.7	9.4	8.7

Source: Dept of Geography, University of Portsmouth and Geography and Environment, University of Southampton

**Modelled prevalence of young people who smoke, Selection (comparing to England average) 2009-2010**

■ Significantly better than England    
 ■ Not significantly different    
 ■ Significantly worse than England    
 ■ England

Chart not available for valid data is missing

Source: Dept of Geography, University of Portsmouth and Geography and Environment, University of Southampton



Report - Ward 2016: Papworth and Elsworth (Ward (2016))

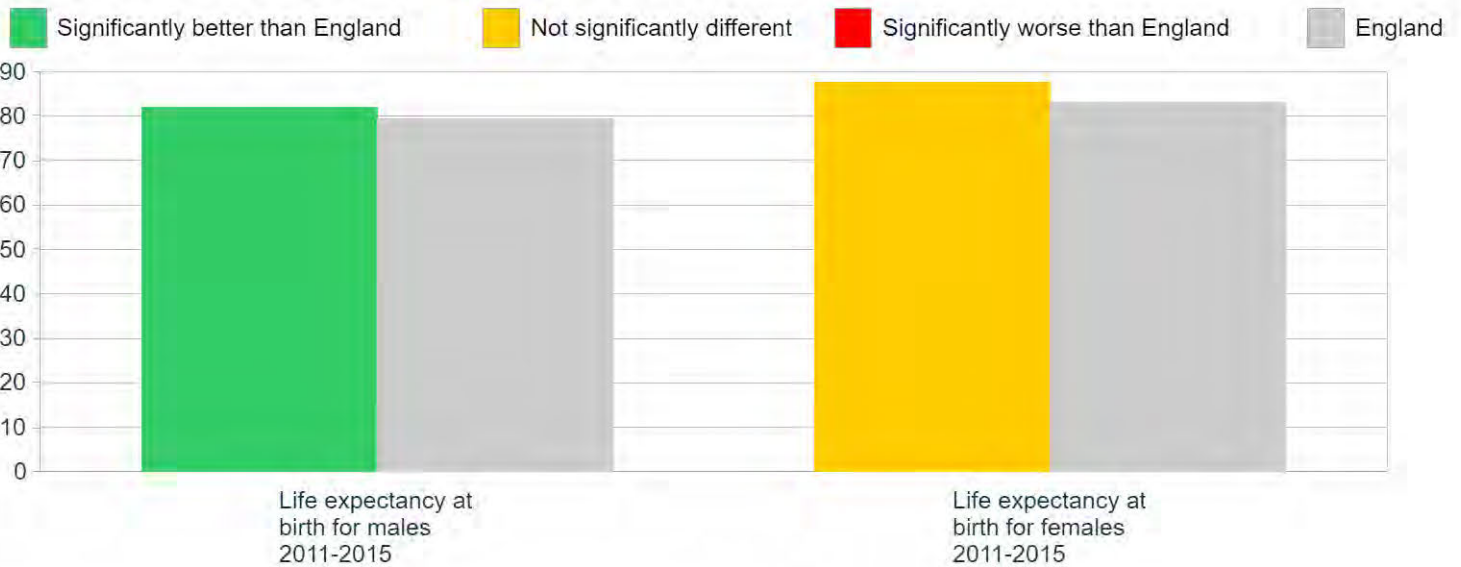
Life expectancy 2011-2015

Life expectancy, years, 2011-2015

indicator	Papworth and Elsworth (Ward (2016))	South Cambridgeshire (Lower Tier Local Authority)	Cambridgeshire (Upper Tier Local Authority)	England
Life expectancy at birth for males 2011-2015	82	82.5	81	79.4
Life expectancy at birth for females 2011-2015	87.6	85.3	84.4	83.1

Source: Public Health England, produced from ONS data Copyright © 2017

Life expectancy, compared to England, years, 2011-2015

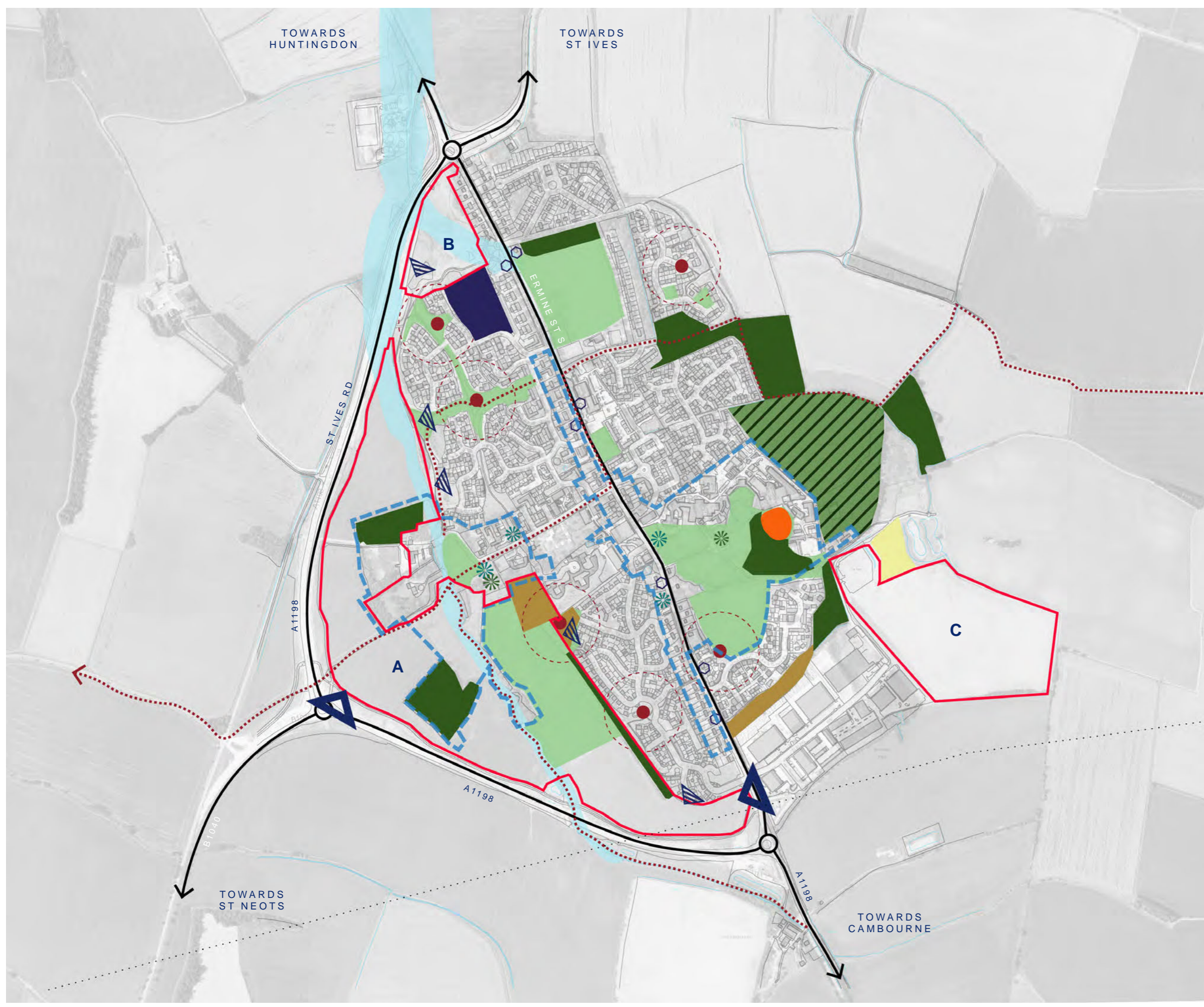


Source: Public Health England, produced from ONS data Copyright © 2017

# APPENDIX 3

## URBAN DESIGN STUDIO PLANS

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- LEGEND**
- Red line boundaries (A,B and C)
  - Existing roads
  - Drainage channel
  - Existing Public Rights of Way
  - Conservation Area
  - Existing woodland
  - Existing significant woodland / SSSI
  - Existing informal open space
  - Scheduled ancient monument
  - Overhead electricity line
  - Existing allotments
  - Protected amenity
  - Pendragon Community Primary School
  - Existing LAP and 100m isochrone
  - Grade II Listed Building
  - Grade II\* Listed Building
  - Existing bus stop
  - Potential vehicular access
  - Potential pedestrian / cycle access

Rev.	Date	Details

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PAPWORTH ESTATE  
 VARRIER JONES FOUNDATION  
 PAPWORTH EVERARD CONTEXT

Job Code: 45598	OS License Number: 100017734		
Drawing Scale: NTS	Date: 11.03.19	Drawn By: HD	Checked By: DP
Drawing Number: UDS45598-A3-0101	Revision: -		



- LEGEND**
- Red line boundaries (A,B and C)
  - Existing roads
  - Drainage channel
  - Existing Public Rights of Way
  - Conservation Area
  - Existing significant woodland
  - Existing significant woodland / SSSI
  - Existing informal open space
  - Scheduled ancient monument
  - Overhead electricity line
  - Potential employment (C)
  - Existing allotments
  - Protected Village Amenity Area
  - Pendragon Community Primary School
  - Existing LAP and 100m isochrone
  - Grade II Listed Building
  - Grade II\* Listed Building
  - Existing bus stop
  - Potential vehicular access
  - Potential pedestrian / cycle access
  - Potential vehicular route
  - Potential developable area (A)
  - Potential developable area within Conservation Area (A)
  - Green link / edge including SuDS
  - Potential woodland
  - Potential pedestrian / cycle route
  - Potential open space / school expansion (B)

<b>SITE A -</b>	
<b>Potential developable area:</b>	18.70 ha
<b>Potential new dwellings:</b>	465 - 655 (25 - 35dph)

Rev.	Date.	Details.

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**PAPWORTH ESTATE  
VARRIER JONES FOUNDATION  
CONCEPT STRATEGY**

Job Code: 45598	OS License Number: 100017734
Drawing Scale: NTS	Date: 11.03.19
Drawn By: HD	Checked By: DP
Drawing Number: UDS45598-A3-0102	Revision: -



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