

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	
Ageing Population	<p>Constraint</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>Solution</p> <p>It is recommended that a dedicated older persons development is included. Ideally this would include both private and affordable rented elements.</p>
Mix of Housing	<p>Constraint</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>Solution 1</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>Solution 2</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>
Primary Healthcare	<p>Constraint</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>Solution</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>
Early Years	<p>Constraint</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>Solution</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>
Primary Schooling	<p>Constraint</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 Figure 11, 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>Solution</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 Figure 5 (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>Constraint</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>Solution</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"> • It is proposed that a dedicated cycle way should link the village to Cambourne Village College. • 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.
Open Space, Sport and Leisure	<p>Constraint</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>Solution</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"> • Formal children’s play space 0.4/1,000 people = 0.6-0.78ha, plus 0.3ha to cover existing deficit • Informal children’s play space 0.4/1,000 people = 0.6-0.78ha • Informal open space 0.4/1,000 people = 0.6-0-0.78ha, although there is already a substantial over provision. <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	
Retail	<p>Constraint</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>Solution</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>Constraint</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>
Employment	<p>Solution</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>Constraint</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>Solution</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

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 environment¹. 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.”²*

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,

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

² 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:

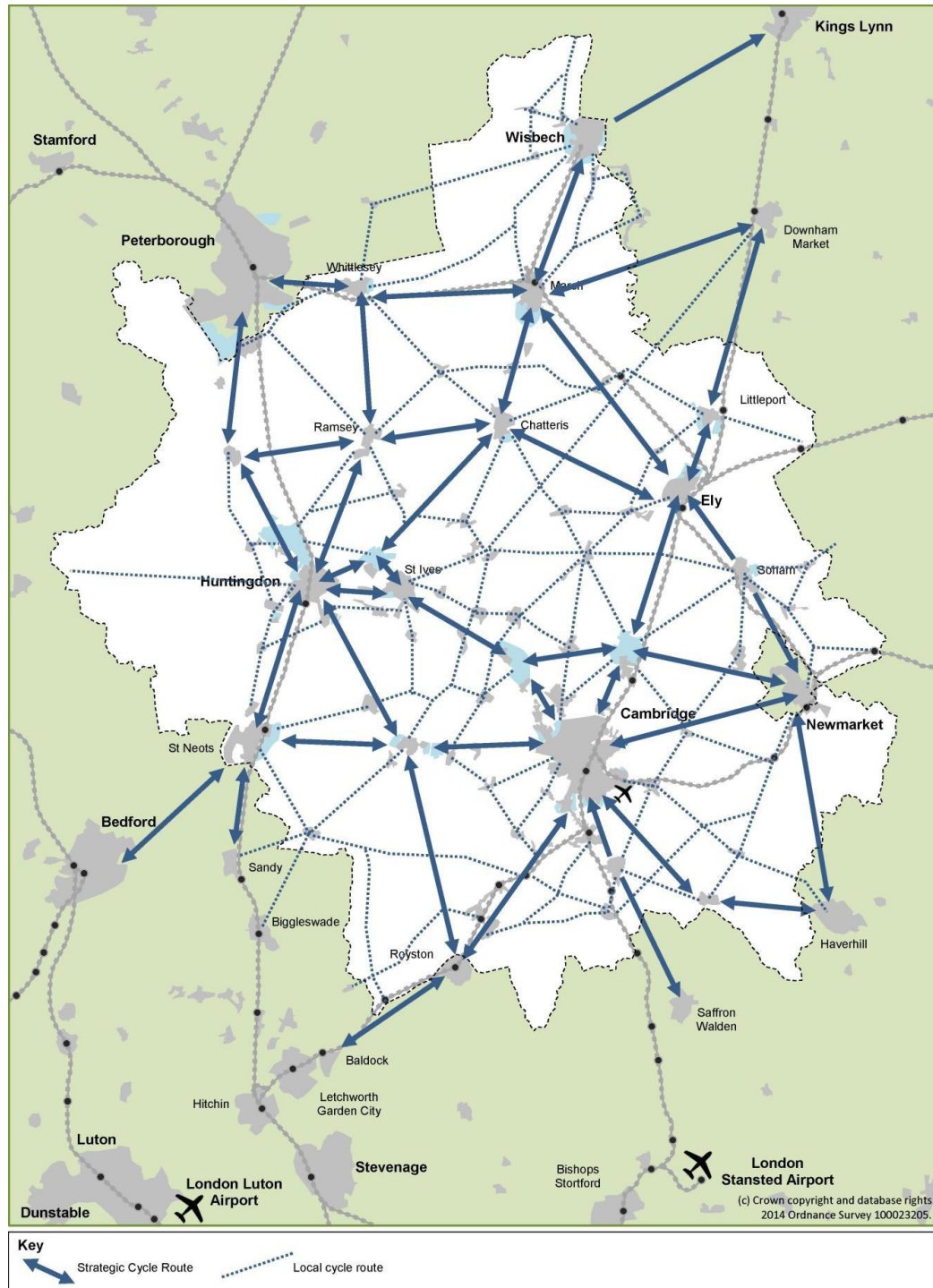
- Supporting and protecting people when they need it most
- Helping people to live independent and healthy lives in their communities
- Developing our local economy for the benefit of all
- Enabling people to thrive, achieve their potential and improve quality of life
- Supporting and protecting vulnerable 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:

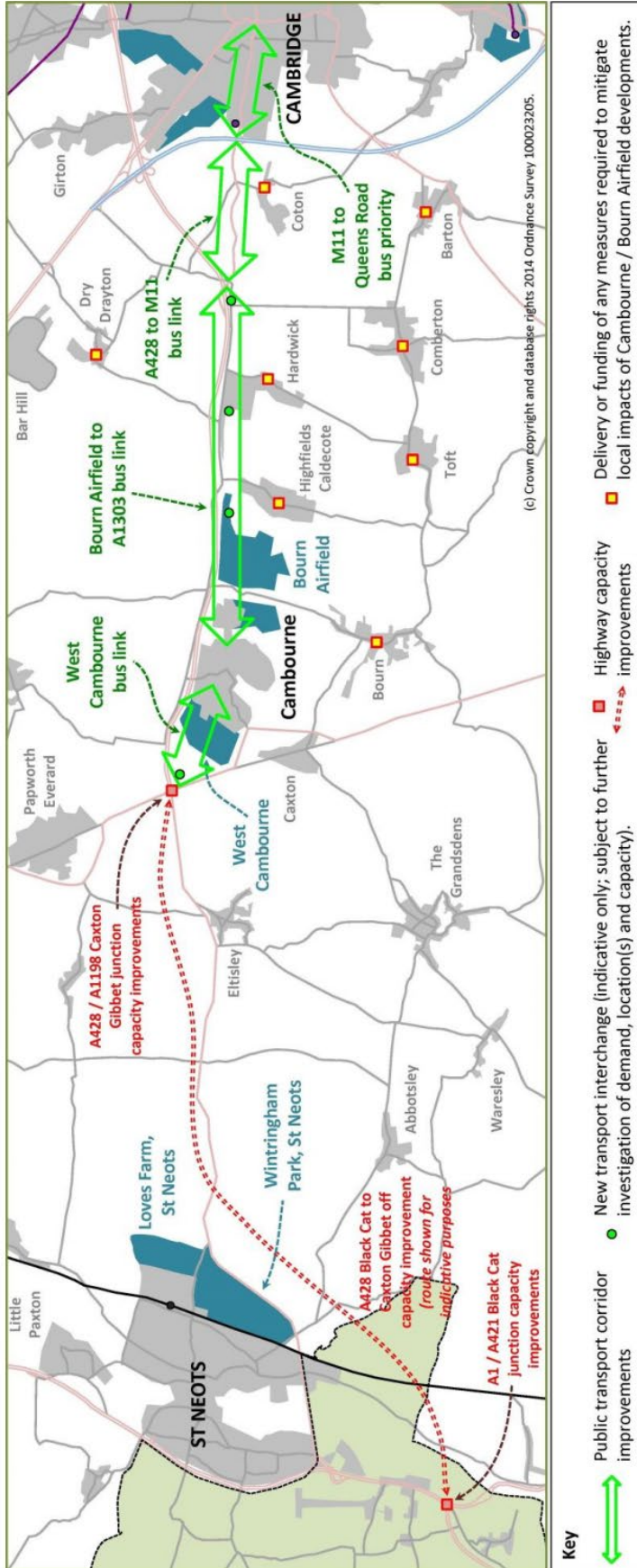
- Strategic and local cycle network improvement between Huntingdon-Papworth Everard-Cambourne. (See diagram below)
- Area action plans for the A14 Trunk Road in Huntingdonshire and South Cambridgeshire delivering new A14 trunk road, local road capacity, cycle and pedestrian routes.

- 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



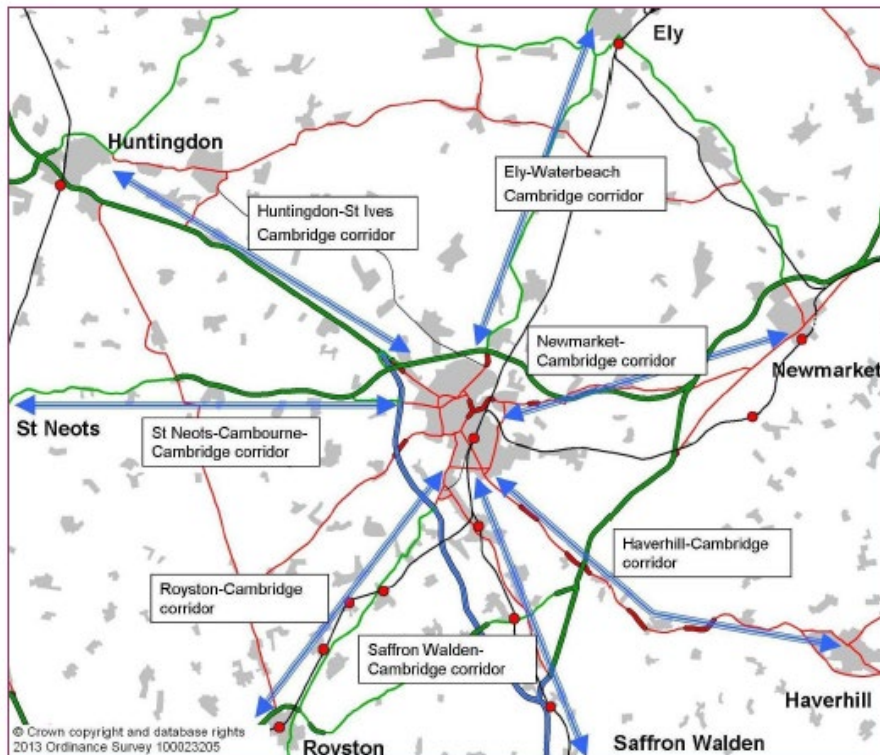
The Transport Strategy for Cambridge and South Cambridgeshire (March 2014) provides a detailed policy framework and programme of schemes for the area and supports the Cambridge and South Cambridgeshire Local Plans. It covers the district of South Cambridgeshire and the City of Cambridge, but also considers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

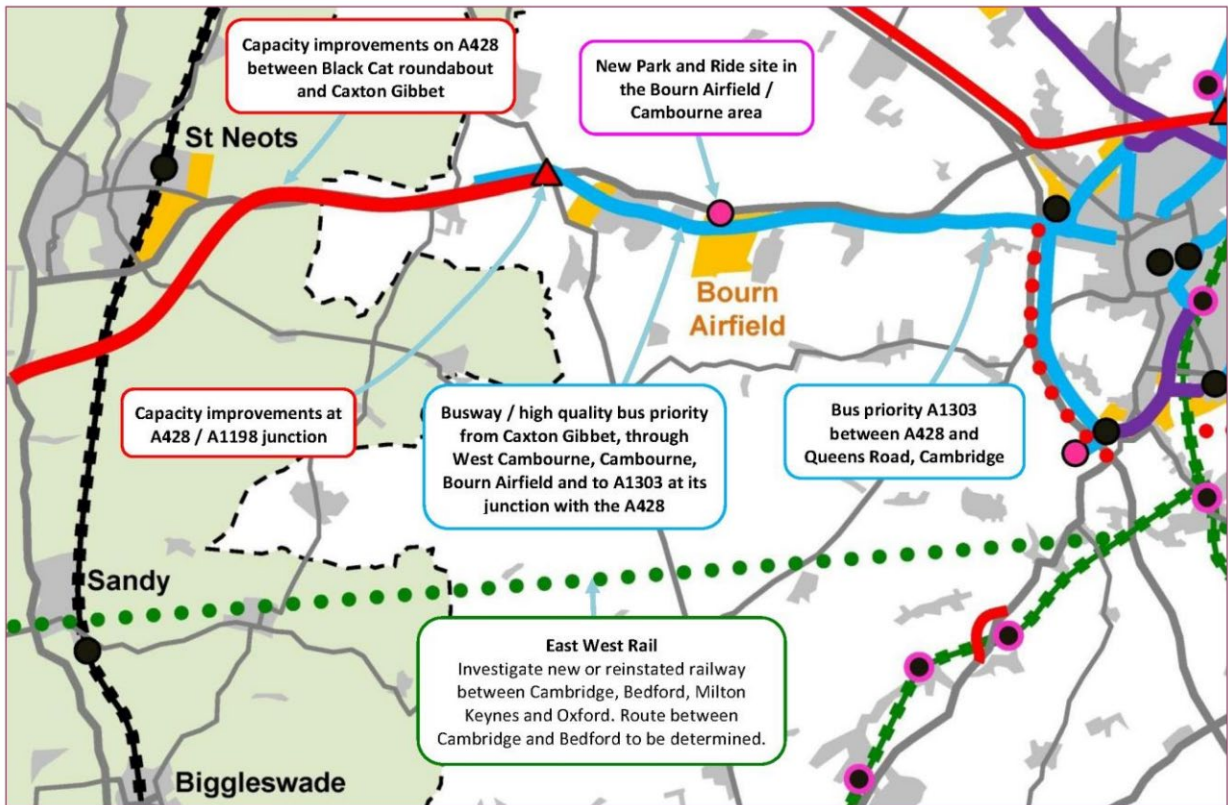
It sets out eight objectives:

- 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.

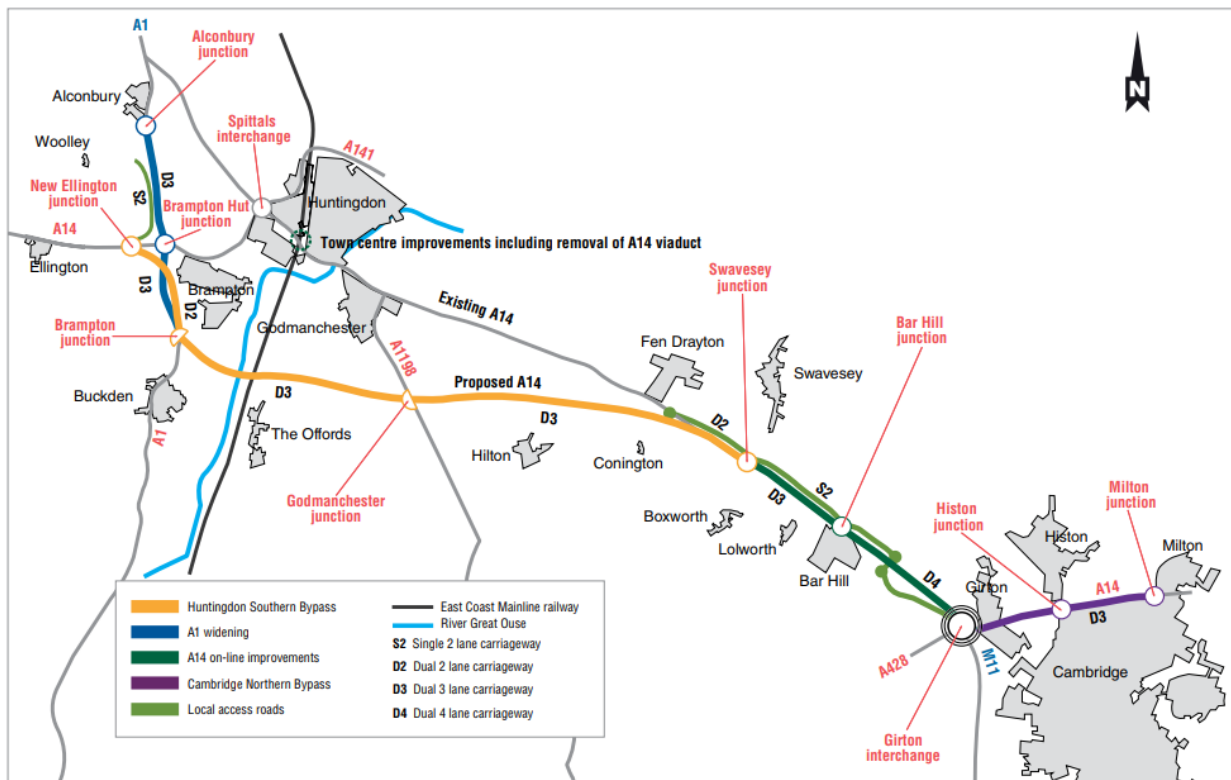
Figure 5.1. The transport corridor programme areas.





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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.

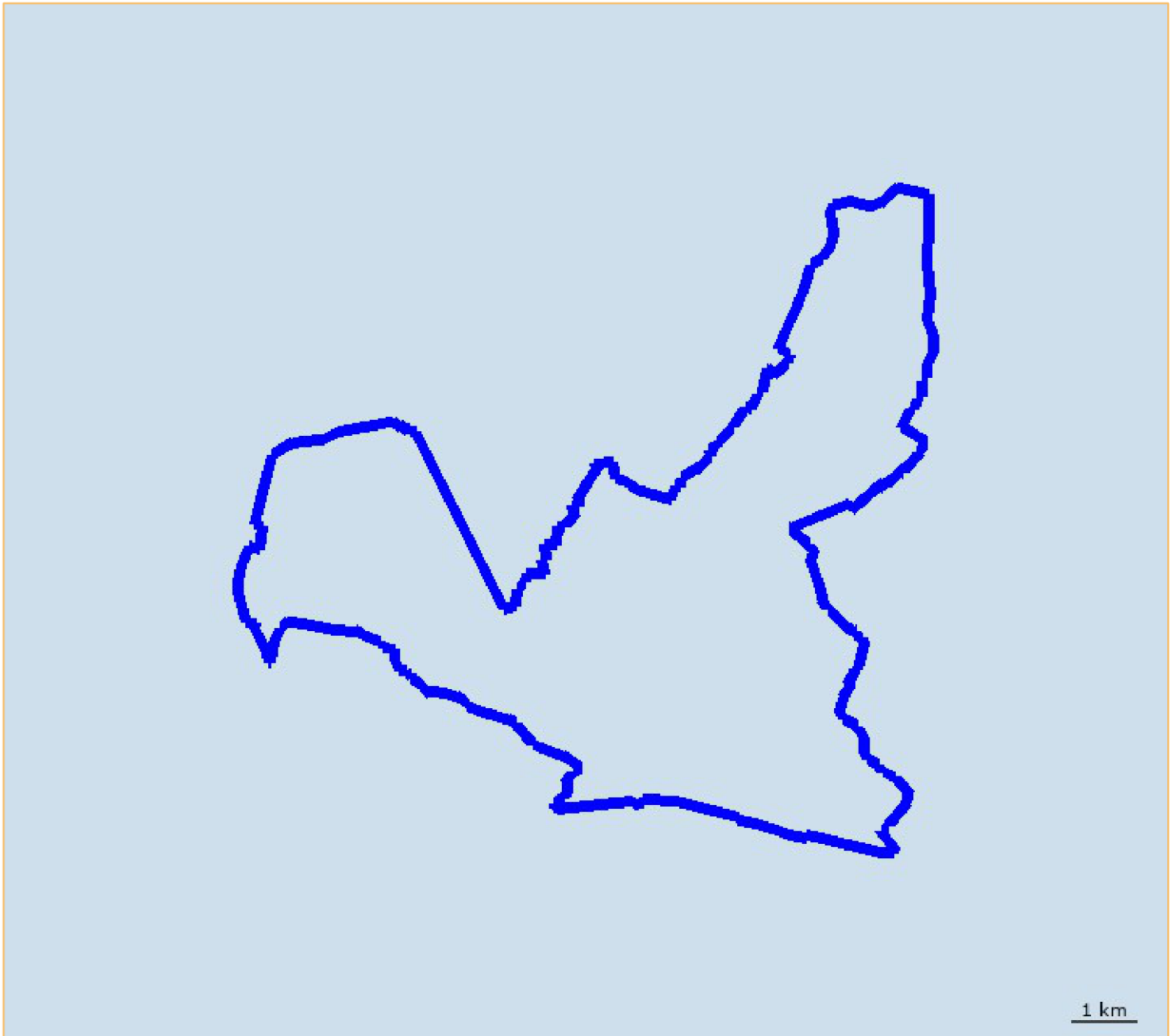
APPENDIX 2

PHE LOCAL HEALTH PROFILE



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

Presentation map



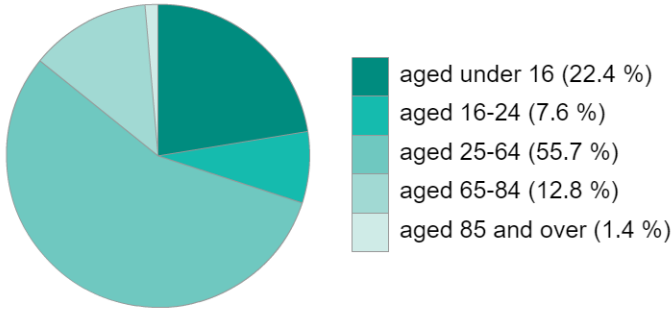
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Report - Ward 2016: Papworth and Elsworth (Ward (2016))

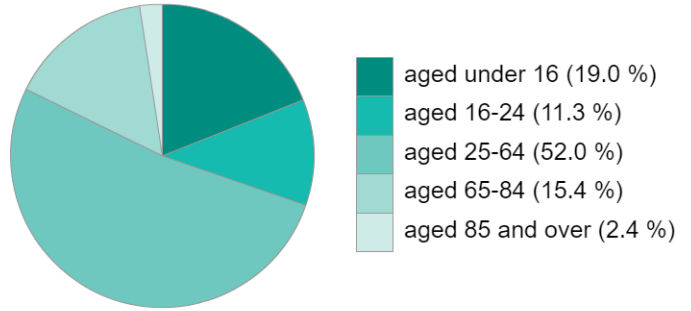
Population

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

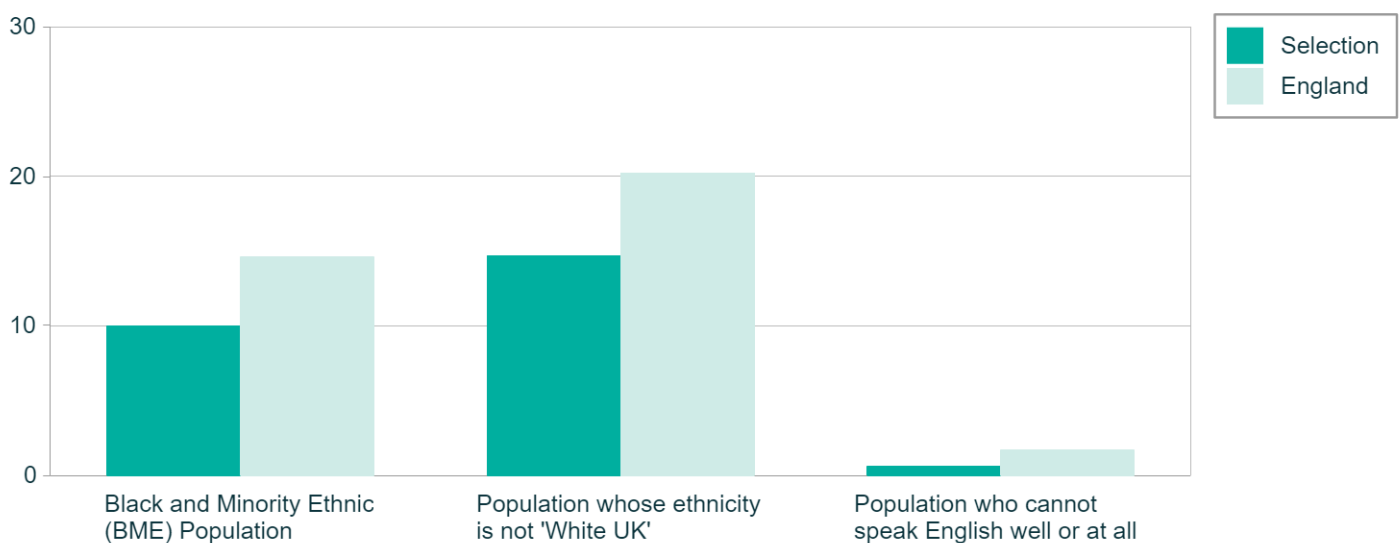
Source: ONS Census, 2011

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

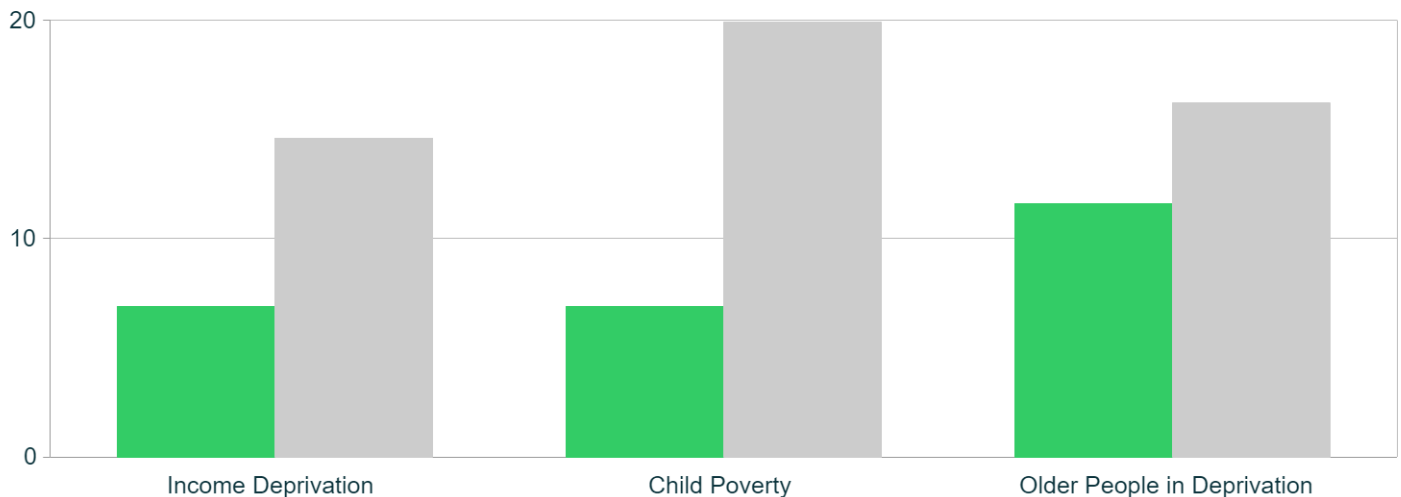
Indices of Deprivation, 2015, %

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

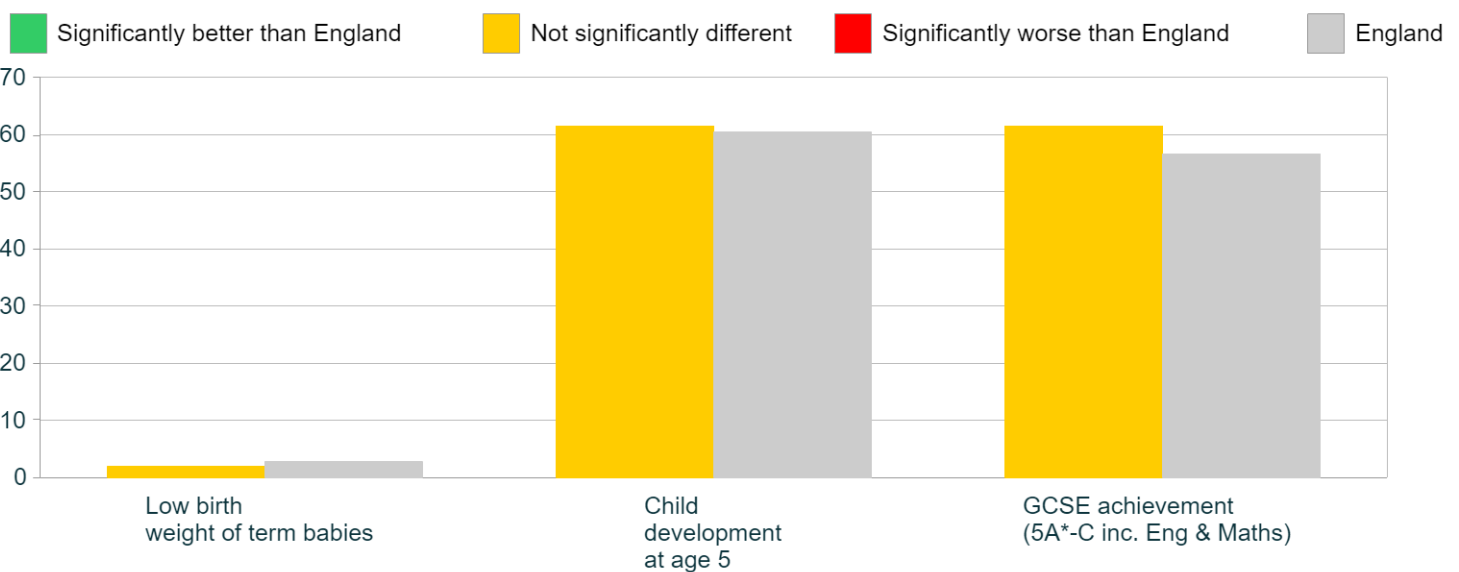
Please note employment data for Wards is not available at this time

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



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

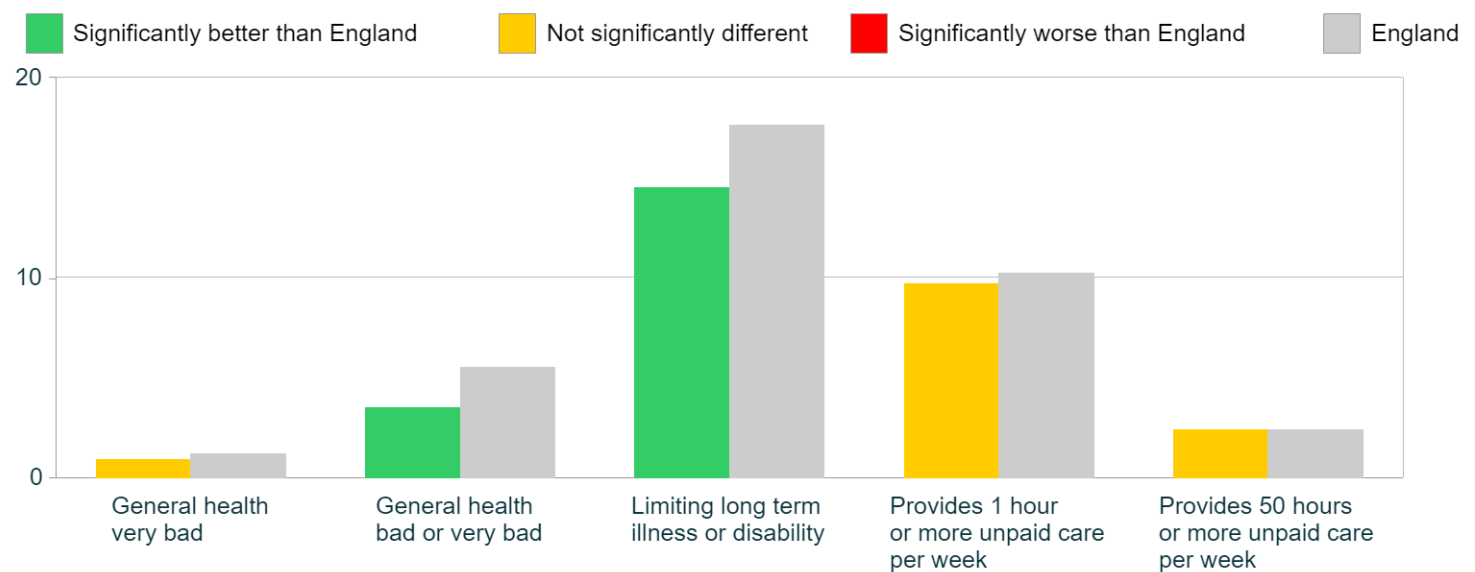
Source: ONS Census, 2011

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

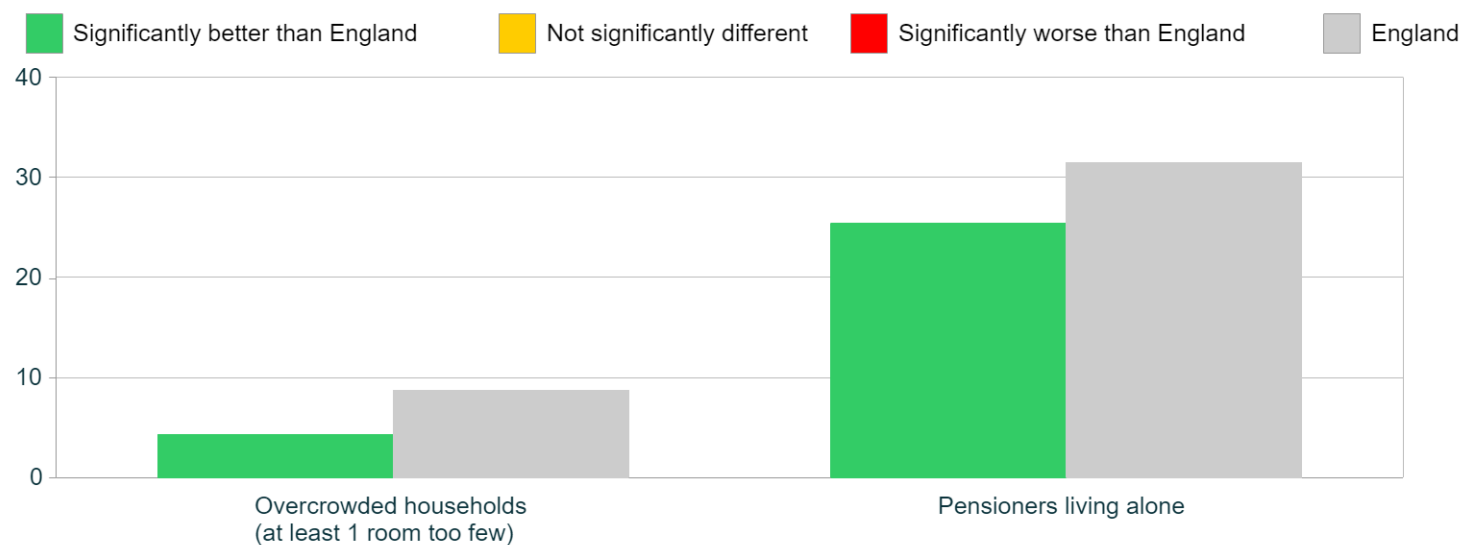
Source: ONS Census, 2011; Department of Energy and Climate Change, 2014

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

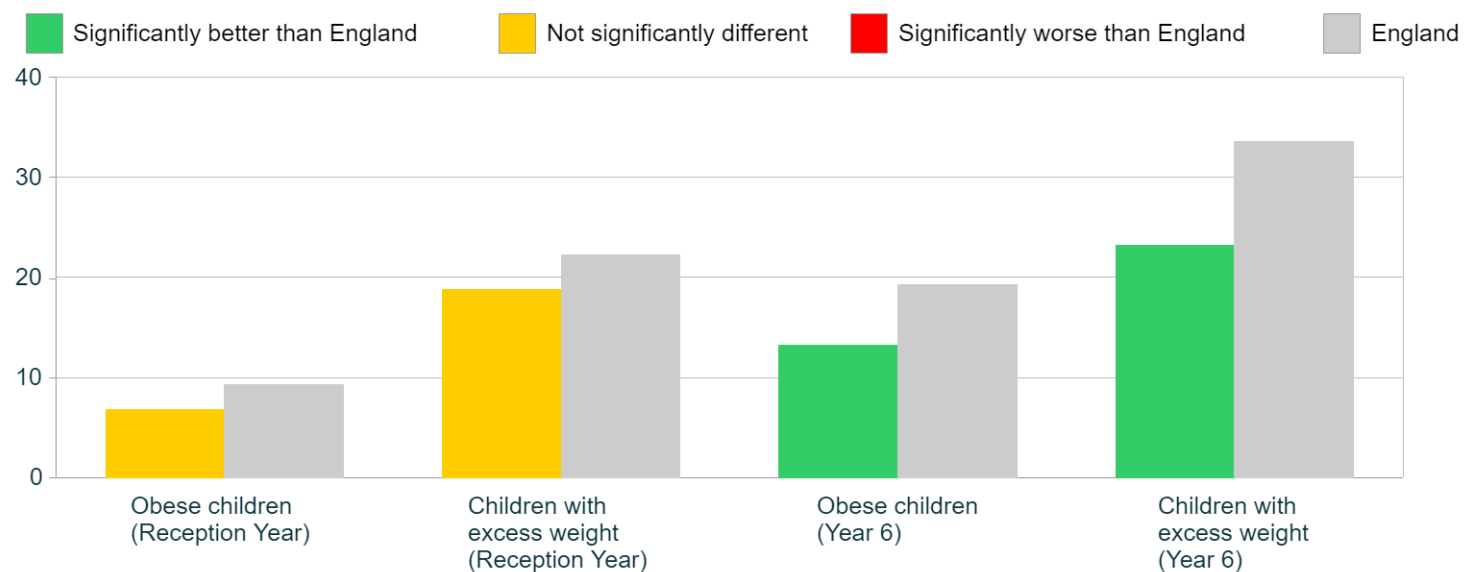
Source: National Child Measurement Programme, NHS Digital © 2013-2016

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

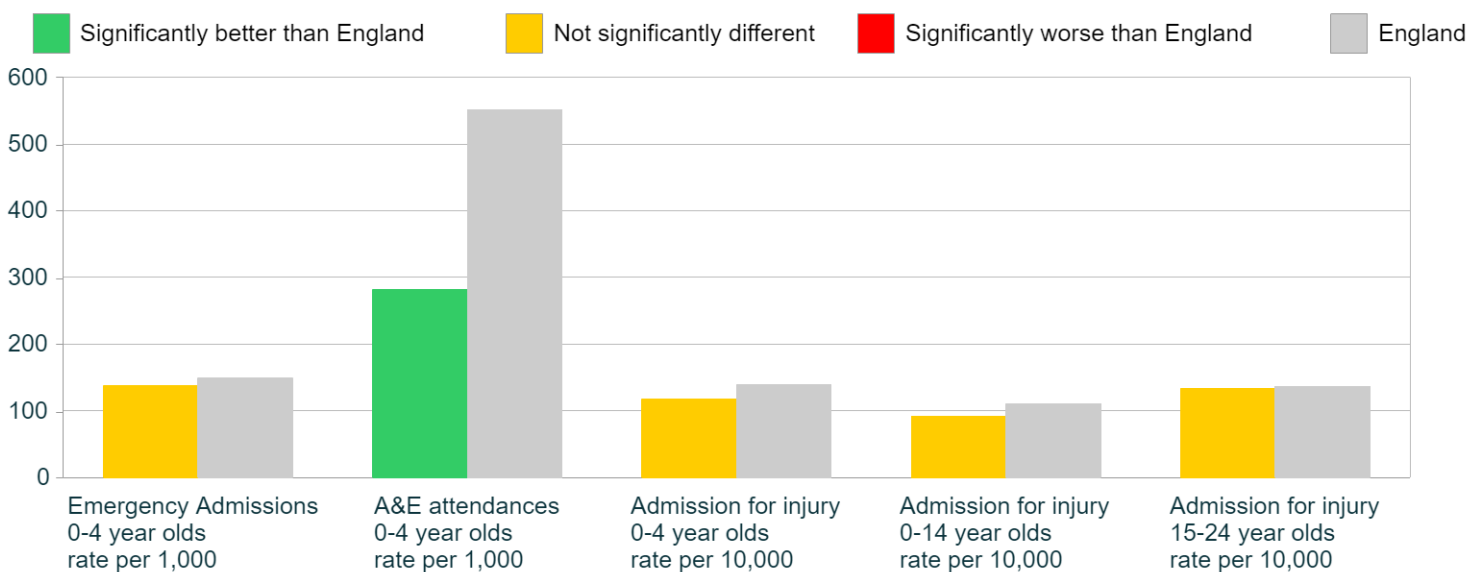
Source: Public Health England, NHS Digital 2017

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

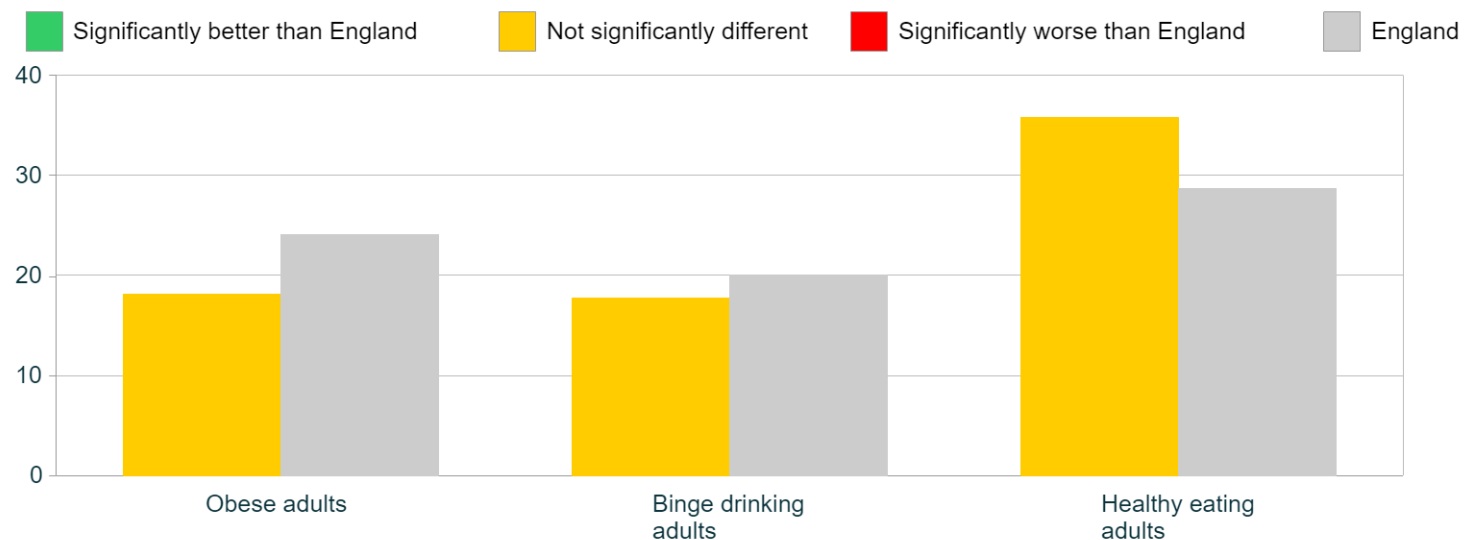
Source: Public Health England © Copyright 2010

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

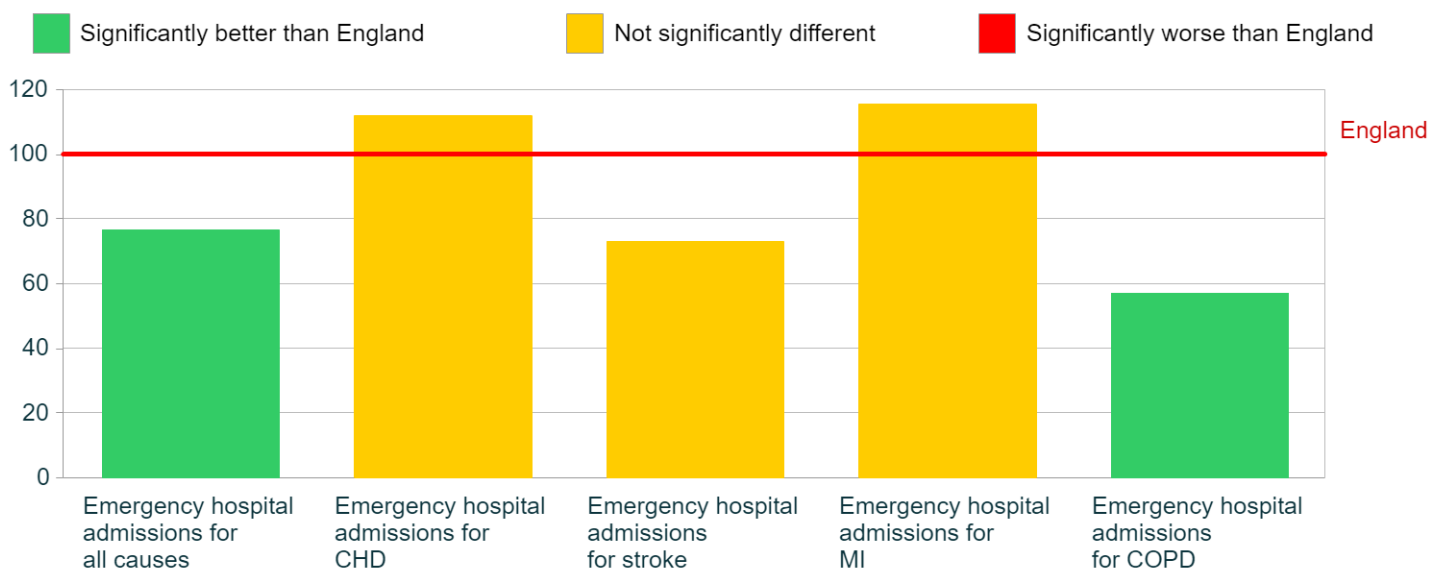
* CHD: Coronary Heart Disease; MI: Myocardial Infarction (heart attack); COPD: Chronic Obstructive Pulmonary Disease

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)

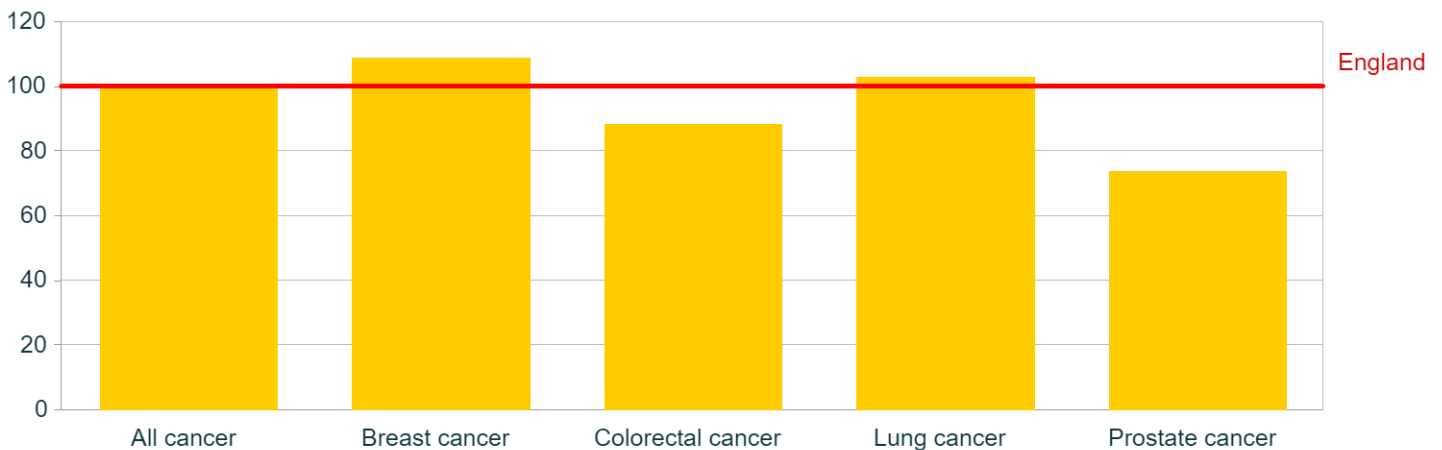
Cancer incidence, Standardised Incidence Ratios (SIR), 2011-2015 (estimated from MSOA level data)

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

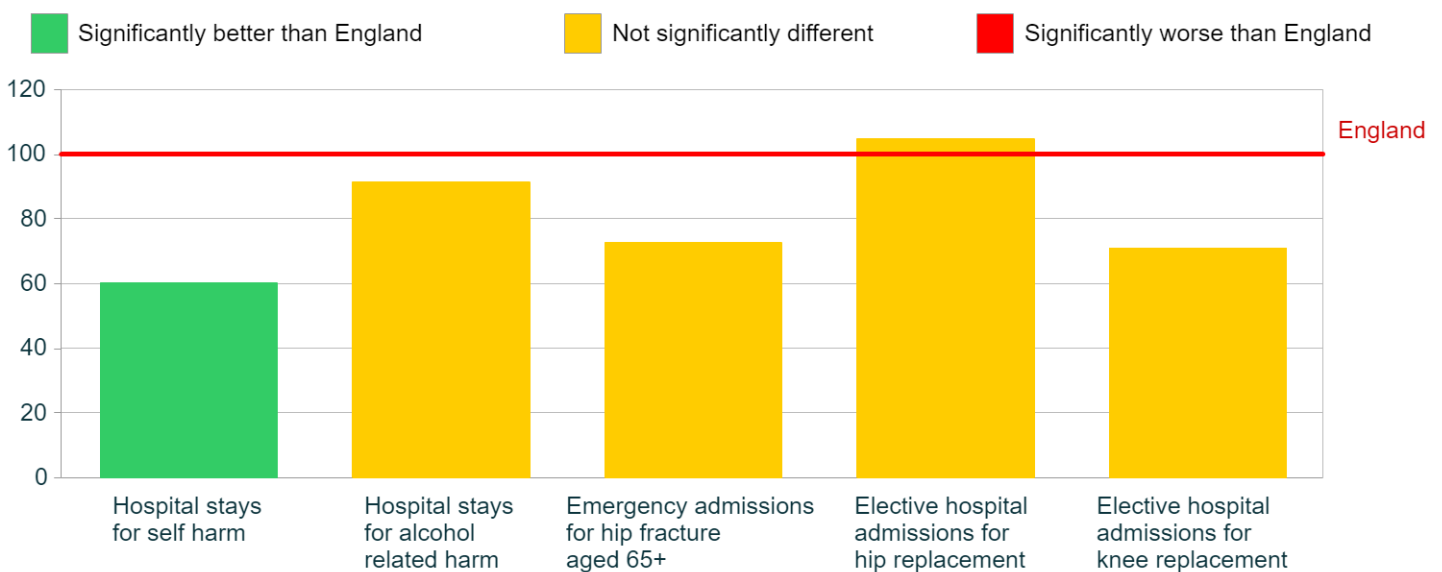
Source: Public Health England, NHS Digital © Copyright 2017

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

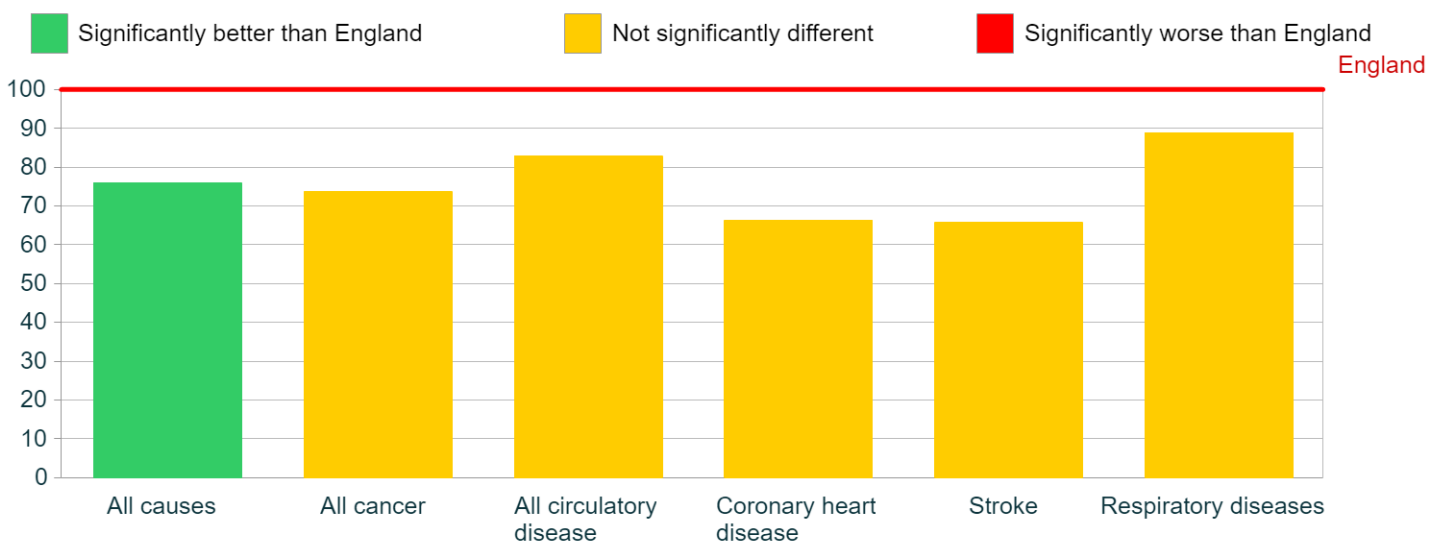
Source: Public Health England, produced from ONS data Copyright © 2017

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

Table with 5 columns: Indicator, Papworth and Elsworth (Ward (2016)), South Cambridgeshire (Lower Tier Local Authority), Cambridgeshire (Upper Tier Local Authority), and England. Rows include All causes, aged under 65; All causes, aged under 75; All cancer, aged under 75; All circulatory disease, aged under 75; and Coronary heart disease, aged under 75.

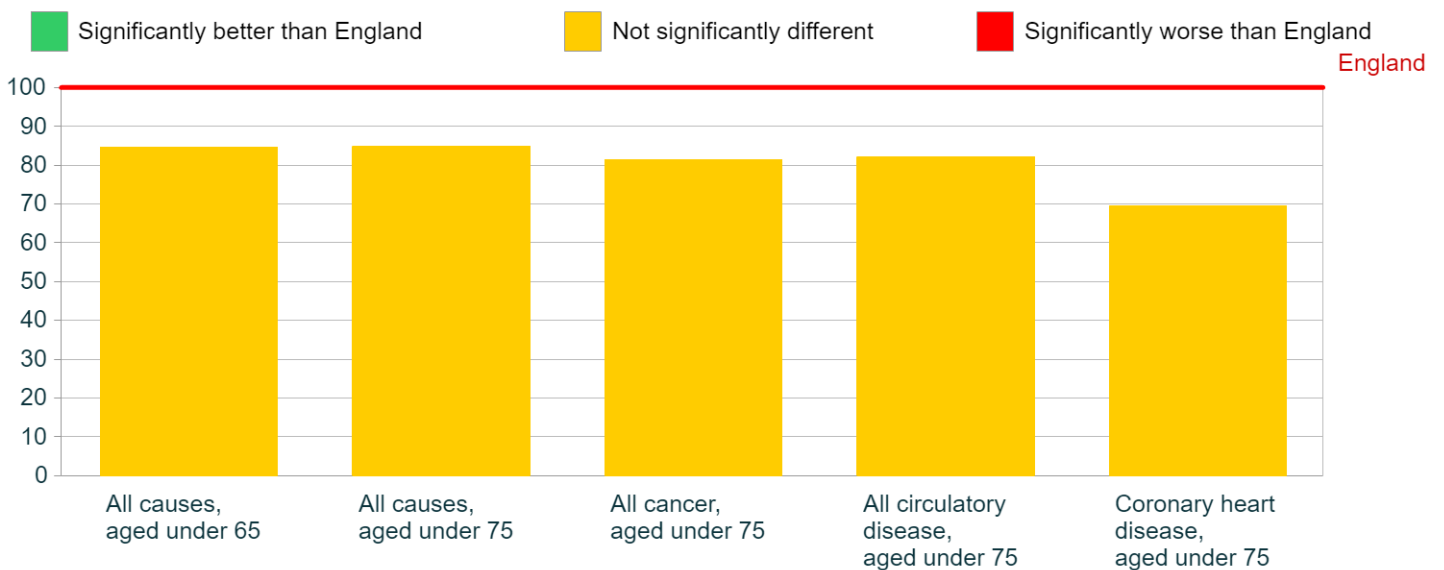
Source: Public Health England, produced from ONS data Copyright © 2017

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

Table with 5 columns: Indicator, Papworth and Elsworth (Ward (2016)), South Cambridgeshire (Lower Tier Local Authority), Cambridgeshire (Upper Tier Local Authority), and England. Rows include All causes, aged under 65; All causes, aged under 75; All cancer, aged under 75; All circulatory disease, aged under 75; and Coronary heart disease, aged under 75.

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))

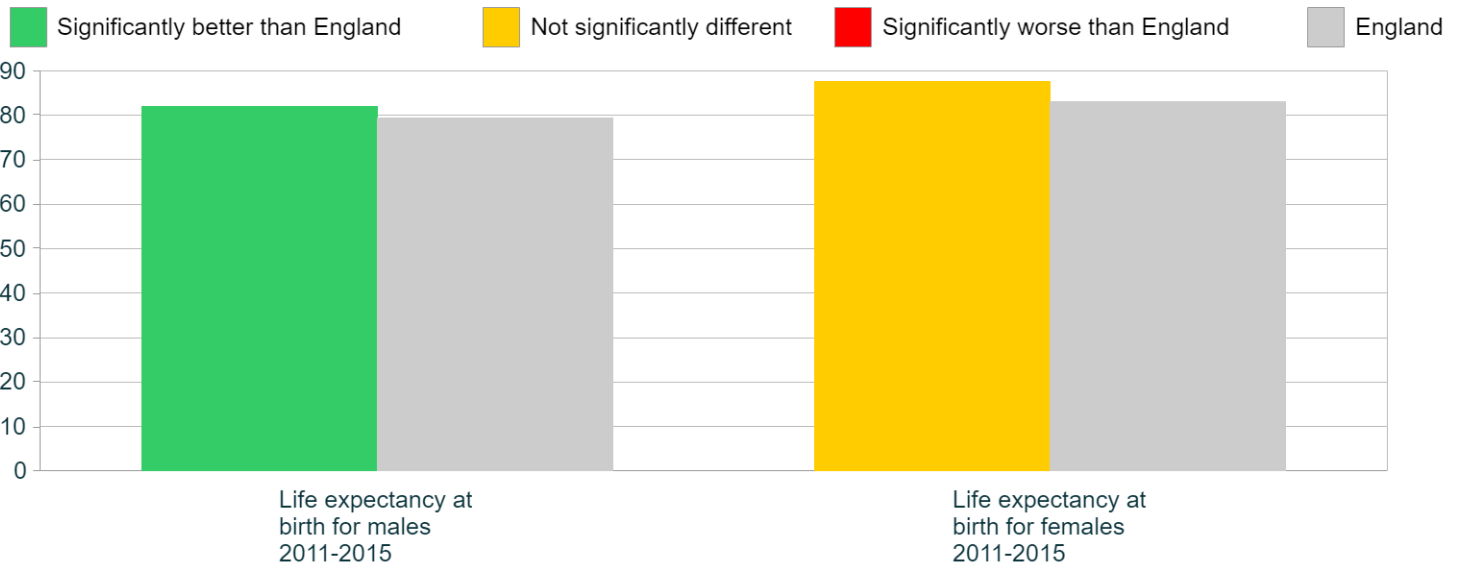
Life expectancy 2011-2015

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



- 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.

Do not scale from this drawing. All dimensions to be checked on site. This plan is to be read with all accompanying documentation. © Bidwells 2019

Urban Design studio
 Bidwell House, Trumpington Road, Cambridge CB2 9LD

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
Drawing Number: UDS45598-A3-0101	Checked By: DP	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)

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

Rev.	Date.	Details.

Do not scale from this drawing. All dimensions to be checked on site. This plan is to be read with all accompanying documentation. © Bidwells 2019



**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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Registered office: Bidwell House,
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