

Former Hotel Felix, Whitehouse Lane, Girton, Cambridgeshire, CB3 0LX  
On behalf of Cassel Hotels (Cambridge) Ltd

June 2021



# REDEVELOPMENT OF HOTEL FELIX

# HEALTH IMPACT ASSESSMENT

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# Quality Assurance

**Site name:** Felix Hotel, Cambridge  
**Client name:** KYN  
**Type of report:** Health Impact Assessment

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**Signed:**   
**Date:** June 2021

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**Signed:** 

**Date:** June 2021



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## Executive Summary

This Health Impact Assessment (HIA) has been prepared by Bidwells LLP on behalf of Cassel Hotels (Cambridge) Ltd to support the full planning application for an 80-bed care home in Girton, South Cambridgeshire. It updates a previous HIA submission in February 2021 to include the impact of consultation on development proposals and certainty of health effects. Development proposals are provided in Appendix 1. The scale of development meets thresholds set out in the South Cambridgeshire District Council (SCDC) Local Plan Policy SC/2 requiring an extended screening HIA.

In summary, the proposed development provides mental and physical health benefits through the provision of employment within a healthy work environment, and by providing access for the elderly to health care, social infrastructure and green infrastructure.

This report assesses the health and wellbeing impacts of the development process and the land uses included in the Proposed Development on existing communities and future residents and workers, by:

- Assessing the potential positive and negative health and well-being impacts of the development on new communities and adjacent existing communities;
- Highlighting potential differential effects among groups; and
- Suggesting actions / measures to minimise potential negative impacts and enhance potential benefits, with reference where possible to the most vulnerable groups.

The **Proposed Development** provides a new 80-bed care home accommodation for older people requiring nursing or dementia care, with associated car and cycle parking and new landscaping. Although the grounds and buildings are not open to the public to ensure the safety and privacy of the residents, the local community will be welcomed in for events. A dementia research centre will be established linking inhouse care to professionals working at Addenbrookes hospital and the wider community.

Our **approach to the HIA** reflects the advice in SCDC Supplementary Planning Document (SPD) on Health Impact Assessment. At scoping stage, potential health impacts were identified and those with potentially significant health impacts and which are not considered in other technical work submitted with the planning application, were included in the HIA. The scoping report is appended.

The base from which to assess the health impacts of the development relates to the local health profile, policy context and baseline relative to each potential health impact.

**Local Health Profile.** Overall health is very good in the local area and there are comparatively low levels of deprivation. The proportion of older people is rising, and locally there are high levels of older people aged 85+, suggesting a relatively high number of people with comorbidity issues and need for residential / nursing care. Mortality rates from dementia and Alzheimer's in Greater Cambridge are worse than the county and it is anticipated that there will be a substantial increase in the number of people living with dementia over the next 15 years. This indicates a need for specialist care and greater understanding of how to enhance the quality of life of people with dementia.

The groups likely to be most vulnerable to health impacts were identified as elderly particularly those with dementia, workers on site, people living and working immediately adjacent to the site and on haul routes.

**Local policy Context.** A review of the local policy context (Appendix 3) reveals priorities across public health organisations that support the proposed development. Including:

- Supporting older people – Cambridgeshire Health and Wellbeing Strategy.
- Providing elderly appropriate housing – SCDC Housing needs strategy.
- Community centred approach to health and wellbeing- Public Health England (PHE) 2015.

- Fostering health in homes and buildings - NHS Health New Towns.

SCDC health policy priorities include: Obesity (including increasing physical activity and healthy eating), mental health (including relation to obesity and social inclusion / new growth), older people (increasing independence and reducing falls).

The **engagement strategy** for the Proposed Development is based on the consultation process required as part of the planning application process. It included meetings with the parish council, planning officers, a public exhibition (online), public meetings with residents and design panel review. No issues relating to health impacts were raised by the public. Stakeholder engagement helped to define the dementia research facility, mitigate neighbour impact and increase light within the development, contributing to greater health benefit.

The HIA shows that the **most significant health benefits** relate to the provision of:

- 115 on site jobs. The mix of full and part time opportunities, diversity of roles, operator's commitment to on-the-job training and a locally focused recruitment strategy maximises the potential for local people to access these jobs. The former employees of Hotel Felix will be particularly encouraged to apply for the numerous job opportunities created by this venture. The employment will contribute to reducing poverty and illness, encourage personal and social esteem and aid recovery from physical and mental illnesses.
- The Dementia Research Centre will provide training and research into dementia care, helping to upskill the sub regional population, support the voluntary sector and deliver better outcomes for people with dementia.
- A healthy work environment designed to ensure healthy air, thermal control, sustainable light and a generous staffing ratio that can help reduce illness and stress.
- Facilities in the proposed development provide an extensive range of opportunities for the residents' social interaction and engagement with the wider community, helping to prevent loneliness, support the mental health of residents and reduce associated physical illness.
- A range of green spaces within the development, designed specifically for elderly and those with dementia, as well as building design that maximises views of the gardens provides all residents with therapeutic space as well as opportunities for maintaining and improving mental and physical health.
- High quality living environment for the elderly.

Other health benefits include:

- Inhouse transport services and staff chaperoning will enable residents to access health and social care beyond the home. The ease of access to care will reduce stress and improve take up of health services which is likely to have a positive impact on health outcomes.
- Facilities and staff that potentially reduce demand on some external health and social care services, as compared to 80 individuals in separate residences seeking services. Thus, conserving health care resources for other patients and potentially improving their health outcomes.

Indirect benefits include:

- Community outreach events that support those with dementia and their carers helping to reduce stress.

**Measures to reduce** negative impacts can be achieved through planning conditions and s106 associated with a future planning consent. The recommended issues to address are:

- Agreement of care plan with local GP services: this should be a condition of planning consent.

# 1.0 Introduction

- 1.1 This Health Impact Assessment (HIA) has been prepared by Bidwells LLP on behalf of Cassel Hotels (Cambridge) Ltd to support the full planning application for the demolition of the Felix Hotel and construction of an 80-bed nursing and dementia care home in Girton, South Cambridgeshire.
- 1.2 This report assesses the health and wellbeing impacts of the development process and the land uses included in the Proposed Development on existing communities and those expected to live and work in them.
- 1.3 Following discussion with South Cambridgeshire District Council (SCDC) Health Officer<sup>1</sup> it is agreed that an extended screening report is the most appropriate form of HIA. At scoping stage, a number of potential health impacts were scoped out either because the development adequately addressed issues and/or other legislation and regulations ensures negative health impacts are mitigated. The Screening /Scoping Report (repeated in Appendix 1 for reference) drew on technical work undertaken by other consultants. Those impacts scoped into this HIA are shown in Table 1.1

**Table 1.1 Health Impacts considered in this HIA.**

IMPACTS AND EFFECTS CONSTRUCTION PHASE	GEOGRPAHY
1. Impact on construction workers during the construction process principally in relation to access to work and training.	Site
IMPACTS AND EFFECTS OPERATIONAL PHASE	
2. Access to employment	Site, Greater Cambridge
3. Access to work in high quality healthy buildings and environment	Site, Greater Cambridge
4. Access to social infrastructure and social capital.	Site, Girton, Eddington, Darwin Green
5. Access to health and social care services.	Site, Girton and Cambridge
6. Access to green infrastructure	Site

## The Requirement for HIA

- 1.4 The National Planning Policy Framework 2019 (NPPF) sets out the Governments planning policies for England and how these are expected to be applied. Social Planning - supporting

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<sup>1</sup> 13/1/221 Conversation between Juliet Clark (Bidwells) and Lesley MacFarlane (SCDC)

strong, vibrant and healthy communities - is one of the three stated primary objectives of the planning system. Paragraph 91 states that this core objective is to be promoted through:

- Opportunities that promote social interaction and infrastructure that supports healthier lifestyles.<sup>2</sup>
- Fostering a well-designed, safe and accessible built environment<sup>3</sup>;
- Accessible services and open spaces that reflect current and future needs and support communities<sup>4</sup>.

1.5 Health Impact Assessments help meet the NPPF requirement that:

*“Planning policies and decisions should ensure that developments:*

- *f) create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience.”*

1.6 In South Cambridgeshire, the requirement for HIA is set out in Policy SC/2 'Health Impact Assessment' of the South Cambridgeshire Local Plan (2018), The proposal involves a development of between 1000-5000m<sup>2</sup> of floorspace which, under the terms of the policy triggers the need for an HIA, in the form of an extending screening or 'rapid' HIA.

1.7 Detailed guidance on HIA is provided in SCDC Supplementary Planning Document (March 2011) on Health Impact Assessments (SPD HIA) which has informed the approach and methodology of this HIA. There is no statutory methodological guidance for carrying out an HIA, but a number of best practice documents have also influenced this report.

1. Public Health England (2017) Spatial Planning for Health
2. HUDU Health Urban Planning Checklist 2017.
3. Wales Health Impact Support Unit checklist
4. Marmot Strategic Review of Health Inequalities in England post 2010 'Fair Society Healthy Lives'.

1.8 This Extended Screening Report HIA provides the following:

- Description of the development.
- Method statement.
- Local health profile.
- Summary description of the determinants of health and how they affect health.
- Impact assessment, including policy context, who is affected, how and when.
- Mitigation proposals.
- Recommendations.

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<sup>2</sup> See also para 96 in relation to open space and recreation

<sup>3</sup> See also para 95

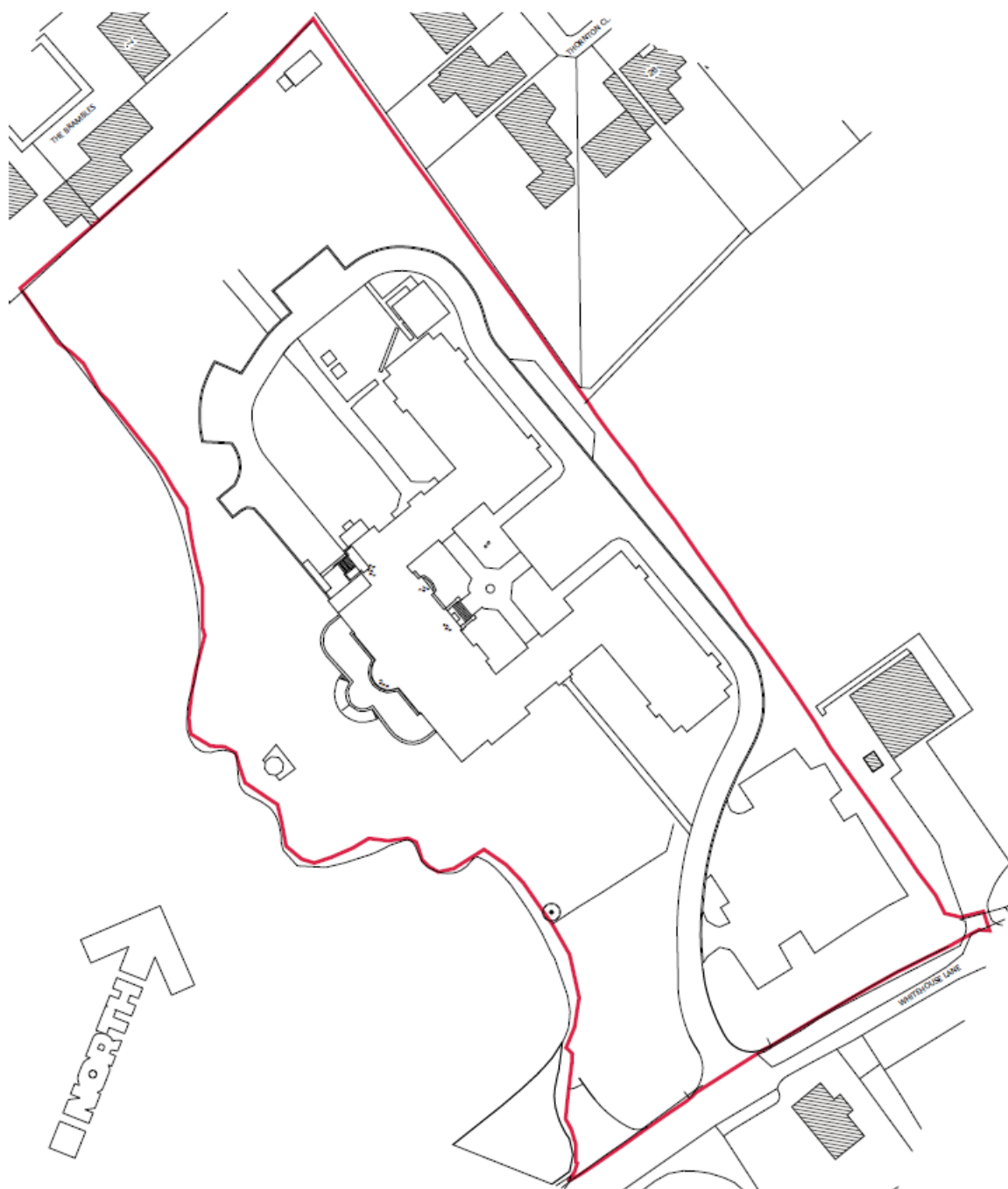
<sup>4</sup> Reinforced in para 92



## 2.0 Development Context

### Site description

- 2.1 South Cambridgeshire District Council are the relevant planning authority with jurisdiction over the application. The majority of the site lies within the jurisdiction of South Cambridgeshire District Council (“the Council”). However, the site’s access extends into Cambridge City’s jurisdiction.
- 2.2 The site is located on Whitehouse Lane, on the edge of Girton, some 1.5 miles from the centre of Cambridge. The plan below shows the site location.



- 2.3 The site measures approximately 1.39 hectares, comprising the existing Felix Hotel building and its associated parking, access, and landscaped grounds. The site is accessed from the south-east via a circa 5.5m wide bellmouth adjoining Whitehouse Lane off Huntingdon Road (A1307).
- 2.4 The existing building (1,717m<sup>2</sup>) comprises an original Victorian house with later extensions in the form of single storey and two storey wings to the side and rear and a separate office building. The remainder of the site is surfaced with a combination of soft landscaping, asphalt roadways and paved/gravel footpaths. The southeast of the site is currently occupied by a hard surfaced carparking area. The hotel's main car park is located within the eastern extent of the site, adjacent Whitehouse Lane.
- 2.5 The building is set in landscaped grounds, featuring a variety of trees. The site is well-enclosed with mature tree belts to all its boundaries.
- 2.6 In terms of heritage assets, the site does not comprise any Listed Buildings, nor is it within or near to a Conservation Area. A Significance Assessment prepared by Bidwells considers the existing hotel building to have a low-level historic value.

## Neighbouring Uses

- 2.7 To the east of the site, lies Whitehouse Lane, with a mixture of two and three storey commercial and residential buildings beyond, along with National Institute of Agricultural Botany (NIAB) offices and labs. To the north and west of the site, feature the rear gardens of residential properties fronting onto Thornton Close and The Brambles. To the south of the site, lies a parcel of private grassland fronting onto Huntingdon Road, owned by Anglia Ruskin University.
- 2.8 The following aerial photograph illustrates the location of the site within the surrounding context.





- 2.11 There are a number of local amenities and services located within Girton, including a local Coop, pharmacy, two churches (Baptist and Church of England), primary school, three nurseries several pubs and restaurants, recreation ground, multi-use games area, tennis club, sports pavilion, two community centres, allotments, bowling green, publicly accessible open space, and woodland and doctors surgery (Satellite of Huntingdon Road Practice). Eddington, to the south of Huntingdon Road offers a supermarket, Argos (with collection point) bakery / café, community centre, nursery and primary school and a local centre in which most units are as yet unlet. Darwin Green will also include a full complement of social infrastructure once built, including a library, as described earlier.
- 2.12 Locally, care home provision is provided at Arlington Manor in Girton, an 85-bed care home offering residential nursing and dementia care. It includes a community café and gardens on site and has sponsored development of a sensory garden adjacent to the site. Adjacent is Girton Green, a 76-home retirement village on 1,2 or 3 bed properties for sale or rent. Facilities include a spa, gym, pool, jacuzzi, sauna and steam room. Details of existing and planned provision in the district is provided in the Carterwoods Care Home Assessment.
- 2.13 Local social infrastructure provides a wide range of opportunities for socialising and learning, including a Memory Cafe run (once a month) from the community hall in Vincent's Close.
- 2.14 A wide range of employment opportunities can be found close by in this social infrastructure, NIAB (agritech research), Girton College, Wellbrook Way Industrial Estate and (mix of office and industrial premises), as well as construction jobs on Darwin Green and Eddington.

## **Access**

- 2.15 The proposed development would continue to be served from the existing vehicle access point adjoining Whitehouse Lane enabling comfortable access for emergency vehicles. Pedestrian access to the site would be served from a 1.5m wide footway flanking the southern side of the site access, tying in with the existing footway flanking Whitehouse Lane. Further details are in Transport Statement
- 2.16 The 'Lawrence Weaver' bus stops (northbound and southbound) are situated on Whitehouse Lane c.280m to the south of the site. The stops are served by the No.5 Citi and No.6 Citi buses which provide frequent services to Cambridge City Centre.
- 2.17 Cambridge railway station is situated c.4.5km to the north of the site and is accessible by bus or cycle.
- 2.18 There are no Public Rights of Way within the site. However, Public Footpath 39/48 runs north-south along Whitehouse Lane immediately adjacent the site and crosses over the site access. Northwards, Footpath 39/48 divides into Footpath 135/5, which runs north-eastwards towards Histon Road and Footpath 99/13, which runs circa 250-300m from the northern boundary of the site, east-west along the northern boundary of the Howes Sports Ground connecting into Thornton Close.
- 2.19 Huntingdon Road also forms part of Sustrans National Cycle Route 51.

## Local Environmental Conditions

- 2.20 The site lies in Flood Zone 1 with the lowest probability of flooding and therefore is suitable for residential development (as shown on the Environment Agency's Flood Map for Planning).
- 2.21 The site lies within Landscape Character 2A Fen Edge: Western Fen Edge. A Tree Preservation Order (Number 27/03/SC) covers some individual trees and grouping of trees located on the site's peripheries.
- 2.22 There are no County Wildlife Sites (CWS) or statutory protected sites that are likely to be impacted due to the proposed development

## 3.0 Proposed Development

- 3.1 It is proposed to submit a full planning application to demolish the existing buildings and construct a new 80bed care home with associated car and cycle parking and new landscaping. The site layout plan for the proposed development is in **Appendix 1**.
- 3.2 The Design Statement prepared by Carless & Adam accompanies the planning application explains the design principle of the proposals. A brief summary is provided here.
- 3.3 The care home will comprise a new circa 4,645m<sup>2</sup> (GIFA) purpose-built two and half storey building set around an internal courtyard, providing 80 en-suite bedrooms, communal and servicing areas, including a dementia centre of excellence.
- 3.4 The ground floor comprises 40 bedrooms with resident gardens, communal and service areas. A range of communal amenity spaces distributed throughout the house include, a central hub focused around a 'Great Room' for communal dining / lounge, orangery, library, arts and craft room, a dedicated wellbeing centre with SPA, hair and beauty salon, residents kitchenette reception and waiting area.
- 3.5 The first floor features a state-of-the-art dementia excellence learning centre and spa, along with an additional 40 en-suite bedrooms. Further service areas are located on the top floor within the roof space.
- 3.6 Staff will have access to dedicated changing and shower rooms with lockers.
- 3.7 Residents will have access to large landscaped communal garden, central courtyard and first floor roof terraces. Ground floor residents have small private gardens accessible from their bedrooms. 'Green' views towards the front of the site and towards the back and side gardens are visible from communal areas and all bedrooms.
- 3.8 28no. car parking spaces, including two disabled bays located adjacent the main entrance, are proposed. Cycle parking spaces will be provided within a secure and covered store adjacent the main entrance.
- 3.9 A palette of traditional materials currently present on the site, these being buff brick with stone detailing to windows and door openings, would be repeated in the new proposal, to retain a distinctive architectural character.
- 3.10 A high-quality landscape strategy is proposed to further soften the impact of the proposed new buildings and associated car parking and access. The indicative Site Plan shows an idea of how new hard and soft landscaping can be integrated into the proposals. However, a fully detailed landscaping scheme will be submitted at the planning application.
- 3.11 The current proposals include the planting of 1km of hedgerows, the seeding of 0.43ha of wildflower meadow, the establishment of fruit trees as a small orchard and the provision of bat, bird and invertebrate boxes, all of which are encouraged by the Natural Cambridgeshire Local Nature Partnership (Developing with Nature Toolkit).

- 3.12 Landscaping has been specifically designed for the needs of elderly and dementia patients having reference to specification from KYN dementia specialist Caroline Inch. The landscaping brief is based on experience, resident's needs, evidence based best practice<sup>5</sup>. It sets objectives for each sense based on an overall vision:

*“to create a garden for residents to be immersed in a space that reaches all their senses. In line with our body mind and soul, we will use our dementia sensory gardens to improve residents' physical, emotional, mood, and cognition. For KYN our sensory garden is a space which has been designed to stimulate all the senses and we will engage the residents' feelings of sight, smell, touch, taste, and sound. We want KYN residents to sit in their garden and become immersed in all the surroundings. Touching every sense, residents can listen to all the sounds of nature; the bees are buzzing, the birds singing, the sounds of the wind rustling through plants, and soft wind chime perhaps, whilst engaging is conversation and activity in the garden.”*

Source: KYN

## **Dementia Research Centre**

- 3.13 Dedicated space for a dementia learning centre is provided on the first floor of the proposed development (See Appendix 1), which includes hot desks, meetings, observation and consultation rooms. The facility helps deliver KYN's Dementia Strategy:

*“With individualised care at the forefront of our values, we will develop our partnerships with Health and Wellbeing institutes, local hospitals, clinicians, voluntary organisations, and research centres to share our knowledge and strengthening the networks of support available to those affected by dementia.*

*We will establish and build links to support people with dementia and their families in our surrounding communities. The process of this engagement will allow KYN to share its expertise, providing the community with information, advice, and support. Led by our Head of dementia, our General Manager, our life-enriching activity manager and our KYN dementia care champions, each one of our homes will organise these knowledge exchange services. We will do this via formal and informal networking, including the following initiatives:*

- Welcoming community members to our monthly private members' memory care club*
- Offering advice and support*
- Involving family members in research projects*
- Delivering informative dementia seminars*
- Providing educational talks and interactive learning sessions*
- Organising webinars*
- Supporting the development of self-care strategies for family members*
- Raising awareness of the support services available to families, friends, and people with dementia.*
- Informing families about the behavioural aspects of dementia.*
- Providing tailored care skills training to families*

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<sup>5</sup> [www.scie.org/dementia/supporting-people-with-dementia/dementia-friendly-environments/gardens.asp](http://www.scie.org/dementia/supporting-people-with-dementia/dementia-friendly-environments/gardens.asp)

*We are passionate about using our expertise and knowledge to provide in-depth, relevant information and support that can help our families and local communities to better understand the condition and what to expect when caring for people with dementia. KYN recognise that this kind of support may be needed at any stage of dementia, depending on individual needs and circumstances, but feel it should be available for any person affected by dementia. Our strategy informs that KYN homes will connect across the community, supporting all who are affected by dementia.*

- 3.14 KYN have already reached out to neurologists at Addenbrookes and other providers of dementia facilities locally such as the Girton Memory Café. The centre will provide research to help train professionals, outreach to the local dementia community (including those with dementia, carers, voluntary service providers) as well as the general public to provide support and raise awareness of the challenges of living with and caring for someone with dementia.

### **Development Timeframe**

- 3.15 It is anticipated that the construction of the Proposed Development will take 80 weeks following the appointment of a contractor, of which the first 6-8 weeks would focus on demolition. Occupation of the site will reflect demand, but it is anticipated that full occupancy will be in place within 18-24 months of opening.
- 3.16 Once fully occupied, the Site will be a residential location within the village of Girton, open to the visitors and guests.

### **Policy Context**

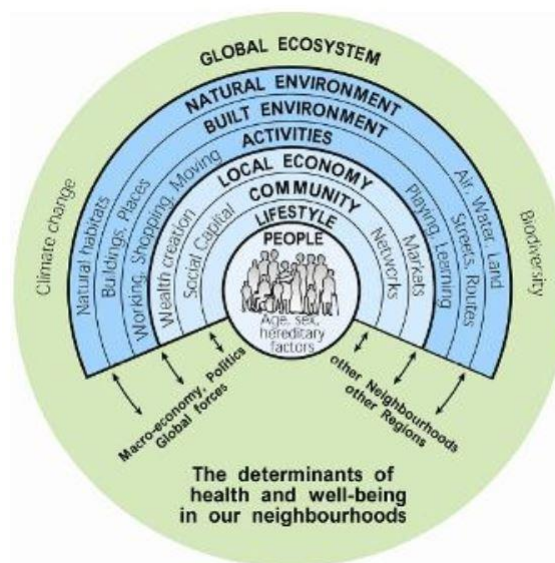
- 3.17 Health and wellbeing is a central tenet of a broad array of national, sub regional strategies, and local policies reflecting the inter-relationships between all types of land use, activities, and wellbeing. There is a growing appreciation of the benefits (and costs savings) that can be generated to UK Plc if opportunities for healthy living are made available to resident and working populations.
- 3.18 A review of the local policy context (Appendix 3) reveals priorities across public health organisations that support the proposed development. Including:
- Supporting older people – Cambridgeshire Health and Wellbeing Strategy.
  - Providing elderly appropriate housing – SCDC Housing needs strategy.
  - Community centred approach to health and wellbeing- Public Health England (PHE) 2015.
  - Fostering health in homes and buildings - NHS Health New Towns.
- 3.19 SCDC health policy priorities include: Obesity (including increasing physical activity and healthy eating), mental health (including relation to obesity and social inclusion / new growth), older people (increasing independence and reducing falls).



## 4.0 Methodology

### Approach to HIA

- 4.1 The World Health Organisation (WHO) (2) defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.” Implicit in the definition is the notion that there are both positive and negative elements of health.
- 4.2 It is widely accepted that there are direct impacts on health, such as illness, but that health and wellbeing is also influenced by a package of determinants relating to the wider environments in which we live, work and play, as shown in the diagram below. Our assessments look at factors in each of these environments and assesses how they work individually or together to generate health and wellbeing.



Source: Dahlgren and Whitehead 1991

### Purpose of the HIA

- 4.3 HIA aims, objectives and processes are set out in the HIA SPD (2011) and have guided this assessment. They are to:
- Assess potential positive and negative health and well-being impacts of development on planned and new communities and adjacent existing communities;
  - Highlight any potential differential distribution effects among groups; and
  - Suggest actions / measures to minimise potential negative impacts and maximise potential positive effects, with reference where possible to the most vulnerable groups.

## Screening

- 4.4 The Proposed Development meets the development thresholds in Policy SC/2 in the Local Plan which trigger the preparation of an extended screening or rapid HIA. The development will have an impact on the local population and the design process provides opportunity for the HIA to influence the proposal.

## Scoping

- 4.5 A combined screening and scoping checklist was prepared to identify which health impacts should be scoped into the HIA. The likelihood of a health impact arising from the Proposed Development on each of the objectives in the Checklist was discussed with technical consultants and client team. Approaches were made to the local GP practice, but no discussions have yet been had. Public consultation responses were also reviewed. Where there was a likely health impact, but it is regulated by other compliance mechanisms, these impacts were scoped out of the HIA.

## HIA- Extended Screening

- 4.6 In line with guidance in the SPD for HIA, this assessment of impacts takes the form of an extended screening process. It is based on:
- A **local health profile** giving a detailed understanding of the context within which the development will take place and a baseline against which the impact of the Proposed Development can be assessed.
  - An **assessment of the wider determinants of health** relating to issues listed in Table 1.1.
  - **Local policy** which sets the context within which impacts are assessed, drawing on local and topical policy documents (Appendix 3).
  - **Engagement with local stakeholders** including residents, ward councillors and the parish council helped to develop a local place with local needs in mind. This included online public events, meetings, website engagement, pre-application meetings with planning officers and attendance at design and access panel. Full details of consultation are provided in the Statement of Community Involvement which accompanies the planning application.
  - Where impacts are identified, **mitigation measures and recommendations** that are proportionate and could be reasonably undertaken are proposed. Proposals seek to balance any conflicts reducing negative impacts without compromising the benefits.
  - **Recommendations for the monitoring** of future health impacts have been considered where interventions could reasonably be expected to have a meaningful impact.
  - An evaluation of the HIA process will be undertaken on its completion, to better understand the process and ensure that lessons are disseminated across the project team, to encourage future successful HIA that meet the standards required at SCDC.

## Limitations

- 4.7 The most recent data sources have been used, but some data, such as the 2011 Census, is likely to be “out of date” to a degree but remains the best data available. The broad range of determinants of health generates a comprehensive picture of health, however the interplay and

cumulative impacts of such a diverse array of factors often makes it difficult to identify the significance of anyone factor. Causality of impacts is considered particularly in relation to recommendations.

- 4.8 Communications and availability of health professionals has been affected by the COVID-19 pandemic. Where possible alternative arrangements have been made and engagement with stakeholders will continue to be sought.

## The HIA Team

- 4.9 This HIA has been led by Bidwells LLP on behalf of Cassel Hotels (Cambridge) Ltd. Technical input is provided by the wider project team as listed in Table 4.1.

**Table 4.1 Technical and Design Documents referred to in producing the HIA**

DOCUMENT/DRAWING	REFERENCE/ DATE	AUTHOR
Site Location Plan	A-846 06A	Carless & Adams
Existing Site Plan	A-846 05A	Carless & Adams
Existing Elevations	A-846 23A	Carless & Adams
Proposed Site Plan	A-846 04A	Carless & Adams
Proposed Main Elevations	A-846 21A	Carless & Adams
Proposed Courtyard Elevations	A-846 22A	Carless & Adams
Proposed Ground and First Floor Plan	A-846 11A	Carless & Adams
Proposed Second and Roof Floor Plan	A-846 12A	Carless & Adams
Landscape General Arrangement Sheet 1 of 2	LD-PLN-200 A	LUC
Landscape General Arrangement Sheet 2 of 2	LD-PLN-201 A	LUC
Planning Statement	February 2021	Bidwells
Statement of Community Involvement	February 2021	Marengo
Care Home Needs Assessment		Carterwood
Design and Access Statement		Carless & Adams
LVA and Green Belt Assessment		Bidwells UDS
Heritage Statement		Bidwells Heritage
Health Impact Assessment	February 2021	Bidwells Socioeconomics
Transport Statement	November 2020	Bright Plan
Framework Travel Plan	November 2020	Bright Plan
Flood Risk Assessment Drainage Strategy		ARC
Phase 1 Geo-Environmental Desk Study	December 2020	Solmek
Phase 2 Geo-Environmental	December 2020	Solmek

DOCUMENT/DRAWING	REFERENCE/ DATE	AUTHOR
Tree Survey Constraints Plan		Hayden's
Arboricultural Implications Assessment		Hayden's
Energy Strategy Statement	February 2021	Harniss Consulting
Utilities Assessment	February 2021	Harniss Consulting
Ventilation/Extraction Statement	February 2021	
Ecological Assessment	October 2020	Ecology Solutions
Biodiversity Net Gain Report	February 2021	Ecology Solutions
Noise Assessment (need policy updating)	6 <sup>th</sup> January 2021	Sharpes Redmore
Lighting Report		Foundry
Archaeology Report		Andrew Josephs
Sustainability Strategy		Hoare Lea

## Governance

- 4.10 The HIA was commissioned by Cassel Hotels (Cambridge) Ltd, the applicant. Their input (operations, development and human resource directors), has been sought to clarify matters relating to technical inputs and gain consensus in the assessment and recommendations.

## Consultation

- 4.11 Full details of the consultation process are provided in the Statement of Community Involvement (SCI) submitted with the Planning Application<sup>6</sup>. While there were no specific issues relating to health raised at these events, a number of changes were made to the proposed development design and planned future operation of the home that influence determinants of health. Details are included in the SCI, and in summary comprise:
- On balance the community value associated with retaining an historic building (not listed and a modest example of its type) was outweighed by the requirement for and benefits associated with a DDA compliant building. It was not possible to retrofit the existing building to be DDA compliant, therefore without a new building none of the benefits would be delivered..
  - achieving new regulated carbon emissions would be prohibitively expensive in the existing building, making the project unviable.
- 4.12 In addition, during the pre-application process comments from officers resulted in:
- Modern glazed connections between buildings reflecting the Urban Design Officers recommendations that contemporary architecture would be appropriate;

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<sup>6</sup> Marengo Communications (February 2021) Statement of Community Involvement Hotel Felix Development

- Parking was removed from the access route to be less visually intrusive and encourage active forms of travel; and
- Building was moved away from the northeast boundary to increase light into bedrooms.

The overall scheme was influenced by consultation and establishing relationships with academia and the medical community:

- KYN's long standing engagement and knowledge exchange with Bradford University on person centred framework for dementia care resulted in the combined care and research facility.
- KYN discussions with Dr. Timothy Rittmann (Medical Research Council Clinical Research Training Fellow, University of Cambridge Department of Clinical Neuroscience and practitioner at Addenbrookes) helped develop concept of a dementia café, seminars, education and workshops, which can adapt to the needs of patients / referrals from Addenbrookes, as well as other referral services in the community.
- Discussions between KYN and Richard Dehorse – founder of Girtons memory care café and staff at Caring Together (supporters of carers in the community) established connections and opportunities for engaging with the local dementia community once operational.

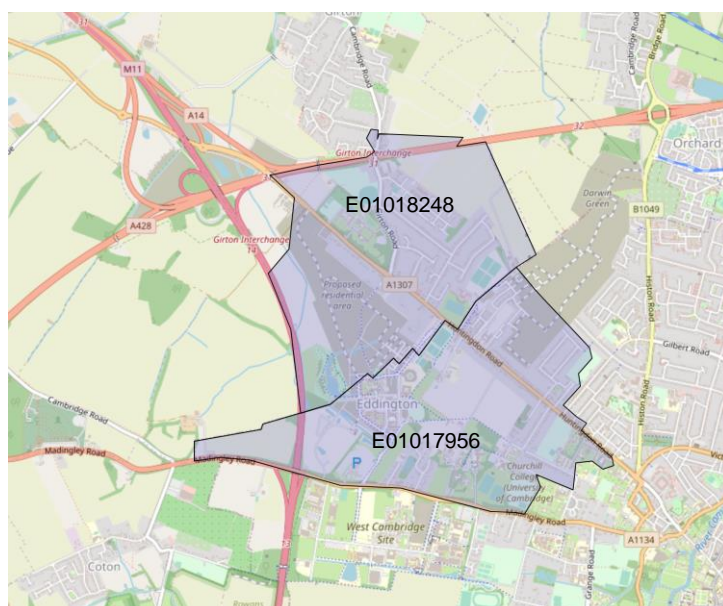
4.13 Consultation and engagement with stakeholders has resulted in design and content changes that improved health and wellbeing for residents and brought new opportunities in relation to the development of elderly care to benefit all in the care sector.

## 5.0 Local Health Profile

5.1 An analysis of the local population has been undertaken to establish a public health profile focused on:

- residents adjacent to the development (an Assessment Area defined by the LSOA<sup>7</sup> E01017956 (Cambridge- part of Darwin Green and Eddington and E01018248 (South Cambridgeshire - part of Girton) District and national comparisons have been made as appropriate.
- District health, and that of patients registered with the local GP practice.
- Health matters relating to the elderly.

**Figure 5.1 Local Assessment Area**



Source: NOMIS

5.2 Findings of note and particularly relevance to the Proposed Development are summarised here

- **Health overall:** Residents in South Cambridgeshire District Council (SCDC) and Cambridge City Council (CCC) are considered to have significantly better health than the national average and have a higher life expectancy than the national average<sup>8</sup>.
- The local LSOA areas have a low percentage of population whose health is bad or very bad and both are lower than Cambridge, county or national levels<sup>9</sup>.
- The proportion of people with a long-standing health condition is substantially lower at the local GP practice (Huntingdon Road Surgery) (43.04%) compared to the proportion within the

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<sup>7</sup> Local Super Output Area

<sup>8</sup> Source: <https://cambridgeshireinsight.org.uk/> as of May 2017

<sup>9</sup> Derived from 2011 Census data.

NHS Cambridgeshire and Peterborough Clinical Care Group (“CCG”) area (50.2%) and at a national level (52.38%).

- Levels of reported day-to-day activities being limited a lot or a little by a disability or long-term health condition is the same in both LSOA’s (8.7%). This is lower than the Cambridge (13.0%), Cambridgeshire (15.3%), and national average (17.6%)<sup>10</sup>.
- There was a total of 38,683 inpatient admission episodes for South Cambridgeshire in 2017/18 (22.8% of Cambridgeshire’s total). This is a better admission rate than the county average<sup>11</sup>.
- **Deprivation Insight**<sup>12</sup> - The 2015 Indices of Multiple Deprivation (IMD) and subsequent 2019 IMD rank South Cambridgeshire as the least relatively deprived authority in Cambridgeshire and Peterborough. Note, scores may have been calculated differently in 2015 and 2019 due to weightings. Other comparisons which can be drawn from the IMD 2019 include:
  - Compared to 2015, Cambridge and South Cambridgeshire rank in the IMD 2019 as more deprived in national terms than previously.
  - Cambridge City has three LSOA’s in the top 20% most relatively deprived nationally (C 006D Abbey, C 006F Abbey and C 001C Kings Hedges). An additional LSOA added in 2019 compared to 2015 is C 001C (Kings Hedges).
  - South Cambridgeshire does not have any LSOAs in the top 20% most deprived nationally.
- The Income Deprivation Affecting Older People Index (IDAOPI)<sup>13</sup> is broadly similar nationally (0.14), within the area of the NHS Cambridgeshire and Peterborough CCG area (0.11) and also at Huntingdon Road Surgery (0.12).
- **Population Insight** - Between 2001 and 2011, Cambridgeshire was the fastest growing county in the UK, and it is expected that this growth will continue, with county population predicted to increase by 25% between 2011 and 2031. There is evidence in both LSOA’s (LSOA E01017956, Cambridge, and E01018248, South Cambridgeshire) that the proportion of older people is rising. However, the proportion of people over 65 years registered at the local GP practice (Huntingdon Road Surgery) is low compared to the CCG<sup>14</sup> area: notably, there are fewer people aged 65-74 years registered at the Surgery but more over 85 year olds, shown in **Figure 5.1**.

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<sup>10</sup> Derived from 2011 Census data.

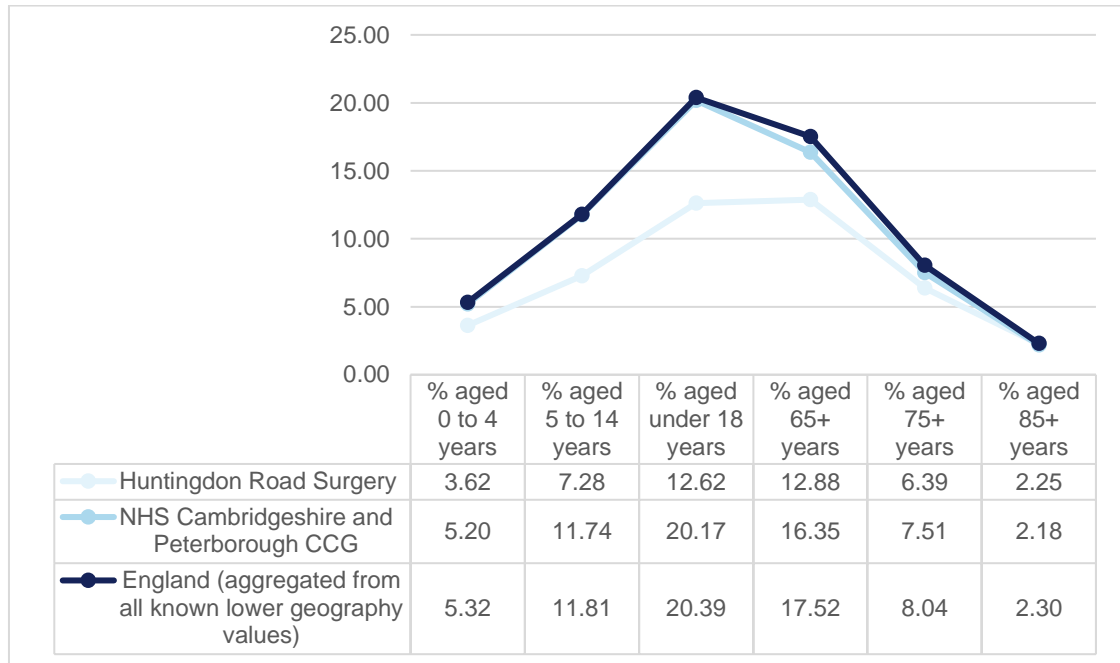
<sup>11</sup> [Cambridgeshire Insight \(2019\) JSNA CDS 2018/19 District Summary – South Cambridgeshire](#)

<sup>12</sup> Cambridgeshire Council and Cambridgeshire Research Group (October 2019). English Indices of Multiple Deprivation 2019: Summary Report, Version 1.0.

<sup>13</sup> The IDAOPI measures the proportion of people aged 60 or over who experience income deprivation.

<sup>14</sup> CCG refers to the Cambridgeshire and Peterborough Clinical Care Group

**Figure 5.1 – Population Percentage by Age and Area (PHE, 2020).**



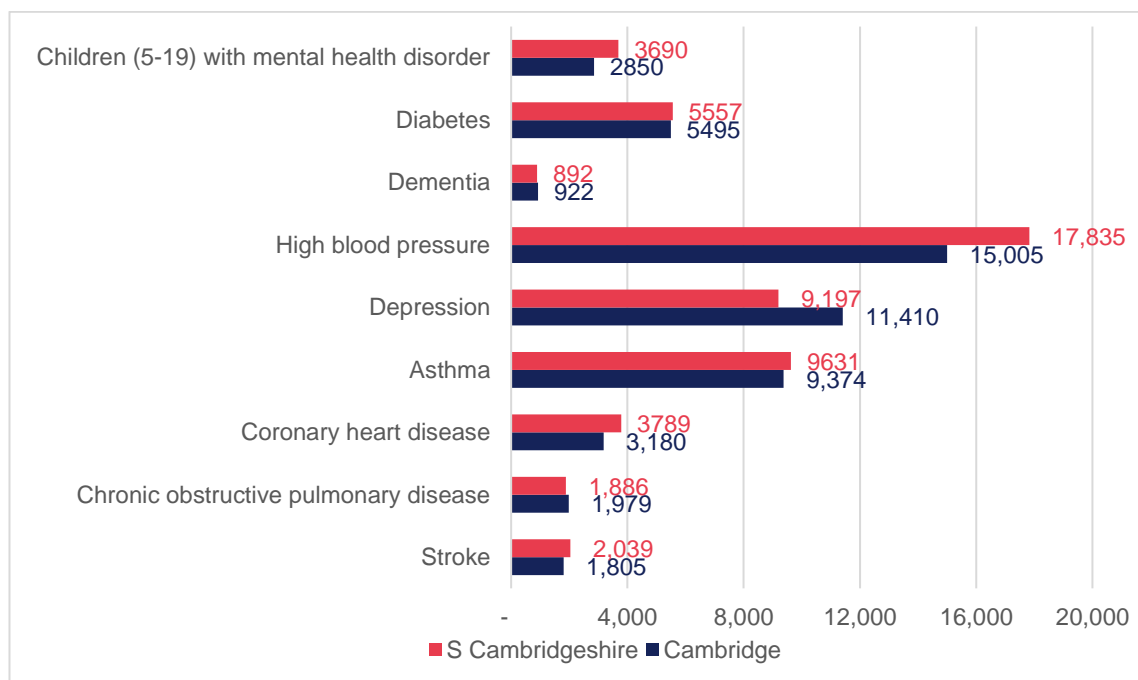
- **Average life expectancy** for both males and females (for the period 2013-2017) is higher than the national average. Men and woman registered at Huntingdon Road Surgery can expect to live on average until 82.2 and 86.8 years, respectively. At the national level men and women can expect to live on average until 79.5 and 83.1 years, respectively.
- **Leading cause of death** - during the period 2013-2017 the leading cause of death in Castle ward was circulatory disease (51 deaths of 161) and cancer within the Girton ward (78 of 225 deaths)<sup>15</sup>. In Cambridge, Cambridgeshire and nationally, the leading cause of death was cancer followed by dementia and Alzheimer disease.
- **Health conditions:**
  - In South Cambridgeshire, the estimated dementia diagnosis rate (aged 65+ years) is statistically significantly lower (worse) than the national average.
  - Public Health England (PHE) data shows that 62.1% adults in Cambridgeshire are classified as overweight or obese (during 2018/ 2019) and 22% are obese (2015). These rates are similar to national levels.
  - In terms of mental health, Cambridge rates of depression, dementia, and learning disabilities are at levels statistically significantly lower than England averages, but levels of Schizophrenia, bipolar affective disorder, and other psychoses are statistically significantly higher than the national rate.
  - In Cambridge the rates of mortality from **cardiovascular disease, dementia and Alzheimer’s** are statistically significantly worse than the Cambridgeshire average for all ages.

<sup>15</sup> Public Health England produced from ONS data (2018). Available online: [https://www.localhealth.org.uk/#c=report&chapter=c17&report=r02&selgeo1=ward\\_2018.E05011294&selgeo2=eng.E92000001](https://www.localhealth.org.uk/#c=report&chapter=c17&report=r02&selgeo1=ward_2018.E05011294&selgeo2=eng.E92000001)



- The only key health indicator (in the district JSNA<sup>16</sup>;) where South Cambridgeshire is not statistically significantly better than the national average is for sickness absence; levels of Sickness absence are statistically similar to the national average in South Cambridgeshire.
- There are other health issues, shown in Figure 5.2, which despite Greater Cambridge's relatively good health, need to be reduced.

**Figure 5.2 Illness in the Population**



- **Carers:** The proportion of people with caring responsibility is substantially lower at Huntingdon Road Surgery (11.46%) compared to the proportion within the NHS Cambridgeshire and Peterborough CCG area (16.44%) and at a national level (16.98%), but nonetheless constitutes many people.
- At LSOA level 8.1% (E01017956 Darwin Green) and 7.6% (E01017956, Girton) provide unpaid care and the majority provide 1-19 hours per week which is comparable with averages in Cambridge, Cambridgeshire and nationally<sup>17</sup>.
- **Employment** - The percentage of the registered patients at Huntingdon Road Surgery paid work or full-time education (77.89%) is substantially higher compared to compared to the CCG area (68.15%) and at a national level (63.71%). Further to this, the percentage of unemployed people at Huntingdon Road Surgery (1.89%) is lower than the percentage within the NHS Cambridgeshire and Peterborough CCG area (3.44%) and at a national level (3.89%). This highlights the high economic activity of Cambridge; in 2017 economic activity in the City of Cambridge was 64% and in Cambridgeshire 72%<sup>18</sup>.

<sup>16</sup> [Cambridgeshire Insight \(2019\) JSNA CDS 2018/19 District Summary – South Cambridgeshire](#)

<sup>17</sup> Derived from 2011 Census data.

<sup>18</sup> University of Cambridge, 2017, Cambridge Innovation in Numbers <https://www.cam.ac.uk/research/innovation-at-cambridge/innovation-in-numbers>

- 5.3 Future disability and disease forecasts 2017-2035 for South Cambridgeshire, based on CCCRG future population estimates, predict a 93.4% increase (% change) in those experiencing certain dementia.

## **Conclusions**

- 5.4 Overall health is very good in the local area and there are comparatively low levels of deprivation. The proportion of older people is rising although at the local area has low levels of 'young' old people (65-85) but higher levels of those aged 85+ relative to district levels. This suggests a relatively high number of people with comorbidity issues and need for residential / nursing care. Mortality rates from dementia and Alzheimer's in Greater Cambridge are worse than the county, as are dementia diagnoses rates. It is anticipated that there will be a substantial increase in the number of people living with dementia over the next 15 years. The data indicates a need for specialist elderly care, improved systems for diagnoses of dementia and greater understanding of how to enhance quality of life for those with dementia.
- 5.5 The assessment indicates that the vulnerable groups in the area include older residents, those with dementia or existing poor cardiovascular and circulatory health, including stroke and heart disease.

## 6.0 Access to Employment

### Health Impacts and Pathways

- 6.1 Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Works aids recovery from physical and mental illnesses. The susceptibility of population to accessing these health benefits relates directly to their suitability for the job. This is influenced by an array of factors, but includes knowledge of opportunity, adequate skills for the job, ease of travel as well as personal attributes.

### Baseline

- 6.2 Greater Cambridge employment profile is dominated the Education, Scientific research and development and Human health activities. The table below lists the top 20 industries providing employment in Greater Cambridge, demonstrating a broad range of local opportunity. Residential care opportunities account for 1.2% of all jobs.

**Table 6.1 Greater Cambridge Employment by Industry**

SIC CODE AND INDUSTRY	GREATER CAMBRIDGE
85: Education	32,000
72: Scientific research and development	20,000
86: Human health activities	18,500
56: Food and beverage service activities	12,500
47: Retail trade, except of motor vehicles and motorcycles	12,000
62: Computer programming, consultancy, and related activities	11,000
71: Architectural and engineering activities; technical testing and analysis	8,000
70: Activities of head offices; management consultancy activities	5,000
46: Wholesale trade, except of motor vehicles and motorcycles	4,250
69: Legal and accounting activities	4,000
78: Employment activities	3,750
84: Public administration and defence; compulsory social security	3,750
88: Social work activities without accommodation	3,750
43: Specialised construction activities	3,200
58: Publishing activities	3,150
45: Wholesale and retail trade and repair of motor vehicles and motorcycles	2,900
68: Real estate activities	2,650
96: Other personal service activities	2,550
<b>87: Residential care activities</b>	<b>2,500</b>
81: Services to buildings and landscape activities	2,400
26: Manufacture of computer, electronic and optical products	2,100
<b>All JOBS</b>	<b>198,685</b>

Source: NOMIS, Business Register and Employment Survey 2019

- 6.3 Recent economic development has focussed on expansion of the globally important biotech, science and technology clusters but there is concern that the subregion continues to provide jobs for those not able to access these highly skilled and qualified jobs.

## Assessment

- 6.4 The proposed development provides access to work through:
- Employment during the construction phase and once the care home is operational. The quantum and nature of construction and operational jobs is set out below along with information on local access to these jobs.
  - The Dementia Research Centre. This will provide training and research into dementia care, helping to upskill the sub regional population and support the voluntary sector.

## Construction Employment

- 6.5 The direct employment effect of the Proposed Development is 12FTE construction jobs.
- 6.6 Some jobs will be taken by residents living outside of Greater Cambridge and be filled by people already in work in the sub regional. But there will also be a multiplier effect from the expenditure and income of the employees. Taking this into consideration, the net additional jobs arising from this £14million development are 13 FTE construction jobs.
- 6.7 Details of this assessment are provided in **Appendix 4**.

## Operational employment

- 6.8 The direct employment effect of the proposed development based on staffing requirements obtained from the future operators of the home show the proposed development provides:
- 103 direct jobs of which 92 are full time and 11 part-time (98 FTE).
  - A broad range of skilled and less skilled occupations: 65% are nursing positions, 35% (including most part-time roles) are non-nursing occupations.
  - Day and night-time shift opportunities.
- 6.9 Roles are set out in Table 6.2.
- 6.10 There is currently no one site employment following the closure of the Hotel Felix in 2020.

**Table 6.2 Onsite Employment**

<b>POSITION</b>	<b>FT</b>	<b>PT</b>	<b>POSITION</b>	<b>FT</b>	<b>PT</b>
<b>Manager</b>	1		<b>Spa staff</b>	1	1
<b>Deputy</b>	1		<b>Hostess</b>		
<b>Administrator / Secretary</b>	1		<b>Laundry</b>	2	1
<b>Nurse</b>	8		<b>Housekeeper</b>	1	
<b>Senior Carer</b>	14		<b>Driver</b>	1	1
<b>Carer</b>	36	2	<b>Domestics</b>	4	
<b>Activities officers</b>	1	1	<b>Maintenance</b>	2	
<b>Head chef</b>	1		<b>Concierge</b>	1	
<b>Deputy chef</b>	3		<b>Home sales admin</b>	1	
<b>Kitchen assistant</b>	3		<b>Hospitality Manager</b>	1	
<b>Bar staff</b>	2	2			
<b>Waiter</b>	7	3			
<b>TOTAL EMPLOYMENT = 92 fulltime and 11 part-time roles</b>					

- 6.11 Some jobs will be taken by residents living outside of Greater Cambridge and be filled by people already in work in the sub region. But there will also be a multiplier effect from the expenditure and income of the employees and the business (e.g. hairdressers, chiropodists, physiotherapists). Taking this into consideration, the net additional jobs are 79 FTE operational jobs.

#### **Accessible Jobs for Local People**

- 6.12 Accessibility relates to both physical access, recruitment processes as well as skills.
- 6.13 Employment at the proposed development is physically accessible to local residents, as well as those further afield, via public transport and active modes of travel. (Details of accessibility are provided in the Transport Statement). In summary, a Travel Plan to ensure most active and sustainable transport options are promoted is being produced and will be offered as a condition of planning consent. Cycling infrastructure will be provided including secure parking, repair station, showers and lockers and staff maybe eligible for cycle to work bike scheme to encourage take up of cycle to work.
- 6.14 Former staff of Hotel Felix will be encouraged to apply for the various job opportunities. The vision of a hospitality and culinary service akin to the very best hotels makes jobs pertinent to the experience of former Hotel Felix employees. The Head of Hospitality of the proposed development was past general manager of The Tamburlaine Hotel, Cambridge so knows the sector well.
- 6.15 KYNs recruitment strategy targets health benefits associated with employment at the proposed development at local residents. Due to the shift pattern of work and desire to protect the health

and wellbeing and work life balance of its employees the KYN actively seeks to recruit local residents for whom the travel to work will not be onerous.

- 6.16 KYN has not yet finalised its reward profile and staff-cost budgets but is planning for wages above the industry standard and other financial rewards such as bonuses and profit share above the market norm.
- 6.17 While some jobs require professional qualifications (e.g. registered nurses), KYN recruitment strategy places great weight on the person being right for the job in terms of their attitude, approach and fit within the team. Where necessary, on the job training for many roles will be provided if the right person comes.
- 6.18 Working with Cambridge Regional College Head of Faculty, the applicant will also be working with the college to support students through the learning process as well as reaching out to the hoteliers network in Cambridge to support in the development of team members within the sector.

## **Conclusion**

- 6.19 The proposed development provides 115 onsite jobs of which 92 are anticipated to be a net increase in local jobs. While the construction jobs will be temporary, the operational jobs are permanent roles. The mix of full and part time opportunities, diversity of roles, operator's commitment to on the job training and a locally focused recruitment strategy maximises the potential for local people to access these jobs, and provides a high level of certainty to delivery of employment related health benefits.
- 6.20 In addition to onsite jobs the Dementia Research Centre there is a high level of certainty that the development will provide training and research into dementia care, helping to upskill the sub regional population and support the voluntary sector.

## 7.0 Healthy Work Environment

### Health Impacts and Pathways

- 7.1 Within a care home setting health risks arise from spread of infection (e.g. COVID-19) physical risks (e.g. slips and trips), personal safeguarding (violence from residents), work related stress, the general work environment and general welfare, all of which are impacted by health and safety procedures.
- 7.2 Health and safety concerns in a care home are legislated for in the Health and Safety at Work etc Act 1974 and Management of Health and Safety at Work Regulations 1999. Guidance on health and safety in care homes is provide by the Health and Safety Executive and the Care Quality Council
- 7.3 Staffing – patient ratios: The Royal College of Nursing reports a growing body of research evidence showing nurse staffing levels make a difference to patient outcomes (mortality and adverse events), patient experience, quality of care and the efficiency of care delivery. In the care home setting recurrent short staffing results in increased staff stress and reduced staff wellbeing, leading to higher sickness absence (needing more bank and agency cover), and more staff leaving. All of which impact on the cost and quality of care provision.

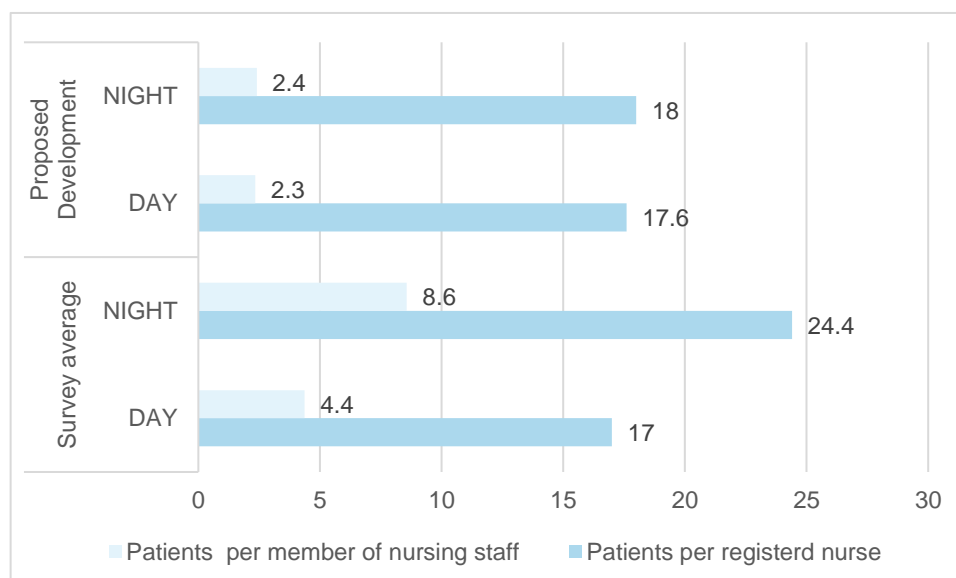
### Baseline

- 7.4 It is beyond the scope of this study to research conditions within other local care homes. For these factors, a qualitative judgment of health impacts is made on the basis of the overall approach to care in the proposed development. Baseline benchmarks for staffing are provided in the following assessment.

### Assessment

- 7.5 There is lack of advice on staffing levels and indeed there are many fluctuating factors which determine staffing needs. Staffing levels in the proposed development will equal or exceed the average levels evident in RCN surveys<sup>16</sup>, as shown in Figure 7.1.
- 7.6 The operators will use a regulatory approved staffing / resident dependency tool adjusted for the high level of care required particularly for dementia patients. This is a starting point and will be reviewed regularly to take account of the nature and volume of care needs (patient dependency) and the latest best practice guidance.

**Figure 6.1 staffing levels**



*NB: assumes occupancy rates of 88% daytime and 90% night-time in line with the survey results and staffing of the proposed development refers includes RCN nurses, senior carers and other care team staff.*

## COVID-19

- 7.7 Government advice on precautions to protect residents and staff from COVID-19 infection will be followed.

## Healthy Building

- 7.8 Air conditions inside the development have been assessed in the Ventilation Strategy and measures put in place to ensure healthy air conditions for all, which exceed building regulations.
- 7.9 Odour: KYN will develop their own scent for dispensers in the communal areas and positively pressurise corridors to inhibit pervasiveness of odour. Impervious carpets and a proper cleaning regime will be installed to help prevent odour. In bedrooms floor illumination helps guide residents to en-suite facilities.
- 7.10 Thermal control: all communal spaces are air conditioned and bedrooms are heated by radiators which can be individually controlled.
- 7.11 Sustainable light: all bedrooms have large windows enabling light in and residents to see out into the gardens.
- 7.12 Noise: the Acoustic Statement concludes that required indoor noise levels can be achieved through the proposed good acoustic design measures.



## Conclusions and recommendations

- 7.13 Health And safety legislation will provide the checks and set standards for a healthy work environment. The proposed development includes design features which contribution to healthy living and working conditions and generous above average staffing ratios mitigate against risks of work-related stress.
- 7.14 On this basis, the assessment judges that there is high level of certainty that the local community will have access to a healthy work environment that can prevent physical and mental health conditions.

## 8.0 Access to social infrastructure and social capital

### Health Impacts and Pathways

- 8.1 Among older adults' social isolation is a "serious public health concern" because of their heightened risk of cardiovascular, autoimmune, neurocognitive, and mental health.
- 8.2 Among dementia carers (those within a private home setting), research suggests a lack of services is significantly related to carer stress.<sup>19</sup>
- 8.3 Homes which are well located with respect to services and amenities bring opportunities for social interaction, community development and development of social capital (personal relationships, social network support, civic engagement (the actions and behaviours that can be seen as contributing positively to the collective life of the community or society) and trust and co-operative norms that shape the way people behave towards each other and as members of society.
- 8.4 Research indicates there is a strong causal link between an individual's level of social capital and their general level of health<sup>20</sup>. Where there is strong social capital there is likely to a more supportive community environment and community action can be achieved. Research reviewed by the Kings Fund shows:
- A person's social networks can have a significant impact on their health. One largescale international study showed that over seven years, those with adequate social relationships had a 50% greater survival rate compared with individuals with poor social relationships (Holt-Lunstad et al 2010). Social networks have been shown to be as powerful predictors of mortality as common lifestyle and clinical risks such as moderate smoking, excessive alcohol consumption, obesity and high cholesterol and blood pressure (Pantell et al 2013; Holt-Lunstad et al 2010).
  - Social support is particularly important in increasing resilience and promoting recovery from illness (Pevalin and Rose 2003).
  - Lack of social networks and support, and chronic loneliness, produces long-term damage to physiological health via raised stress hormones, poorer immune function and cardiovascular health. Loneliness also makes it harder to self-regulate behaviour and build willpower and resilience over time, leading to engagement in unhealthy behaviours (Cacioppo and Patrick 2009).

### Baseline

- 8.5 Residents of the proposed development will be in need of 24-hour nursing care and will mostly rely on the facilities within the care home, as described in Chapter 3. As it is not known exactly

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<sup>19</sup> Stirling, C., Andrews, S., Croft, T. et al. (2010). Measuring Dementia Carers' Unmet Need For Services - An Exploratory Mixed Method Study. BMC Health Services Research 10, 122

<sup>20</sup> WHO (2012) Is social capital good for health? A European perspective

who will be resident in the home it is not possible to assess their existing access to social infrastructure.

## Assessment

- 8.6 The proposed development provides the following pathways through which residents social interaction and social capital can be maintained and developed:
- Specialist living accommodation, in an area where there is known need for nursing and dementia care, enables residents to remain local and maintain their social networks.
  - Residents have access to a wide range of socialising opportunities within the development including communal areas such as the Great Hall, spa, arts and craft room, cinema, kitchen facilities to enable those more able to entertain guests.
  - The operator will provide a varied programme of activities bringing people into the residential setting for entertainment and socialising.
  - Gardens provide a range of spaces for social interaction.
  - The dementia research centre will include specialist facilities and provide services such as dementia Memory Club offering support and socialising opportunities for those with dementia and their carers.
  - While it is not anticipated that many residents will be able to or desire to travel outside the care home, for those that are able and willing there are range of local facilities in neighbouring Girton, Eddington, Darwin Green and Cambridge (summarised in Chapter 3).
  - The development is located within a community that has opportunities for intergenerational engagement and the operator is establishing appropriate links with the community.
- 8.7 Social capital of the wider community will also be enhanced through:
- use of the Great Hall - planned events rather than general public access.
  - The dementia research centre bringing together researchers and medical staff.
  - Facilities and events that support at home carers of older people with dementia.
- 8.8 Residents were able, will be able to use other offsite facilities and transport will be provided.

## Conclusion

- 8.9 The proposed development is designed and located to provide residents with an extensive range of opportunities for social interaction and engagement with the wider community. There is a high level of certainty that this will prevent loneliness, support the mental health of residents and help to reduce associated physical illness.
- 8.10 Community outreach events will provide support for those with dementia and their carers helping to reduce stress.

## 9.0 Access to health and social care services

### Health Impacts and Pathways

- 9.1 Timely access to a comprehensive range of health facilities provides health benefits in terms of treatment of illness and preventative care.

### Baseline

- 9.2 Residents will be the catchment for GP and associated services at Huntingdon Road Surgery which has a satellite surgery in Girton. The closest hospital services are provided in Cambridge at Addenbrookes and Papworth hospitals. The nearest pharmacy services are provided Rowlands Pharmacy (Histon Road- 1.3miles from site) with numerous others in Cambridge and neighbouring villages.
- 9.3 Huntingdon Road Surgery has 19,347 registered patients significantly higher than the CCG average of 11,616<sup>21</sup>. It has 8.8FTE GPs (12 headcount) and 4.7 FTE nurses (7 headcount)<sup>22</sup>. The practice is accepting patients.

### Assessment

- 9.4 Most care home residents are aged and live with multiple co-morbidities including dementia and frailty. General practice provides medical services to care homes and studies show that care homes can significantly increase the workload of GPs. The applicant has sought discussions with Huntingdon Road GP practice but, at the time of writing, no discussions have yet taken place.
- 9.5 Relationships between GPs and care homes vary, and it will be important to the quality of care residents receive to:
- explore opportunities for residents who live locally to retain services from their existing GP.
  - clarify the GP practice approach to proactive visiting - i.e. GPs working with the care home operator to enhance quality of care, GP visits and reduce unscheduled hospital admissions.
  - Consider how best to organise the primary care based on patient outcomes and experience.
- 9.6 The proposed development provides the following services and facilities that can positively impact the demand for health and social care services:
- 24-hour nursing care which will reduce pressure on district nurse services

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<sup>21</sup> Public Health England (searched 02/2021) <https://fingertips.phe.org.uk/profile/general-practice/data>

<sup>22</sup>Public Health England (searched 02/2021) <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/31-december-2020>

- The concentration of elderly in one location enables efficient scheduling of GP and other health and social service visits including pharmaceutical distribution, reducing the number of trips and time associated with each patient.
- High quality residential accommodation. Research shows that high quality housing delivers improved social outcomes among older adults, reduced injury among older adults and improved general physical and mental health. Generally, health outcomes include reduced risk of CVD, cancer, obesity and type 2 diabetes, keeping muscular skeleton system health, promoting mental well-being.<sup>23</sup> The home is designed specifically to ensure safety of its residents.
- In house staff that can aid elderly patients with remote services, which have been common practice for most health services during the COVID-19 pandemic and are likely to remain a feature of future service provision.
- Inhouse transport services and accompanying staff to enable older people to more easily access health services outside of their home.

## Conclusion and Recommendations

- 9.7 Inhouse transport services and staff chaperoning will enable residents to access health and social care beyond the home. The ease of access to care will reduce stress and ensure take up of health services which is likely to have a positive impact on health outcomes.
- 9.8 The proposed development offers facilities and staff that will potentially reduce demand on some external health and social care services, as compared to 80 individuals in separate residents seeking services. Thus, conserving health care resources for other patients and potentially improving their health outcomes.
- 9.9 Overall, the certainty of timely access to comprehensive range of health facilities is uncertain. Further engagement is required with local GP practice(s) to agree the model of general practice care to ensure equitable and high-quality care. This should be a condition of planning consent. An appropriate care plan should generate high levels of certainty of the health benefits.

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<sup>23</sup> HUDU 2017 Healthy Urban Planning Checklist

# 10.0 Access to green infrastructure

## Health benefits and pathways

- 10.1 Green infrastructure refers to areas of green space, planting, and woodland environments. Benefits have been broadly categorised by the three pathways by which benefits are gained:
- Induced feelings of relaxation and reduced stress.
  - Facilitation of social interaction and social capital.
  - Stimulates physical activity.
- 10.2 Benefits accrue to individuals as open space (and allotments) offer a ‘therapeutic landscape’.<sup>24</sup> Interaction and visual connection with nature has been proven to benefit people by:
- Lowering blood pressure and heart rate reducing the hormones linked to stress.
  - Positively impacting perceptual and physiological sense of wellbeing and tranquillity, enabling positive thinking.
  - Impacting the Circadian system, the clock in the body, that enables good sleep, digestion and healthy hormone production
- 10.3 Studies have shown indoor gardening and horticulture programs in residential settings for older adults are effective for cognition, psychological wellbeing, social outcomes and life satisfaction.<sup>25</sup>
- 10.4 Research also suggests that short frequent walks in blue spaces, including near fountains, may have a positive effect on people’s wellbeing and mood.<sup>26</sup>
- 10.5 Allotment gardening brings physical benefits as well as lower levels of fatigue, depression, anger, tension, higher levels of self-esteem, better general health and lower body mass index<sup>27</sup>. The research findings are so significant that the authors conclude that allotment gardening could be used as a preventative health measure promoting mental well-being. These benefits rise from induced feelings of relaxation associated with being in green spaces and the stimulation of social contact and development of social capital.

## Baseline

- 10.6 Given the nature of the services provided at the development, the majority of residents moving in are likely to have limited independent personal mobility. The average age is expected to be

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<sup>24</sup> Global Urban Research Unit (2012) Electronic Working Paper No 47, The Social Health and Wellbeing benefits of Allotments.

<sup>25</sup> Yeo N, Elliott L, Bethel A, White M Dean S, Garside R (2020) The Gerontologist, Volume 60, Issue 33, April 2020 p 184-199,

<sup>26</sup> Study led by Barcelona Institute for Global Health as reported by Exeter University (8 July 2020) <https://www.exeter.ac.uk/cornwall/news/articles/walkingalongbluespacesuc.html>

<sup>27</sup> Wood, Pretty and Griffin (2015) A case-control study of the health and well-being benefits of allotment gardening published in the Journal of Public Health Oct 2015

around 86 years. Therefore access to green infrastructure will be more dependent on the individual's mobility than open space provision. It is therefore assumed the baseline level of access to green infrastructure is limited.

## Assessment

- 10.7 The proposed development provides a comprehensive palette of green spaces specifically designed for the needs of the residents. The gardens are sensitively designed with a series of spaces and routes. The design is set out in detail in the Landscape Strategy and key components of the infrastructure are shown in Appendix 4. They include:
- Central courtyard for sitting and walking.
  - Terraces for relaxation and gardening accessed from all ground bedrooms.
  - Shaded terraces adjacent to the building for social interaction of relaxation.
  - Communal gardens and greenhouses featuring raised beds accessible for wheelchair users.
  - Orchards provide additional horticultural opportunities.
  - Sensory garden with herbs and physic planting designed primarily for those with dementia.
  - Mix of landscapes including herbaceous borders, woodland, feature trees, wildflower meadow, and lawn.
  - Clear route hierarchy linking internal and external spaces.
  - Circular walking routes designed to encompass a broad range of experiences and sensory pleasures. Landscaping materials are selected for their suitability for walking and wheelchair use.
- 10.8 A hierarchy of paths from communal areas provides opportunities for all residents to access the gardens and benefit from the mental and physical health benefits associated with green infrastructure.
- 10.9 Gardening opportunities are available to all in private gardens or the variety of growing areas. This space provides opportunities for social prescribing.
- 10.10 For residents less able to access the outdoor space all bedrooms have low windows which enable visual connection with the green spaces around the care home thereby ensuring therapeutic benefits of green and blue infrastructure.
- 10.11 Indoor gardening activities are likely to be included in the events programme which will be run by two members of staff.

## Conclusion and Recommendation

- 10.12 All residents will have access to a range of appropriately design out door and indoor green spaces and garden related activities giving a high level of certainty to the opportunity to benefit from improved health from access to green infrastructure.

# 11.0 Assessment Summary and Recommendations

11.1 The HIA shows that the most prominent health benefits relate to the provision of:

- 115 on site jobs. The mix of full and part time opportunities, diversity of roles, operator's commitment to on-the-job training and a locally focused recruitment strategy maximises the potential for local people to access these jobs. This employment will contribute to reducing poverty and illness, encourage personal and social esteem and aid recovery from physical and mental illnesses.
- The Dementia Research Centre, which will provide a permanent training and research into dementia care, helping to upskill the sub regional population, support the voluntary sector and deliver better outcomes for people with dementia.
- A healthy work environment designed to ensure healthy air, thermal control, sustainable light and a generous staffing ratio that can help reduce illness and stress.
- Facilities onsite provide an extensive range of opportunities to encourage residents' social interaction and engagement with the wider community, helping to prevent loneliness, support the mental health of residents and reduce associated physical illness.
- A range of green spaces within the development, designed specifically for elderly and those with dementia, as well as building design that maximises views of the gardens provides all residents with therapeutic space as well as opportunities for maintaining and improving mental and physical health.

11.2 Other health benefits include:

- Inhouse transport services and staff chaperoning will enable residents to access health and social care beyond the home. The ease of access to care will reduce stress and improve take up of health services which is likely to have a positive impact on health outcomes.
- Facilities and staff that potentially reduce demand on some external health and social care services, as compared to 80 individuals in separate residences seeking services. Thus, conserving health care resources for other patients and potentially improving their health outcomes.

11.3 Indirect benefits include:

- Community outreach events that support those with dementia and their carers helping to reduce stress.

11.4 The certainty of health benefits is high for all determinants of health except for access to GP services, which is not yet established.

## Recommendations

11.5 Measures to reduce negative impacts can be achieved through planning conditions and s106 associated with a future planning consent. The recommended issues to address are:

- Agreement of care plan with local GP services: this should be a condition of planning consent. This will provide high certainty of access to health benefits.



# APPENDIX 1

## PROPOSED DEVELOPMENT

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# Site Layout Plan and Floor Plans

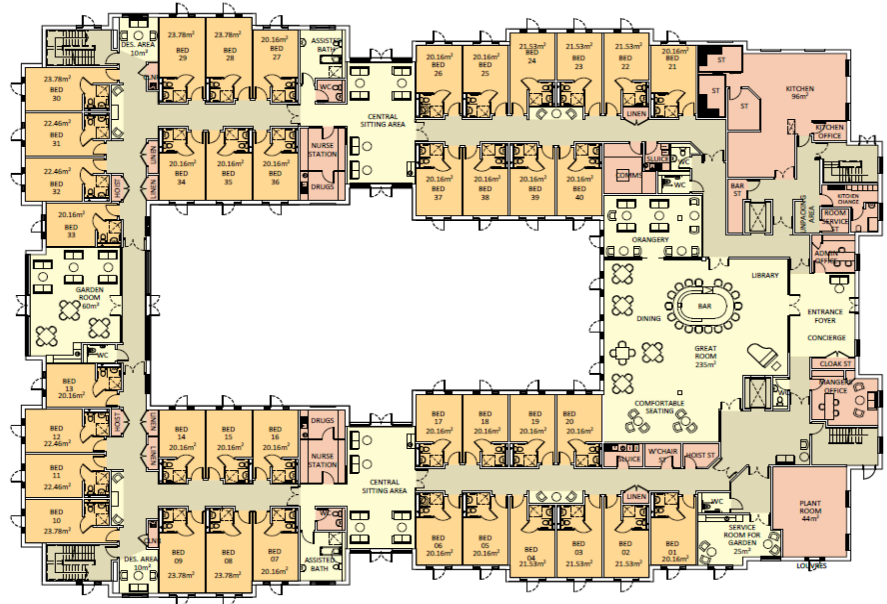


**SCHEDULE OF ACCOMMODATION**

SITE AREA	1.39 Ha (3.43 acres)
<b>CARE HOME</b>	
GROUND FLOOR	40 BEDS + SERVICE AREAS
FIRST FLOOR	40 BEDS + SPA
ROOF SPACE	SERVICE AREAS
<b>TOTAL</b>	<b>80 BEDROOMS</b>
<b>GROSS INTERNAL FLOOR AREA</b>	
GROUND FLOOR	2,275m <sup>2</sup>
FIRST FLOOR	2,100m <sup>2</sup>
ROOF SPACE	280m <sup>2</sup>
<b>TOTAL GIFA:</b>	<b>4,655m<sup>2</sup></b>
<b>SPACE PER RESIDENT</b>	<b>58.2m<sup>2</sup></b>
<b>PARKING</b>	<b>31 BAYS INCL. 2 DISABLE BAYS</b>

**KEY**

	EXISTING TREES
	PROPOSED TREES
	EXISTING TREES WITH TPO ORDER

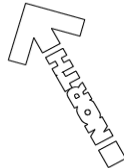


GROUND FLOOR PLAN  
40 BEDROOMS

- KEY:
- RESIDENT BEDROOM
  - COMMUNAL / ACTIVITY SPACE
  - STAFF AND SERVICE AREA
  - CIRCULATION ROUTES
  - EXTERNAL AREAS



FIRST FLOOR PLAN  
40 BEDROOMS



# APPENDIX 2

## SCOPING REPORT

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### Health Impact Assessment Scoping for Hotel Felix Site, Cambridge

#### Introduction

This document is a combined Screening / Scoping Report, outlining the need for and how a Health Impact Assessment (HIA) will be undertaken in respect of the redevelopment of the Felix Hotel, Girton into a care home. It has been prepared by Bidwells LLP, by health and social research specialists within the planning team, led by Juliet Clark BA MSc MRTPI on behalf of Cassel Hotels (Cambridge) Ltd.

Its content has been informed by the guidance in South Cambridgeshire District Council HIA Supplementary Planning Guidance (SPD) and the Wales Health Impact Assessment Support Unit Scoping Checklist.

Preliminary Screening and Scoping findings were discussed and agreed with S Cambridgeshire Health Officer Lesley MacFarlane<sup>28</sup>, and have informed this Scoping Report.

The Scoping Report includes:

- Description of proposed development
- Type of assessment necessary
- Timescale and when crucial decisions need to be made
- Financial and human resources available
- Geographical scope
- Different population groups to be considered
- Timescale over which impacts are predicted.
- Assessment methods
- Need for a steering group
- Stakeholders and methods of participation.
- Determinants to include and exclude

#### Scoping of Works

##### Proposed Development

The development site is the former Felix Hotel on Whitehouse Lane, Huntingdon Road, Cambridge CB3 0LX. The site location, neighbouring uses, and development details are provided in the Design Statement (October 2020) appended to this report. In summary, the

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<sup>28</sup> Telephone conversation between Lesley MacFarlane and Juliet Clark on 13<sup>th</sup> January 2021

proposed scheme comprises an 80-bed care home accompanied by communal area and ancillary accommodation totalling 4,595m<sup>2</sup> gross internal floor area. The development will provide:

- Proactive dedicated nursing care
- Dementia friendly environment
- 80 en-suite bedroom - minimum size of 20m<sup>2</sup>
- Communal area on ground floor for residents including dining facilities
- Social facilities distributed throughout the home for use by residents
- Landscaped grounds for residents

### Type of HIA

The proposed development is 4,959m<sup>2</sup> of floorspace which, under the terms of Policy SC/2 'Health Impact Assessment' of the South Cambridgeshire Local Plan (2018), triggers the need for an HIA, in the form of an extended screening or 'rapid' HIA.

*"For developments between 20 to 100 dwellings or 1,000 to 5,000m<sup>2</sup> or more floorspace the Health Impact Assessment will take the form of an extended screening or rapid Health Impact Assessment."* (Policy SC/2 SCDC Local Plan 2018)

Having consulted with SCDC health officer it has been agreed that this will take the form of an extended screening HIA. This will be undertaken having regard to the requirements set out in South Cambridgeshire District Council (SCDC) HIA Supplementary Planning Guidance (SPD) Baseline Conditions

### Timescale and when crucial decisions need to be made

The proposed development has been in the design process for several months and has already been considered by the district planners at three pre-app meetings and design enabling panels, ward councillor meetings. Consultation statement with Nick Vose (Draft docs SCI)

It is anticipated that a planning application will be submitted early February 2021.

### Financial and human resources available

The applicant has appointed Bidwells LLP to undertake an HIA to be included with the planning application. Resources available include access to the client representative and project consultant team including:

- KYN – Developer
- Carless and Adams – Architecture, Landscape, Transport, Daylight,
- Bidwells – Planning, Visual Assessment, Heritage, Structural Survey
- LUC- Landscape
- ARC – Flood risk and drainage, ground conditions
- Laines for Drains – Drainage Survey
- Arc / Solmek – Ground conditions and land contamination
- Harniss – Energy, Utilities, Ventilation / Extraction

- Sub Scan- Utilities survey
- Carterwood – Care home needs assessment
- Ecology Solutions – Biodiversity
- BrightPlan – transport and access
- Sharpes Redmore - Noise
- Foundry – Lighting
- Marengo -Community engagement
- Andrew Josephs - Archaeology
- Project Management - Meadhurst

## Different population groups to be considered

Our initial assessment of groups likely to be particularly susceptible to the development impacts include:

- Construction workers
- Residents adjacent to haul routes and site entry points
- Pedestrians and cyclists using Whitehouse Lane
- Care home workers
- Care home occupants
- Local elderly residents, particularly those with dementia and their carers.
- Disabled.

## Timescale over which impacts are predicted.

A build time of approximately 80 weeks from commencement of the demolition of the existing buildings onsite to the completion of the building works, is anticipated. Demolition is expected to be completed within the first 8 weeks of this programme followed by one continuous build programme.

## Assessment methods

The purpose of the HIA is threefold:

- To appraise the potential positive and negative health and well-being impacts of the proposed development on planned new communities and the adjacent existing communities in the development area.
- Highlight any potential differential distribution effects of health impacts among groups within the population by asking ‘who is affected?’ for the impacts identified.
- Suggest actions / mitigations that aim to minimise any potential negative health impacts and maximise potential positive health impacts, referencing where possible the most affected vulnerable group(s).

While there is no statutory methodological guidance for carrying out an HIA, a number of best practice documents will be used to inform the assessment:

- Public Health England (2017) Spatial Planning for Health - A review of research linking health to the built environment was undertaken by the NHS England in 2017. It aims to inform the design of places from a health improvement perspective.
- London Healthy Urban Development Unit (2017) Health Urban Planning Checklist 2017.
- Wales Health Impact Assessment Support Unit: various guidance including and Scoping Checklist and Population Groups (2020)
- Marmot Strategic Review of Health Inequalities in England post 2010 'Fair Society Healthy Lives'
- IEMA (2020) Health Impact Assessment in Planning

The extended screening HIA considers in more detail the determinants of health that have been scoped into the study, basing the assessment on the HUDU Rapid Assessment, augmented by consideration of health inequalities and impacts on susceptible populations.

The main focus of research and engagement will be:

1. **Assessment of baseline conditions** for HIA factors scoped into the HIA. This desk-based study will identify the pathways through which health benefits are delivered, the range of health benefits and the baseline conditions for each of these 'determinants of health'. This will include:
  - Review of technical work by other consultants working on the project.
  - Review of underlying health conditions.
  - Review of need for elderly accommodation based on consultants research undertaken for the proposed development.
2. **Summary of how the scheme has evolved in response to consultation** including:
  - Review of pre-app submission and SCDC officer responses.
  - Review of public consultation events, their findings and resulting scheme evolution.
3. **Impact assessment.** Quantitative and qualitative analysis of the construction and operational impacts of the proposed development. This will include meetings with Stakeholders as identified below. The assessment will consider impacts relating to phasing of the development and consequences for populations particularly susceptible to the development proposal.
4. **Mitigation and recommendations** - Roundtable discussion attended by consultant team and client to:
  - Review assessment findings.
  - Discuss measures, such as s106 contributions, design changes, and planning conditions, that can be implemented to mitigate the negative impacts and maximise health benefits.
  - Agree Evaluation and Monitoring:
    - agree what evaluation of the HIA process and the HIA impacts can be provided.
    - Prepare a draft proposal for monitoring health impacts of the development.
5. **Report writing** to comply with the SCDC reporting criteria as relevant to an extended Screening HIA, set out in Appendix 2 of the HIA SPD)

## Geography

The geography of health impacts varies according to the type of health impact. For example, noise nuisance may be localised, whereas opportunities for reducing social isolation could extend to an entire neighbourhood and relate to access routes.

All impacts will be assessed at site level. Some assessments use a local Study Area, based on Local Super Output Areas (LSOAs) immediately adjacent to the site: LSOA E01107956 (Darwin Gren / Eddington - Cambridge) and E01018248 (Girton - S Cambridge)

Wider geographies have also been referred to as appropriate for the determinant under consideration.

## Need for a steering group

Due to the relatively small scale and very local impact of care home development a Steering Group is not considered necessary.

## Stakeholders and methods of participation.

The HIA will be informed by:

- discussions with the planning team
- a review of pre-app advice from planning officers
- engagement with Girton Parish Council and local residents through a program of public consultation events. (Predominantly remote events).
- discussions with consultant specialists
- discussions with KYN



## Scoping Assessment

The screening checklist draws on work by HUDU and WHIASU. It identifies how and to what extent groups within the susceptible populations and wider population may be affected by the proposed development. The details are provided in Appendix 2b.

At Scoping stage, the range of potential health impacts and determinants of health have been discussed with consultants and technical documents reviewed, with positive and negative impacts noted. The likely vulnerable groups are identified for each topic and why each topic is important for ensuring a healthy development impact. Where there are planning policy requirements or industry standards which will control impacts these are also recorded.

Those impacts controlled by other mechanisms are scoped out of the HIA in line with guidance in the SCDC HIA SPD. Other topics are scoped out where human health impacts are included in other technical reports to be submitted with the application.

The tables below list the topics to be included in the HIA and those which are excluded. For those topics included the geography for assessment is provided. For those excluded, where relevant, the technical document with details on determinants of health is named for ease of reference.

**Table A Health Impacts Included**

IMPACTS AND EFFECTS CONSTRUCTION PHASE	GEOGRPAHY
1. Impact on construction workers during the construction process principally in relation to access to work and training.	Site
IMPACTS AND EFFECTS OPERATIONAL PHASE	
2. Access to employment	Site, Greater Cambridge
3. Access to work in high quality healthy buildings and environment	Site, Greater Cambridge
4. Access to social infrastructure and social capital.	Site, Girton, Eddington, Darwin Green
5. Access to health and social care services.	Site, Girton and Cambridge
6. Access to green infrastructure	Site

**Table B Health Impacts Excluded And References To Commissioned Reports That Will Cover Health Impacts**

<b>IMPACTS AND EFFECTS CONSTRUCTION PHASE</b>	
<b>IMPACTS AND EFFECTS CONSTRUCTION PHASE</b>	<b>REFERENCE</b>
Construction impacts	Planning Statement includes agreement to CEMP
Construction workers access to active travel	Transport Statement
<b>IMPACTS AND EFFECTS OPERATIONAL PHASE</b>	
<b>Healthy Housing</b>	
Healthy Design	Carless - Design and Access Statement Carterwood (December 2020) Planning Need Assessment Elderly Care Homes
Access to affordable elderly accommodation	Carterwood (December 2020) Planning Need Assessment Elderly Care Homes
Accessible housing for the elderly.	Bidwells LLP - Planning Statement Bright Plan- Access Statement Carless - Design and Access Statement
Healthy living.	Carless - Design and Access Statement Layout Plans
<b>Active Travel</b>	
Promoting walking / cycling and minimised car use Safety Connectivity	Bright Plan- Transport Statement LUC- Landscape Strategy Bright Plan – Travel Plan
<b>Healthy Environment</b>	
Access to open space and nature Management and maintenance. Design that facilitates social interaction	Bidwells LLP– Planning Statement LUC - Landscape Strategy
Air quality	Hoare Lea - Sustainability Strategy Bidwells LLP - Planning Statement Bright Plan- Transport Statement
Lighting	Foundry -
Noise: operational	Sharps Redmore - Acoustic Assessment Hoare Lea - Sustainability Strategy
Open space	LUC - Landscape Strategy
Nature conservation and biodiversity	Ecology Solutions- Biodiversity Net Gain Report
Growing food	LUC - Landscape Strategy
Flood risk	Arc Engineers – Flood Risk Assessment And Drainage Strategy
Overheating	LUC-Landscape Strategy Carless - Design and Access Statement
Access to social infrastructure	Bidwells LLP - Planning Statement
Public realm	LUC - Landscape Strategy
Health services, Local employment, and healthy workplaces	No reports to be submitted

## Consultation

This Scoping Report has been informed by consultation with:

- Lesley Macfarlane, SCDC Health Officer- (13/1/2021)
- Ed Dodd - Bright Plan Ltd [transport consultants] (27/1/2021)
- Rebecca Smith – Bidwells LLP (Planning) (03/02/2021)
- James Gant - KYN (Developer/ Applicant) (20/1/2021)
- Nick Vose – Public Consultation, media, and communications (26/1/2021)

KYN has sought contact was sought with Huntingdon Road Surgery but no response was forthcoming.

## Limitations

The most recent data sources have been used. It is appreciated that some data, such as the most recent 2011 Census, is likely “out of date” to a degree but remains the best data available. The broad range of determinants of health generates a comprehensive picture of health, however the interplay and cumulative impacts of such a diverse array of factors often makes it difficult to identify the significance of anyone factor. Causality of impacts is considered particularly in relation to recommendations.

The implications of the Covid-19 pandemic for team member and consultee availability are not clear, and there is a possibility that some resources may not be available. Reasonable efforts will be made to ensure expertise is included where needed in the HIA. Resourcing challenges will be discussed in the HIA reports to provide clarity on possible uncertainties.

## References

Documents reviewed for scoping include:

- Cambridge District Joint Strategic Needs Assessments (JSNA)
- South Cambridgeshire JSNA
- Cambridgeshire JSNA
- South Cambridge District Council (2011) Health Impacts Assessment Supplementary Planning Guidance
- South Cambridge District Council (2018) Local Plan
- <https://fingertips.phe.org.uk/profile/general-practice>

# APPENDIX 2B

## SCOPING ASSESSMENT

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## Scoping Assessment

DETERMINANT OF HEALTH	KEY QUESTION	POSITIVE IMPACTS	NEGATIVE IMPACTS	VULNERABLE GROUPS AFFECTED	POLICY REQUIREMENTS AND STANDARDS	WHY IS IT IMPORTANT
<b>Healthy Housing</b>						
<b>Healthy Design</b>	<p>Does the proposal meet all the standards for daylight, sound insulation, private space, and accessible and adaptable dwellings?</p> <p>(for accessible design see below)</p>	<p>All residents rooms at 16m2 (excluding en-suite) are larger than CQC minimum requirement (12m2). Design provides 5m2 per person on upper floor, which is exceeded on the ground floor when the Great Hall is included.</p> <p>Sound: Residents rooms are deliberately designed to ensure residents in distress can be heard, but a good level of sound insulation is generated by construction methods and materials required to meet fire Buildings Regs requirement for ½ hr fire resistance.</p> <p>Double glazing and external areas enclosed by the building provide environments that meet the range of recommended noise levels. (see Acoustic Assessment).</p> <p>All residents will have a private en-suite room (washing, toilet, and sink) and dementia patients have wet rooms to encourage independence, which exceeds the 'market standard' of a basin and WC.</p>	<p>Internal daylight considerations have been.</p> <p>Some landscaped areas to the south may exceed rerecommended noise levels at times when traffic is heavy. However, the development has large grounds allowing residents to use quieter places if desired.</p> <p>External plant not yet specified but will be conditioned within the planning application to meet standards as recommended in the Acoustic Assessment (Sharps Redmore)</p>	Care home residents and workers	LP Pol H/9 excludes care homes from housing mix requirements of the policy but requires care homes to "demonstrate appropriate design standards".	Ensure health of residents particularly those who cannot easily venture outdoors.
<b>Accessible housing</b>	Does the proposal provide accessible homes for older or disabled people?	<p>Provides care home provision for 80 residents including specialist dementia care.</p> <p>Pricing is based on local house prices to align provision with local ability to pay.</p> <p>All areas for use by residents accessible by wheelchairs -delivering M4(3) wheelchair user dwellings.</p> <p>Spacious setting provides for needs of high dependency care.</p>	The level of care and provision will not be affordable to all, but as a commercially led development this is not unusual, and in this particular case, the applicant is looking to create an exceptional and exemplar care facility However, it does increase supply of nursing and dementia care beds which could be used by the local authority to ease bed blocking and allocated care in a district where there is a current shortfall of provision sand anticipated growing demand.	All residents	SCDC Disabled parking guidance Policy H/9 (4)5% of homes meet M4(2)	Ensure freedom of movement, inclusive living environment and ensure emergency services can reach immobile patients.

DETERMINANT OF HEALTH	KEY QUESTION	POSITIVE IMPACTS	NEGATIVE IMPACTS	VULNERABLE GROUPS AFFECTED	POLICY REQUIREMENTS AND STANDARDS	WHY IS IT IMPORTANT
		<p>Garden and home designed for wheelchair access throughout.</p> <p>Disabled parking closest to entrance of site with dropped curbs.</p> <p>Ambulance drop off point provided.</p> <p>Lift provided to all upper floor area which is designed to accommodate an ambulance trolley.</p>				
<b>Healthy living</b>	Does the proposal provide dwellings with adequate internal space, including sufficient storage space and separate kitchen and living spaces?	<p>See Healthy Design above</p> <p>The Proposed Development provides spacious private bedrooms and en-suite / wet room facilities allow residents to engage in self-care. A residents kitchen enables entertain / catering for those who desire and are able.</p> <p>Multiple living and activity rooms are provided including spa, cinema, great hall community space, multiple lounges as well as a range of outdoor spaces.</p>	None	Residents	Exceeds minimum requirement of washbasin in individual rooms. DOH Standard 24.	Resident independence is encouraged helping boost self-esteem, but full-time care is available for all those who require it.
	Does the proposal encourage the use of stairs by ensuring that they are well located, attractive and welcoming?	Stairs are access controlled to ensure safety of residents and will mainly be used by staff and in emergency. Stair use by residents could be used as part of their independent programme.	Lack of built-in opportunity to exercise, although patients are accepted into the Proposed Development because of the high level of care and supervision required. Other onsite facilities are provided for exercise.	Residents and care home workers	None	Built in activity helps retain and improve care home workers and residents physical fitness.
	Does the proposal provide affordable family sized homes?	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
<b>ACTIVE TRAVEL</b>						
<b>Promoting walking and cycling / Minimising car use</b>	Are measures to promote walking and cycling included?	<p>Covered and secure cycle store in line with the standards provided on site, along with bike maintenance point on site.</p> <p>Staff showers (male 1 and female 2 with lockers), plus kitchen staff changing area.</p> <p>Draft Travel plan (directed at staff site to help reduce car use) to be finalised and</p>		Care home workers Care home residents	Compliant with SCDC policy on car parking and cycle parking standards.	Travel Plan and Transport Statement

DETERMINANT OF HEALTH	KEY QUESTION	POSITIVE IMPACTS	NEGATIVE IMPACTS	VULNERABLE GROUPS AFFECTED	POLICY REQUIREMENTS AND STANDARDS	WHY IS IT IMPORTANT
		delivered as S106 contribution including cycling and walking maps, promotion of cycling apps', information on public transport routes and pricing, car sharing, and access to cycle to work scheme.				
<b>Safety</b>	Is traffic management, calming a safety addressed	<p>On site:</p> <ul style="list-style-type: none"> <li>Segregated pedestrian route through the site.</li> <li>Vehicle speeds constrained by site scale and design.</li> <li>Garden is gated and separate from the parking.</li> <li>Dementia patients cannot access car parking area because of controlled access off their floor.</li> <li>24-hour concierge. Nurse monitored excess.</li> </ul> <p>Off site:</p> <ul style="list-style-type: none"> <li>Measures and land use expected to reduce traffic generation 10% from previous use of the site.</li> <li>Public realm separated from the access infrastructure.</li> </ul>	None	Care home residents' safety is prioritised		Less vehicle traffic and emissions prevent air and noise pollution worsening, helping to address respiratory and stress related ill health.
<b>Connectivity</b>	Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks and public transport?	Single point of entry and exit maintained to ensure safety of residents. Site connected to walking routes along Whitehouse Lanes and bus stops nearby on Huntingdon road. Access assessment provided in the Transport Statement	None	Workers, Residents, neighbours	n/a	Ensure safety of residents, prioritise active and greener modes of travel.
<b>THEME 3 HEALTHY ENVIRONMENT</b>						
<b>Construction</b>	Does the proposal minimise construction impacts such as	Demolition and construction to be undertaken within standards of the Considerate Builders Scheme	Unacceptable nuisance will be mitigated through measures in the CEMP.	Construction workers and neighbours		Ensure safety, reduce disturbance and stress which can have an

DETERMINANT OF HEALTH	KEY QUESTION	POSITIVE IMPACTS	NEGATIVE IMPACTS	VULNERABLE GROUPS AFFECTED	POLICY REQUIREMENTS AND STANDARDS	WHY IS IT IMPORTANT
	dust, noise, vibration, and odours?	Client willing to accept pre-commencement condition requiring Construction Environmental Management Plan (CEMP).				adverse effect on physical and mental health
<b>Air quality</b>	Will travel and operational impacts be addressed?	See above sections for travel impacts. Ventilation strategy being prepared to ensure high quality air, and appropriate temperature.	None	Neighbouring residents, workers, and pedestrians/ cyclists on Whitehouse Lane	NPPF para 103 manage patterns of growth to limit the need to travel, reducing congestions emissions and improve air quality and public health.	The long-term impact of poor air quality has been linked to life-shortening lung and heart conditions, cancer and diabetes
<b>Lighting</b>	Does the development avoid light pollution such as glare, night glow and contribute to a safe environment?	An external lighting concept has been prepared by Foundry which provides lighting details to ensure safety of residents moving around, avoid big changes in luminance to aid those with poor eyesight, minimise glare.  Most of the lighting will be directed downwards to avoid sky glow and lighting will be focused around the central landscape leaving site boundaries in darkness. Any spotlights and up lights will be fitted with cowls / shields to prevent glare. Timing mechanisms will be installed to eliminate unnecessary night-time illumination. Thereby avoiding impact on neighbouring residential properties.	None	Neighbouring residents, care home residents	CQC Standards 25 "The heating, lighting, water supply and ventilation of service users' accommodation meet the relevant environmental health and safety requirements and the needs of individual service users." [2000] <sup>29</sup>  SLL Handbook guidelines, British Standards and ecological guidelines are adhered as set out in the Landscape Lighting Concept Report.  SCDC Local plan Policy SC/9 Lighting Proposals	To ensure safe movement of residents (and staff) around the grounds and not preclude their use and health benefits during darker hours.  Protect neighbours from light pollution which can impact on sleep. Sleep deprivation can affect overall health and make you more prone to serious medical conditions such as obesity, heart disease, high blood pressure and diabetes.
<b>Noise</b>	Does the proposal minimise the impact of noise caused by traffic and commercial uses through insulation, site layout and landscaping?	Baseline survey indicated internal noise levels can be met by trickle vents and glazing. Acoustic design follows best practices.  Some of the garden area likely to have noise levels above recommended levels because of proximity to strategic	Noise of plant not assessed. Details required as a planning condition		NPPF para180. new development should take into account the likely effects (including cumulative effects) of pollution on health, living conditions and the natural environment, as well as the	Helps improve quality of urban life.

<sup>29</sup> Department of Health (2003) Care Homes for Older People National Minimum Standards and the Care Homes Regulations 2001, pub The Stationery Office.



DETERMINANT OF HEALTH	KEY QUESTION	POSITIVE IMPACTS	NEGATIVE IMPACTS	VULNERABLE GROUPS AFFECTED	POLICY REQUIREMENTS AND STANDARDS	WHY IS IT IMPORTANT
		highways. Levels acceptable because of range of other outdoor garden areas that are not negatively impacted by noise.			potential sensitivity of the site or the wider area to impacts that could arise from the development.	
<b>Open Space</b>	Does the proposal retain or replace existing open space and in areas of deficiency, provide new open or natural space, or improve access to existing spaces? Does the proposal set out how new open space will be managed and maintained?	<p>There is no public open space on site and non will be provided to ensure privacy and security of residents. Visitors of residents will be encouraged to use the gardens.</p> <p>Onsite gardens will be maintained by maintenance staff and contracted gardeners.</p> <p>The proposed development It includes a mix of landscaped grounds with sensory gardens as well as individual terraces for ground floor rooms designed with older age users in mind.</p>	None as the site is not appropriate to provide public open space	Residents	No public open space standards for care home provision.	Provides a therapeutic environment and offers mental and physical health benefits.
<b>Play space</b>	Not applicable					
<b>Biodiversity</b>	Does the proposal contribute to nature conservation and biodiversity?	<p>Ecological appraisal has been undertaken and demonstrates a net gain of 74.49% in habitat units and 38.72% gain in hedgerow units, and significant gains for biodiversity for wildflower meadows, grasslands, introduced native shrubbery, trees and bio-diverse roofs. In additional bat and bird boxes will be installed on site.</p> <p>Biodiversity net gain coming next week</p>	None	All	SCDC Local plan NH/4: Biodiversity	Access to nature and biodiversity can contribute to mental health and wellbeing. New development can improve existing, or create new, habitats or use design solutions (green roofs, living walls) to enhance biodiversity.
<b>Local food growing</b>	Does the proposal provide opportunities for food growing, for example by providing allotments, private and community gardens and green roofs?	<p>Ground floor rooms have their own private garden space in which produce can be cultivated.</p> <p>Community allotments and orchard are provided onsite for all residents to use.</p>	None	Care homes residents	Non applicable to care homes	Provide opportunity physical exercise, food production and socialising opportunities.
<b>Flood risk</b>	Does the proposal reduce surface water flood risk through sustainable urban	Development is appropriate to the level of flood risk as set out in the Drainage Strategy.	None	Care homes residents	SCDC Local plan Policy CC/9: Managing Flood Risk	Flooding can result in risks to physical and mental health. The stress of being flooded and

DETERMINANT OF HEALTH	KEY QUESTION	POSITIVE IMPACTS	NEGATIVE IMPACTS	VULNERABLE GROUPS AFFECTED	POLICY REQUIREMENTS AND STANDARDS	WHY IS IT IMPORTANT
	drainage techniques, including storing rainwater, use of permeable surfaces and green roofs?			Neighbouring occupiers		cleaning up can have a significant impact on mental health and wellbeing. It is likely that increasing development densities and building coverage coupled with more frequent extreme weather events will increase urban flood risk.
<b>Overheating</b>	Does the design of buildings and spaces avoid internal and external overheating, through use of passive cooling techniques and urban greening?	<p>Tree planting and garden structures, detailed in the Landscape Strategy, provide shade as well as opportunity to enjoy the positive warming effects of the weather.</p> <p>All communal rooms are air conditioned and bedrooms have individually controlled radiators. The systems allow comfort cooling and nighttime purging, which is appropriate to the use of the building.</p> <p>Building measures relating to adaptive capacity of the proposal include an area of brown / green roof, traditional build with minimal curtain walling, insulation that delivers enhanced U-values (thermal transmittance) above building regs.</p>	None	Care home residents Care home workers	Building control on air leakage Part L Building Regs – exceeding.  SCDC Local Plan policy HQ/1 Design Principles, CC/1 mitigation and adaptation to climate change	Climate change with higher average summer temperatures is likely to intensify the urban heat island effect and result in discomfort and excess summer deaths amongst vulnerable people. Urban greening - tree planting, green roofs and walls and soft landscaping can help prevent summer overheating.
<b>VIBRANT NEIGHBOURHOODS</b>						
<b>Health Services</b>	Has the impact on healthcare services been addressed?	<p>An area of the new care home will be made available for a visiting GP to hold an inhouse surgery for the residents, if required. This may limit the number of visits to GP surgeries significantly and the visiting GP can combine multiple consultations into one visit.</p> <p>The presence of on-site care staff potentially reduces the number of unnecessary trips to GPs, thereby alleviating rather than increasing waiting lists.</p> <p>The concentration of individuals within the care home should also assist in reducing the requirement for community</p>	Have not been able to speak with GP practice. Further engagement to be sought.	Residents	SCDC Local Plan SC/5 Healthcare facilities	

DETERMINANT OF HEALTH	KEY QUESTION	POSITIVE IMPACTS	NEGATIVE IMPACTS	VULNERABLE GROUPS AFFECTED	POLICY REQUIREMENTS AND STANDARDS	WHY IS IT IMPORTANT
		<p>nurses, and there are obvious advantages of having residents within one location.</p> <p>Further, the pressure on GPs will not be a direct result of the proposed development – demand is not created, it is catered to, and the proposed scheme will provide a much-required care facility to help battle the rising demographic pressure in the area.</p>				
<b>Education</b>	Has the impact on primary, secondary, and post-19 education been addressed?	<p>No school age residents so not applicable.</p> <p>On the job training will be provided by the care home operator.</p>	None	Employees	N/A	<p>Ensure staff can offer quality care and positively effect health outcomes.</p> <p>Enable local residents access to paid work in a healthy work environment</p>
<b>Access to social infrastructure including retail</b>	Does the proposal contribute to new social infrastructure provision that is accessible, affordable, and timely? Have opportunities for multi-use and the colocation of services been explored?	<p>The residents will require intensive care, assistance, or supervision. While not prevented from leaving the premises the demand for such excursions are very limited and would be provided as part of the social events programme by the Care Home Operator. Facilities in Girton, Cambridge and other local centres provide opportunities within an easy drive. Transport services will be provided within the care package.</p> <p>Staff: Retail and social facilities nearby in Girton, Darwin Green and Eddington provides workers with access to food shopping, sport and other social activities.</p>	None	Residents and employees	SCDC Local Plan Pol SC/4 Meeting Community Needs	<p>Good access to local services is a key element of a lifetime neighbourhood and additional services will be required to support new development. Failure to do so will place pressure on existing services. Future social infrastructure requirements are set out in Borough infrastructure plans and developments will be expected to contribute towards additional services and facilities.</p>
<b>Local employment and healthy workplaces</b>	Does the proposal include commercial uses and provide opportunities for local employment and training, including temporary construction and permanent 'end-use' jobs? Does the proposal promote the health	The care home is a commercial business providing employment	Mechanisms for ensuring local access to work not yet known	Less skilled local population	Local Plan Policy E/13	<p>Unemployment generally leads to poverty, illness, and a reduction in personal and social esteem. Employment can aid recovery from physical and mental illnesses. Creating healthier workplaces can reduce ill health and employee sickness absence.</p>

DETERMINANT OF HEALTH	KEY QUESTION	POSITIVE IMPACTS	NEGATIVE IMPACTS	VULNERABLE GROUPS AFFECTED	POLICY REQUIREMENTS AND STANDARDS	WHY IS IT IMPORTANT
	and well-being of future employees by achieving BREEAM health and wellbeing credits?					
<b>Public Realm</b>	Does the design of the public realm maximise opportunities for social interaction and connect the proposal with neighbouring communities? Does the proposal allow people with mobility problems or a disability to access buildings and places?	There is no publicly accessible space, but there are communal spaces within the development. Details are provided in the Landscape Strategy	None	Residents	Not applicable	The public realm has an important role to play in promoting walking and cycling, activity and social interaction. It also affects people's sense of place, security and belonging. It is a key component of a lifetime neighbourhood. Shelter, landscaping, street lighting and seating can make spaces attractive and inviting.

# APPENDIX 3

## POLICY CONTEXT

### National Policy

#### NHS England (2018) Healthy New Towns

NHS England established Healthy New Towns, 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
<b>Plan ahead collectively</b>	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.
<b>Plan integrated health services that meet local needs</b>	Understand specific local health needs and how they will evolve as the population changes
<b>Connect, involve and empower people and communities</b>	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.
<b>Create compact neighbourhoods</b>	Well-connected, mixed use places with pedestrian and cycle-friendly streets enable people of all ages, abilities and financial means to reach jobs, services, 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.
<b>Maximise active travel</b>	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.
<b>Inspire and enable healthy eating</b>	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

PRINCIPLE	HOW TO DELIVER
	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.
<b>Foster health in homes and buildings</b>	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.
<b>Enable healthy play and leisure</b>	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.
<b>Provide health services that help people stay well</b>	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.
<b>Create integrated health centres</b>	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'

This report makes the case that delivering Health and Wellbeing is about reducing health inequality. The Report identifies 6 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 (recommends that the planning system should be fully integrated with transport, housing, environmental and health systems to address the social determinants of health in each locality, p24 Exec summary).
- Strengthen the role and impact of ill-health prevention.

## **Public Health England, NHS England (2015) A guide to community-centred approaches for health and wellbeing**

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.

## **NHS (January 2019) NHS Long Term Plan**

This 10-year plan seeks to improve out of hospital care, reduce pressure on emergency hospital services, provide more personalised and digital care, move towards integrated care systems and support budget changes. Improving care outside of the hospital environment is the headline commitment as well as a strong focus on mental health care.

## **Regional**

### **Combined Authority Strategic Spatial Framework (SSF)**

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

Healthy, thriving, and prosperous communities is one of its five 'ambitions'. The other four are:

- 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.

Co-operation between bodies and authorities is recognised to be key to delivering better health and social care, South Cambridgeshire Corporate Vision<sup>30</sup> Objective 9 is to work with GPs and partners to link health services and improve the health of our communities.

## **Cambridgeshire & Peterborough Independent Economic Review Sept 2018 (CPIER)**

The latest economic review of the region, CPIER 2018 endorses a wellbeing led growth dimension to growth targets. In particular it promotes dispersed growth to tackle local variations in deprivation and wellbeing is promoted, whilst acknowledging that this requires a fine balancing of objectives; for example, decisions to maximise productivity don't necessarily deliver inclusivity.

## **Local Policy**

### **South Cambridgeshire Local Plan 2018**

In 2018 the South Cambridgeshire Local Plan was adopted in which 6 key objectives are stated (Policy S/2). These objectives are associated with determinants of health and wellbeing and seek to ensure development supports healthy lifestyles and wellbeing for everyone.

#### **Policy S/2 Development objectives**

- housing to support the economic growth of the district.
- a scheme that protects and enhances bio-diversity.
- housing in sustainable locations that meet local needs and aspirations, offering choice of size and tenure.
- high quality new development.
- development with access to community infrastructure that supports healthy lifestyles and wellbeing for everyone.
- potential for journeys by sustainable modes of transport.

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<sup>30</sup> South CAMBRIDGESHIRE Corporate Plan 2015-2020



## Cambridgeshire Health and Wellbeing Strategy 2012-2017

The Strategy prepared by the Health And Wellbeing Board identifies six priorities, addressing the needs identified in the JSNA (see below):

- 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<sup>31</sup>, with a focus on three priorities<sup>32</sup> that crosscut 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.

## Cambridge County Council (2017) Joint Strategic Needs Assessment Summary of Themed JSNA Reports 2017

### New Housing Development and the Built Environment (2016)

The report identifies strong evidence that the following aspects of the environment affect health and wellbeing:

- Generic evidence supporting the impact of the built environment on health.
- Communities that support healthy ageing.
- Green space.
- House design and space.
- Developing sustainable communities.

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<sup>31</sup> The Strategy was to be refreshed but due to wider changes in the strategic landscape it has been extended

<sup>32</sup> Health and Wellbeing Board Meeting Notes (26/7/2018) Agenda Item 7

- Access to unhealthy/ “Fast Food”.
- Community design (to prevent injuries, crime, and to accommodate people with disabilities).
- Health inequality and the built environment.
- Connectivity and land use mix.

## **Homes for Our Future Greater Cambridge Housing Strategy 2019-2023 (Draft)**

The Draft 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, wheelchair accessible homes and age exclusive developments.

The 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.

## **South Cambridgeshire Community Strategy 2004-2007 and the South Cambridgeshire Sustainable Community Strategy 2008-2011**

The South Cambridgeshire Community Strategy 2004-2007 and the South Cambridgeshire Sustainable Community Strategy 2008-2011 were statutory requirements for the District and County Councils as required by the Local Government Act 2000 and are the result of a partnership between the District and County Councils working with the health services, the police, parish councils, the business and voluntary sector. These groups came together in the South Cambridgeshire Strategic Partnership to produce the Community Strategy. The main aims of the first Strategy were split into six:

- Active, safe, healthy communities where residents can play a full part in community life, with a structure of thriving voluntary and community organisations
- Building successful new communities where large scale developments have created attractive places with their own identity, supported by a range of quality services
- A prosperous district where jobs, skills and learning are developed and sustained to benefit everyone
- Good access to services for all sections of the community, including older people, children and families, through better transport links and improved local services
- Quality homes for all with new affordable homes developed to meet local needs and assistance provided for those needing help

- A high-quality environment with better access to a more biodiverse countryside, which is protected, and improved, and sustainable measures implemented, minimising waste and tackling climate change”.

The main aims of the second strategy were split into four:

- Active, healthy, and inclusive communities.
- Safe and clean communities.
- Building successful new communities.
- A sustainable infrastructure and environment.

## **Cambridge City and South Cambridgeshire Improving Health Plan 2008-2011 (“SPD”)**

The SPD explores why consideration of health needs is undertaken as part of the planning application process. It aims to ensure that there are “active, healthy and inclusive communities where residents can play a full part in the community life, with a structure of thriving voluntary and community organisations. It identifies the following as significant health objectives / priorities:

- Smoking and tobacco control.
- Obesity (including increasing physical activity and healthy eating).
- Mental health (including relation to obesity and social inclusion / new growth).
- Harm reduction from alcohol.
- Sexual health.
- Older people – increasing independence and reducing falls.
- Road traffic injuries and deaths.
- Traveller and new migrant population.

# APPENDIX 4

## EMPLOYMENT ANALYSIS

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### Construction Employment

The construction of the Proposed Development will generate temporary employment opportunities spread over two years during an 80 weeks development programme:

- Phase 1 demolition 6-8 weeks commencing 2021 (pending planning consent).
- Phase 2 Construction 74-72 starting as soon as demolition allows in 2021.

Due to the nature of the construction phase of the Proposed Development lasting for a finite amount time, there is not a continuous and permanent expenditure stream into the economy. As such, direct employment created during this phase of the development is measured in 'job years' to account for variations in activity levels throughout the construction cycle. This accords with Treasury Guidance. Direct employment is calculated by dividing the estimated capital cost of the project (current estimate is circa £14,000,000 exc VAT) by the average gross output per construction industry employee.

The most recent Annual Business Survey data published by ONS in May 2020 provides results for 2018 and confirms that the construction industry had a total expenditure on goods and services of £181,345 million. The Survey indicates there are approximately 1.534m people employed in the construction industry at this time, which gives a gross output per construction industry employee of £118,217. This approach produces a figure of approximately 118 person years of construction employment (£14million / £118, 217). Based on the convention adopted by the Treasury that 10 person years of employment can be taken as equivalent to one permanent full-time job created, it is estimated that there will be the equivalent of 12 full time construction jobs created by the Proposed Development.

Some of these jobs could attract people already in construction, however, it is anticipated the jobs they leave behind would in most cases be filled. Accordingly, an industry standard displacement factor of 25% has been applied, lowering employment benefits to 9 net new jobs.

The development is also likely to create indirect and induced jobs of site as a result of the construction expenditure. Research indicates that for each direct construction job a further 1.51 jobs<sup>33</sup> are created indirectly / induced. This multiplier delivers an additional 4 jobs, bringing the total net effect to 13.4 full time equivalent (FTE) construction jobs.

This scale of job creation equates to <1% of the SODC residents engaged in construction activity (9,205) in 2011.

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<sup>33</sup> Nathaniel Lichfields (2018) The Economic Footprint of Housebuilding in England and Wales

## Operational Employment

Direct employment as provided by KYNs proposed shift rota suggests 92 full time and 11 part-time roles on site.

Summary of KYN Job Rota (February 2021).

**Table 6.2 Onsite Employment**

POSITION	FT	PT	POSITION	FT	PT
Manager	1		Spa staff	1	1
Deputy	1		Hostess		
Administrator / Secretary	1		Laundry	2	1
Nurse	8		Housekeeper	1	
Senior Carer	14		Driver	1	1
Carer	36	2	Domestics	4	
Activities officers	1	1	Maintenance	2	
Head chef	1		Concierge	1	
Deputy chef	3		Home sales admin	1	
Kitchen assistant	3		Hospitality Manager	1	
Bar staff	2	2	Hairdresser, chiropodist, and physiotherapist services will be bought in		
Waiter	7	3			
<b>TOTAL EMPLOYMENT = 92 fulltime and 11 part-time roles</b>					

KY has a policy of local recruitment to ensure long commutes do not impact on the health and wellbeing of their employees. Looking at competition for jobs our research shows currently, in Cambridgeshire there are 80 care home nursing positions advertised of which 20 are for dementia nurses. Within 15-minute commute of the site there are 7 nursing home positions and no dementia nursing homes positions available.<sup>34</sup> Other care home jobs available within 10miles of the site are care assistants 10, wellbeing and activities co-ordinator 3, and 1 job each in business development and catering assistant<sup>35</sup>.

The proposed development provides a range of jobs currently not available in the area.

### Additionality

The method for calculating the overall impact on a local area is known as 'additionality', which has been advocated by the Treasury<sup>36</sup>. The most authoritative guide on additionality however was prepared by the Homes and Communities Agency (now Homes England)<sup>37</sup>, with research by the Department for Business Innovation and Skills also of relevance<sup>38</sup>.

Additionality is the calculation of the net effect of an intervention (in this case the Proposed Development) on a defined area (the study area, see below). To do this the baseline conditions

<sup>34</sup> Totaljobs.com (as at 6/2/21)

<sup>35</sup> Carehome.co.uk (as at 6/2/21)

<sup>36</sup> [HM Treasury. 2019. The Green Book: Central Government Guidance on Appraisal and Evaluation.](#)

<sup>37</sup> [HCA. January 2014. Additionality Guide, 4<sup>th</sup> edition.](#)

<sup>38</sup> [BIS. October 2009. Research to Improve the Assessment of Additionality.](#)

(also known as the reference case or deadweight) are subtracted from the impact of the intervention to identify the difference between the two. To calculate the additionality of an impact, four variables are used:

- Leakage effects, which the HCA defines as *“the number or proportion of outputs (occurring under the reference case and the intervention options) that benefit those outside of the intervention’s target area or group”*.
- Displacement, which the HCA defines as *“the number or proportion of intervention outputs (occurring under the reference case and the intervention options) accounted for by reduced outputs elsewhere in the target area”*.
- Substitution effects, which the HCA defines as *“where a firm substitutes one activity for a similar one”*.
- Economic multiplier effects, which the HCA defines as *“further economic activity (jobs, expenditure or income) associated with additional local income, local supplier purchases and longer-term development effects”*.

Base case: Since the site is currently not operational following the closure of the Hotel Felix no assessment is made of the base case.

Leakage: The study area of Greater Cambridge has been used as the jobs are relatively low paid and less likely to attract employees from further afield. Furthermore, the operator’s recruitment strategy supports employees whose journeys to work are not so onerous that it impacts on their working day and shift patterns. KYNs recruitment strategy places high importance on finding people with the right attitude and fit with their business and are willing to train people in more technical skills, thereby reducing qualification led barriers to job entry. Therefore, it is anticipated that the level of leakage is low, and most jobs will go to people living in Greater Cambridge. The Additionality Guide suggests a 10% leakage factor is applied to low leakage.

Displacement: Displacement is particularly difficult to measure as only anecdotal evidence is available on the number of workers that may move from one place of work to another with that vacancy remaining unfilled. There is also an issue of timeframes with a growing population providing an increased workforce, effectively absorbing any displacement. The Additionality Guide suggested displacement effect of 25% - low displacement, is applied in the absence of other data. This seems reasonable given the wide range of jobs available and reflects sub regional displacement factors of 19.5% for business development in sub-regions. It also takes account of the proposed development’s location adjacent to two major housing developments currently under construction and expected to deliver several hundred new homes over the next two to three years.

Economic Multiplier: Induced and indirect jobs are created through the supply chain supporting a development and through the expenditure of workers’ wages in the local economy. Neither the Additionality Guide and the BIS research provide care home related multipliers. Instead ONS

industry multiplier for residential care and social work activities for the market sector of 1.14 is applied<sup>39</sup>.

**The table below** sets out the economic additionality of the Proposed Development when operational based on the above factors.

### The Net Additional Local Economic Effect of the Proposed Development

		EMPLOYMENT	GVA
<b>A</b>	Gross direct effect	103 jobs	£97.56m
<b>B</b>	Leakage - 10%	-10 jobs	-£31.8m
<b>C</b>	Gross local direct effect	93 jobs	£65.76m
<b>D</b>	Displacement – 25%	-23 jobs	£14.14m
<b>E</b>	Net local direct effect	70 jobs	£51.62m
<b>F</b>	Multiplier – 1.14	+10 jobs	£14.97m
<b>G</b>	Total net additional local effect	79 jobs	£66.59m

## Conclusion

The direct employment effect of the Proposed Development is 12FTE construction jobs and 103 operational jobs (98 FTE).

Some jobs will be taken by residents living outside of Greater Cambridge and be filled by people already in work in the sub regional. But there will also be a multiplier effect from the expenditure and income of the employees. Taking this into consideration, the net additional jobs are 13 FTE construction jobs and 79 FTE operational jobs, 92 in total.

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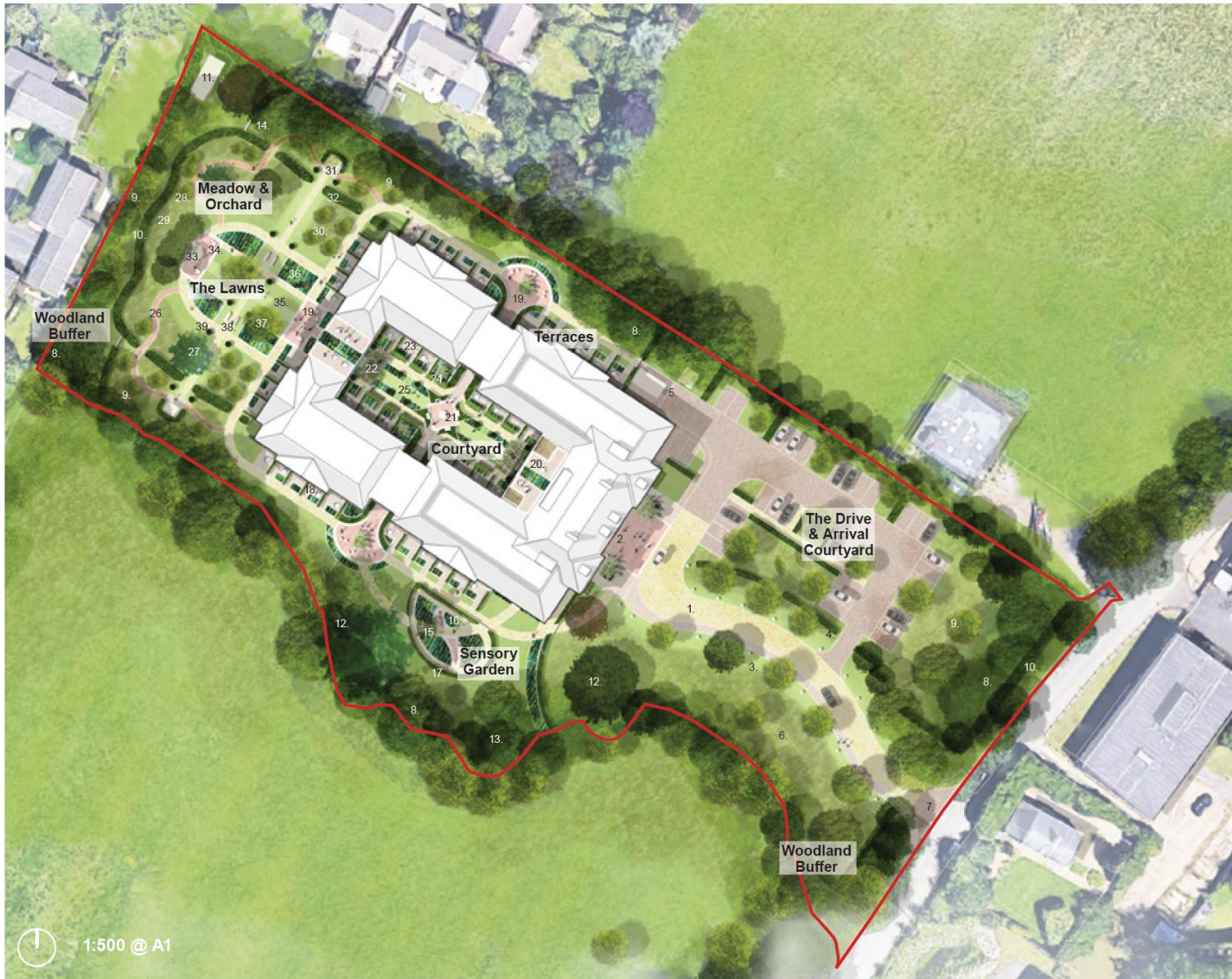
<https://www.ons.gov.uk/economy/nationalaccounts/supplyandusetables/adhocs/007234provisionalestimatesoftypeiukemploymentmultipliersandeffectsbysector114industrygroupandsectormarketgovernmentnpishreferenceyear2013>

# APPENDIX 5

## KEY LANDSCAPING COMPONENTS

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Landscape masterplan.

## Key Components

### The Drive & Arrival Courtyard

1. Drive with stone edge markers
2. Arrival threshold & feature planting
3. Existing & proposed trees creating avenue
4. Hedge planting
5. Refuse & bike store
6. Grassland meadow
7. Threshold paving

### Woodland buffer

8. Existing trees retained
9. Additional tree planting
10. Existing hedge retained
11. Storage shed
12. Existing feature trees given emphasis
13. Improved woodland understory planting
14. Secure gated access

### Sensory Garden

15. Pergola
16. Herbaceous planting
17. Hedge & low fence boundary

### Terraces

18. Residents private terrace & planting bed
19. Residents shared seating terrace
20. First floor seating terrace

### Courtyard

21. Reclaimed dog sculpture
22. Pergola & seating terrace
23. Residents private terraces
24. Pleached tree planting
25. Lawn & herbaceous borders

### Meadow & Orchard

26. Meadow walk
27. Existing tree retained
28. Additional tree planting
29. Meadow grassland
30. Orchard tree planting
31. Residents greenhouse / seating
32. Proposed hedge planting

### The Lawns

33. Relocated existing Gazebo
34. Seating terrace
35. Lawn
36. Herbaceous borders
37. Existing tree retained
38. Pocket seating spaces
39. Formal planting



BIDWELLS