

# Centre for Science and Policy Policy Workshop

## Healthy Cambridge

Summary report of the discussion held on 2 June 2025  
Darwin College, Cambridge

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# Introduction

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The Policy Workshop on **Healthy Cambridge** was organised by the [Centre for Science and Policy \(CSaP\)](#), University of Cambridge, in partnership with the [Cambridge Room](#) and [Professor Flora Samuel](#), Head of the Department of Architecture at the University of Cambridge. The Policy Workshop was held under the Chatham House Rule.

## Background and purpose of the workshop

The built environment plays a significant role in people's lives and impacts their health and well-being. Spatial planning is part of the wider built environment and real estate sectors; however, at present, the public health element and the spatial planning element are often not connected in relevant strategies.

The Cambridge Room has commissioned [Urban Habitats](#) to produce a report on A Healthy Cambridge, which will bring together current thinking on the relationship between public health and spatial planning in the context of Cambridge, aiming to develop a set of recommendations for action in this area. The report will be focused on the Greater Cambridge shared planning footprint (Cambridge City Council and South Cambridgeshire District Council). The report is expected to be developed by the end of July 2025 and published via the Cambridge Room in September 2025.

The CSaP Policy Workshop drew on participants' expertise and the preliminary findings of the Urban Habitats report to understand what makes Cambridge different and distinct, and where lessons can be drawn from elsewhere. The discussion explored how Greater Cambridge can evolve in a way that supports community health (physical, social, and mental well-being) and which pathways should be prioritised in delivering this outcome.

## The workshop aimed to address the following questions:

- What might a Healthy Cambridge look like?
- How can health professionals, planning professionals, local authorities and others work together to deliver a Healthy Cambridge?

- What mechanisms and practical steps could enable productive multistakeholder collaboration in this space?
- What are the lessons learned and best practices from recent/ongoing projects that could be drawn on here?
- What further research would be helpful to support the development and delivery of this work?

## Setting the scene

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### The policy context

- [Cambridge](#) and [South Cambridgeshire](#) each submitted separate Local Plans to the Ministry for Housing, Communities and Local Government (MHCLG) in 2018.
- Greater Cambridge Shared Planning aims to submit a joint Local Plan to the MHCLG in December 2026, with public consultations on the draft plan scheduled for autumn 2025 and late summer 2026.
- Under the UK Government's 2024 [Plan For Change](#), the UK has set the target of delivering 1.5 million safe, decent homes in England during the current Parliament.
- More than 100,000 of these homes are expected to be built in Greater Cambridge.

### The context of Greater Cambridge

- Greater Cambridge encompasses the City of Cambridge and South Cambridgeshire District.
- Cambridge is already among the most densely populated places in England and has recorded one of the fastest population increases in the past decade.
- [Office for National Statistics](#) data show that Greater Cambridge performs well relative to England overall on public health, deprivation and most health outcomes.
- However, there are pockets of extreme deprivation in Cambridge that are hidden in the more generalised data sets.
- Compared to the national average, reported life satisfaction and happiness are lower in Greater Cambridge and anxiety is more common in South Cambridgeshire
- Cambridgeshire is also one of the most nature-depleted counties in England.

## Questions raised during the discussion

- What is good enough evidence, or the best available evidence, for decision-makers, and how can it be used meaningfully?
- What will Greater Cambridge be like in 5 or 20 years?
- How can local authorities promote meaningful participation from local citizens and decision makers?

## Challenges for Greater Cambridge

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### Evidence gaps and barriers to using evidence

- Local decision makers struggle to obtain quality data and use it effectively to develop a concise, well-evidenced story and shape policies fit for 20 years in the future.
- Recent health inequality data for Greater Cambridge lack spatial granularity.
  - The [ONS Health Index](#), last updated in 2021, reports only at the local-authority level, masking within-area variation.
  - The [English Indices of Deprivation](#) provide sub-local authority level data, but have not been refreshed since 2019.
- Evidence on how to develop built environments that reduce rather than reinforce inequality is sparse, particularly housing which promotes rather than worsens mental health.
- Quantitative and qualitative data are often complex and hard to integrate, such as quality-of-life metrics and lived experiences, making it difficult to build consensus and a clear narrative.

### A rapidly changing environment

- Most evidence available to planners is retrospective, while the Local Plan will shape land use until at least 2041.
- Greater Cambridge's population is projected to grow by more than 30% over the next two decades—an unusually fast rate for an area of its size.

- South Cambridgeshire is currently sparsely populated, but its population is projected to grow by 37% (~60,000 people) over the next 15 years.
- Future shifts in demographics, health profiles and inequalities are uncertain, and have consequences for the future of education, work, and care in Greater Cambridge.
  - If more workers in scientific and technical jobs are attracted to the area, significantly altering the socio-economic demographics of Cambridge, existing inequalities could be exacerbated.
  - If more people remain in work with chronic health conditions, workplaces and jobs will have to adapt.
  - Recent work by Cambridge University Hospitals estimates that hospitals may need to double in size to meet the expected population growth, even without considering increasingly complex care needs.
  - To reduce pressure on hospitals, more care is expected to be delivered in communities and homes, relying on remote sensors, increasing domestic demands for connectivity, energy and living space, and risking widening digital and housing inequalities.
- Climate change will increase the need for water and heat relief, which also risks widening inequalities if there is insufficient community access.
- Planners need ways to involve future residents who are not yet part of the community.

### Community disengagement

- Building trust with seldom-heard groups demands sustained time and resources.
- Residents interpret the boundaries of their 'local community' differently, and psychological barriers deter movement and engagement across Greater Cambridge.
- Many neighbourhoods feel increasingly disconnected from the city centre.
- Limited public understanding of the respective powers of local and national planning authorities can foster frustration and disillusionment.
- Simply creating more opportunities and platforms for public engagement obscures the best channel for engaging on different issues and ultimately leads to public disengagement.

### Best practice and available evidence

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Best practices and evidence from Cambridge and elsewhere were shared throughout the workshop and can be grouped into core themes.

### Using a good enough evidence base

- Quantitative and qualitative evaluations<sup>1,2</sup> of London's [Ultra Low Emission Zone](#) tell a story of the scheme's impacts.
- The [Happy Homes Project toolkit](#) links housing design to social value across six quality-of-life themes: feeling safe; health and well-being; environment; options and choices; enjoyment; and connection.
- The Town and Country Planning Association has produced a technical guide to help local authorities embed the [12 Healthy Homes Principles](#) in new-build housing.
  - These principles have been adopted by [Lewes District Council](#).

### Evaluating evidence and actions

- A review of seven Local Plans<sup>3</sup> found that ambitious health promotion policies were not enough to guarantee positive health outcomes, prompting the production of a [planning for healthy places guide](#) for local authorities.
  - Liverpool was the only authority in the review that required major developers to conduct a Health Impact Assessment (HIA) before commencing development and a management plan to monitor their continued performance against the HIA recommendations.
- The [Levelling Up White Paper](#) (2022) introduces [metrics](#) for tracking progress towards its health and well-being missions.
- The [OECD Well-being Framework](#) identifies eleven key dimensions of current well-being and four key dimensions of future well-being.

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<sup>1</sup> [Children's Health in London and Luton \(CHILL\) cohort: a 12-month natural experimental study of the effects of the Ultra Low Emission Zone on children's travel to school | International Journal of Behavioural nutrition and Physical Activity](#)

<sup>2</sup> [London's Ultra Low Emission Zone and active travel to school: a qualitative study exploring the experiences of children, families and teachers | BMJ Open](#)

<sup>3</sup> [Integrating Health into Local Plans: A Comparative Review of Health Requirements for Urban Development in Seven Local Planning Authorities in England | International Journal of Environmental Research and Public Health](#)

## Identifying future trends

- The [Government Office for Science foresight projects](#) summarise current evidence and explore future possibilities; the recent [Net Zero: scenarios and pathways project](#), for example, assesses several dimensions of inequality.
- [Northstowe's permanent community centre](#) is a local example of planning with tomorrow's needs in mind.

## Promoting meaningful participation and collaboration

- Effective engagement in planning and research depends on:
  - Co-designing projects or crowdsourcing themes with community and voluntary groups.
  - Compensating participants for their time and expertise.
  - Creating spaces where everyone feels welcome, safe and equal.
- Permanent citizens' assemblies can be more economical and consistent than repeated, large-scale consultations.
  - A [global citizens' assembly](#) is being organised for COP30, which any community group can feed into.
  - The [Cambridge Chapter of Citizens UK](#) will hold its founding assembly in November 2026.
- Community Land Trusts provide community-led routes to building better, affordable homes for local people, e.g. [Citizens House](#) (Lewisham) and [St Clements](#) (Tower Hamlets).
- Bristol City Council is working in partnership with the local community to define a clear purpose and timeframe for the [Frome Gateway Regeneration project](#).
- Bradford District Council produced a [Children and Young People's Strategy](#) (2023–2025) for 0 – 19-year-olds.

## Lessons from Finland

- Finland and the City of Helsinki promote civic pride and stewardship, particularly in children and young people, through youth councils and city-wide engagement weeks.



- Finland's Youth Act (2017) established a [State Youth Council](#), and in combination with the Local Government Act (2015) mandated the establishment of local youth councils.
- Finland's [Digiraati](#) (Digital panel) is a free online service providing children and young people with the opportunity to engage in supervised discussions on social issues and have their voices heard.
- The Helsinki Youth Council organise [youth budget schemes](#), where 13 – 17-year-olds can propose, vote on and implement projects funded by the city's Youth Services budget.
- The City of Helsinki hosts education innovation events such as [Helsinki Education Week](#) and the [HundrED](#) Innovation Summit, promoting civic participation and best practices in education.

### Cambridge examples

- A community-led research network for equality groups will launch in autumn 2025, in collaboration with Cambridge City Council, Anglia Ruskin University, University of Cambridge and National Institute for Health Research (NIHR).
- [Cambridge Room](#) is hosting a physical timeline of community activism and engagement in planning, augmented by community visitors to the Room.
- The [Cambridge Connected Curriculum](#), designed by Milton Road Primary School, helps pupils develop a sense of belonging and the skills to contribute positively to Cambridge's community and environment.

## Proposed approaches for Greater Cambridge

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### Addressing evidence and evaluation gaps

- Recognise that data will never be perfect given the complexity of the area, but that using 'good enough' data as a good start to create 'good enough' policy.
- Set clear guidance on what evidence is good enough for Greater Cambridge decision makers.
- Seek academic input on evidence-based principles, particularly if they cannot yet publicise specific research findings.
- Update the multiple indices of deprivation, mapping at finer geographic scales.

- Address the local evidence gap on the future health needs of Greater Cambridge and the relationship between housing and mental health.
- Pinpoint what works—and what fails—in Greater Cambridge to avoid repeating mistakes.
- Use networks such as the Town and Country Planning Association to fill local evidence gaps, with knowledge from other local authorities.
- Embed monitoring and evaluation into more of the planning process; use partnerships with other cities (e.g. through the C40 cities network) to combine resources and measure larger-scale interventions.
- Include richer evidence on children’s experience in the Urban Habitats reports, and what benefits a future “Healthy Cambridge” could bring them.

### **Promoting meaningful participation and collaboration**

- Treat community, institutional and individual collaboration skills as equally valuable.
- Move away from extractive consultations; let residents design and run creative engagement.
- Share quick wins to sustain momentum and demonstrate impact.
- Use tools such as interactive digital maps to support bottom-up collaboration.
- Harmonise opportunities for citizens to input and consult, showing what they can influence and how, so they can best decide where to invest their time
- Apply innovative education tools to build civic pride and stewardship.
- Develop new narratives as a basis for collective action and share local successes to build a sense of progress.

### **Leadership and followship**

- Champion leadership and followship, building on widespread collaboration which exists in Greater Cambridge.
- Build a shared vision to enable agreed standards for “good-enough” evidence, open data sharing, aligned organisational goals, common principles and a consistent narrative.
- Reframe the concept of health and define what being healthy means to encourage more ambitious and forward-thinking policies.

- Convey how a Healthy Cambridge can also be innovative and economically dynamic.
- Support local planning authorities to lead the integration of health and housing development.
- Take advantage of the current fluxing natures of local government and integrated-care structures to shape an approach that matches its long-term aspirations.

## Follow-up questions for consideration

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- What would a Greater Cambridge Children's Strategy look like?
- What local research questions could be addressed and fed into the Local Plan development process?
- What is a happy, healthy Cambridge, and who will Cambridge belong to in the future?
- How can national and local health, planning and education knowledge be better integrated?
- How can more granular health data be collected for Greater Cambridge?