

Community Survey and Engagement Report

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1. Overview

To better understand residents' views on the built environment across Cambridgeshire and Peterborough, the Health Places JSNA undertook a Community Survey and Community Engagement.

1.1. Community Survey

A Community Survey was designed to explore what residents of Cambridgeshire and Peterborough value in their local built environment, and if their current access aligns with these values. This survey was conducted both electronically and through paper copies distributed across council buildings and public libraries. The survey was opened on 15th February 2024 and closed on 15th April 2024. The survey was promoted by the Cambridgeshire County Council and Peterborough City Council Communication teams through their communication channels and working with partners (e.g., district councils, parishes, combined authority, ICS, etc). Results from the Community Survey are presented in Section 2. A copy of the survey can be found in Appendix 1

To maximise the representativeness of survey responses, Healthwatch Cambridgeshire and Peterborough were commissioned to perform targeted survey distribution. During the survey window, 3 interim analyses were performed on responses received to date. These responses were analysed by demographic factors to understand which groups of people were currently underrepresented in the survey. This information was conveyed to Healthwatch who worked with local community groups and leaders to promote the survey, focusing on underrepresented groups. The final demographic composition of the survey is presented in Section 2.1.2.

The survey primarily explored 8 key themes that were chosen based on the principles of the NHS Healthy New Towns programme:

- Local decisions
- Local healthcare
- Sense of community
- Green spaces
- Active travel
- Affordable options for healthy food
- Community buildings
- Healthy play and leisure

Respondents were asked to rate the themes on how important they are (1 [Not important to me] to 5 [Very important to me]) and their current access (1 [Very hard to access] to 5 [Very easy to access]). The difference between these two ratings was termed *Unmet need* (Sections 2.1.3 and 2.1.4). For example, if a resident rated Green spaces as 4 for importance, and 3 for access, the Unmet need would be 1. Higher values for unmet need indicate greater disparities between importance and current access. Negative values indicate that current access surpasses importance.

The survey did not initially include free text responses as the aim was to assess importance and access across Cambridgeshire and Peterborough, rather than to explore specific details of respondents' local built environment. However, based on feedback received shortly after the survey opened, a free text response option was incorporated on 23rd February 2024. The results from free text responses are analysed in Section 2.2. The quotations included in this analysis are intended to be illustrative, and not necessarily representative of the wider population. Where specific place names (villages or towns) were mentioned or resident contact details provided, these have been redacted (*REDACTED*). Spelling errors have been corrected for clarity.

1.2. Community Engagement

To supplement the Community Survey, Community Engagement was conducted through Healthwatch Cambridgeshire and Peterborough's Health and Care Forums and Partnership Boards, May–September 2024.

- Health and Care Forums
 - Cambridge and South Cambridgeshire
 - Fenland and East Cambridgeshire
 - Huntingdonshire
 - Peterborough
- Partnership Boards
 - Carers
 - Learning Disability
 - Older People
 - Physical Disability
 - Sensory impairment

Health and Care Forums were used to explore place-based results from the Community Survey (e.g., when a certain district shows higher or lower unmet need in a specific theme). Partnership Boards were used to explore accessibility issues across the key themes. Summarised feedback from Community Engagement is presented in Section 3.

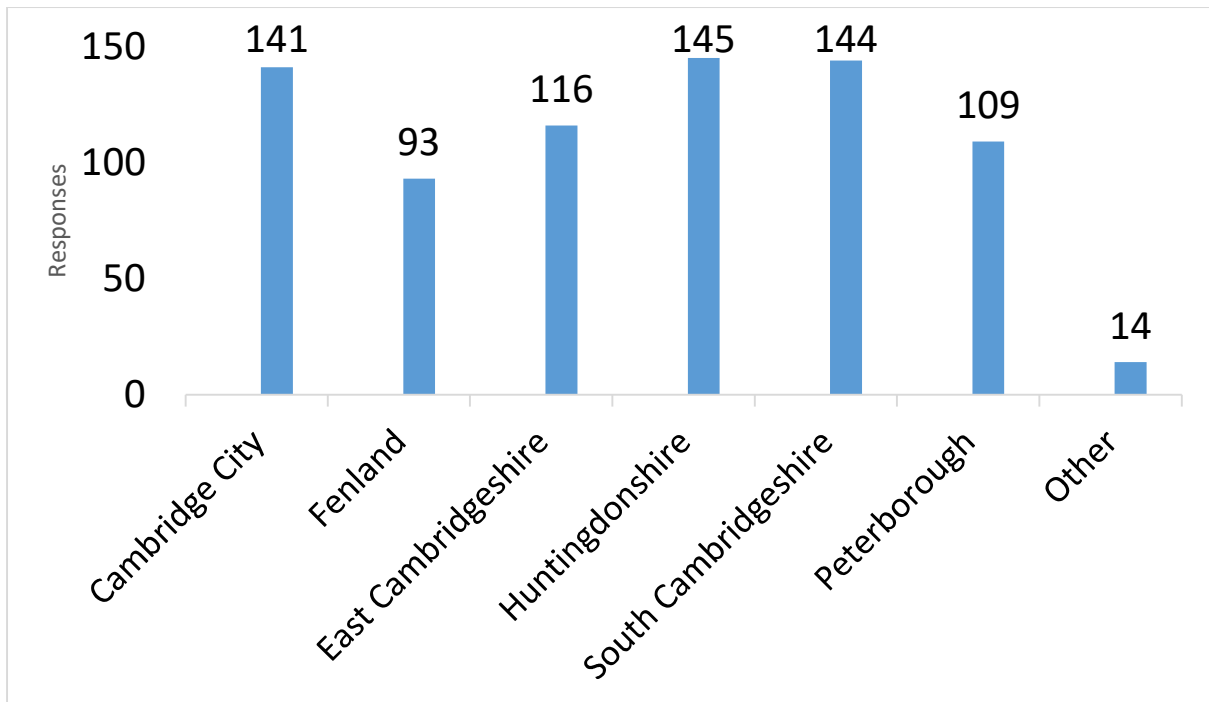
2. Community Survey

2.1. Quantitative results

2.1.1. Overview

In total, 768 responses were received. 6 responses did not include any data and were removed. The remaining 762 records were analysed. Fenland was slightly underrepresented, and Peterborough more substantially underrepresented, compared with the other Cambridgeshire districts relative to total population size from the 2021 census (Figure 1).

Figure 1: Responses by district, HP JSNA community survey



2.1.2. Demographics

Age

Most respondents were aged 35–74. Residents aged <25 were substantially underrepresented.

Table 1: Responses by age, HP JSNA community survey

Age	Responses
15 – 19	1
20 – 24	10
25 – 34	59
35 – 44	118
45 – 54	175
55 – 64	186
65 – 74	113
75+	66
Prefer not to say	20

Sex

68% of respondents were female.

Table 2: Responses by sex, HP JSNA community survey

Sex	Responses
Female	508

Male	205
Prefer not to say	31
(blank)	4

Gender identity

The majority of respondents were cisgender. The proportion of respondents who were nonbinary (0.7%) is greater than that reported nationally in the 2021 census (0.06%). 0.9% of respondents reported identifying with a gender different to the one registered at birth.

Table 3: Responses by gender identity, HP JSNA community survey

Gender identity	Responses
Man	197
Nonbinary	4
Prefer not to say	41
Woman	496

Ethnicity

90% of respondents were White (2021 census: 85%) with other ethnicities being underrepresented relative to their proportions across Cambridgeshire and Peterborough represented in the 2021 census.

Table 4: Responses by ethnicity, HP JSNA community survey

Ethnicity	Responses
Asian, Asian British or Asian Welsh – Any other Asian background	3
Asian, Asian British or Asian Welsh – Bangladeshi	1
Asian, Asian British or Asian Welsh – Chinese	9
Asian, Asian British or Asian Welsh – Indian	8
Asian, Asian British or Asian Welsh – Pakistani	5
Black or Black British – African	2
Black or Black British – Any other Black / African / Caribbean background	1
Black or Black British – Caribbean	3
I prefer not to say	27
Mixed or multiple ethnic groups – Any other Mixed / Multiple ethnic groups background	3
Mixed or multiple ethnic groups – White and Asian	2
Mixed or multiple ethnic groups – White and Black African	1

Mixed or multiple ethnic groups – White and Black Caribbean	1
Other ethnic group – Any other ethnic group background	4
Other ethnic group – Arabic	1
White – Any other White background	75
White – English / Welsh / Scottish / Northern Irish / British	559
White – Gypsy or Irish Traveller	10
White – Irish	10
(blank)	13

Disability

23% of respondents reported having a disability, greater than the national proportion of 18%. This is likely influenced by the age distribution of survey respondents and the engagement channels used by Healthwatch, which are more likely to reach people with existing health conditions.

Table 5: Responses by disability, HP JSNA community survey

Disability	Responses
No	533
Prefer not to say	36
Yes	168
(blank)	1

Employment

58% of respondents worked either full- or part-time. 24% were retired.

Table 6: Responses by employment, HP JSNA community survey

Employment	Responses
Not working – carer	11
Not working – disability or health condition	27
Not working – looking after house/children	21
Not working – retired	178
Prefer not to say	21
Self employed	38
Student or child	3
Unemployed	9
Working Full time (30+ hours)	320

Working Part time (29 hours or less)	106
(blank)	4

Profession

75% of respondents reported that their current profession (or last working profession if now retired) was in a professional, managerial, or supervisor role.

Table 7: Responses by profession, HP JSNA community survey

Profession	Responses
Manager / senior administrator (e.g. senior manager, owner of small business, head teacher)	223
Other (e.g. student)	30
Prefer not say	31
Professional / higher managerial (e.g. doctor, lawyer, chairperson or managing director of a medium or large firm)	106
Receiving state benefit, unemployment, old age or any other reason.	26
Semiskilled/ unskilled manual worker (e.g. assembler, postal worker, shop assistant)	42
Skilled manual worker (e.g. plumber, electrician, hairdresser)	29
Supervisor / clerical/ skilled non manual role (e.g. teacher, secretary, junior manager, police officer)	237
(blank)	14

2.1.3. Unmet need (district)

The unmet need average values for the 8 key themes are summarised in Table 8. The greatest unmet need was in Local healthcare and Affordable options for health food. Although respondents indicated high importance of green space, access was reported as fairly good, reducing the unmet need scores in this theme. Bar graph results are presented by district in the subsections below. Bar graphs results are presented by theme in Section 2.1.4.

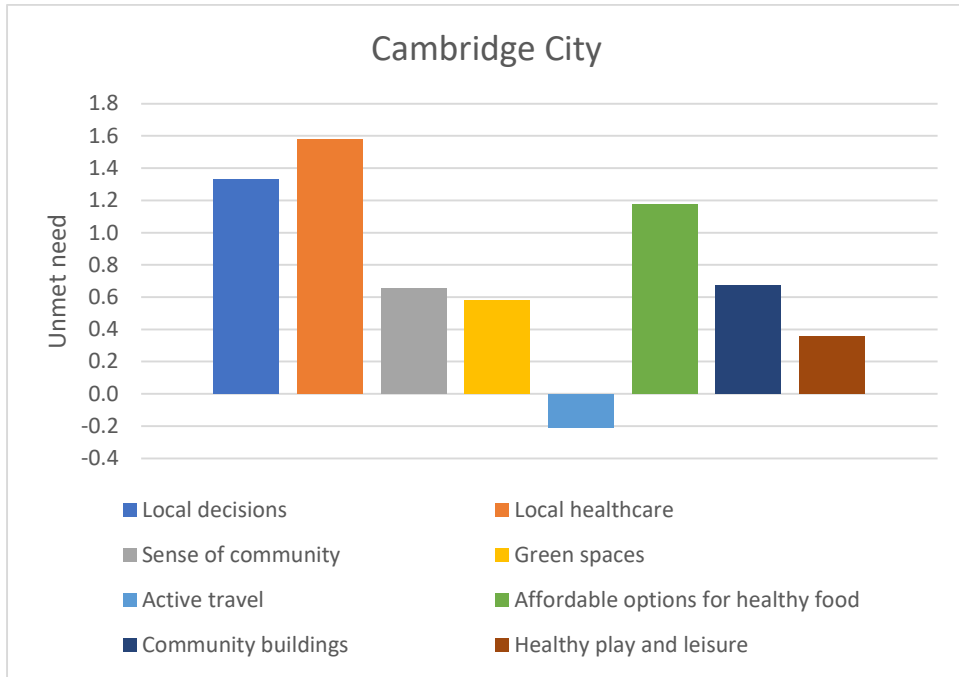
Table 8: Unmet need across 8 key themes, HP JSNA community survey

District	Local decisions	Local healthcare	Sense of community	Green spaces	Active travel	Affordable options for healthy food	Community buildings	Healthy play and leisure
Cambridge City	1.3	1.6	0.7	0.6	-0.2	1.2	0.7	0.4
East Cambridgeshire	1.1	1.6	0.9	0.9	1.2	1.1	1.0	0.9
Fenland	0.3	1.5	0.6	1.0	1.0	1.4	0.9	0.9

Huntingdonshire	0.6	1.7	0.7	0.6	1.0	1.2	0.4	0.5
Peterborough	0.9	2.0	1.0	1.0	0.9	1.9	1.4	1.1
South Cambridgeshire	0.8	2.0	0.5	0.7	0.5	1.1	0.6	0.5
Overall	0.9	1.7	0.7	0.8	0.7	1.3	0.8	0.7

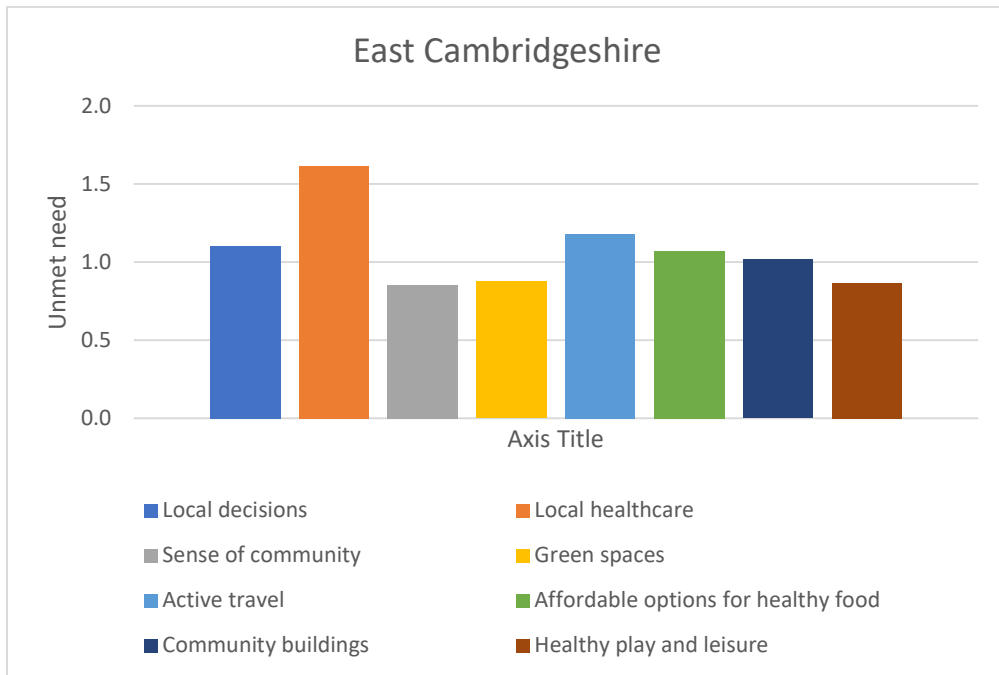
Cambridge City

Figure 2: Unmet need in Cambridge City, HP JSNA community survey



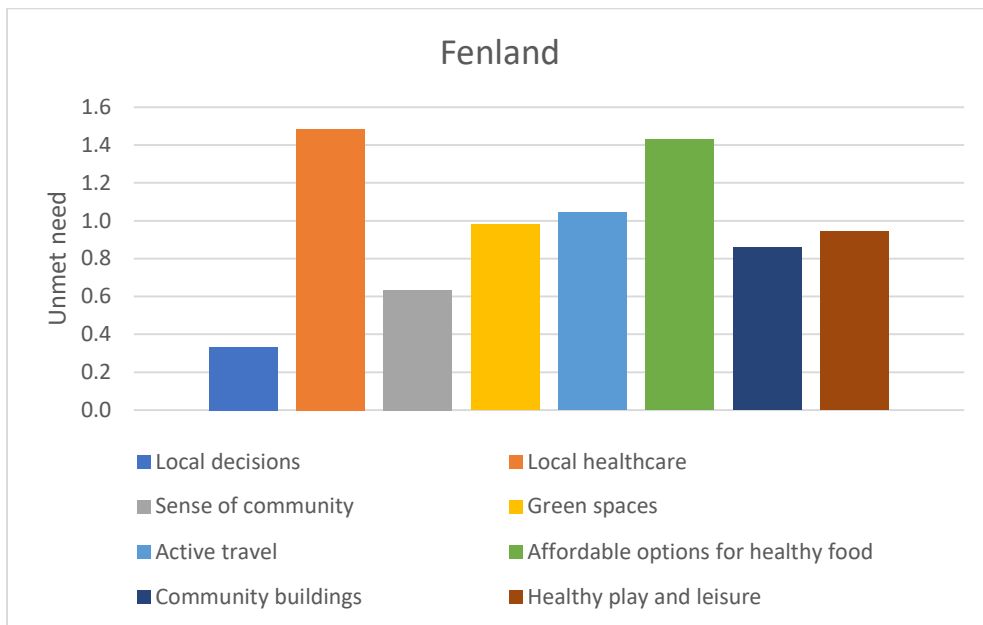
East Cambridgeshire

Figure 3: Unmet need in East Cambridgeshire, HP JSNA community survey



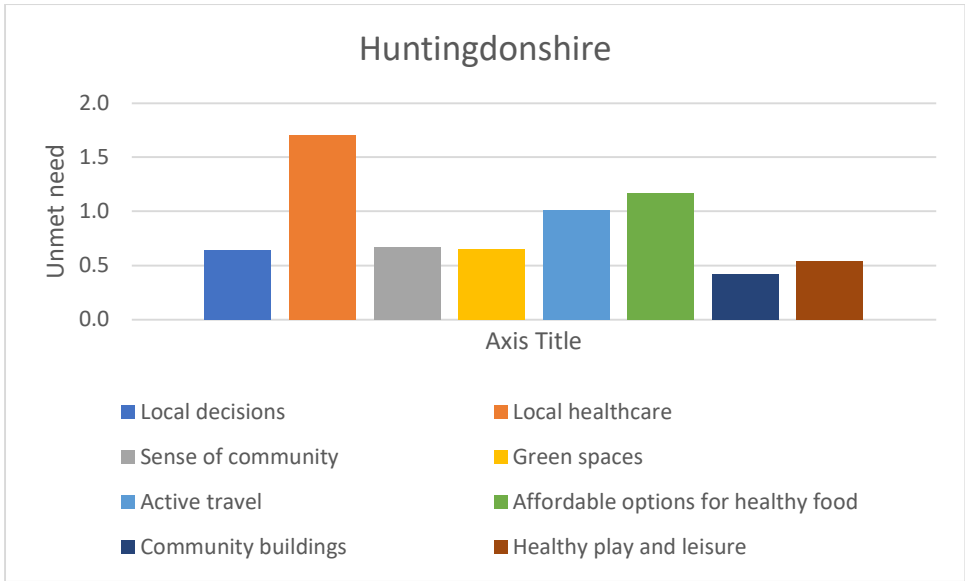
Fenland

Figure 4: Unmet need in Fenland, HP JSNA community survey

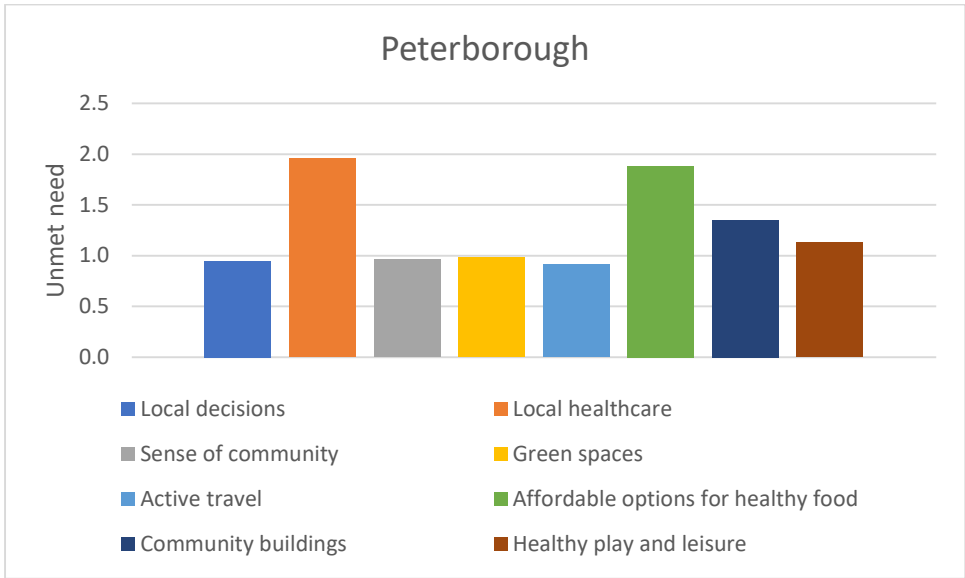


Huntingdonshire

Figure 5: Unmet need in Huntingdonshire, HP JSNA community survey

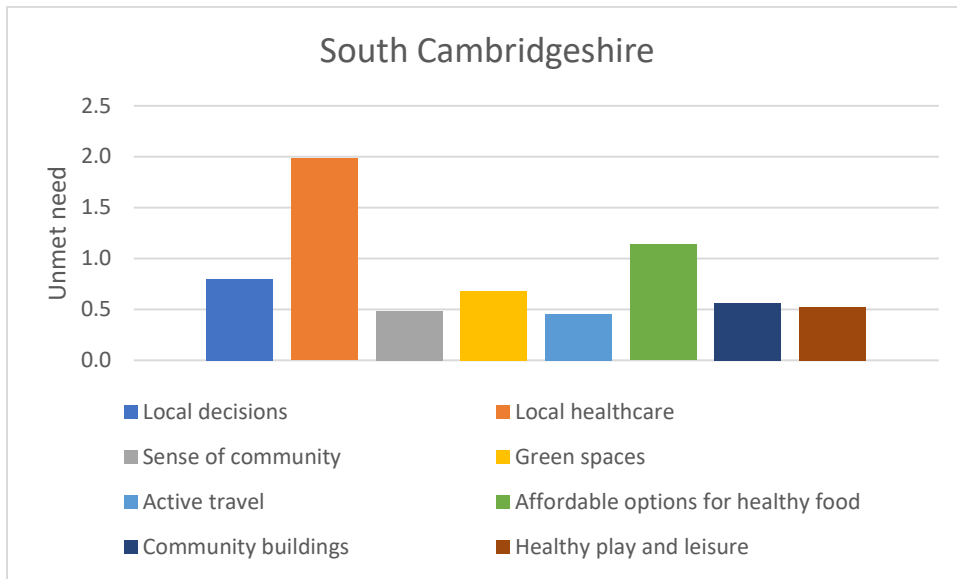


Peterborough
Figure 6: Unmet need in Peterborough, HP JSNA community survey



South Cambridgeshire

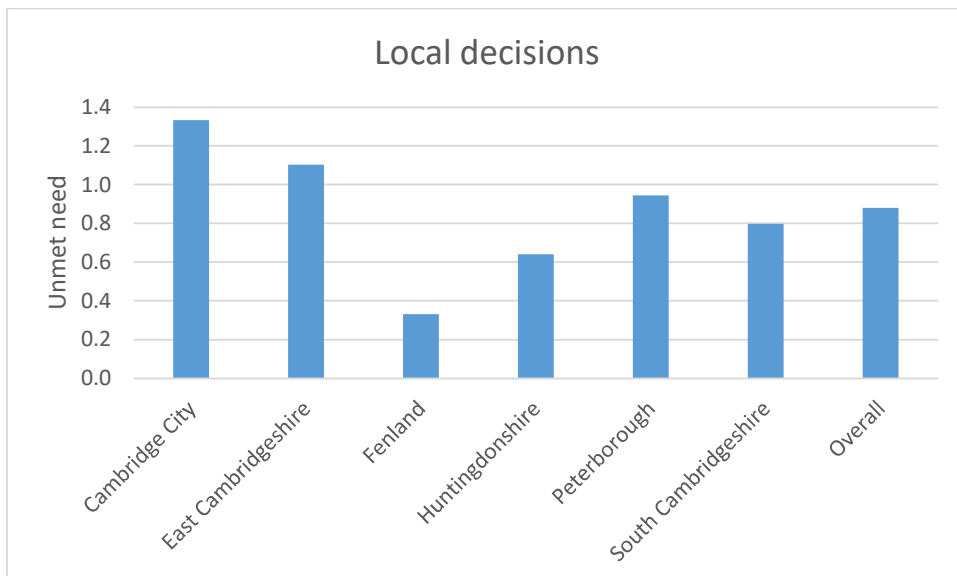
Figure 7: Unmet need in South Cambridgeshire, HP JSNA community survey



2.1.4. Unmet need (theme)

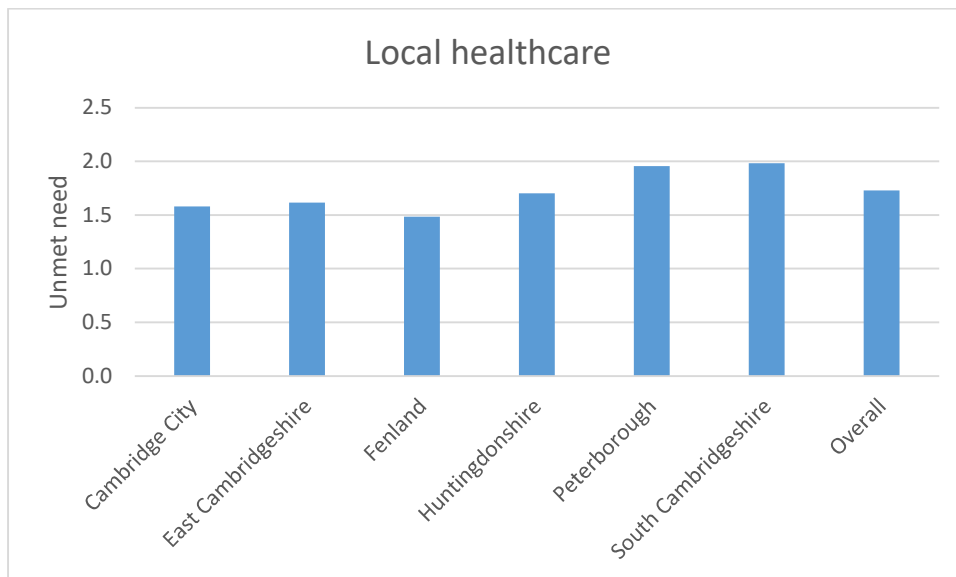
Local decisions

Figure 8: Unmet need in the Local decisions theme, HP JSNA community survey



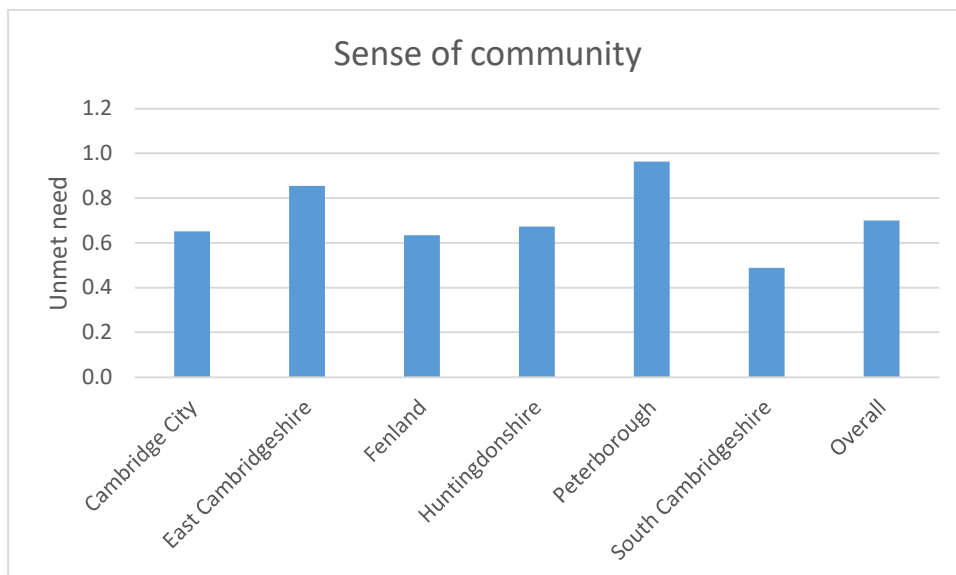
Local healthcare

Figure 9: Unmet need in the Local healthcare theme, HP JSNA community survey



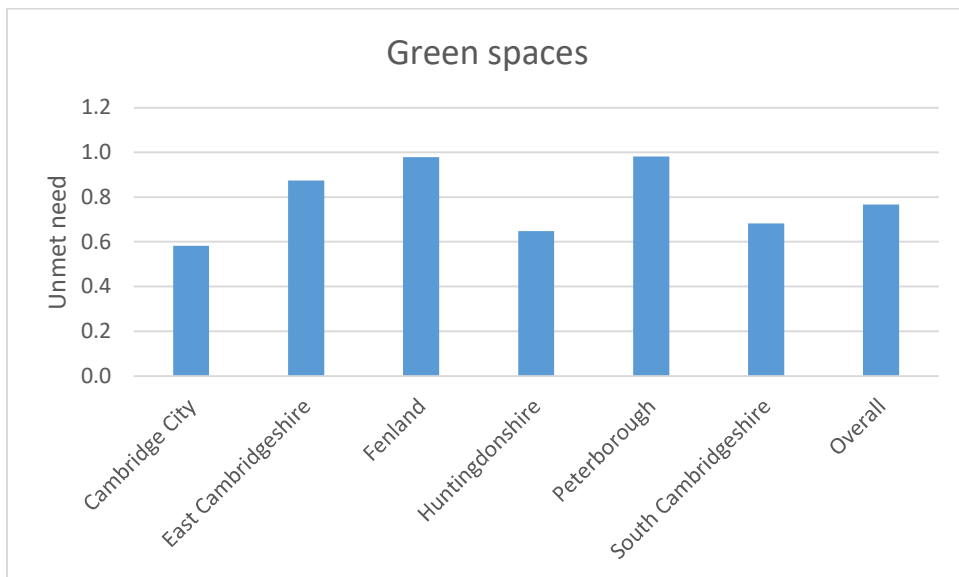
Sense of community

Figure 10: Unmet need in the Sense of community theme, HP JSNA community survey



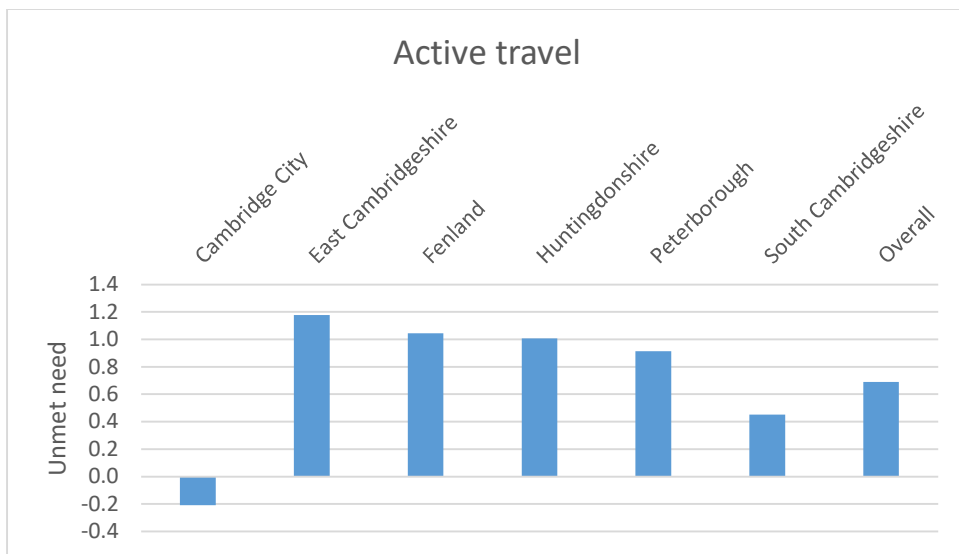
Green spaces

Figure 11: Unmet need in the Green spaces theme, HP JSNA community survey



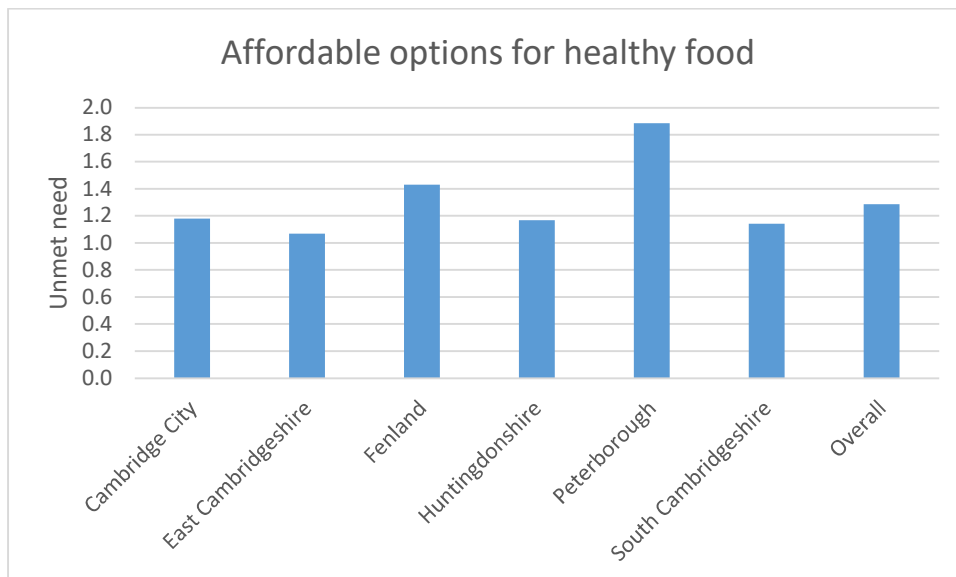
Active travel

Figure 12: Unmet need in the Active travel theme, HP JSNA community survey



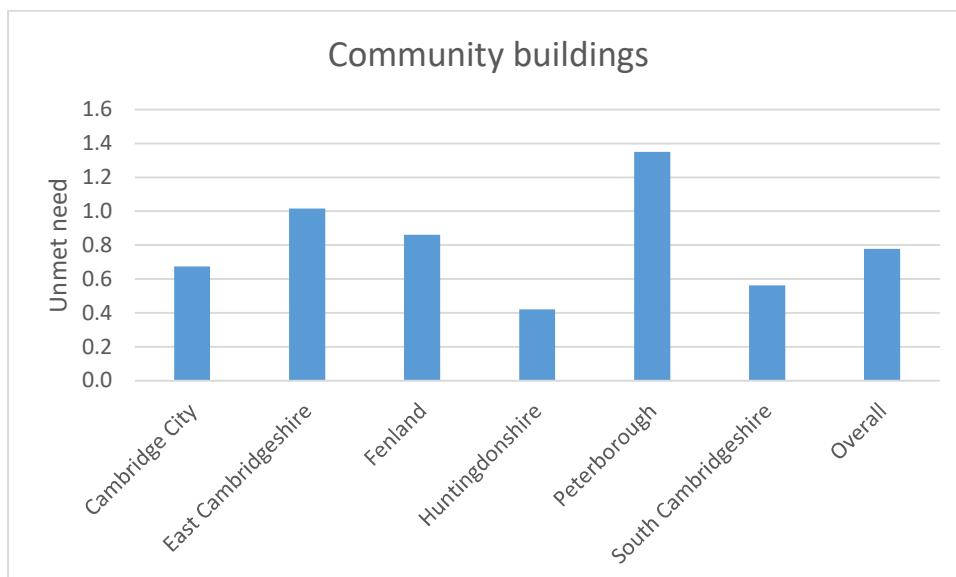
Affordable options for healthy food

Figure 13: Unmet need in the Affordable options for healthy food theme, HP JSNA community survey



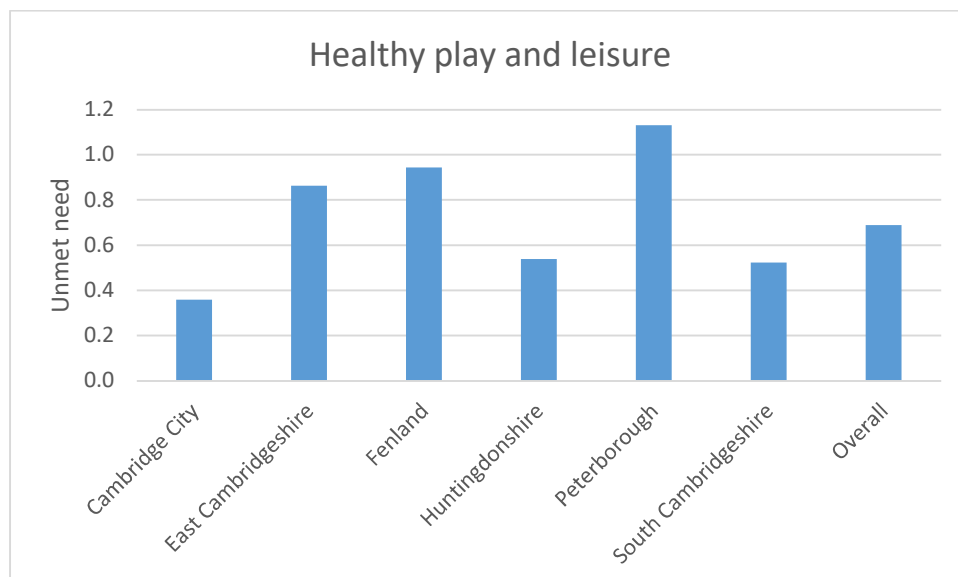
Community buildings

Figure 14: Unmet need in the Community buildings theme, HP JSNA community survey



Healthy play and leisure

Figure 15: Unmet need in the Healthy play and leisure theme, HP JSNA community survey



2.1.5. Accessibility

This section presents data on respondents' average access scores by age and by disability status. Respondents in younger age brackets tended to report lower access scores, particularly with respect to sense of community, green spaces, community buildings, and local decisions (Table 9). Respondents with a disability reported lower access scores across all themes apart from community buildings (Table 10).

Table 9: Accessibility by age, HP JSNA community survey

Age	Local decisions	Local healthcare	Sense of community	Green spaces	Active travel	Affordable options for healthy food	Community buildings	Healthy play and leisure
15 – 19	3.0	2.0	2.0	2.0	3.0	4.0	3.0	5.0
20 – 24	2.4	2.8	2.6	3.4	3.6	2.8	2.9	3.3
25 – 34	2.5	2.9	3.0	3.7	3.1	2.7	3.1	3.3
35 – 44	2.7	2.7	3.0	3.5	3.2	2.8	3.1	3.3
45 – 54	2.8	2.9	3.4	3.9	3.4	3.0	3.2	3.5
55 – 64	3.0	3.0	3.3	3.8	3.5	3.0	3.4	3.5
65 – 74	3.2	3.2	3.7	3.8	3.4	3.2	3.4	3.4
75+	3.4	3.3	3.8	4.1	3.5	3.5	3.6	3.7

Table 10: Accessibility by disability, HP JSNA community survey

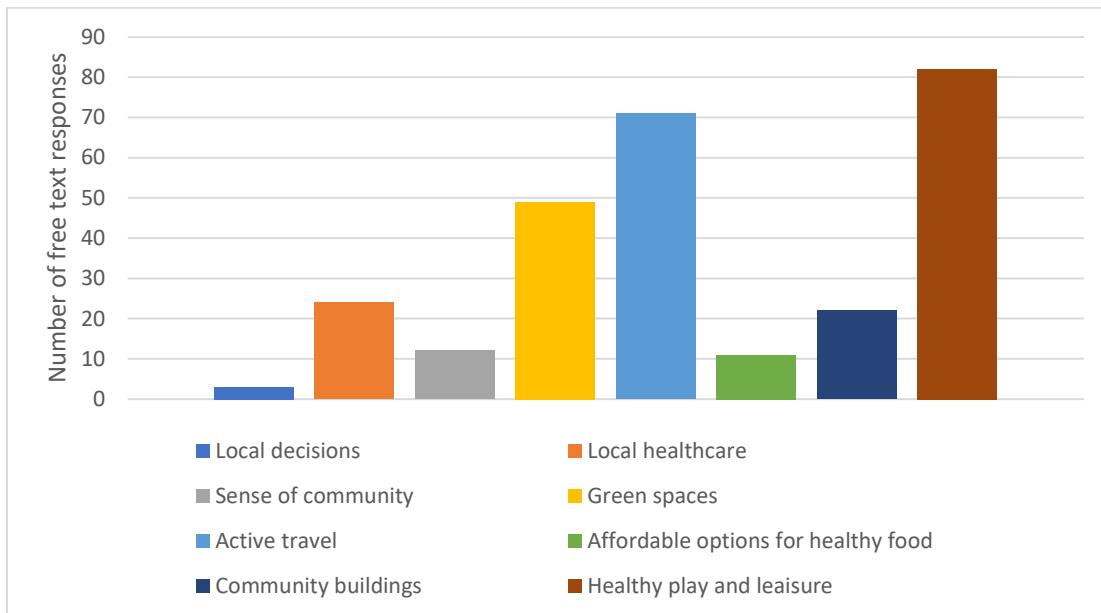
Disability	Local decisions	Local healthcare	Sense of community	Green spaces	Active travel	Affordable, healthy food	Community buildings	Healthy play and leisure
No	3.0	3.0	3.4	3.9	3.4	3.1	3.3	3.5
Yes	2.9	2.9	3.2	3.6	3.2	2.9	3.3	3.3

2.2. Qualitative results

2.2.1. Overview

362 survey records included a free text response. These responses were coded thematically against each of the 8 key themes (Figure 16). Responses were assigned to more than one theme if they discussed multiple aspects of the local built environment. In addition to the 8 key themes, the other major recurrent topics mentioned in free text responses were: accessibility (52 responses), commercial investment and local amenities (30 responses), safety and antisocial behaviour (20 responses) and public transport (17 responses).

Figure 16: Free text responses coded to the 8 core themes, HP JSNA community survey



2.2.2. Local decisions

3 free text responses were coded to the theme of Local decisions. Due to the low number of responses, it is not possible to draw any conclusions. Responses mentioned concerns regarding access to their local parish council meetings and appointments of councillors.

*“The ability to have a say in *REDACTED* is limited. There are limited numbers of people who stand for election so limited choice of candidates. Many of the local councillors do not listen to new ideas. They have their own opinion and decide based on that, not public view. They do not consult with groups they do not agree with. More people need help to stand as councillors.”*

2.2.3. Local healthcare

24 free text responses were coded to the theme of Local healthcare. Based on the phrasing of the questions in the survey related to healthcare, it is difficult to ascertain if people felt that their main issue was physical access to local healthcare (e.g., insufficient parking or public transport) or logistical access (e.g., difficulty obtaining a GP appointment, lack of NHS dentistry). Most likely, it is a combination of these factors. Several responses noted the impact on local healthcare services of prolific house building and local development.

“We have identified the increased demand for health care due to the increase in houses. To cater for the increasing population, it's important to increase healthcare system.”

“Too many houses/people, not enough services, ie: doctors surgery incompatible for the area.”

“To review the ongoing building and development of new housing estates with an already struggling infrastructure, the doctors surgery cannot keep up with the current population, this then impacts the local hospitals with unnecessary time spent in the emergency department for something which could and should be managed in primary care. It is impossible to make a non-urgent appointment and are told to call the next morning for a finite number of appointments, which should be used for emergencies only.”

“No extra hospital beds to cope with growing population.”

2.2.4. Sense of community

12 free text responses were coded to the theme of Sense of community. Multiple people described their sense of isolation and lack of local community. Several

attributed this towards reducing numbers of local volunteers for community building initiatives.

“The buildings, green spaces etc. might be there but the number of people willing to volunteer is reducing year on year, so sense of community is in many ways dying out.”

“We need free activities for children and families to access! Nothing happens anymore no one has time to volunteer we are out working earning money for the cost of living”

“Looks like lots of community spaces, but paid classes. Opportunities to genuinely build community and spend time with people, form friendships are slim.”

One respondent provided a detailed insight into accessibility issues of community events.

“Music brings people together, so does art and creative workshops making things, so people have a reason to go and also to chat but not feel pressured to make conversation all the time as there is something else to do whilst alongside company. These things are expensive and difficult to get to if you don't drive or haven't got good mobility. Also, people who can't get out probably won't have the opportunity to see what's on around them. Local newspaper used to be free we don't get it at all anymore. Yes, there is the internet however if you don't have it or know how to work it you are left out. Maybe classes to help the older generation catch up and understand how to use devices so that they can also access the internet or online classes etc. That would be a safe easy way to meet people and to see each other once a month to share their experiences and what they have made or enjoyed doing.”

2.2.5.Green spaces

49 free text responses were coded to the theme of Green spaces. These responses tended to be very positive and emphasise the benefit of having access to local green space. One response noted the importance of connecting active transport routes to green spaces.

“Link [active transport routes] to local green spaces for leisure- for example ensuring there is an off road cycle track to the new reservoir so that the green area can be used for activity and wellbeing - like accessing Fen Drayton lakes on the guided bus way for example. This encourages lots of people to access this space.”

Several responses emphasised the need to consider trees for shade and seating.

“There are not many benches around or greens big enough to cater for walkers, runners, dogs, adults and families.”

“More shaded spaces (trees) and benches along walking paths.”

“The built environment is also lacking in trees, which play a crucial role in enhancing the local environment, through reducing air pollution and extreme heat.”

There were also comments on the need for varied use green space.

“Would welcome fitness trails. Also woodlands. What is currently here is football fields and cricket pitches. No good if your mobility isn't good.”

Multiple responses highlighted concerns over safety of local green spaces (see Section 2.2.12 below).

“I don't feel safe going to our local park and would love to have somewhere to go and walk round that is within easy reach to where I live.”

Several responses specifically noted the positive impact of Ferry Meadows in Peterborough

2.2.6.Active travel

71 free text responses were coded to the theme of Active travel. Responses were generally positive regarding the benefits and appeal of active travel.

“What I love about where I live is that I can walk and cycle everywhere.”

“Lots of footpaths taking you away from roads is the best aspect of living here.”

However, some respondents felt that the focus on active travel promotion was to the detriment of other road users.

“Too many cycle paths being built at the detriment of other road users and absolutely no need for a blanket 20mph limit.”

“Existing roads, pavements and footpaths have not been maintained. Stop digging up roads and countryside to put in more cycle lanes that only a small minority of the population will use.”

Many responses emphasised that poor quality road surfaces and current cycle infrastructure can pose risks to cyclists.

“The Fenland towns are suitable for cycling and active travel so more cycle lanes/ways/bike parking like the Cambs city has would be great to encourage more use- the roads are currently unsafe so I would not travel this way without cycle lanes.”

“The roads for children are unsafe, because of poor provision of cycle lanes, limiting their ability to access leisure activities or simply meet their friends.”

“Cycle paths that do not suddenly end forcing cyclists on to the road would mean I would choose to cycle whereas I currently do not for this reason.”

“Poor paving and particularly deeply potholed road and path surfaces makes it extremely unsafe for cycling, even in broad daylight.”

Another pragmatic point was raised with respect to access to water in the context of climate change.

“I would utilise active travel more if there were facilities to fill up my water bottle locally, particularly in the summer months. I try to avoid buying single use plastic bottles and public water fountains would be a great asset to the area.”

2.2.7. Affordable options for healthy food

11 free text responses were coded to the theme of Affordable options for healthy food. None were positive and many emphasised the lack of health, affordable options alongside a proliferation of unhealthy options.

*“*REDACTED* is a food desert - the only way to access fresh fruit or veg is to buy it at extortionate prices from corner shops.”*

“Generally, too many fast food restaurants in the city centre.”

Several responses emphasised the importance of affordability.

“Needs more healthy food and reasonably priced cafes or restaurants.”

“As economy is low in the area, affordable shopping is always available but with limited options, especially around healthy options.”

2.2.8. Community buildings

22 free text responses were coded to the theme of Community buildings. Some respondents specifically emphasised the benefits of their local community buildings.

“The community Hub and new Hideaway Cafe have created wonderful social spaces.”

However, most responses either noted the lack of local community buildings or that local facilities did not have sufficient age-appropriate offerings.

*“*REDACTED* lacks a community centre and although the church runs a lunch club once a week there is nowhere for the community to meet. If we had a centre we could prevent social isolation by running various clubs for different ages, and would be somewhere the community could gather.”*

“There may be buildings like community halls, but they are not appealing to me or people around my age [25-34]. We do live in a part of the Fens that has a large older population and some young families, there is not much that is appealing for younger adults without kids.”

“We have no centre of gravity - shops, community space- that pulls residents of this ward together where they can bump into one another and meet familiar faces. I particularly need community spaces that can support families with young children and would like to see a wider range of sports.”

“Free/low-cost sports and wellness activities would be great to see in the parks/community centres because the cost of classes and/or membership at local gyms/clubs puts those sorts of health-maintaining activities out the reach of many of us.”

One respondent emphasised the importance of diverse offerings of spaces for people to meet and interact.

“My comment is that there is too much emphasis on "community centres" for creating a community. For anyone who doesn't have children, and/or works, a village hall environment where you might have a play group or coffee morning in the day, or a choir or sports activities in the evening (if the place is open at all) does not facilitate meeting people and socialising. You need somewhere that people can, shock, horror, meet for a drink, join in a quiz, watch the football, like a pub. Remember them? When did a pub last get planned into new developments in Cambridge? Great Kneighton, Clay Farm, Trumpington Meadows, all social deserts in the evenings, some partially rescued by vague proximity to existing social facilities, but mostly nothing to do and nowhere to go within the neighbourhood.”

2.2.9. Healthy play and leisure

82 free text responses were coded to the theme of Healthy play and leisure. This was the most common theme to comment on. Responses tended to focus on the lack of age-appropriate equipment, especially for teenagers.

*“The activities/equipment in our local park are very much geared towards younger children, which leads to older children misusing them or not coming to the park. None of the green spaces in *REDACTED* have outdoor fitness equipment which would be great for promoting healthy living. Organised fitness activities in the parks would be great.”*

“All parks need updating and with empty building why not have something in place for the older kids that have nothing to do basketball court football area that accessible all the time pool centre so they can be of the streets not causing issue.”

*“There is very little for teenagers to do in *REDACTED*. A Skate Park or BMX pump track or similar would be a good start or even some shelter from rain and wind if they want to come together to chat outside (as the Community Centre is often not open in the evenings except for specific events). Even at the Community Lounge, teenagers are not allowed to attend without their parents, a requirement imposed by *REDACTED* Council.”*

“More to do for teenagers - so they stay safe and out of trouble.”

*“There aren't nearly enough facilities for older kids in *REDACTED*! Most of the play parks are aimed at toddlers and preschoolers.”*

And for older adults.

“Whilst there are places to walk locally there are few options for sports suited to older adults. Would love to have a full sized swimming pool, suited to lane swimming, and an indoor sports space (table tennis, badminton etc?).”

“There are lots of talks about sport/leisure activities for teens, young children and parents but nothing for older residents other than joining an expensive gym, or am I wrong.”

There were also comments regarding the maintenance and quality of play equipment in parks.

*“Play parks non-existent in *REDACTED*. random planks of wood for balancing are being passed off as play park. children can't meet other children as there is nowhere for them to go unless they travel.”*

There were also comments regarding the inaccessibility of play and leisure spaces during winter months when excessive rainfall makes the spaces unusable.

*“Local park gets very wet and muddy in winter so not really used.
Could do with flooring in middle.”*

2.2.10. Accessibility

52 free text responses were coded to the theme of Accessibility. Responses covered a range of accessibility issues impacting those with physical or sensory impairments, as well as older people.

“The play areas are very out of date. There are virtually no suitable play areas for children with disabilities. There are no extracurricular options for neuro diverse children. There are no benches in the parks and play areas which makes it difficult for people to gather.”

“Vision and mobility problems make it difficult to participate in local life when pavements/pedestrian pathways are narrow, poorly maintained, and frequently crowded out by bins etc. and by cyclists and scooters - both often traveling at speed. Junctions, like those at Brooklands Ave. and Hills Road and Trumpington Rd., are especially in need of urgent attention for the safety of pedestrians.”

“Elderly people do find it hard I’m sure to walk on pavements particularly where a too narrow pavement is shared with silent bicycles and the pavements make it difficult sometimes to walk easily being in a tired lumpy bumpy cracked condition! If people in wheelchairs or in pain it must be a deterrent to go out! I know you can’t do anything about it but it’s a big deterrent to going for a walk sometimes I have a stick for support but can’t appreciate my surroundings as my eyes are glued to the ground!”

“Footpaths and pavements are poorly maintained, uneven, often narrow and overly cambered, blocked with undergrowth, parked vehicles etc. There are pleasant areas to walk in the area, but most are inaccessible to wheelchairs/mobility scooters pushchairs/prams and the like.”

“I’m visually impaired and simply can’t see the information given out on notice boards, etc”

One respondent specifically commented that they feel that their local plan is not inclusive for disabled people.

“To have a local plan [South Cambridgeshire] that is inclusive for disabled people, the current one is not.”

2.2.11. Commercial investment and local amenities

30 free text responses were coded to the theme of Commercial investment and local amenities. Many of these noted the importance of having local shops and cafes to improve quality of living and the perception that this would reduce antisocial behaviour.

“We have no centre of gravity - shops, community space- that pulls residents of this ward together where they can bump into one another and meet familiar faces.”

“Lack of access to fun things to do, no cafes, restaurants etc makes more antisocial behaviour. This would be KEY to reducing antisocial behaviour.”

“The area would benefit from a coffee shop. There are not many places to meet up in my local area that don't involve alcohol.”

Several responses specifically noted the importance of ensuring local amenities in the early phases of development.

“My local area lacks commercial involvement and local amenities - it's a new town that's little more than a housing estate with schools.”

“There're very little facilities in the North of Ely, which is a concern when there's more and more houses being built. Houses are needed, but we need to ensure that communities are being built, not just houses.”

“Speed of increased housing is not matched by services provided.”

2.2.12. Safety and antisocial behaviour

20 free text responses were coded to the theme of Safety and antisocial behaviour. Most of these responses emphasised that safety concerns impacted residents' willingness to attend local spaces.

“There is often a lack of lighting and areas are isolated and do not offer protection. Even CCTV would offer people some sense of safety and would encourage them to use spaces.”

“The street lighting is very poor, and makes it feel frightening to walk around my neighbourhood after sunset.”

“Safety is always foremost for homes. Anything that helps would be great, such as more lights, police patrolling, etc.”

“There are local parks but they do not feel safe. Needles have been found in the local park and there is a very strong smell of cannabis at the skatepark and the local shops.”

2.2.13. Public transport

17 free text responses were coded to the theme of Public transport. Respondents emphasised the impact that insufficient public transport options have on their ability to access local services and facilities.¹

“Lack of regular public transport (buses) during the day + no options beyond late afternoon prevent many residents from shopping for local produce/household goods, leisure activities and attending health appointments.”

“There is plenty to do but without transport it is difficult to access. I have a car so it is easy but not for those who do not.”

“The public transport is extremely unreliable that affects the mobility negatively. E.g. Bus Citi1 & Citi2 are always disappeared although it showed on their apps they were coming. It affects the accessibility to different built area in the city.”

“Poor bus service, which means difficult to access bigger towns at convenient times. Difficulty getting to medical appt in the village, and hospital and other clinics have to involve volunteer drivers, and I hate asking.”

3. Healthwatch engagement

3.1. Health and Care Forums

3.1.1. Cambridge and South Cambridgeshire

The Cambridge and South Cambridgeshire Health and Care Forum was attended by residents of Cambridge and South Cambridgeshire who also represented wider community and health groups. Attendees were mostly interested in the process of the community survey, asking questions regarding its conduct and representativeness. The only topics that attendees raised regarding local built environment were the importance of digital infrastructure (including risk of digital exclusion) and one attendee's positive experience leveraging social media to help advertising local community transport volunteering.

3.1.2. Fenland and East Cambridgeshire

To be confirmed – Meeting has not taken place at time of writing this JSNA

¹Note, the Department for Transport publish [journey time statistics](#) that can be used to assess requirements for public transport.

3.1.3. Huntingdonshire

The Huntingdonshire Health and Care Forum was attended by residents of Huntingdonshire who also represented wider community and health groups. The major themes to emerge from discussion were:

Affordable options for healthy food

- Lack of open places to eat (opening hours don't meet need)
- Increase in food bank use
- Increase in food prices e.g. "Pub Food" and a decrease in choice of food available
- Income stagnant for pensioners and those on low incomes
- Lack of cooking skills
- Transport/difficulties in getting to retail offer
- What has happened to education (home economics/domestic science)

Community Buildings

- Community use – many varied uses
- Integrated hub as a model
- Please retain libraries

Health Care

- Need community transport to access healthcare
- Physical space in surgeries is now too small with all the wrap-around services on offer
- Services falling apart but they are trying to do prevention

3.1.4. Peterborough

The Peterborough Health and Care Forum was attended by residents of Peterborough who also represented wider community and health groups. The major themes to emerge from discussion were:

- Affordability and deprivation
 - There is a wide disparity between wealthy and poorer areas in Peterborough
 - One attendee noted that there is an East-West divide relative to wealth
 - This leads to inequalities in access to facilities and services
 - "You don't see much affordable housing"

- “Affordable housing isn’t affordable for the majority of people in Peterborough”
- A piece of work conducted in Fenland was highlighted. This work provided education around healthy eating and cooking, to emphasise that healthy eating does not need to be excessively expensive
- House building
 - Multiple attendees noted the large amount of house building in and around Peterborough
 - A concern was raised that there is insufficient provision for open spaces and infrastructure for local services (e.g., GP surgeries, school places, SEND schools)
 - Having large proportions of housing for rent leads to a degradation of sense of community as the population constantly is in flux
- PCC selling off community centres
 - Multiple attendees raised concerns over PCC’s selling of community centres/assets. The point was raised that the voluntary sector may not be able to provide ongoing support for these centres and that it equates to offsetting costs from one part of the system to another.
- Lack of things to do for young people
 - There was consensus among attendees that there is currently a lack of provision for things to do for children and young people (especially teenagers)
 - There was concern that this may contribute towards ASB
 - It was strongly noted that co-creation of youth spaces/facilities would be appropriate, rather than adults determining what is needed

3.2.Partnership Boards

3.2.1.Carers

The Carers Partnership Board was attended by a mixture of carers and people representing a range of local organisations and services related to carers. The major themes to emerge from discussion were:

- Accessibility of paths/pavements
 - Multiple attendees noted issues with paths and pavements, limiting access to wheelchair users and those with unsteady gait or who require walking aids.
 - Uneven ground leading to one attendee’s husband suffering multiple falls while walking their dog.
 - Maintenance of footpaths was described as poor and in winter, mud limits wheelchair accessibility in local green spaces.
 - When houses are not designed to have driveway parking this leads to parking on roads and across pavements, which frequently impacts on wheelchair accessibility

- Healthy play and leisure community consultation
 - Swimming
 - It was noted that for some disabled people, “The only exercise you can do is in water.”
 - Multiple service users spoke about the lack of local swimming pools with very limited options for accessible ways for disabled people to utilise them.
 - The benefits of hydrotherapy were noted across multiple attendees. It was mentioned that Peterborough doesn’t have a hydrotherapy pool and the one in Addenbrooke’s is challenging to access outside of treatment courses.
 - It was discussed that some SEND schools have pools and perhaps these could be opened for disabled community members to use at times when school was not using them. The example of Samuel Pepys school in St Neots was raised.
 - Accessibility of facilities
 - When considering local leisure facilities, consider the health and accessibility needs of the local population (e.g., nearby SEND schools)
- Public transport
 - Multiple attendees noted issues with public transport and how insufficient public transport impacts on their ability to utilise local services.
 - Public transport was noted to be unreliable and not have consistent service across days of the week and times of day.
 - Public transport was also noted to have access issues for wheelchair users.
 - One attendee raised the issue of ‘spotlight clinics’ where local healthcare services could be delivered in an alternative setting with superior public transport or active transport access (e.g., using a village hall for physiotherapy sessions)
- Cost
 - Cost implications limit access to local services and green space (e.g., parking)
 - Local shops don’t sell many healthy food items and what they do sell is very expensive.
 - “Affordability creates difficulty regarding access”

Additional quotations from attendees:

- “Disability affects absolutely everything about where you can go.”
- “Activities for disabled people are generally slotted in when no-one else wants to do something. So, if you do find disabled swimming lesson it will be Sunday lunchtime, when everybody is eating a roast.
- “If mainstream people went to restaurant then that they really wanted to go to and they were told to sit in the corner and look at everybody else eating they would have some idea what it’s like to be a profoundly disabled person who is

who is often allowed to go and watch things but they're not allowed to take part."

3.2.2. Learning Disability Partnership

The major themes to emerge from discussion were:

- Green Space
 - Some areas to have parks but green spaces/parks are not always fully accessible
 - From a disabled children and families point of view – *“we often get asked about accessible play areas and play areas that have got fences around them”. “Not necessarily about an expecting that these should be everywhere (although that would be great!) but more about being easily able to find out where they are”*
 - *“There are some really good apps and maps that show things like accessible gates, flat footpaths etc - but I think a lot of people don't know about them”*
- Shopping and access to healthy food
 - Use online for shopping
 - *“We also hear a lot about the impact of the cost of living crisis and the impact on buying healthy food - and other things. Especially for families (of any age) who have had an impact on their ability to work due to own needs or caring responsibilities”*
- General Access issues
 - Issues with pavements and dropped curbs being in the right place meaning that people in wheelchairs have to take longer journeys to find accessible ways to cross the road
 - Some paths have a physical barriers preventing easy access.

There were also concerns raised about waiting times in GP practices.

3.2.3. Older Peoples Partnership Board

The major themes to emerge from discussion were:

- Transport
 - Disparity between access to public transport in Cambridge City compared to rural areas.
 - *“Used to have a monthly bus to Peterborough, lots of ethnic shops in Peterborough which are not available elsewhere – the bus was well used, may have been funded?”*
 - *“Need better bus services”*
- Shopping
 - *“Shops are close in the city but outside of the city can be difficult to access via busses but do have access to green space”*
- Care services

- People with Alzheimer's - care packages don't give enough time to prepare fresh food etc.
- Different cultures don't always provide right types of diet e.g. serving cake and biscuits for breakfast, lack of cultural awareness
- Carers don't give choice to the person as to what they want to eat

3.2.4. Physical Disability

The Physical Disability Partnership Board was attended by a mixture of people living with physical disability, carers, and people representing a range of local organisations and services related to carers. The major themes to emerge from discussion were:

- Accessibility in local healthcare facilities
 - One attendee highlighted issues with physical access in her local primary care surgery for people with disabilities.
- Green spaces
 - Multiple attendees highlighted the impact of paths and other surfaces (e.g., car parks). It was acknowledged that landscaped paths are more costly but without them, natural paths can become excessively muddy during wetter months, making green spaces inaccessible for wheelchair or mobility scooter users. Gravel surfaces are not a viable alternative for wheelchair or mobility scooter users.
 - The adapted picnic benches and access to them in Priory Park, St Neots, were complimented: "it makes you feel quite included".
 - The accessible sensory garden in Hinchbrooke Country Park was also noted positively.
 - Attendees felt that accessibility considerations were perceived as an afterthought: "When it comes to access, it's the last thing on the list if money is left over."
 - Kissing gates limit accessibility for wheelchair and mobility scooter users.
 - Ticket machines are not always accessible for people using wheelchairs or those with dwarfism. Recently introduced parking apps were noted to improve accessibility.
- The wider impact of accessibility
 - One attendee spoke about how accessibility for people with disabilities also impacts on accessibility for their carers and families. (i.e., if a location is not accessible for a person with disabilities, their full-time carer also cannot access this space)
- It was noted that it can be challenging to understand accessibility from all perspectives without lived experience: "It's people not necessarily thinking through the whole accessibility picture of how people [with disabilities] get around."

3.2.5. Sensory Impairment

The Sensory Impairment Partnership Board was attended by a mixture of people living with sensory impairment and people representing local organisations and services related to sensory impairment. The major themes to emerge from discussion were:

- Active travel
 - eScooters
 - Multiple attendees commented as to their concerns over eScooters as they do not make much noise and are not visually distinctive.
 - “eScooters are a bigger danger to me than buses or cars.”
 - One attendee suggested that they should be painted white to increase their visibility.
 - Several attendees commented that there needs to be better enforcement over the use of privately owned scooters being used in public places.
 - Floating bus stops
 - Multiple attendees commented on the dangers associated with needing to cross a cycle lane to access floating bus stops
 - They did not feel that their concerns were listened to when they were consulted several years ago
- Transport between locations of interest
 - Milton Country Park and Fen Ditton were identified as a safe, enjoyable places to walk.
 - However, one attendee commented, “In order for me to access those green areas and spaces I need to get from A to B and that’s where the issues are.”
 - The attendee described the mental burden of having to consider all the issues they’d need to navigate to get to a place of interest. “You have to factor in all these extra things to access the things that other people take for granted...Your decision-making is sometimes driven by how much anxiety you can handle that day.”
- Street environment
 - Multiple attendees noted that pavements and pedestrianised areas feel to have become more cluttered, making them challenging to navigate for people with visual impairment.
 - Shared spaces (pedestrians sharing the built environment with cars/bikes) were flagged as hazardous. It was noted that bikes and pedestrians frequently share paths in parks, which can be dangerous for people with sensory impairment.
- Rehabilitation
 - One attendee drew attention to the importance of high-quality, rapid access rehabilitation for people with disabilities. He noted that rapid access to rehabilitation after moving to a new area or after onset of sensory impairment can dramatically impact a person’s ability to

engage in their local area, benefit from local services, and maintain their independence. He noted that this would likely have subsequent cost savings for social care.

- Disability panel
 - One attendee has been part of the Disability Consultative Panel as part of Greater Cambridge Shared Planning Service until 2018. He felt that although it was helpful, he wasn't sure how much the panel was listened to.
 - Another attendee flagged his involvement in the East Cambridgeshire District Access Group. He noted that as this panel was on a volunteer basis, many panel members could no longer offer their time without compensation and so membership declined. He believed that a paid coordinator role would be important to bring the group of volunteers together.
 - There was consensus in the meeting that Greater Cambridge Shared Planning Service's plans to replace the panel with 1-2 disability representatives was flawed.
 - "Ticking and box and filling a quota. Won't get meaningful feedback."
 - "What local authorities are looking for is a skilful response around accessibility...One person as a volunteer can't provide this level of response required from accessibility audits"
 - "People will always think of their own needs more." Reflecting potential bias of only having 1-2 representatives.
 - "For someone they want as a token person, why does that person have to have previous knowledge of how planning applications work? That in itself is a barrier to become a panel member."
 - The idea was posited that upfront investment into ensuring local built environments are accessible would deliver long-term savings in terms of people with disabilities then being able to get out into their environments, contribute to the local economy, and reduce mental health and social care support needs.

4. Conclusions

This community survey offers unique insight into if the local built environments of Cambridgeshire and Peterborough align with what residents value. The survey provides both quantitative and qualitative findings to highlight areas of unmet need and allows comparison between geographic areas. Although the sample size is low compared with the overall resident population of Cambridgeshire and Peterborough, the demographic profile of respondents indicates broad generalisability of findings. The most substantial area of uncertainty is around the views of children and young people. For this reason, it's recommended that further research be performed to understand their perspective on local built environments. This may be conducted

through dedicated focus groups or incorporated into existing surveys conducted in schools.

Overall, this community survey indicates that the most important areas requiring improvement are access to local healthcare and to affordable, healthy food. Access to local healthcare may be influenced by both the logistical availability of primary care (i.e., long waiting times, the 8AM rush for same day appointments, etc) or by physical access (e.g., lack of public transportation to healthcare facilities, physical infrastructure not being accessible for people with disabilities, etc). Qualitative feedback suggests that access to affordable, healthy food is driven by both the cost-of-living crisis (i.e., affordability) but also the proliferation of 'unhealthy' food establishments (i.e., takeaways). These findings will be carried forward and reflected in the recommendations for the Healthy Places JSNA.

Appendix 1 – Survey Questionnaire

Introduction

The Public Health team at Cambridgeshire County Council and Peterborough City Council are working towards making Cambridgeshire and Peterborough a healthier, more supportive, and inclusive environment for everyone. This survey should take around 10-15 minutes and may be completed on behalf of yourself or someone you care for. Your answers will help us to understand the values and experiences of local residents. Thank you for your time and assistance.

Data Protection

This survey is to understand residents' views on the built environment across Cambridgeshire and Peterborough. Your response will be used to inform the Healthy Places Joint Strategic Needs Assessment, a piece of work aiming to support our local built environment to be healthier, more accessible, and inclusive. The survey asks for postcode (not full address) to allow us to place your views in the context of your local built environment. We may share your information with our consultants and with the council analysis team.

You do not have to give us any personal information. Data will be published such that individual responses will not be identifiable. Personal data will be held securely, in accordance with data protection legislation. We will only store it for 12 months after the survey results have been analysed and the Healthy Places Joint Strategic Needs Assessment has been published.

Demographics

Age

How old are you?

- 0 – 4
- 5 – 9
- 10 – 14
- 15 – 19
- 20 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 – 74
- 75+

Gender

What gender would you describe yourself as?

- Female
- Male
- Prefer to self-describe [open text]
- Prefer not to say

Ethnicity

How would you best describe your ethnic background?

- Asian
 - Indian
 - Pakistani
 - Bangladeshi
 - Chinese
 - Any other Asian background
- Black, Black British, Caribbean or African
 - Caribbean
 - African
 - Any other Black, Black British, or Caribbean background
- Mixed or multiple ethnic groups
 - White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other Mixed or multiple ethnic background
- White
 - English, Welsh, Scottish, Northern Irish, British Irish
 - Irish
 - Gypsy or Irish Traveller
 - Roma
 - Any other White background
- Other ethnic group
 - Arab
 - Any other ethnic group
 - Prefer not to say

Disability

Do you consider yourself to have a disability?

("A physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities")

- Yes
- No
- Prefer not to say

Employment

What is your current working status if you work?

- Working Full time (30+ hours)
- Working Part time (29 hours or less)
- Self employed
- Unemployed
- Not working – retired
- Not working – looking after house/children
- Not working – disability or health condition
- Not working – carer
- Student
- Prefer not to say

Occupation

Which option most closely describes your current occupation? If you are retired, please choose the option that most closely aligns to your role before retirement.

- Professional / higher managerial (e.g. doctor, lawyer, chairperson or managing director of a medium or large firm)
- Manager / senior administrator (e.g. senior manager, owner of small business, head teacher)
- Supervisor / clerical/ skilled non manual role (e.g. teacher, secretary, junior manager, police officer)
- Skilled manual worker (e.g. plumber, electrician, hairdresser)
- Semi-skilled/ unskilled manual worker (e.g. assembler, postal worker, shop assistant)
- Receiving state benefit, unemployment, old age or any other reason.
- Other
- Prefer not say

The area you live

Location

Which council do you currently live in?

- Cambridge City
- Fenland
- East Cambridgeshire
- Huntingdonshire

- South Cambridgeshire
- Peterborough
- Other [Free text]

Postcode

What is your postcode? (Please do not include spaces e.g., CB28DD)

[DATA ENTRY]

Your local area

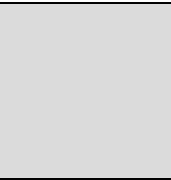
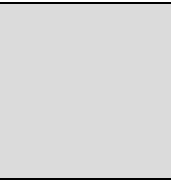
For the below questions, your 'local area' is taken to mean your village/town or nearby villages/towns that are easy for you to travel to.

Please rate the following:

"Where I live..."

	(1) Strongly disagree	(2)	(3)	(4)	(5) Strongly agree
I can meet up with people I know					
I can meet new people					
I can have a say in how things are run around here					
I can run things around here					
I can easily get the information I need (e.g., for health, leisure, transport, housing)					

I know who to go to if I need help (e.g., for health, leisure, transport, housing)



Please rate the below options on **how important they are to you to have in your local area (even if you don't currently have them)**:

	(1) Not important to me	(2)	(3)	(4)	(5) Very important to me
Ability to have a say in local decisions (e.g., Parish council, community forum)					
Access to local health care (e.g., local health services)					
Sense of community (e.g. community groups or clubs, newsletter/magazine, know your neighbours)					
Inclusive and accessible green spaces (e.g., parks, fields, woodland, nature reserve)					
Options for active travel (e.g., footpaths for walking/running, cycle lanes)					
Affordable options for healthy food (e.g., fresh fruit and vegetables, farmer's market, locally grown produce)					
Community buildings that support health and/or social connections (e.g., community centre, village hall)					
Options for healthy play and leisure (e.g., children's play parks, sports/leisure centre)					

Please rate the below options on **how easy or difficult they are to access in your local area**:

	(1) Very hard to access	(2)	(3) Neither easy nor hard to access / not sure	(4)	(5) Very easy to access
Ability to have a say in local decisions (e.g., contact local councillor, have voice heard at Parish council)					
Access to local health care (e.g., local health services)					
Sense of community (e.g. get involved in a local club, ask neighbours for help)					
Inclusive and accessible green spaces (e.g., parks, fields, woodland, nature reserve)					
Options for active travel (e.g., footpaths for walking/running, cycle lanes)					
Affordable options for healthy food (e.g., fresh fruit and vegetables, farmer's market, locally grown produce)					
Community buildings that support health and/or social connections (e.g., community centre, village hall)					
Options for healthy play and leisure (e.g., children's play parks, sports/leisure centre)					

Final message

Thank you for your participation.

Your response will help to inform our ongoing work on the Healthy Places Joint Strategic Needs Assessment, which will become publicly available in Autumn 2024 via [Cambridgeshire and Peterborough Insight](#).