

Cambridge Waste Water Treatment Plant Relocation Project
Anglian Water Services Limited

Appendix 12.3: Mental Health Wellbeing Impact Assessment (MHWIA)

Application Document Reference: 5.4.12.3

PINS Project Reference: WW010003

APFP Regulation No. 5(2)a

Document Control

Document title	Mental Wellbeing Impact Assessment
Version No.	04
Date Approved	26.09.23
Date 1st Issued	29.09.23

Version History

Version	Date	Author	Description of change
01	30.01.23	-	DCO Submission
02	29.09.23	-	Annex A updated to include missing details within MWIA Screening results
03	19.02.24	-	Updated in response to ExQ2
04	02.04.24	-	Updated in response to ISH4

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Summary

This document provides an overview and template of a Mental Health screening toolkit and well-being assessment, for use on schemes with potentially significant health impacts. An evidence-based framework for improving well-being through commissioning processes, project and service design and delivery, community engagement and impact assessment is provided.

The screening toolkit is designed to support in planning or providing policies, services, programmes or projects (collectively referred to hereafter as proposals), to begin to find out how they might make a difference through using Mental Well-being Impact Assessment (MWIA).

The process involves screening, scoping, appraisal, identification of potential impacts, identification of indicators, and identification of recommendations. The process is also designed to help people decide whether it is worth doing a more intensive MWIA involving a much wider range of people. Within the template, the likely impacts of the proposal (positive, negative, direct, indirect) are assessed against population characteristics of the study area (including age, gender, race and ethnicity, socio-economic position and class, physical health, disability, sexuality and transgender, 'other', and key settings). MWIA also uses a framework for assessing the three protective factors in the context of the wider determinants of mental well-being, which are: enhancing control, increasing resilience and community assets, and facilitating participation and promoting inclusion. Likely impacts are assessed and comments or recommendations are given. When applied to the Cambridge Wastewater Relocation Project, the MWIA concludes that further appraisal is not favoured.

1 Introduction

1.1.1 There is no formal guidance on considering mental health or wellbeing within the context of Environmental Impact Assessment (EIA). A toolkit for Mental Well-being Impact Assessment (MWIA) has been published by the National MWIA Collaborative (England) in 2011. This document provides an evidence-based framework for improving well-being through commissioning processes, project and service design and delivery, community engagement and impact assessment.

1.2 Screening process

1.2.1 Overview of MWIA process:

- **Screening – Deciding should you carry out an MWIA?:** Making an initial assessment of your proposal and deciding if further investigation is required
- **Scoping – How you will carry out the MWIA:** Initial policy appraisal, community profile, options for geographical boundaries and assessment of impacts.
- **Appraisal process – gathering and assessing the evidence:**
 - Community profiling
 - Stakeholder and key informant – MWIA workshop
 - Research such as Literature Review
- **Identification of potential positive or negative impacts**
- **Identification of indicators:** for monitoring impacts of your proposal on mental well-being and implementation of recommendations
- **Identification of recommendations and report**

1.2.2 The screening toolkit is designed to support in planning or providing policies, services, programmes or projects (collectively referred to hereafter as proposals), to begin to find out how they might make a difference through using MWIA. The process is also designed to help people decide whether it is worth doing a more intensive MWIA involving a much wider range of people; screening is the first stage in MWIA but can also be valuable as a stand-alone short assessment. It is designed to be user-friendly and should take approximately an hour to complete. Whilst completing the form, users may identify points that they would wish to follow up or find out more about. A space for such comments has been allowed after each section.

1.2.3 It is best done before the proposal has been finalised so that there is maximum opportunity for improvements to be made. It can be done on existing proposals if there is an opportunity or willingness to make changes to improve the rest of the delivery, or learn lessons.

1.2.4 Before the MWIA screening process is undertaken, the following should be identified:

- Input from a range of key stakeholders, up to 5 people, representing a diversity of knowledge and experience of the proposal. These might include a service user, a funder, and an operational manager. Arrange for this group to meet for an hour to undertake the screening process. This shared working has proved beneficial in building a more complete picture and understanding of mental well-being needs and responses in relation to the proposal, as well as strengthening networking and ownership of the recommendations of the exercise. One person needs to take the lead for asking the questions.
- Information regarding the proposal(s) you wish to screen. This could relate to who the key stakeholders are, known information regarding the target groups' demographic profile, knowledge of what is involved with the proposal.
- Clarity of the scope to influence decisions and the timescale. If there is no scope or time to influence, it might be worth re-thinking whether the proposal you have chosen is the right one.
- It is worth appointing one person as the 'scribe' to ensure records are kept of the discussion and key decisions. This role can be shared at the various stages of the process.

2 Template of the toolkit

- 2.1.1 A template of the MWIA form to be used as part of a toolkit has been followed for the Proposed Development, with the results provided in Annex A, concluding that no further appraisal is needed.

References

Coggins, T. et al. (2011): [Mental Well-being Impact Assessment: A Toolkit for Well-being](#). National MWIA Collaborative (England), National Mental Health Development Unit

Annex A – MWIA Screening Toolkit Form

MWIA Screening Toolkit: helping to decide if you need to do a Mental Well-being Impact Assessment

Name of policy, service, programme or project (proposal):

Cambridge Waste Water Treatment Plant Relocation Project

At what stage is your proposal?

- ~~Not yet started?~~
- ~~Short way into delivery?~~
- ~~Halfway through?~~
- ~~On-going?~~
- ~~Coming to an end?~~
- Other? Planning and design

Name and title of person completing:

[REDACTED]

Are you the lead for this proposal - or what is your role?

EIA Consultant

Names and roles of other people involved:

[REDACTED]

Date of completing screening toolkit:

November 2022

1. Why do you want to look at the possible impact on mental well-being of this proposal?

This is just to help you understand why you are doing this screening.

Please tick as many as are relevant to you:

To find out what impact we are likely to have or are already having ✓

To find out if we should do a more developed MWIA ✓

To see if there is a way we can improve the proposal ✓

Other – please say what

2. Is there an opportunity to influence or change the ways in which the proposal is being delivered?

This will be important in helping to decide whether it is worth going on to do a Rapid MWIA, as you will need to be able to influence planning or delivery.

Yes

Some ✓

No

Unclear

If you feel clear about why you are doing the screening MWIA, then please continue, if not, then work out what, if anything, you need to do!

3. Population characteristics

Age, gender, class, race/ethnicity, disability, sexuality and physical health influence risk and protective factors for mental health and the ways in which mental health is expressed. The relative impact of population characteristics is in turn affected by wider factors. The experiences of childhood, old age, coming from a working class family, belonging to a Black or Minority Ethnic community, being gay or lesbian, living with a physical or learning disability or suffering from chronic illness vary considerably. For example, financial policy, welfare benefits, housing, education, legislation on age, racial and sexual discrimination all contribute to the mental health impact of growing old.

Please look at Table A.2. Think about your proposal and the populations/ communities you are targeting and consider the ones that you think are most important (although remember this is a brief assessment so you don't need to be too detailed). One specific MWIA question is included, but you might want to think of other relevant points in relation to positive, negative or indirect impacts – please add these in.

Table A.2: Population Characteristics: Risk and Protective factors for mental well-being

Population characteristics	MWIA Key question	Likely impact? Positive, negative, indirect?
Age		
<p>Early Years: Foundations for good mental health lie in pregnancy, infancy and early childhood. Parenting style and attachment are the key factors. The quality of the 'home learning environment', quality of pre-school and the amount of time in pre-school are all associated with greater 'self-regulation', an attribute strongly linked to improved educational outcomes.</p>	<p>Will this proposal enhance or diminish support for parents and families through pregnancy, childbirth and first years of life?</p>	<p>Not applicable</p>
<p>Adolescence: Protective factors include: attachment to school, family and community; positive peer influence; opportunities to succeed and problem solving skills. 'Social capital' indicators (e.g. friends, support networks, valued social roles and positive views on neighbourhood) are closely related to risk and severity of emotional and behavioural disorders.</p>	<p>Will this proposal enhance or diminish feelings of security, significance, belonging and connection in young people?</p>	<p>Not applicable</p>
<p>Later Life: The key areas that influence mental health in later life are age discrimination, participation, relationships, physical health and poverty. Fear of crime and lack of transport are also consistent themes, with 'daily hassles' contributing more significantly to psychological distress than major life events.</p>	<p>Will this proposal impact positively or adversely on the five key areas known to influence mental health in later life?</p>	<p>The communities of Horningsea and Stow cum Quy have a particularly high older population. Stow is unlikely to be affected, while Horningsea may be adversely affected if fear of crime and reduced transport arising during operation, however with the</p>

Population characteristics	MWIA Key question	Likely impact? Positive, negative, indirect?
<p>proposed mitigations and best practice safety measures this effect is unlikely. Mitigation includes additional security measures in place around the site such as CCTV and on-site security. The prospective presence of the development is likely to be something that may be a cause of higher anxiety for this population group.</p>		
<p>Gender</p>		
<p>Gender has a significant impact on risk and protective factors for mental health and the way in which the experience of mental distress is expressed. Depression, anxiety, attempted suicide and self harm are more prevalent in women, while completed suicide, drug and alcohol abuse, crime and violence are much more prevalent among men. Women are much more vulnerable to poverty and unemployment, and are more likely to suffer domestic violence, rape and child abuse</p>	<p>Will the proposal impact differently on men and on women?</p>	<p>Not applicable</p>
<p>Race and ethnicity</p>		
<p>Race and ethnic differences in the levels of mental well-being and prevalence of mental disorders are due to a complex combination of socio-economic factors, racism, diagnostic bias and cultural and ethnic differences and are reflected in how mental health and mental distress are presented, perceived and interpreted. Different cultures may also develop different responses for coping with psychological stressors. However a major qualitative study found that expressions of distress bore great similarity across ethnic groups, although some specific symptoms were different.</p>	<p>Will the proposal impact differentially on different ethnic groups, including refugees, asylum seekers and newly arrived communities?</p>	<p>The proportion of ethnic minorities in the study area are higher than the proportions in East Cambridgeshire, South Cambridgeshire and East of England. Construction work may adversely affect air quality, visual landscape, and perceptions of safety and security. However, adverse effects disproportionately impacting people with protected characteristics are unlikely due to the application of best practice mitigation measures. The dDCO Requirement 8 & 9 requires the implementation of the Code of Construction Practice (CoCP)</p>
<p>Socio-economic position and class</p>		
<p>Socioeconomic position (SEP) refers to the position of individuals and families, relative to others, measured by differences in educational qualifications, income, occupation, housing tenure or wealth. Socioeconomic position is generally analysed by quintile, for example comparing health or other outcomes of those in the poorest fifth of the population with those in the richest fifth. Socioeconomic position shapes access to material resources,</p>	<p>How will the proposal impact on people in different social positions? Will it reinforce or reduce inequalities?</p>	<p>The community of Fen Ditton has a high proportion of its population living in the most deprived quintile, which may mean that this population is disproportionately impacted by access, amenity and socioeconomic effects during construction and operation, which may affect the mental health of individuals in the community.</p>

Population characteristics	MWIA Key question	Likely impact? Positive, negative, indirect?
<p>to every aspect of experience in the home, neighbourhood, and workplace and is a major determinant of health inequalities. Different dimensions of SEP (education, income, occupation, prestige) may influence health through different pathways; SEP involves exposure to psychological as well as material risks and buffers, and structures our experience of dominance, hierarchy, isolation, support and inclusion. Social position also influences areas like identity and social status, which impact on well-being, for example through the effects of low-self esteem, shame, and disrespect.</p>		
Physical health		
<p>Poor physical health is a significant risk factor for poor mental health; conversely, mental well-being protects physical health and improves health outcomes and recovery rates, notably for coronary heart disease, stroke and diabetes. Poor mental health is associated with poor self management of chronic illness and a range of health damaging behaviours, including smoking, drug and alcohol abuse, unwanted pregnancy and poor diet. Stress epidemiology demonstrates the link between feelings of despair, anger, frustration, hopelessness, low self worth and higher cholesterol levels, blood pressure and susceptibility to infection. For heart disease, psychosocial factors are on a par with smoking, high blood pressure, obesity, and cholesterol problems.</p>	<p>Will the proposal have an impact on or take into consideration the physical health of the communities likely to be affected? Does the proposal recognise the relationship between mental health and physical health?</p>	<p>During construction, several footpaths will be diverted, however this is not expected to have a significant adverse effect. There will however be slight adverse (not significant) disruption to recreational users of the River Cam during construction of the outfall structure due to a temporary reduction in width which will reduce opportunities for recreation.</p> <p>A new bridleway connection and publicly accessible permissive path will be provided as part of the Proposed Development. There may also be an extension of the footway on the eastern side of Horningsea Road to Low Fen Drove Way and widening of the footpath on the western side. These changes are likely to enhance connections for active travel and recreation and therefore have a beneficial impact on physical health.</p>
Disability		
<p>Life chances (notably education, employment and housing), social inclusion, support, choice, control and opportunities to be independent are the key factors influencing the mental health of people with disabilities.</p>	<p>Will the proposal reinforce or reduce inequalities and discrimination experienced by people with disabilities?</p>	<p>The community of Chesterton has a higher proportion of population living with a long-term health problem or disability, however the Proposed Development is unlikely to reinforce or reduce inequalities and discrimination experienced by people with disabilities.</p>
Sexuality and transgender		

Population characteristics	MWIA Key question	Likely impact? Positive, negative, indirect?
Some studies suggest that gay, lesbian, bisexual and transgender peoples are at increased risk for some mental health problems – notably anxiety, depression, self-harm and substance misuse – and more likely to report psychological distress than their heterosexual counterparts, while being more vulnerable to certain factors that increase risk, e.g. being bullied, discrimination and verbal assault.	Will the proposal impact positively or adversely on gay men, lesbians, bisexuals and transgender peoples?	Not applicable
Other population groups <i>Tick where appropriate</i>		
Looked after children People with long term conditions People in residential settings Carers People experiencing violence or abuse People in the criminal justice system Ex-offenders Others	Will the proposal have an impact or take into consideration any of the groups mentioned?	Others (Travellers) - The Equalities Impact Assessment (EqIA) considers potential impacts on this group and concludes that, following mitigation, no adverse are expected. There is one traveller site within the study area - Fen Road. In addition, the Blackwell site (a traveller site near the A14, west of Milton, over a 1km from the proposed development) has also been considered and no impacts are expected.
Settings		
Schools Workplace Neighbourhoods Prisons Hospitals Primary Care Others	Will the proposal have an impact on or take into consideration any of the settings mentioned?	Schools in in the community study area may benefit from the provision of the Discovery Centre. This will provide a multi-use space which will provide awareness and educational opportunities on the topics such as the circular economy, the water life cycle and wider environment and sustainability issues.

4. Protective factors and wider determinants that have a particular impact on mental health and well-being

There are three main factors that are thought to promote and protect mental well-being distilled from the evidence base presented in section 2 of this MWIA Toolkit:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation and promoting inclusion Wider determinants such as our physical health and more broadly employment, housing, poverty also affect our well-being

Please look at Tables A.3-A.6. The first table covers the wider determinants at the socio-economic/environmental level. The remaining tables cover the above three protective factors at both the individual and community/social level. Thinking about your proposal and the populations/communities it affects – consider the factors that you think are most important (although remember this is a brief assessment so you don’t need to be too detailed). One specific MWIA question is included, but you might want to think of other relevant points in relation to positive or negative impacts – please add these in. Then note down any comments or recommendations that occur to you.

You are unlikely to have an impact on every protective factor – please be selective and concentrate on those that appear to be most important for your proposal and client group, and mark those that seem to be a priority impact.

A.3 Wider determinants at a socio-economic/environmental level

MWIA uses a framework for assessing the three protective factors *in the context of the wider determinants of mental well-being*.

The wider determinants are the factors that are determined at a structural level and impact on a population or the whole of society. There is a dynamic relationship between the wider determinants, the three protective factors and mental well-being. Mental well-being is an outcome of the circumstances and experiences of our lives: individual psychological resources, for example, confidence, self-efficacy, optimism and connectedness are embedded within social structures such as our position in relation to others at work, at home, and in public spaces. Mental well-being also influences a very wide range of outcomes – health behaviour, physical health and improved recovery rates, educational attainment, employment and productivity, relationships, crime, community cohesion, quality of life and, fewer limitations in daily living. Mental well-being may also be a factor in helping to explain why socio-economic disadvantage does not always correlate with health damaging behaviours.

Table A.3: Wider determinants at a socio-economic and environmental level

MWIA question: How does the proposed development impact on the wider determinants?

Wider determinants (often at a socio-economic/ environmental level)	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
<ul style="list-style-type: none"> • Access to quality Housing e.g. security, tenure, neighbourhood, social housing, shared ownership, affordable and appropriate • Physical Environment e.g. access to green space, trees, natural woodland, open 	<ul style="list-style-type: none"> • Physical environment: there may be indirect negative impacts due to diversions and temporary delays to access routes to green space during construction, as well as disruption to users through amenity effects. Once operational there may be 	<ul style="list-style-type: none"> • The combination of these potential impacts limits access to and experience of recreational routes for users, and may therefore temporarily impact levels of physical health and wellbeing.

Wider determinants (often at a socio-economic/ environmental level)	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
<p>space, safe play space, quality of built environment</p> <ul style="list-style-type: none"> • Economic security e.g. access to secure employment (paid and unpaid), access to an adequate income, good working conditions, meaningful work and volunteering opportunities • Good quality food e.g. affordable, accessible • Leisure opportunities e.g. participate in arts, creativity, sport, culture • Tackling inequalities e.g. addressing relative deprivation and poverty • Transport access and options e.g. providing choice, affordability and accessibility • Local democracy e.g. devolved power, voting, community panels • Ease of access to high quality public services e.g. housing support, health and social care • Access to Education e.g. schooling, training, adult literacy, hobbies • Challenging discrimination e.g. racism, sexism, ageism, homophobia and discrimination related to disability, mental illness or faith • Other? 	<p>positive impacts on access to green space and nature due to the provision of a new bridleway connection, an extended footway and a publicly accessible permissive path.</p> <ul style="list-style-type: none"> • Economic security: there may be access to employment opportunities to the presence of a construction workforce in local communities. • Tackling inequalities: access and amenity disruption during construction activities may have a disproportionate effect on areas of relatively higher deprivation – see the EqIA for further analysis (Doc ref: Cambridge WWTP EqIA_11052022). • Transport access: there may be indirect negative impacts due to footpath diversions, however this is unlikely limit choice of transport options. There may be positive impacts on active transport access once operational due to the provision of a new bridleway connection, an extended footway and a publicly accessible permissive path. • Ease of access to high quality public services: there may be potential disruption to access as a result of construction routes being those which people use for education or health facilities e.g. Fen Ditton Primary School. 	<ul style="list-style-type: none"> • Unlikely to contribute to security of employment • The community to the south-west of the study area have a higher rate of deprivation however, with mitigation in place, this community is not expected to be disproportionately adversely affected. • Transport access: need to ensure active travel routes are well signed and inclusively designed to ensure routes are well used. In this regard the application includes: <ul style="list-style-type: none"> – a Construction Traffic Management Plan (CTMP) (App Doc Ref 5.4.19.7) of which Section 6.9 ,Facilitate safe movement of users of the highway, requires maintaining the existing footway / cycleway to the west of the Horningsea Road carriageway at all times with suitable barriers separating the footway from the works. – A requirement within section 3 of the CoCP Part A and B (Appendix 2.1 and 2.2, App Doc Ref 5.4.2.1 and 5.4.2.2) Part A (Community & stakeholder Engagement) to appoint a Community Liaison Officer responsible for ensuring that relationships and lines of communication are maintained throughout the construction period

Wider determinants (often at a socio-economic/ environmental level)	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
	<ul style="list-style-type: none"> Challenging discrimination: there may be indirect negative impacts during construction which disproportionately impact ethnic minorities, older people and those with disabilities or long-term health conditions. However, adverse effects disproportionately impacting people with protected characteristics are unlikely due to the application of best practice mitigation measures. Requirements 8 and 9 of the draft DCO requires the implementation of the Code of Construction Practice (CoCP). 	<p>including communication of changes to access</p> <ul style="list-style-type: none"> – Section 5.2 (Temporary access points and construction road signage) which requires the use of temporary signage along all proposed construction haul roads. As a minimum this will include internal haul road speed limits, warning (hazard signs), potential vehicle or pedestrian crossing points and distances to destinations. • Alternative routes will be in place during construction and no permanent changes should limit significance of any impeded access to high quality public services.

Table A.4 Protective factor – enhancing control

MWIA question: How does the proposed development impact on people’s control?

Protective factors for enhancing control	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
<p>Individual</p> <ul style="list-style-type: none"> • A sense of control e.g. setting and pursuit of goals, ability to shape own circumstances • Belief in own capabilities and self determination e.g. sense of purpose and meaning • Knowledge skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices • Maintaining independence e.g. support to live at home, care for self and family 	<p>The operation of the Discovery Centre will provide awareness and educational opportunities on the topics such as the circular economy, the water life cycle and wider environment and sustainability issue. This may have a positive impact on abilities to make healthy choices, particularly in relation to sustainable lifestyle choices (e.g., active travel)</p>	<p>The Proposed Development is unlikely to have a significant impact on sense of control, self determination and maintaining independence.</p>
<p>Community/organisation</p> <ul style="list-style-type: none"> • Self-help provision e.g. information advocacy, groups, advice, support • Opportunities to influence decisions e.g. at home, at work or in the community • Opportunities for expressing views and being heard e.g. tenants groups, public meetings • Workplace job control e.g. participation in decision making, work-life balance • Collective organisation and action e.g. social enterprise, community-led action, local involvement, trades unions • Resources for financial control and capability e.g. adequate income, access to credit union, welfare rights, debt management 	<p>Not applicable</p>	<p>Not applicable</p>
<p>Other?</p>		

Table A.5 Protective factor – increasing resilience and community assets

MWIA question: How does the proposed development impact on resilience and community assets?

Protective factors for increasing resilience and community assets	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
<ul style="list-style-type: none"> • Individual • Emotional well-being e.g. self esteem, self worth, confidence, hopefulness, optimism, life satisfaction, enjoyment and having fun • Ability to understand, think clearly and function socially e.g. problem solving, decision making, relationships with others, communication skills • Have beliefs and values e.g. spirituality, religious beliefs, cultural identity • Learning and development e.g. formal and informal education and hobbies • Healthy lifestyle e.g. taking steps towards this by healthy eating, regular physical activity and sensible drinking 	<ul style="list-style-type: none"> • The operation of the Discovery Centre will be a multi-use space providing awareness and educational opportunities on the topics such as the circular economy, the water life cycle and wider environment and sustainability issue. This may have a positive impact on learning and development as well as the ability to make healthy choices, particularly in relation to sustainable lifestyle choices (e.g., active travel). • There may be positive impacts on development of hobbies and healthy lifestyle, particularly regular physical activity, due to the provision of a new bridleway connection, an extended footway and a publicly accessible permissive path, which may encourage greater uptake of active travel choices (i.e. cycling and walking). These recreational benefits may in turn have a positive impact on life satisfaction, enjoyment and having fun. 	<p>The Proposed Development is unlikely to impact beliefs and values and ability to understand, think clearly and function socially.</p>
<p>Community/organisation</p> <ul style="list-style-type: none"> • Trust and safety e.g. belief in reliability of others and services, feeling safe where you live or work • Social networks and relationships e.g. contact with others through family, groups, friendships, neighbours, shared interests, work 	<ul style="list-style-type: none"> • Within the new space for the landscaping proposals, interpretation boards, finger posts and scattered informal bench seating will be provided as part of the new setting. This may have a positive impact on the provision of shared public spaces and in turn the ability 	<ul style="list-style-type: none"> • The Proposed Development is unlikely to affect trust and safety and emotional support. • Depending on the use of and events ran at the Discovery Centre there may be a positive impact on art and creativity.

Protective factors for increasing resilience and community assets	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
<ul style="list-style-type: none"> Emotional support e.g. confiding relationships, provision of counselling support Shared public spaces e.g. community centre, library, faith settings, café, parks, playgrounds, places to stop and chat Sustainable local economy e.g. local skills and businesses being used to benefit local people, buying locally, using Time Banks Arts and creativity e.g. expression, fun, laughter and play 	<p>to connect with others and establish social networks.</p> <ul style="list-style-type: none"> Sustainable local economy: there may be access to employment opportunities to the presence of a construction workforce in local communities. 	
Other?		

Table A.6 Protective factor – Facilitating participation and promoting inclusion

MWIA question: How does the proposed development impact on participation and inclusion?

Protective factors for participation and inclusion	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
<p>Individual</p> <ul style="list-style-type: none"> Having a valued role e.g. volunteer, governor, carer Sense of belonging e.g. connectedness to community, neighbourhood, family group, work team Feeling involved e.g. in the family, community, at work 	<p>Feeling involved: Depending on the use of and events ran at the Discover Centre there may be a positive impact on individuals feeling involved with the community.</p>	<p>The Proposed Development is unlikely to change individual feelings around having a valued role and sense of belonging.</p>
<p>Community/organisation</p> <ul style="list-style-type: none"> Activities that bring people together e.g. connecting with others through groups, clubs, events, shared interests Practical support e.g. childcare, employment, on discharge from services Ways to get involved e.g. volunteering, Time Banks, advocacy 	<p>Activities that bring people together, cohesive communities and ways to be involved: Depending on the use of and events ran at the Discover Centre there may be a positive impact on social cohesion.</p>	<p>The Proposed Development is unlikely to impact practical support, accessible and acceptable services, cost of participating and conflict resolution.</p>

- Accessible and acceptable services or goods e.g. easily understood, affordable, user friendly, non-stigmatising, non-humiliating
- Cost of participating e.g. affordable, accessible
- Conflict resolution e.g. mediation, restorative justice
- Cohesive communities e.g. mutual respect, bringing communities together

Other?

5. Scale of impact and population

There are two more aspects to consider before determining if you will go on to do further MWIA assessment on your proposal.

a) Scale of the impact on mental well-being

If known (or suspected) at this stage, what is the duration of the likely mental health and well-being impacts of your proposal?

Please tick (this could be more than one period of time)

Brief

Weeks

Months

Years ✓

Entire Life (of the proposal)

Sustained beyond the proposal

Unclear

b) Scale of the population whose mental well-being is impacted

What is the scale of the population that your proposal will impact upon?

A few people

A small part of the population ✓

A majority of the population

The entire population

6. Having completed the screening assessment process the following sections will help you determine what to do next.

For each question in the central column, circle the appropriate answer

Favouring further appraisal	Question	Not favouring further appraisal
Yes/Don't know	Does your proposal affect in a negative way any of your population groups in Table A.2?	No – no adverse effects identified
Yes/Don't know	Does your proposal affect in a negative way any of the wider determinants and protective factors in Tables A.3-A.6	No – no adverse effects identified
Yes/Don't know	For some of the wider determinants and protective factors of mental well-being, are some of the impacts of your proposal unknown?	No – a full environmental impact assessment has been undertaken
Yes/Don't know	Are the impacts likely to be over a long period of time (one year or more)	Yes – no adverse effects have been identified, the total construction period for the Proposed Development is anticipated to span over a four-year period.
Yes/Don't know	Is there an opportunity to influence the delivery of the proposal you are screening?	No – assessment is based on the final design of the Proposed Development

If you have answered 'yes' or 'don't know' to at least two or more questions under the above question, then you are advised to consider further appraisal under the MWIA process. Use section four of this toolkit to plan and undertake your MWIA.

In response to Question 6, the answer 'yes' has only been provided in one response (where the impacts are likely to be experienced over a long period of time). Therefore, the MWIA process does not trigger any further appraisal. See the responses below to Question 7 for additional actions that provide signposting to mental health issues relevant to the project.

7. Actions to think about if you don't favour further appraisal under the MWIA process

If you **have answered No** to at least three or more questions under the above question, then you are not in favour of further appraisal under the MWIA process and may wish to consider doing one or some of the following actions listed below.

Throughout the screening process you will have made a list of comments or action points which may relate to one or two of the other stages of MWIA. It may be useful to use one of the methods/ stages to better inform your highlighted action points. For example:

- Find out more about the project activities in relation to the mental well-being determinants – consider holding a stakeholder workshop see Section 4 of this toolkit.

There will be sustained community engagement through the application of a Community Liaison Plan (CLP). The application includes an outline CLP (App Doc Ref 7.8)

- Find out more about the characteristics of the population targeted by the project – consider completing a community profile see Section 4 of this toolkit.

Population characteristics are set out in Section 3 of the ES Chapter 11: Community (App Doc Ref 5.2.11), Section 3 of ES Chapter 12: Health (App Doc Ref 5.2.12) and Section 3.2 of the Equality Impact Assessment (App Doc Ref 7.12).

- Find out how to target population groups not using the project, and who may benefit in terms of mental well-being – consider completing a community profile and redoing the population table screening toolkit see Section 4 of this toolkit.

Community profiling has been undertaken and is set out in Section 3 of the ES Chapter 11: Community (App Doc Ref 5.2.11), Section 3 of ES Chapter 12: Health (App Doc Ref 5.2.12), and Section 3.2 of the Equality Impact Assessment (App Doc Ref 7.12).

- Develop an action plan based on your screening findings, in order to refine your project to maximise potential mental well-being and/or to reduce potential negative impacts.

The application of a CLP will provide a conduit for the continued engagement with the community throughout the delivery of the Proposed Development. This would provide local residents and community members a forum to raise and address concerns including health and wellbeing matters. The appointed contractors will be required to implement the Code of Construction Practice (CoCP) Part A and B (App Doc Ref 5.4.2.1 & 5.4.2.2) which includes measures to prevent and minimise potential negative impacts such as noise levels, emissions, and visual impacts.

- Find out if there are any further opportunities to influence the proposal and / or who may be in a position to influence the proposal and seek their support for undertaking an MWIA.

There will be some opportunity to further influence the delivery of the proposal. The application of a CLP provides a conduit for the continued engagement with the community throughout the delivery of the Proposed Development. This would provide stakeholders, local residents and community members a forum to raise and address concerns including health and wellbeing matters. Stakeholder engagement activities, enquiries and complaints will be monitored throughout the process, with outcomes of the

responses received being reported back to the stakeholder by Anglian Water Services Ltd within 10 working days.

- Find out if you have any existing evidence of your impact on any of the components of mental well-being identified as a priority for your proposal. For example: existing monitoring data, surveys or evaluation reports. See Section 5 of this toolkit for further ideas.
- **Priorities for the Proposed Development are not focussed on mental well-being. However, the application of the CLP provides a conduit for the continued engagement with the community throughout the delivery of the Proposed Development. This would provide local residents and community members a forum to raise and address concerns including health and wellbeing matters. Qualitative and quantitative monitoring of enquiries and complaints will be undertaken as part of the process.** Find out if you could integrate an indicator into your existing data collection to measure your impact on any of the components of mental well-being identified as a priority for your proposal? See Section 5 of this toolkit for further ideas.

The application of the CLP provides a conduit for the continued engagement with the community throughout the delivery of the Proposed Development. This would provide local residents and community members a forum to raise and address concerns including health and wellbeing matters. This would allow for the collection of matters raised in relation to health and wellbeing.

Similarly, once operational, as with existing WWTP, the Applicant would operate a complaints system which would allow for the cataloguing of matters raised by the community in relation to health and wellbeing.

Get in touch

You can contact us by:



Emailing at info@cwwtpr.com



Calling our Freephone information line on **0808 196 1661**



Writing to us at **Freepost: CWWTPR**

You can view all our DCO application documents and updates on the application on The Planning Inspectorate website:

<https://infrastructure.planninginspectorate.gov.uk/projects/eastern/cambridge-waste-water-treatment-plant-relocation/>