

Gate Burton Energy Park Environmental Statement

Volume 3, Appendix 14-A: Health and Wellbeing Legislation and Policy
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Infrastructure Planning (Applications: Prescribed Forms and Procedure) Regulations 2009

Prepared for:

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1. Human Health and Wellbeing

1.1 Purpose of this appendix

- 1.1.1 This ES appendix identifies and describes the legislation, policy and supporting guidance considered relevant to the assessment of the likely significant effects of the Scheme on Human Health and Wellbeing.
- 1.1.2 Legislation and policy are considered at national and local levels.
- 1.1.3 This ES appendix does not assess the Scheme against legislation and policy, instead the purpose of considering legislation and policy in the EIA is twofold:
 - a. to identify legislation and policy that could influence the determination of important human health features (and therefore the significance of effects) and any requirements for mitigation; and
 - b. to identify legislation and policy that could influence the methodology of the EIA and signposting where this dealt with in the ES. For example, a policy may require the assessment of an impact or the use of a specific methodology.
- 1.1.4 The following sections identify and describe the legislation, policy and supporting guidance considered specifically relevant to the human health and wellbeing assessment (the assessment) as presented in **ES Volume 1, Chapter 14: Human Health and Wellbeing [EN010131/APP/3.1]**.

1.2 Legislation and Planning Policy

National Planning Policy

National Policy Statement for Overarching Energy (EN-1) (2011)

- 1.2.1 NPS EN-1 (Ref 1) with specific reference to Section 4.13 which acknowledges access to energy is clearly beneficial to society, the production, distribution, and use of energy may have negative impacts on some people's health. The policy requires the decision maker to consider potential effects of development proposals on human health, stating "*where the proposed project has an effect on human beings, the ES should assess these effects for each element of the project, identifying any adverse health impacts, and identifying measures to avoid, reduce or compensate for these impacts as appropriate.*" Negative effects could include direct impacts on health including increased traffic, air or water pollution, dust, odour, hazardous waste and substance, noise, exposure to radiation, and increases in pests; and the indirect health impacts of access to key public services, transport or the use of open space for recreation and physical activity.
- 1.2.2 Paragraph 4.1.3 specifies that, in considering any proposed development, and in particular when weighting its adverse impacts against its benefits, the IPC should take into account:

- a. Its potential benefits including its contribution to meeting the need for energy infrastructure, job creation and any long-term or wider benefits; and
 - b. Its potential adverse impacts, including any long-term and cumulative adverse impacts, as well as any measures to avoid, reduce or compensate for any adverse impacts.
- 1.2.3 It continues onto saying that *“in this context, the IPC should take into account environmental, social and economic benefits and adverse impacts, at national, regional and local levels”* (paragraph 4.1.4).
- 1.2.4 The Draft NPS-EN-1 (2021) also mentions that *“those aspects of energy infrastructure which are most likely to have a significantly detrimental impact on health are subject to separate regulation which will constitute effective mitigation of them, so that it is unlikely that health concerns will either by themselves constitute a reason to refuse consent or require specific mitigation under the Planning Act 2008”* but does recognise that *“not all potential sources of health impacts will be mitigated in this way and the Secretary of State will want to take account of health concerns when setting requirements relating to a range of impacts such as noise. Opportunities should also be taken to mitigate indirect impacts, by promoting local improvements to encourage health and wellbeing, this includes potential impacts on vulnerable groups within society”* (paragraph 4.3.5).

National Planning Policy Framework (NPPF) (2021)

- 1.2.5 NPPF (Ref 2) with specific reference to Section 8 promoting healthy and safe communities which sets out the need for planning policies to promote healthy, inclusive and safe places. This includes provision of social, recreational and cultural facilities which the community needs. The NPPF recognises the importance of high-quality open spaces and opportunities for sport for the health and wellbeing of communities, and it calls for planning policies to be based on robust and up-to-date assessments of such provision. Furthermore, the NPPF states that planning policies should protect and enhance PRoW and access, including provision of better facilities for users. Section 9 also expects planning policies to provide for walking and cycling facilities and encourage sustainable transport solutions.

Planning Practice Guidance (2019)

- 1.2.6 Accompanying the NPPF, the National Planning Practice Guidance (PPG) (Ref 5) provides guidance on planning and provides a web-based resource in support of the NPPF. Chapter 8 of the PPG offers guidance on health and wellbeing in planning and planning obligations, and covers:
- The role of health and wellbeing in planning; and
 - The links between health and wellbeing and planning.
- 1.2.7 The PPG suggests that local authority planners should consult with the Director of Public Health on mitigation measures for any planning applications that are likely to have an impact on the health and wellbeing of the local population or particular groups. A health impact assessment is a useful tool to use when assessing expected significant impacts.

- 1.2.8 The PPG states that: *“strategic-policy-making authorities can work with public health leads and health organisations to understand and take account of the current and projected health status and needs of the local population, including the quality and quantity of, and accessibility to, healthcare and the effect any planned growth may have on this. Authorities will also need to assess the quality and quantity of, and accessibility to, green infrastructure, education, sports, recreation and places of worship including expected future changes, and any information about relevant barriers to improving health and well-being outcomes”* (See ‘Plan-Making’ Guidance, Paragraph 46¹).
- 1.2.9 The PPG for health and safe communities covers the role of positive planning on healthier communities and how the design and use of the built and natural environments, including green infrastructure, are major determinants of health and wellbeing. The guidance states that *“planning and health need to be considered together in two ways: in terms of creating environments that support and encourage healthy lifestyles, and in terms of identifying and securing the facilities needed for primary, secondary and tertiary care, and the wider health and care system”*.
- 1.2.10 The PPG for open space, sports and recreation facilities, PRoW and local green space provides additional guidance on those designation and how they should be taken into consideration in planning. The guidance mentions that planning should consider proposals that may affect existing open space as they provide health and recreational benefits to people living and working nearby. It is for local planning authorities to assess the need for open space and, when doing so, should have regard to the duty to cooperate where open space serves a wider area.
- 1.2.11 Additionally, the Defra Rights of Way circular (1/09) (Ref 12) provides advice to local authorities on recording, managing and maintaining, protecting and changing public rights of way. It also contains guidance on the consideration of rights of way in association with development. The Circular also covers the statutory procedures for diversion or extinguishment of a public right of way.

NHS Long Term Plan (2019)

- 1.2.12 The NHS Long Term Plan 2019 (Ref 3) sets out a ten-year programme of phased improvements to the NHS. The plan outlines how the NHS will attempt to reduce health inequalities through wider preventative action in deprived areas and improved integrated community-based care systems. This includes funding support to programmes which help to reduce smoking, obesity and air pollution in vulnerable communities.

Spatial Planning for Health: An evidence resource for planning and designing healthier places (2017)

- 1.2.13 In 2017, Public Health England published ‘Spatial Planning for Health: An evidence resource for designing healthier places’ (Ref 4).
- 1.2.14 The review provided public health planners and local communities with evidence informed principles for designing healthy places. The review addresses the relationship which exists between public health and the built

¹ <https://www.gov.uk/guidance/plan-making>
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environment. It identifies five aspects of the built and natural environment which can be influenced by local planning policy:

- Neighbourhood design;
- Housing;
- Food environment;
- Natural and sustainable environment; and
- Transport.

1.2.15 For each aspect identified above, the review provides the evidence base underpinning why they are important determinants of public health. It also sets out principles which public health professionals and planners should follow to ensure healthier places.

1.2.16 The two aspects deemed most relevant to the Scheme are ‘neighbourhood design’ and ‘natural and sustainable environment’. For ‘neighbourhood design’, the review states that “*Neighbourhoods are places where people live, work, and play and have a sense of belonging. The design of a neighbourhood can contribute to the health and well-being of the people living there. Several aspects of neighbourhood design (walkability and mixed land use) can also maximise opportunities for social engagement and active travel. Neighbourhood design can impact on our day-to-day decisions and therefore have a significant role in shaping our health behaviours*” (PHE, Spatial Planning for Health 2017, pg. 11 (Ref 4).

1.2.17 For the ‘natural and sustainable environment’, the review states “*there is a very significant and strong body of evidence linking contact and exposure to the natural environment with improved health and wellbeing. For the purpose of this review, the natural and sustainable environment is comprised of neighbourhood ecosystems and the resulting co-benefits between the environment and health. Protecting the natural environment is essential to sustaining human civilization*” (PHE, Spatial Planning for Health 2017, pg. 38 (Ref 4).

Public Health England Strategy

1.2.18 In 2020, Public Health England published the ‘Public Health England Strategy 2020 to 2025 strategy’ which states their objectives over the next five years. The document also states the importance of planning in healthy communities and references the Spatial Planning and Health document described above in providing an evidence base for this.

Local Planning Policy

Central Lincolnshire Local Plan (2017)

1.2.19 The Central Lincolnshire Local Plan adopted in April 2017 (Ref 6) makes reference to health in the following policies:

- **Policy LP9: Health and Wellbeing:** this states that the potential for achieving positive and physical health outcomes will be taken into account when considering all development proposals;

- **Policy LP13: Accessibility and Transport:** this states that development proposals should contribute towards an efficient and safe transport network, where the use of sustainable transport modes are maximised;
- **Policy LP15: Community Facilities:** this states that all development proposals should recognise the community facilities as an integral component in achieving and maintaining sustainable, well integrated and inclusive development;
- **Policy LP18. Climate Change and Low Carbon Living:** this states that development proposals will be considered more favourably if the scheme would make a positive and significant contribution towards one or more of the following: reducing demand; resource efficiency; energy production; and carbon off-setting;
- **Policy LP19: Renewable Energy Proposals:** this states that proposals for non-wind renewable technology will be assessed on their merits, with the impacts considered against the benefits of the Scheme; and
- **Policy LP20: Green Infrastructure Network:** this states that the Central Lincolnshire Authorities will aim to maintain and improve the green infrastructure network by enhancing, creating and managing multifunctional green space within and around settlements that are well connected to each other and the wider countryside.

Bassetlaw Core Strategy and Development Management Policies DPD (2011)

- 1.2.20 Although the Solar and Energy Storage Park is not located in Bassetlaw, it is located on the western border of Central Lincolnshire shared with Bassetlaw. The proposed Grid Connection Corridor Options also crosses the border between the two districts to reach the existing national grid substation in Cottam (which is within Bassetlaw District).
- 1.2.21 Bassetlaw's Core Strategy and Development Management Policies DPD adopted in December 2011 (Ref 7) makes reference to health in the following policies:
- **Policy DM3: General Development in the Countryside:** this states that the Council is mindful of the need to ensure the applications for a range of proposals, including rural economic development, in the countryside can be addressed;
 - **Policy DM9: Green Infrastructure; Biodiversity and Geodiversity; Landscape; Open Space & Sports Facilities:** this states that development proposals will be expected to support the Council's strategic approach to the delivery, protection and enhancement of multi-functional Green Infrastructure, to be achieved through the establishment of a network of green corridors and assets at local, sub-regional and regional levels; and
 - **Policy DM10: Renewable and Low Carbon Energy:** this states that the Council will be supportive of proposals that seek to utilise renewable and low carbon energy to minimise CO₂ emissions.

Lincolnshire Joint Health and Wellbeing Strategy (2018)

- 1.2.22 The role of the Lincolnshire's Health and Wellbeing Board (Ref 8) is to bring together key people from the health and care system to work together to reduce inequalities and improve the health and wellbeing of the people of Lincolnshire.
- 1.2.23 The Health and Wellbeing Board has identified a number of common aims which emerged during the engagement process which form the basis of the overarching aspirations and aims for the Joint Health and Wellbeing Strategy for Lincolnshire. These include the need for the Joint Health and Wellbeing Strategy to:
- Have a strong focus on prevention and early intervention;
 - Ensure a focus on issues and needs which will require partnership and collective action across a range of organisation to deliver;
 - Deliver transformational change through shifting the health and care system towards preventing rather than treating ill health and disability; and
 - Focus on tackling inequalities and equitable provision of services that support and promote health and wellbeing.

Nottinghamshire Joint Health and Wellbeing Strategy (2022 – 2026)

- 1.2.24 The Joint Health and Wellbeing Strategy (Ref 9) aims to initiate partnership working to enable everyone in Nottinghamshire to live healthier and happier lives, to prosper in their communities and remain independent in later life. There are four ambitions of the strategy, which are:
- Give every child the best chance of maximising their potential;
 - Create healthy and sustainable places;
 - Everyone can access the right support to improve their health; and
 - Keep our communities safe and healthy.
- 1.2.25 As well as this, there are nine areas of focus, which have been informed by consultation with local residents. These are: best start in life; mental health; good food and nutrition for all; homelessness; tobacco; reducing alcohol; domestic abuse; healthy weight; and air quality.

Nottingham Joint Strategic Needs Assessment (2021)

- 1.2.26 Joint Strategic Needs Assessments (JSNAs) (Ref 10) are local assessments of current and future health and social care needs that could be met by the local authority, Clinical Commissioning Groups (CCGs), or the NHS Commissioning Board (NHS CB).
- 1.2.27 The aim of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It is used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

Nottinghamshire Spatial Planning and Health Framework (2019)

- 1.2.28 This Framework (Ref 11) brings together two documents: Spatial Planning for Health and Wellbeing for Nottinghamshire (2016) and Planning and Health Engagement Protocol (2017) into a single document. It presents an overview of health and planning across Nottinghamshire and provides guidance to planning applications, local plans and other documents to ensure that health is fully embedded into the planning process.
- 1.2.29 The document states that “early engagement in the planning process is fundamental to ensure that health and wellbeing is fully embedded and will enable the consideration of health/social care infrastructure requirements to meet the needs of the population of Nottinghamshire”.

Legislation

Health and Care Act 2022

- 1.2.30 In April 2022, the Government passed the Health and Care Act 2022 (Ref 13). The new Act proposes health reforms in England, removes existing competition rules and formalises Integrated Care Systems (ICS). It also grants the health secretary authority over the health service.
- 1.2.31 Previously ICS held an informal role and operated as shadow boards, however they now can be held accountable and are able to govern NHS finances at a local level. An ICS consists of two parts: the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP). ICBs are responsible for NHS functions, have both a chief executive and chair and are accountable to NHS England for spending and performance. ICPs oversee the wider public and population health efforts. They have a broader focus and operate as a statutory committee between the ICB and each of the local authorities in the ICS area. ICS are described as a key part of helping the NHS understand and respond to challenges at the local level, supporting people to get personalised care and seeking to ensure best value for public money.
- 1.2.32 In July 2022, the previously established Clinical Commissioning Groups (CCGs) became absorbed into their local ICS. CCGs were originally created as a result of Health and Social Care Act in 2012 and replaced Primary Care Trusts (PCTs) in April 2013. Each ICB will be required to have ten members, one of whom must be from general practice, as a minimum.
- 1.2.33 Automatic tendering of NHS services will be banned under the new Act, which will stop enforced competition. This replaces the Section 75 of the Health and Social Care Act 2012 with the Provider Selection Regime, giving NHS bodies a wider range of options when commissioning services.
- 1.2.34 The Act also aims to support the development of ICS and integration of all health bodies, by requiring them to strive towards the collective aims of: better care for all patients; better health and wellbeing for everyone; and sustainable use of NHS resources.
- 1.2.35 The Secretary of State for health has increased power to direct the NHS, create new NHS trusts, intervene in local service reconfiguration and amend or abolish arm’s length bodies. There will also be a new duty for the Secretary

of State to publish a report at least once every five years on workforce planning.

- 1.2.36 The Act will also introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal healthcare over their lifetime. Only personal contributions to the cost of care will be counted towards the cap and means tested Local Authority payments will not be counted.
- 1.2.37 There are 42 ICSs across England (previously in April 2021, over 100 CCGS existed across the country) and each has been established with four strategic purposes:
- Improve population health and healthcare;
 - Tackling unequal outcomes and access;
 - Enhance productivity and value for money; and
 - Helping the NHS to support broader social and economic development.

Countryside and Rights of Way Act 2000

- 1.2.38 The Countryside and Rights of Way Act (Ref 14) implements the so-called "right to roam" (general public's right to access certain public or privately owned land, lakes, and rivers for recreation and exercise).
- 1.2.39 The Act give normally gives a public right of access to land mapped as 'open country' (mountain, moor, heath and down) or registered common land. These areas are known as 'open access land'.
- 1.2.40 The Act also states that diversions and extinguishments of paths are possible in a number of circumstances; for example to protect SSSIs, for the protection of schools and for safety in certain areas. Temporary diversions, in order to carry out certain works, are also authorised.

1.3 References

- Ref 1. Department of Energy and Climate Change (2011); Overarching National Policy Statement for Energy (EN-1).
- Ref 2. Ministry of Housing, Communities and Local Government (2021); National Planning Policy Framework.
- Ref 3. NHS (2019); The NHS Long Term Plan.
- Ref 4. Public Health England (2017); Spatial Planning for Health: An evidence resource for planning and designing healthier place.
- Ref 5. Planning Practice Guidance (2019); Health and Safe Communities: Guidance on promoting healthy and safe communities (2022).
- Ref 6. Central Lincolnshire Joint Strategic Planning Committee (2017); Central Lincolnshire Local Plan.
- Ref 7. Bassetlaw District Council (2011); Core Strategy and Development Management Policies DPD.
- Ref 8. Lincolnshire County Council (2018); Joint Health and Wellbeing Strategy and Lincolnshire.
- Ref 9. Nottinghamshire County Council (2022-2026); Nottinghamshire Health and Wellbeing Board: Joint Health and Wellbeing Strategy.
- Ref 10. Nottinghamshire Health and Wellbeing Board (2021); Nottinghamshire County Joint Strategic Needs Assessment: Evidence Summary 2021.
- Ref 11. Nottinghamshire County Council (2019); Nottinghamshire Spatial Planning and Health Framework.
- Ref 12. Department for Environment, Food and Rural Affairs (2011); Rights of Way Circular (1/09)
- Ref 13. Health and Social Care Act (2022)
- Ref 14. Countryside and Rights of Way Act (2000)