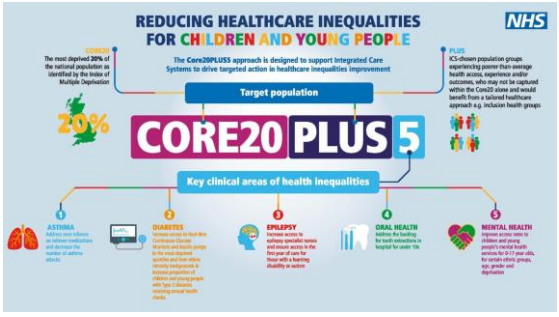
7000 acres response to the applicants answers to the Gate Burton written representation on Health and Wellbeing:

- We object that their responses only refer to the summary provided and not the full written representation. This clearly lacks respect of our input and time taken to prepare and highlight the issues this scheme and others will do to our rural community around Health and Wellbeing. We would appreciate if you could provide the name of the author of the Health and Wellbeing document Vol 1, Chapter 14 Human Health and Wellbeing Document Reference: EN010131/APP/3.1 January 2023 and the author to the responses written representation of Health and Wellbeing EN010131/APP/6.5
- We disagree on the robustness of the methodology. Reading the full written representation presented would show further evidence as to why this is the case. This would have highlighted the need to present issues around the physical, mental health and the social determinants of health which are not answered in this response. Qualitative data is essential, and given that the new Census ONS data 2021 is available, with also access to PHE fingertips and other recognised data sources, an attempt to understand the wider issues have not been fully evaluated to understand the health implications in our region. Had a Health Impact assessment been requested, this would have brought the applicant into contact with Lincolnshire Public Health and perhaps the new Lincolnshire Integrated Care System where rich data would have provided some areas where the applicant/applicants in the case of the cumulative impact, where the outcome assessed in the operator's cycle may not have been reported as neutral as was frequently the case. Hopefully we have managed to show that is not the case. What we mean by operation is the sixty-year cycle and not the operation during construction and decommissioning. At the open hearings, we have concerns as to how many people talked about the affect this scheme and the others would have on their mental health. In paragraph 14.9.1, this has not provided sufficient embedded mitigation in respect of potential impacts on mental health. As previously stated, noise and vibration, air quality, transport and access during construction and decommissioning are transient and therefore it is important to highlight health in the context of the operators cycle which has the potential to harm people. The HUDU (Rapid Health Impact Assessment Matrix) applies only to urban development. Noise and light pollution is still a huge concern, as rural countryside is generally quieter with little to no light pollution. We covered noise in a separate document which for some reason has no comments attached. We all know that motion sensors when windy, come on and off, and animals which will have to roam on perimeter fences, will set these off.
- With regards to deprivation, we highlighted that this scheme and the others will indirectly impact on the poorest two neighbouring wards in Gainsborough which were deliberately not identified, yet the response states clearly when considering deprivation, this was based on the extent and characteristics of the Scheme and the communities/wards directly and indirectly affected by the scheme. Now that they are aware of the 2 wards, please could they provide how they intend to mitigate against this?

- We believe that there should have been a Health Impact assessment. This would help to assess whether these schemes have the potential to worsen health and wellbeing and particularly widen health inequalities which has not been adequately identified within the Equality Impact Assessment provided. We do believe that the Secretary of State would have insisted on this Health Impact Assessment had the schemes been lumped into one. We are aware there could be possible further schemes pending which would increase solar farms beyond those already planned. The seriousness of this now poses a huge health issue in our area. In our written representation, we clearly demonstrated concerns around this, an ageing population, issues around social care provision in rural communities with a potential shift of younger people migrating out because of industrialisation of our farming land (includes working age who move out of rural areas due to job losses e.g., agricultural), issues around worsening mental health which is a real concern in rural areas, with loss of our way of life and rural landscapes which are essential to prevent this. This is similar to grief and loss experienced in bereavement, which then affects both physical and mental health. There is a real concern that these schemes will fragment and further marginalise our society, break down established networks, leaving a more vulnerable ageing population with real risk of increasing loneliness and social isolation. The PHE paper, "**An evidence summary of health inequalities in older populations in coastal and rural areas"**, provides evidence that indicates that mental health is an issue in rural areas as well as neurological issues e.g., Multiple Sclerosis which is classified as one of the disabled conditions. It lists the main drivers of inequalities to include social exclusion and isolation. Fuel poverty and financial difficulties are a real issue in rural communities. It is well recognised that green space benefits the rural population and the very reason for people to retire to rural areas, therefore there tends to be an increase of an ageing population in rural areas as a result. Please refer to the 7000 acres written representation on Health and Wellbeing for further references to this. A major driver of health inequality in rural areas is exclusion, marginalisation, and lack of social connection. This can be felt by certain groups such as LGBT, those divorced or living alone. Figures from a study on Gainsborough and surroundings referenced in the written representation paper, carried out by West Lincolnshire CCG (2017), showed that the number of pensioners living alone was high at 28.6%. Living within our community are patients with a disability e.g., Learning Disability, many of these disabilities benefit from the open spaces and should be identified and mitigation put in place. Another potential health inequality is our Military Veterans, many who have chosen to live rurally to cope with Post Traumatic Stress Disorder as part of their mental health rehabilitation. Military veterans have a higher addiction to alcohol and drugs and this needs to be contextualised as a health inequality concern. Lincolnshire is a County with military links, we have a higher number of veterans living in our rural communities. They benefit from the open spaces and rural landscape. It is therefore a concern that the applicant has not considered what health inequalities exist as a result of their scheme, and the impact their decisions might have on this, especially on health outcomes over population health groups and how this will affect the Core20plus5 which is NHS England's approach to reduce health inequalities both in adults, children and young people. Engagement with these groups is essential. These are two examples. In fact, engagement should be targeted to the groups most affected than carried out more generally. The most likely to respond are the affluent and articulate. This is the problem with the Equality Impact Assessment carried out by the

applicant. There has not been enough rigor. (we reserve the right to submit a paper challenging their submitted Equality Impact Assessment)



- Article 8 Human Rights: Right to respect for private and family life. It is recognised that this right might be restricted under certain legitimate aims such as national security. This should be balanced by the legitimate protection of health and morals. The latter point is important as there is a feeling that financial greed has become the driver where investors are placing there claims over society and its right, especially rural communities, under the umbrella of climate change. It is stated that interference around this legitimacy must be necessary (not just reasonable), **however**, it should be "proportionate", that is, not more than is needed to achieve the aim desired. What is taking place in this area is already way over what any community should endure (cumulative effect), and this would not meet the FREDA principles particularly around fairness and autonomy.
- We request an urgent hearing to discuss Human Health and Wellbeing to highlight concerns as to this application.

The author of the 7000-acre Written Representation is a retired General Practitioner who has worked in the Lincoln area for 30 years, and served as an executive on both the West Lincolnshire and Lincolnshire CCG, and is the Lincolnshire ICB clinical lead in the West locality which includes Lincoln and Gainsborough and surrounding areas, and also has 23 years' experience in Ear Nose and Throat working at Lincoln County Hospital.