

**7000acres Comments on the Applicant's Submission on Health and Wellbeing**

**Issue Specific Hearing 4**

**February 2024**

## **Introduction**

These comments have been prepared by a health professional. Please refer to the earlier 7000Acres submissions and comments made at Open Floor Hearings on this matter.

## **Comments**

In response to the Applicant's various submissions, we now understand, following the open floor hearing that the documents **Environmental Statement: Chapter 18: Socio-Economics and Tourism and Recreation 3/23** and **Environmental Statement: Chapter 21: Other Environmental Matters 3/23**, were compiled by a Town Planner and not a Health Professional with a background in Population Health Management. This was highlighted in the session on human health and wellbeing and a request for a specific hearing on health was put to the examiners. The applicant's lawyer discussed IRMA as a guideline for producing this document. This guidance is used in big mining projects. 7000acres has outlined concerns as to the methodology used as much of the author's thinking relates to urban areas and not rural. We are aware that LANPRO is preparing an addendum on Health and Wellbeing, similar to the one produced for Cottam. Most of the health and wellbeing assessments were buried in the above two Environmental statements. We also note that Public Health Lincolnshire are preparing a document for the Lincolnshire County Council on the human affects of the schemes on health and therefore we would welcome their report. 7000 acres has always advocated a Health Impact Assessment, preferably one single assessment over all the schemes. This would involve the local statutory bodies who hold local intelligence and are able to deep dive the data and make good sense as to whether or not these schemes would affect human health and wellbeing in the areas affected by them. Rural issues are very different to those of urban. A report by 7000 acres has been submitted to the Cottam examiners on the addendum to human health and wellbeing. We suspect, that the West Burton addendum will be very similar as this will be submitted by the same author from LANRO. 7000 acres has requested a specific hearing on human health and wellbeing with the intention of having health professionals at the hearing. Within the applicant's assessment, there are numerous statements on significant health such as mental health, which have been considered non-significant. Having an author who has referenced very few health documents, and who is a Town Planner cannot be an expert in Health. Therefore, we do not recognise many of the opinions made within this document. 7000

acres has submitted WR's on both Human Health and Wellbeing as well as noise (please refer again to these comprehensive reports)

Ref 7A-114 7000 acres finds it very difficult to accept the applicant's opinion as to their assessment of direct human health impacts from the scheme in the ES, A desktop review does not highlight local issues and therefore local intelligence is needed by the local experts who have not been consulted.

Ref 7A-115 We do not agree with this statement. As each scheme is separate this has not triggered a Health Impact Assessment. However, given the number of schemes and the dense population living within these schemes, mostly rural, some urban, the cumulative impact is such that a Health Impact Assessment should be carried out with involvement of the local health statutory bodies. This is a Governance issue and therefore there is a responsibility by the applicants of all the schemes to ensure human health and wellbeing is adequately weight as part of the planning process. The applicants legal team keep referring to the ES as having completed a Health Impact Assessment. That is not the case.

Ref 7A-116 We have replied to this in full within the Cottam addendum on Human Health and Wellbeing. There are failures in understanding the local intelligence around access to primary care, and understanding of population health management. This includes identifying health inequalities which is a specialist area, issues around deprivation especially when the applicant has not specifically given details to employing people from low deprived areas (paying lip service to the examiners). With regards to the 2 papers which the applicant finds academically interesting, why is it that Lincolnshire farms around Gainsborough are to be used when the two power stations are across in Nottinghamshire? Also, West Burton 4 was dropped and maybe their backlash was too much to handle whereas Gainsborough and surrounding areas with significant deprivation remained!

Ref 7A-118 a desktop review by a Town Planner is not satisfactory. This needs input using local intelligence by health professionals who understand population health management, health outcomes and particularly health inequalities. 7000 acres has always advocated an independent qualitative survey to gauge the populations feeling on how this and other schemes would impact on their health. Perhaps set up by MORI who would ask the right

questions in a way that was not biased, but also ensure that the population is well informed before such a survey is sent out. The 2 preliminary questionnaires sent out by IGP did not ask anything on health impact.

Ref 7A-120 We are glad that the applicant recognises the significance of the countryside for physical and mental wellbeing, However, their view of positive health impacts being recreational facilities and public rights of way in no way reflects the issues rural people face when it comes to health and wellbeing, especially when rural way of life is affected by such schemes. We will expand on this when we receive the addendum.

Ref7A-120 Motion detectors are not wind proof. In an area with relatively little light pollution, this a problem. We do not live next door to industrialised areas, which the scheme proposes. This is an intrusion, and light pollution could affect sleep at night, which is a health hazard.

Ref 7A-121 What has the Trent Valley Way got to do with overall health implications as a significant adverse effect. This is why we need a Health Impact Assessment using local intelligence! As this has not been prepared by a health professional with the necessary background, we cannot accept the impact statements within this report. The qualitative data referred to in the report is 2011 census data(Figure 18.4: Self-Assessment of Health in the Population) is completely out of date and therefore we urge the examiners to request an independent qualitative survey on the subject as outlined above and in the 7000 acres WR report on Human Health and Wellbeing.

Ref7A-112 Health inequalities is a specialist subject. A HEAT (Health Equity Assessment Tool) tool has not been done and the NHS needs to assess that these schemes do not affect the Core20Plus5 programme. Random statements that will benefit employment has all the right words but very little substance that demonstrates the beneficial impact to those in deprived areas.

Ref 7A-123 If the applicant is cognisant of the significance of the countryside for physical and mental wellbeing, why does the author not state that it is the open greenspace (countryside) that helps with mental health as well as wellbeing. Why do so many people in towns flock to the countryside for holidays? Our Airbnb's are not empty which shows people come here to enjoy what the countryside offers including lifting people's mental health. We ask how the applicant is going to mitigate against this to improve positive health outcomes?

Ref 7A-124 We do not accept this opinion from a Town Planner. Age is a protected characteristic which has not adequately been addressed in the Equality Impact Assessment.

Ref 7A-126 We have covered this in Ref7A-115.

Ref7A-127 We note the applicant's comment. Given we now know the author is a Town Planner, this becomes more imperative with the right health professionals in the room to advise the examiners.

Ref7A-152 We do not think the applicant has answered our WR on noise. Our submission was referenced around the operator cycle. Again, we believe people's perception of sound is subjective. The methodology they use is mainly effective in urban areas where background noise dampens down the effect. In quiet rural settings, this is not the case. Extraneous noise is therefore more subjectively heard. No machines to monitor can capture this. We note that the baseline limits are the same for urban as with rural. They are not the same. There is a lot of guidance on SOAEL, LOAEL, NAOEL and NOEL. Rural areas have very little industrial and commercial sound. If so, it happens intermittently at peak traffic times or in the agricultural sector, which is seasonal. Away from main roads living in the depths of the countryside, there is very little exposure to extraneous sound. At night there is very little background noise. The guidance has been set, however, it will be very difficult to work out the operational noise before such schemes are built. At best it is a guess. In Winter, people's windows and doors are shut. In Summer, they remain open during the day and for longer periods in the evening. Therefore, in Summer, when the transformers and invertors are at maximum capacity, the sound generated will affect those in close proximity to the units. How will IGP mitigate against this? No tests can predict what people might experience as a result! Even worse, the noise level is predicted to vary throughout the day when different loads from demand are placed from the National Grid. Powering up and down will produce significant noise. How can one predict this will be gradual? The examiners need to ensure that people who live in close proximity will not experience this noise such that it will affect their health! Therefore, we do not agree with the comment, no significant residual effects are predicted during the operational phase.

We did highlight hyperacusis. A recent BBC report has highlighted this problem. Partially sighted people rely on their hearing which tends to be raised in this group. How does IGP intend to mitigate against this group of people?

