

**7000acres Additional Comments – Appraised West Burton EIA and Health  
Addendum as per the Institute of Environmental Management and  
Assessment (IEMA) guidelines**

**Deadline 5 11 April 2024**

The author of this document is a health professional who has over thirty years' experience of working in Lincolnshire Health as a General Practitioner and in a leadership position within the local Lincolnshire NHS

**Additional Comment:**

The applicant made reference to **the Institute of Environmental Management and Assessment (IEMA) Guides** during the Issue Specific Hearing 4 (ISH4) West Burton Examination. 7000 Acres has read the relevant guidance and would like to make comment referencing both Cottam and West Burton Environmental Impact Assessments in producing the Human Health and Wellbeing content within the Socio-economic section, both of which were prepared by LANPRO as well as the Addendum document. This might be useful for the examiners to understand the lack of content provided by the applicant in relation to this important subject, which 7000 Acres believes has been written by a Town Planner and not an expert in this field. We believe a desktop review is not satisfactory, as this does not reflect the local Lincolnshire issues for this area, particularly as this is a major development which will have an impact for sixty years. 7000 Acres also feels that the lawyer for the applicant who passed a comment on this at the special hearing does not have sufficient knowledge or expertise in matters of health to make such an assessment.

**Health in Environmental Impact Assessment: A Primer for a Proportionate Approach 2017**

The guidance advises early engagement with health professionals on screening and scoping to scrutinise and agree the population and health scope. They advise this needs to be proportionate and compliant and advise the use of a health professional to define health related significance by involving health stakeholders. In the scoping document referenced, they recommend the Director of Public Health for the relevant local authority, in this case Professor Derek Ward who is the Lincolnshire Director of Public Health. They also advise the relevant local Integrated Care Systems representatives (Lincolnshire Integrated Care Partnership and Board), the Acute, Mental and Community Trusts (United Lincolnshire Hospital Trust, Lincolnshire Partnership Foundation Trust, and the Lincolnshire Community Health Services). All these agencies have specialists including data analysts who could provide population-based statistics which would be relevant to the EIA assessment on human health and wellbeing.

The guidance gives clear advice as to what is required in the EIA scope. It states clearly that it is good practice to complete a Health Impact Assessment, especially for major developments. As these schemes require complex proposals and that population and human health factors should be factored in, the EIA format of including only human receptors in relation to air or water quality and noise or light disturbance misses this important fact. The socio-economic chapter should typically include the implications on public services (includes health services), education and employment. The guidance is clear around outcome measures and is clear on the competencies required to conduct such an assessment. Interpreting and understanding the determinants of health wellbeing in the context of populations is essential, especially in the context of a rural development. By focusing in the EIA on biophysical issues related to environmental hazards and health protection, the authors fail to consider what are the real issues facing populations with regards to human health and outcomes, and therefore are unable to identify the resultant health inequalities. This is evident from the LANPRO produced health documents including the Equality Impact Assessment. They point out, Public Health is a specialty. Health Impact Assessments identify the health impacts of a scheme.

The guidance document states that the significance of an effect is usually a matter of expert professional judgement and that this should be informed by references to evidence based and practitioner guidance. Desktop research only scratches the surface and does not do justice to population health and the impacts their scheme would have on communities and the wider system. Furthermore, the applicant provided very little research evidence around human health to, evidence within their EIA, including their Addendum document. This is required to reach robust and evidence-based conclusions. Local Public Health and Integrated Care Services involvement is imperative to ensure data is interpreted correctly, population health needs and outcomes are not affected and that schemes like this could affect health inequalities as well as impact local NHS and Public Health initiatives. This is a major gap within the EIA document by the author. Would their scheme have the potential to widen health inequalities within this group (population based)? Rural population health is very different to urban.

**Institute of Environmental Management and Assessment (IEMA) Guide: Determining Significance For Human Health In Environmental Impact Assessment November 2022**

Population health significance should reflect the potential for widening or narrowing health inequalities between defined populations and relevant sub population groups. An example would be vulnerable groups such as the elderly of which there is a higher proportion living in our rural communities. The subgroup would be those with for example dementia. In the EIA there is not much on population level effects, neither positive nor negative.

The guidance is clear that both major and moderate effects are to be considered significant. If that is the case, appropriate evidence and justification is required. This is rarely demonstrated in their EIA especially around mental health and its relationship to physical health and social cohesion within communities. We advocate and are in support of the guidance as to expert judgement by professionals in understanding these potential impacts this scheme may have. This sixty-year scheme will have an effect and this clearly needs to be evaluated in the appropriate way by both quantitative and qualitative data plus expert guidance framed for examiners to make an informed opinion.

The guidance clearly states that **parity** should be given to both physical and mental health across the analysis of bio-physical, social, behavioural, economic, and institutional influences on population health outcomes. 7000 acres has always stated that there has not been much emphasis in the applicants EIA document on physical health, nor a clear understanding how their scheme and the others will impact on mental health within our communities. The author did attempt this in the response to key and outstanding comments on human health and wellbeing in the Addendum document paragraph 4.3. We have submitted our comments in the 7000 Acres response to the Addendum.

We raised the issue of depression increasing in the 65 year plus group. This needs to be understood in the context of rural communities. Pensioners choose to live in rural areas to gain benefit from the open spaces and rural life. Many are living on their own. Those with cancer who live in rural areas are already at a disadvantage. These sub group populations need further evaluation to ensure health inequalities are not widened further.

The guidance states that significant conclusions should not take into account unsecured mitigation. This guidance advises that it should include a qualitative statement indicating the expected effect. 7000 Acres have called for an independent qualitative survey on a

population well informed on the issues, which is non-biased. This should extend beyond the 500-metre buffer.

**In combination effects** are the intra project effects. The guidance states clearly that the applicant needs to collate the effects identified for each determinant of health by populations or sub-populations. They are required to make a list of relevant determinants of health and their level of effect. This covers age, sex, and constitutional factors, individual lifestyle factors, social and community networks and finally general socio-economic, cultural and environmental conditions. In the applicant's Document 21.1 Environmental Statement Addendum: Human Health and Wellbeing effects (Cottam January 2024; West Burton February 2024) Paragraph 3.4, the author does not seem to have grasped what is required. He concentrates on Hydrology Flood Risk, Ground Conditions and Contamination, Noise and Vibration, Glint and Glare, Air Quality, Socio-economic, Tourism, Recreation, Waste and finally other Environmental factors. This should all be described in terms of population and sub populations e.g the population would be those over 65 years of age, a sub population could be carers. 7000 Acres has made reference to this within their Written Representation. Evidence suggests that in rural settings, loneliness and isolation is increasing. Understanding sub population data is important to identify, as the scheme itself may widen health inequalities and may lead over time to poorer health outcomes for that group. 7000 Acres feels the author has failed to understand the guidance. Importantly, what is the mitigation offer?

The guidance describes the **cumulative effects** as the inter project effect (**referenced against 2.1.2 of the ExQ2**). They advise that this should be determined (raised in the Addendum which was requested). The guidance states "*the magnitude should be appraised in the light of the combined effect, and that this should provide a combined level of effect to reflect the likely implications for public health*". Again, this is assessed as above without taking into account populations and sub populations using the determinants of health. Island Green Power have two schemes in our area not considered as one, which should have been the case (they describe their schemes as such in the cumulative effect as separate schemes (see paragraph 3.5.1 in both documents). This is absurd as both schemes have an incremental impact. They reference "*Professional judgement has been applied to determine the Zone of Influence for each ES topic*". Had a health professional been involved, there would be a clear understanding around the element of population health and the impact. Sadly, the author has failed to realise the population link within these schemes.

The guidance is clear, the combined public health effect is where is where a population is affected by multiple determinants of health and a large proportion of the same individuals within that population experience the combination effect e.g lifestyle, community and activities due to large scale change. This should differentiate urban from rural e.g high level of retired pensioners who out of choice move into rural areas for health gain and lifestyle, join walking groups and rural community groups for wellbeing. This group benefit from green open spaces, some for mental health reasons such as military veterans, who perhaps have post-traumatic stress disorder, who when their natural environment is altered at scale will worsen their health outcomes due to deterioration in physical health. This will increase our rural depression rates which are projected to increase, therefore a poor outcome. This needs to be determined and should be factored in when considering the Lincolnshire Joint Forward Plan.

**Institute of Environmental Management and Assessment (IEMA) Guide to: Effective Scoping Of Human Health in Environmental Impact Assessment.**

The guide is clear that whoever scopes the EIA should be a practitioner of health and the practice should reflect this role. This should be part of the public health endeavour. We understand the author of the LANPRO document on socio-economics, which includes Health and Wellbeing, was a Town Planner. We have highlighted the deficiencies within the EIA document and the Addendum.

Key guidance states that the applicant should describe direct and indirect significant effects. They should also provide a description of forecasting methods. 7000 acres finds very little around this within their documents.

The applicant should describe “what are the relevant health issues that are likely and those that will have the potential to significantly affect **population health**?” 7000 Acres have demonstrated issues in the applicant’s documents to demonstrate that they have little knowledge and understanding around population health. In particular, their scope should have differentiated between rural and urban health, which would have demonstrated an understanding of health issues relevant to both. This must take into account the local issues with evidence provided.

In the health section, we do not see the **Governance** arrangements set out especially around decision making and probity. The applicants should have requested an outside source to complete the EIA on Human Health and Wellbeing (that includes the Equality Impact Assessment). A Health Impact Assessment seeks to inform and enhance the decision-making progress, and hence good Governance would recognise this and would want to mitigate against impacts to ensure improvement in health and health equity. This is important in the context of the guide, which states the objective of the EIA is to ensure a high level of protection of the environment and of human health. The guide recommends that a steering group be formed to formalise the Governance of health stakeholder inputs and consensus building. Was this done? If so, this should be documented and be transparent in the EIA, especially to avoid areas such as conflict of interest and issues around probity. The applicant has not demonstrated any ethical considerations within their EIA around health. 7000 Acres would like clarity around this.

The guide states that wider determinants of health approach should be determined by EIA scoping. 7000 acres would have liked to have seen this approach particularly around population health. The guidance suggests a separate Annex for this. This would ensure population groups are also listed to support identifying gaps where there is the potential for significant health inequalities. The guide talks about the health pathways being complex with health outcomes affected by multiple determinants. This is significantly lacking in their supporting documents.

They advise the pre application should be discussed with Public Health. 7000 acres has asked for further clarity around this.

Again, the guide states that the applicant should look for the likely and potential significant effects to human receptors, community amenities or services with likely and potential significant population health implications. A good example again is the provision of care, issues around loneliness and isolation in the over 65-year group.

We have highlighted the importance of the application addressing health outcomes which should be identified, whether positive or negative. Health experts would be needed to address these. The aim is to improve population health and reduce inequalities. 7000 Acres does not see anything in their documents to mitigate against the mental health impact.

7000 Acres has not seen a formal statement of common ground with public health stakeholders (this should include the Integrated Services). If so, why is this not within the applicants Health documents within the EIA?

The guide states that the data sources should target health outcomes and health indicators. The applicant's documents around data were not satisfactory as they failed to do deep dives beyond the desktop review and interrogate the data with experts in health, such as the local sources as discussed previously. In fact, the applicant's author did not feel using Quality Outcomes Data was relevant. This data is a health indicator.

As far as 7000 Acres is aware, there was no specific engagement with the community on health and wellbeing issues.