

**7000 Acres Comments on any submissions received by Deadline 5:**

**Comments on the Applicant's Responses to the ExA's Second Written Questions (REP5-039) (version 2)**

**West Burton, Deadline 6 Submission – April 30<sup>th</sup> 2024**

The Following table contains comments on the Applicant's Responses to the ExA's Second Written Questions (REP5-039):

ExQ	Question	Applicant's Response	7000Acres Comments
2.6.1	<p>Involvement of Health Authorities</p> <p>Given the number of schemes in the vicinity of WBSP, and the population living within these schemes, mostly rural, some urban, the cumulative impact is such that a number of Interested Parties assert that a Health Impact Assessment should be carried out with involvement of the local health bodies. IPs are invited to provide any justification for this, and summarise what further evidence this may reveal. The Applicant and all IPs are invited to make further comments</p>	<p>As the Applicant has stated previously, including at Issue Specific Hearing 4 (see WB8.1.28 Written Summary of the Applicant's Oral Submissions and Responses at Issue Specific Hearing 4 and Responses to Action Points [REP4-071]), the Applicant does not consider that a Health Impact Assessment was necessary for this Scheme, given the inclusion of human health as a topic in the Environmental Impact Assessment (refer to Section 21.5 of 6.2.21 Environmental Statement - Chapter 21 Other Environmental Matters [APP-059] and WB8.4.21.1 Environmental Statement - ES Addendum 21.1: Human Health and Wellbeing Effects [REP4- 077]).</p> <p>Furthermore, a HIA was not requested by the host authorities nor statutory health bodies at the Scoping stage of the Scheme, nor was it requested in the Scoping Opinion [APP-068]. The Applicant is confident that the assessment undertaken to date and the level of involvement from statutory health bodies is proportionate to the likely impacts</p>	<p>We noted that the scoping document was sent to Lincolnshire CCG in 2022. They confirmed that they had no comments at that time and IGP recorded this as noted, no action required. Since then, the Lincolnshire CCG has been dissolved and replaced by the Lincolnshire Integrated Care Board. Please could you inform 7000 acres which other local statutory bodies were consulted? Was Lincolnshire CCG informed in the West Burton scoping document of the other schemes in close proximity which may have a combined cumulative effect on health. If not, we question the Governance around this. Please also show evidence as to whether or not public health were consulted either locally, regionally or nationally. We need to be assured that the local scoping exercise was directed at Public Health and not generic County Council, as per the IEMA Guidelines.</p> <p>We note ID 3.16.1 Ref 21.2.7 Human Health Environmental Statement Appendix 2.2: EIA Scoping Opinion Lanpro March 2023 EN010132 App/Wb6.3.2.2 (APP-068), that the Inspectorate</p>

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		<p>of the Scheme. To address concerns raised by Interested Parties, ES Addendum 21.1: Human Health and Wellbeing Effects [REP4-077] was submitted into the Examination to collate the human health and wellbeing impacts assessed in the ES, provide additional signposting to assessment outcomes with regard to human health and wellbeing impacts as assessed in each of the relevant ES topic chapters, and a summary of the key comments on human health and wellbeing that have been discussed during Examination</p>	<p>was content with this approach, however they required the ES to clearly signpost in which other chapters impacts to human health are assessed. We found the section on human health and wellbeing was poorly signposted and not given its own separate Chapter. We noted the comments from the UK Health Security Agency who suggested a separate chapter within the ES on population and human health as the assessments develop. Sadly, as we have demonstrated, the documents on human health and wellbeing lack detail around population health and health outcomes. We have given expert opinion within all our submitted documents as to why we feel a Health Impact Assessment should be carried out.</p>
2.6.2	<p>WLDC Policy</p> <p>WLDC refers to its adopted Health SPD in various answers to first written questions [REP3-044]. Please can WLDC provide a copy of, or a hyperlink to the SPD, and identify relevant parts. The Applicant is invited to provide specific comments</p>	<p>The Applicant is confident that the assessment of health and wellbeing at Section 21.5 of 6.2.21 Environmental Statement - Chapter 21 Other Environmental Matters [APP-059] and WB8.4.21.1 Environmental Statement - ES Addendum 21.1: Human Health and Wellbeing Effects [REP4-077] is consistent with the aims as set out in Policy S54 of the</p>	<p>7000 acres disagrees with the applicant's assessment. The Health Impact Assessment is crucial as an understanding of population health and health outcomes. This is imperative to understand the impact this scheme may have on human health (physical, mental and social). This could be positive or negative, something the author has not clearly understood or demonstrated in his knowledge</p>

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		<p>Central Lincolnshire Local Plan, and in the Central Lincolnshire Local Plan Health Impact Assessment for Planning Applications: Guidance Note (April 2023). The Applicant specifically points to page 6 wherein the SPD reads: "HIAs can be a freestanding report, or they can be incorporated into another required appraisal, such as an Environmental Impact Assessment, to avoid duplication. Where HIA is integrated into another assessment, it is recommended that a separate chapter is included in the assessment on health impacts, with cross-referencing to other relevant chapters, such as transport, noise, and air quality." The Applicant is confident that the Environmental Statement [APP059 and REP4-077] suitably covers the same assessment requirements, and to perform a Full HIA as a freestanding report would be a duplicate assessment, and would be disproportionate to the likely impacts of the Scheme. It would also be inconsistent with the Scheme's Scoping Opinion [APP-068], which did not request a standalone Health Impact Assessment.</p>	<p>around this. There are clear gaps which we have highlighted in our submitted documents.</p> <p>The IEMA guidance states that a Health Impact Assessment should be conducted voluntarily as good practice. Given the applicants are aware of the other schemes, including their own (Cottam), and that cumulative impacts are huge around a relatively deprived Gainsborough, surely an HIA is the only way to proceed to assess the impact on health. Approximately 40,000 people live in this area, therefore it should be a standalone assessment, not a desktop review, considering local knowledge as we have advised in previous documents submitted to the examiner. 7000 acres has appraised the guidance with comments related to the documents Lanpro have submitted on health.</p>

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2.6.3 and 2.6.4	<p>Health Assessment</p> <p>7000 Acres is concerned that the various Health reports have not been prepared by “an expert in health”. Please See response to 2.6.4 below. Applicant's Responses to ExA Second Written Questions April 2024 53   Page ExQ Respondent Question Applicant's Response can 7000 Acres provide a reference to a requirement for such evidence to be prepared by a health expert, and identify specifically what it considers to be lacking from the various reports.</p>	<p>The Applicant is confident that the competence of the authoring team is suitable for undertaking an assessment of health and wellbeing as part of an Environmental Impact Assessment (EIA), and qualifies for the definition of “EIA practitioners” as set out in paragraph 2.4 and 2.5 of IEMA's Effective Scoping of Human Health in Environmental Impact Assessment (Nov 2022) and throughout IEMA's Determining Significance For Human Health In Environmental Impact Assessment (Nov 2022). This was made clear in the Applicant's oral submissions during Issue Specific Hearing 4. Please see agenda item 5(a) of the Written Summary of the Applicant's Oral Submissions and Responses at Issue Specific Hearing 4 and Responses to Action Points [REP4-071], where the Applicant confirmed that the health assessment has been carried out in accordance with IEMA guidance, and that there is no requirement for it to be undertaken by a medical professional. The professional ability, background, and level of experience of the chapter authors and</p>	<p><b>(been responded to in 2.6.4)</b> We suggest the author of this report check 2.5 of the IEMA document November 2022 “Effective Scoping of Human Health in Environmental Impact Assessment” which states clearly “The audience of this guide are EIA <b>health</b> practitioners (hereafter ‘practitioners’) responsible for drafting and conducting Scoping reports in England, Wales, Scotland Northern Ireland and Republic of Ireland”. The applicant refers to ‘EIA practitioners’ and misses the point, health practitioner. We did check the chapter on the experience of the authors (APP-062) and presume as Human Health and Wellbeing is part of the Socio-economic, Tourism and Recreation, neither of the 2 authors referenced themselves as EIA Health Practitioners, nor as experts on health. Our expert has 32 years' experience in health in Lincolnshire and has had roles in senior leadership at executive level and within the locality where these schemes are sited.</p> <p>We have used the WHIASU Quality Assurance Framework for HIA (Criteria Matrix) to appraise the Addendum on Health that was submitted,</p>

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		<p>supporting team at Lanpro is set out in 6.3.1.1 Environmental Statement - Appendix 1.1 Statement of Competence [APP-062].</p> <p>Wales Health Impact Assessment Support Unit (WHIASU) Health Impact Assessment: A practical guide (2020) states: "HIAs are conducted by a whole range of individuals and organisations – from community groups to private specialist consultancies."</p> <p>Dependent on the type and scope of HIA, this may therefore be undertaken by those from a planning and EIA background, such as (but certainly not limited to) local authority planning officers undertaking desktop or rapid HIAs for planning policies. Training for HIA is suggested to be targeted to a wide variety of professional backgrounds including (but not limited to) public health practitioners, local authority officers, land use and transport planners, and Environmental Health Officers, as referenced on page 34 of the Health Impact Assessment Training and Capacity Building Framework, WHIASU (June 2019).</p> <p>Government guidance for HIA in spatial planning (Public Health England, Oct 2020)</p>	<p>and highlighted the deficiencies in the Lanpro document on Human Health (see bullet points). This highlights the very reason for why those in public health, environmental health practitioners, the wider local health community (NHS) should be involved, which a Health Impact Assessment would have required. We have touched on Governance in our submitted documents, which is central to the process.</p>

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		<p>is directed to local authority public health and planning teams to support the use of HIA for developing planning policy and guidance and determining the local authorities responsibility in screening and scoping for HIA. Again, no definition of a HIA practitioner is given, stating only "The guide is targeted towards local authority public health and planning teams, planning applicants, impact assessment practitioners, and others involved in the planning process." (pg.6)</p>	
2.6.5	<p>Health Impact Assessment Paragraph 4.3.18 of Environmental Statement Addendum 21.1: Human Health and Wellbeing Effects February 2024 [REP4-077] explains that the Applicant's view is that Policy S54 requirement for a HIA is for TCPA The Scheme has been assessed in the context of legislative requirements, national policy, and local policy, relevant to the Scheme in WB7.5_B Planning Statement [REP4-048]. The Applicant considers that appropriate weight should be given to planning policy hierarchically from</p>	<p>The Scheme has been assessed in the context of legislative requirements, national policy, and local policy, relevant to the Scheme in WB7.5_B Planning Statement [REP4-048]. The Applicant considers that appropriate weight should be given to planning policy hierarchically from national policy, to local policy, with any further guidance being material considerations alongside policy matters. With specific regard to Central Lincolnshire Local Plan Policy S54, the only reason this is not considered in the same context as other local planning policies is because it is the</p>	<p>We have in our submitted documents set out clearly why we believe a Health Impact Assessment should be carried out. We have highlighted the issues of the cumulative effect. We believe that the Secretary of State should be concerned, given that a Health Impact Assessment has not been requested for any of the schemes, nor for the cumulative effect. The same legal team represents all these applications. We have questioned the Governance around this.</p>

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	<p>national policy, to local policy, with any Applicant's Responses to ExA Second Written Questions April 2024 55   Page ExQ Respondent Question Applicant's Response planning applications, and the HIA scoping process is therefore determined by the local planning authority, whereas HIA scoping for NSIPs is determined by the Planning Inspectorate. A separate HIA had not been scoped in, and therefore was not required to be undertaken for this Scheme. Elsewhere, other 'local' policy requirements in adopted plans where a local planning authority determines TCPA planning applications are readily addressed, with compliance being demonstrated. Examples include the OLEMP para 4.8.4 reference to the Lincolnshire BAP priority, and references to the Central Lincolnshire Local Plan (2017) and Draft Bassetlaw District Local Plan (2021) at Paragraph 14.3.2 of Chapter 14: Transport and Access. In the latter's case, it states that "The proposals have also been</p>	<p>Applicant's position that the policy requirements are at odds with the nationally set HIA Scoping requirements. The Applicant refers to Figure 2 of Public Health England's "Health Impact Assessment in spatial planning" (2020) guidance for local authorities, which sets out that a HIA for major infrastructure projects (i.e. NSIPs) should fall within EIA or as a standalone comprehensive document, and is the responsibility of PINS and planning applicant[s] (which the Applicant understands to mean that the Secretary of State, via PINS, is the body ultimately responsible for making decisions on scoping for HIA) with the addition of stakeholder and community engagement. The Applicant therefore does not consider that the requirement for a standalone HIA as set out in S54 is consistent with this guidance. However, the Applicant is confident that the health and wellbeing assessment in the ES [APP-059 and REP4-077] is consistent with the principle aims of Policy S54 and its supporting SPD (see responses to Q2.6.2 above), as was stated</p>	



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	considered in the context of the following documents". Please can the Applicant (and other IPs, optionally) comment further on why various local policies provide relatively greater context for consideration of the proposals.	at Issue Specific Hearing 4 (please see agenda item 5(a) of the Written Summary of the Applicant's Oral Submissions and Responses at Issue Specific Hearing 4 and Responses to Action Points [REP4-071]).	
2.6.6	<p>Health Inequality – Travellers</p> <p>As discussed during Issue Specific Hearing 4 (see Agenda Item 5b of WB8.1.28 Written Summary of the Applicant's Oral Submissions Applicant's Responses to ExA Second Written Questions April 2024 56   Page ExQ Respondent Question Applicant's Response 7000 Acres, in its response to First Written Questions 1.6.2 [REP3-049] refers to a Gypsy and Traveller site in the vicinity of the Order limits in relation to the potential for increased flood risk on those communities. These concerns were also raised in previous written representations. The concern is that there may be a health inequality. To date the Applicant's submissions in ES</p>	<p>As discussed during Issue Specific Hearing 4 (see Agenda Item 5b of WB8.1.28 Written Summary of the Applicant's Oral Submissions and Responses at Issue Specific Hearing 4 and Responses to Action Points [REP4-071], the Gypsy and Traveller Site at Odder is not anticipated to experience any greater level of flood risk as a result of the Scheme, and there is no disproportionately greater risk to this community than to any other community group. The Applicant notes that the Environment Agency has agreed with the methodology and conclusions of the flood risk assessment as set out in the draft Statement of Common Ground submitted at Deadline 5 Environment Agency Statement of Common Ground Revision A [EX5/WB8.3.5_A]. As such, this was not</p>	<p>We have not yet had a response as to whether the applicant has directly engaged with the Traveller community at Odder. Can this be answered? We believe that failure to engage with them is at odds with the Equality Impact Assessment. Their views should be taken into consideration.</p> <p>The applicant has pointed out in 2.6.5 that an HIA, whether part of the EIA or standalone should involve community engagement. This has not been the case where human health and wellbeing has been concerned, something the IEMA guidelines has recommended. It was in the open hearings for all the schemes where mental health issues were highlighted by the many speakers. This was not through community engagement, and we have highlighted our concerns around this in the</p>

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	<p>chapters do not appear to have identified or considered these communities, nor potential effects on them. Accordingly, the Applicant's views are sought in this regard, as well as on the application of the Human Rights Act (1998) and the Equality Act (2010), and the duties they contain</p>	<p>identified as a health inequality and therefore not presented in the ES. Section 21.5 (Human Health) of 6.2.21 Environmental Statement - Chapter 21 Other Environmental Matters [APP-059] and WB8.4.21.1 Environmental Statement - ES Addendum 21.1: Human Health and Wellbeing Effects [REP4-077] does not identify any population group that is likely to be disproportionately affected by the Scheme in comparison to the population as a whole. This is consistent with the outcomes of the 7.12 Equality Impact Assessment [APP-321], which was submitted as part of the DCO Application to assist the Secretary of State in meeting their obligations under the Equality Act (2010). This group formed part of the baseline data for the population study area which were assessed in Chapter 21 [APP-059] and [REP4-077]. However, as the Gypsy and Traveller population group was not deemed to be disproportionately affected by the Scheme, no explicit reference is made. The Applicant has already responded to concerns raised by 7000 Acres on the</p>	<p>documents we have submitted. Again, a good reason for an HIA.</p> <p>We are not confident that the applicant's assessments of health and wellbeing is satisfactory, and that is why we have called for a separate session on this topic with the relevant statutory bodies as part of the process to assist the examiners on this subject.</p> <p>Please refer to the recent documents:</p> <p>7000 acres Additional Comments – Appraised West Burton EIA and Health Addendum as per the Institute of Environmental Management and Assessment (IEMA) guidelines</p> <p>7000 acres Comments on the Response to the Environmental Statement ES Addendum 21.1: Human Health and Wellbeing effects</p>

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		<p>application of the Human Rights Act 1998 at 7A-113 (pg.66-71) of WB8.1.18 Response to Written Representations at Deadline 1 Part 2 [REP3-035]. The Applicant reiterates its position that it has properly considered the impacts of the Scheme in the context of the Human Rights Act 1998. Further details are set out in Section 9 of the Statement of Reasons [REP4-028]. In specific regard to Gypsy and Traveller communities, no infringement of their human rights is anticipated as no land used for Gypsy and Traveller Sites is included in the DCO Order Limits and no greater flood risk will occur as a result of the Scheme</p>	