

**7000 Acres**

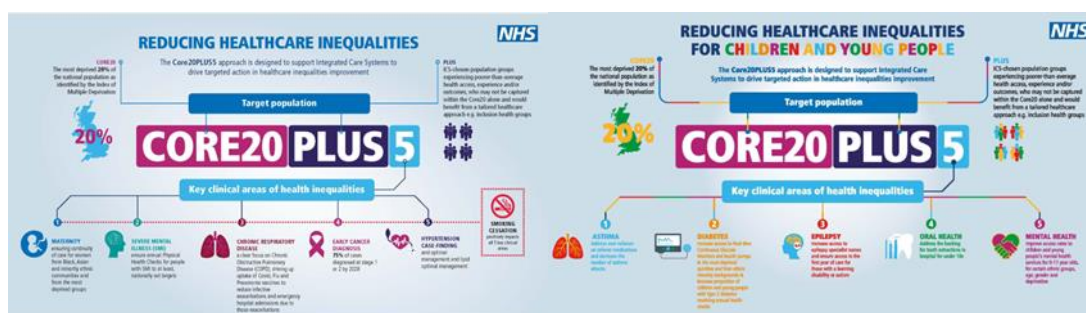
**7000 Acres Response to the Cottam Solar Project Application on the subject of:**

**Equality Impact Assessment**

**EN010133 APP/C7.12**

**Deadline 1 Submission – 17th October 2023**

1. We believe the document **Equality Impact Assessment January 2023 EN010133 Reference: APP/C7.12** has failed to set out its purpose. It has not identified the real issues around how this and other schemes will affect health and wellbeing for the residents for the next 40 years during its operational cycle (our main concern).
2. The Act is very clear that vulnerable groups are considered properly, and that reasonable adjustments are made and that exception planning is in place. As to the assessment of the Equality effect within the document, we do not believe that the author understands what is required, nor do they understand rural issues which in itself leads to issues around health inequality.
3. Using areas for consideration as a justification for this assessment in no way negates whether or not they have identified those vulnerable groups (the protected characteristic groups) to show how they will be affected. Quantitative and qualitative data needs to be obtained and analysed to assess whether the impact is a concern. An example would be to find out how many people in our community are disabled from long term mental health, or how many people have learning disabilities, the proportionate of military veterans who have Post Traumatic Stress Disorder, many live in our community and who may benefit from rural space as part of their rehabilitation. Those with sensory impairment such as those who are blind, have heightened hearing so when considering noise impacts in our community this is important. The environment should be taken into consideration when assessing disability. Who are the other hard to reach groups (Travelling Community, temporary workers). This is the problem of having one single Environmental Impact Assessment for each scheme and not one for all the schemes which would have necessitated a Health Impact Assessment and therefore Public Health and the NHS would have been consulted to obtain data around how these schemes would have impacted those with protected characteristics. The data around this is essential to mitigate if there are concerns. This is not the case in their Equality Impact assessment document. The impact of these schemes has the potential to widen health inequalities which is a concern. A HEAT tool should have been requested (Health Equity Assessment Tool) to help identify these inequalities. This has the potential to impact on the NHS Core20plus5 programme within the NHS.



4. 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, single parents, or people 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%.

5. Bordering this scheme and the other schemes is Gainsborough. Two wards have significant deprivation and have not been considered in the wider assessment when looking at the deprivation for West Lindsey. We consider this is important within the Equality Impact Assessment.
6. There is reference to the Public Sector Equality duty, however no consideration has been paid to the impact on Human Rights. Article 8 of the Human Right Act states, there is a right of 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 their 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.
7. There is a real concern that these schemes will fragment and further marginalise our community, 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 which 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. This needs to be understood more in the context of the document. Fuel poverty and financial difficulties are a real issue in rural communities. It is well recognised that green space benefits rural populations and the very reason people retire to rural areas, therefore there tends to be an increase of an ageing population in rural areas as a result.
8. There is guidance around the protective characteristics as laid down in the Equality Act 2010 and these principles should be followed. Not much of this has been demonstrated within this submission. Recognising these impacts would have improved the section on health and wellbeing and highlighted important issues that our communities would face for the next 40 years, namely mental health, social care issues and widening health inequalities.
9. We feel this should be highlighted to the Secretary of State and that a full Health Impact Statement should be requested across all the schemes (cumulative affect).
10. Please refer to our submission on health and wellbeing.