

Summary of my oral presentation Cottam Examination:

Date: 7/12/23

Prepared by: Dr John Parkin

I am a retired General Practitioner, and still work for the Lincolnshire Integrated Care Board with over 30 years' experience of health in Lincolnshire. I was also on the board of both West Lincolnshire and Lincolnshire Clinical Commissioning Boards. I am the current Clinical lead for the West Locality, which means that I look after the delivery of healthcare in both Lincoln and Gainsborough and its surroundings.

- I was concerned by the number of residents who stated how these schemes would affect their Mental Health and Wellbeing.
- The documents on Human Health and Wellbeing are described in terms of the construction and the decommissioning phase. There is very little around the operators cycle and does not highlight the impact nor cumulative impact on Human health and Wellbeing over the 40 (now 60 years) on the residents living within these developments.
- I was not confident that the specific hearing on Human Health and Wellbeing has been addressed. The wider determinants of health need to be tackled, as these determinants form the basis of my concern going forward. Both the socioeconomic and environmental aspects play an important issue when considering health and wellbeing.
- I am concerned as to the cumulative impact which may worsen health inequalities, marginalising already identified areas where deprivation exists, such as in the town of Gainsborough, which has not been mentioned at all by name within any of the documents presented by Gate Burton and Island Green Power. This has the potential to impact on the work the NHS is doing around CORE20PLUS5 in addressing health inequalities within Lincolnshire.
- Depression is increasing in our rural communities, and the impact of changing our environment will only worsen this. It is well recognised that green spaces are beneficial to mental health and wellbeing. In the 25-year environment plan, it states clearly that "the natural environment, resident or visitor, improves our mental health and feelings of wellbeing by reducing stress, fatigue, anxiety and depression". Our loss of the countryside will manifest in grief, which has a direct impact on physical and mental health. Also, it is well recognised that there is poor mental health in farming communities. In the UK there is a high suicidal rate amongst farmers, and the impact of this and these developments needs to be fully recognised as a possible impact on the farmers in the area that farm to make a living and are let down by those who have opted to place solar panels on their fields. This creates inequality between farmers and could lead to a health inequality for example, long-term mental health.
- There is also a potential to impact on social care within our communities if these schemes go ahead. Younger adults tend to migrate out of the countryside for further education to the larger cities and towns, whereas older adults (some with children) tend to move in. Therefore, rural communities tend to have above average middle-aged and older people. There is a concern that if our environment is altered with these solar farms, both this scheme and the cumulative impact of others stretching from Saxilby to above Gainsborough, will have the effect to possibly drive more younger people out leaving a more vulnerable older population. We have predominantly more older people living in our communities who potentially could be further socially isolated by networks breaking down. Furthermore, there is a well-recognised problem of recruitment in rural areas of health and social care workers. We already have a healthcare system that is overstretched with issues around workforce recruitment.
- The qualitative data within the documents refers to ONS data from 2011 which is not satisfactory to inform a balanced view as to how these schemes make us feel emotionally, physically and mentally.
- Approximately 40,000 people live in this area. They will be living in what is effectively a "solar city". I am therefore surprised that no Health Impact Assessment has been provided given the cumulative effects of all the schemes in such a concentrated area, and the impact it will have on people. This should have been carried out in partnership with Public Health and the NHS who work within our communities, and who have in-depth knowledge of the health issues that exist within this area. I would like to see this requested, and completed as a single document across all the schemes as one scheme of this magnitude. This would be key to the Environmental Impact Assessment for your examination and crucial to advise the Secretary of State. Using a desktop search to assess health in my view is not satisfactory. A Health Impact Assessment would put the local health and wellbeing needs and priorities into the plan for better decision making, by putting people at the heart of the process. I therefore disagree with the applicant's assessment that they do not feel this is necessary. Splitting these schemes into chunks gives them reason for not doing so. The cumulative effect as a whole, will have grave implications on health and wellbeing for many years for those who live within it. We must recognise that people choose to live in rural areas and their surroundings should be respected.
- Should a Health Impact Assessment not be carried out, this should be incorporated into a session on health if permitted as part of the examination.
- There is a potential workforce of 2000 contractors for all the proposed schemes, coming into this area. To put it into context, one full time General Practitioner equivalent looks after approximately 2000 patients. Our services are already stretched to capacity. How will this be addressed and resourced?

In response to Mr Gareth Phillips' closing remarks that a Health Impact Assessment has been done and is within the Chapters in the Environmental Impact Statement, signposted Chapter 21. Clearly health impacts have not been addressed as demonstrated by my statement above particularly around mental health and the issues pertaining to health and wellbeing in rural communities. A major failing is the lack of detail around the operator cycle. Also, the Equality Impact assessment has not reassured me that there is a clear understanding of the consequences that these schemes will have on health inequality and those vulnerable groups who live within our community. I do not believe a desktop assessment is satisfactory in this case because of the scale, and that Lincolnshire Public Health and the local NHS need to be involved considering the large area being developed (equivalent to 3-4 airports where one average airport is 3000 acres). Clearly, not all the relevant stakeholders have been engaged in the process. The Health Impact Assessment needs to be comprehensive and in depth. Had the relevant Public Health document guidance been followed, this would have identified the major health impacts for both the examiners and the Secretary of State.