

Botley West Solar Farm

Environmental Statement

Volume 3

Appendix 16.2: Oxfordshire HIA Toolkit Alignment

Review

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Glossary

Term	Meaning
The Applicant	SolarFive Ltd
The Project	The Botley West Solar Farm (Botley West) Project

Abbreviations

Abbreviation	Meaning	
EIA	Environmental Impact Assessment	
ES	Environmental Statement	
HIA	Health Impact Assessment	
JSNA	Joint Strategic Needs Assessment	
PV	Photovoltaic	
PVDP	Photovolt Development Partners GmbH	





9 Oxfordshire HIA Toolkit Alignment Review

9.1 Introduction

Overview

- 9.1.1 This Appendix of the Environmental Statement (ES) has been prepared by RPS on behalf of Photovolt Development Partners GmbH. (PVDP) for the Applicant, SolarFive Ltd. (SolarFive). This Appendix supports Volume 1, Chapter 16: Human Health of the ES [EN010147/APP/6.3].
- 9.1.2 The purpose of this Appendix is to review the alignment of Volume 1, Chapter 16: Human Health of the ES against the Oxfordshire Health Impact Assessment (HIA) Toolkit requirements (Oxfordshire County Council, 2021); as well as document how the chapter has influenced the Project to promote public health and reduce health inequalities (section 9.3 of this document).

9.2 Alignment with the Oxfordshire HIA Toolkit

9.2.1 Table 1 provides a review of Volume 1, Chapter 16: Human Health of the ES alignment with the Oxfordshire HIA Toolkit criteria.

Table 1: Oxfordshire HIA Toolkit criteria and signposting to ES Chapter 16

Table 1. Oxfordshire that rootkit criteria and signiposting to L3 chapter to				
Criteria			Signposting	
Section 1: Description of the proposed developmen			t	
1.1	There is a clear description of the project being assessed including:		The assessment provides a comprehensive description of the Project including aims (section 16.1, Introduction), location (section 16.4, Study area), construction and operational scope (section 16.4,	
	 Aims and objectives of the proposed development; 			
	•	Physical characteristics of the site of the proposed development and surrounds;	Scope of the Assessment), and timelines (paragraph 16.5.10). Specific Project elements and design are outlined in Volume 1, Chapter 6: Project Description of	
	•	Characteristics of the proposed development once operational; and	the ES.	
	•	Timescales and durations of the construction and operational phases of the proposed development.		
1.2	.2 Policy context for the project has been set out, noting any relevant health and wellbeing policies.		The policy context, including relevant health and wellbeing policies, is outlined in section 16.2, Legislative and Policy Context of the assessment. This includes the Health and Wellbeing Strategy and local planning policies. Additionally, health priorities are informed by the Joint Strategic Needs Assessment (JSNA), detailed in section 16.2, Legislative and Policy Context.	





Crit	eria	Signposting	
Section 2: Identification of Population Groups Affected by the Project			
2.1	A process to identify groups of the population likely to be affected by the proposed development has been undertaken.	The assessment methodology for identifying vulnerable groups is set out in section 16.4. Population groups, including vulnerable populations such as low-income households, children and young adults and the elderly, have been identified in section 16.5, Vulnerable groups.	
2.2	Evidence to support the inclusion of identified groups, including quantitative and qualitative data.	Identification of population groups, including vulnerable groups, can be found in section 16.5. The vulnerable groups identified align with baseline sensitivity and priority areas identified by the JSNA in section 16.6.	
Sec	tion 3: Identification of Geographical Area and A	ssociated Health Priorities	
3.1	A process to identify the geographical scope of the assessment has been undertaken.	The geographical scope of the assessment is described in section 16.4, study area, which has been identified on the basis of relevant human populations that may be affected directly or indirectly by the project.	
3.2	Health priorities for the affected geographical scope are identified and included in the assessment.	Health priorities for the area are drawn from the JSNA and Health and Wellbeing Strategy, detailed in section 16.2, Legislative and Policy Context.	
Sect	ion 4: Assessment of Health Impacts		
4.1	Baseline: There should be a narrative interpreting the data collected in the context of the HIA.	The baseline data narrative, interpreting the context of health impacts, is provided in section 16.6, Baseline Environment Conditions. Key public health databases from which indicators and data was extracted are referenced in 16.4, Methodology for Baseline Studies.	
4.2	Evidence: The sources of evidence are relevant and clearly referenced.	Sources of evidence used in the section 16.9 assessment are clearly cross-referenced where relevant (e.g. other chapters' results, public health databases). A reference list of literature sources is set out in section 16.15.	
4.3	Quality of evidence is sufficient to assess likely impacts.	Good quality evidence has been used as set out in section 16.9. This includes published sources and analyses from other ES chapters.	
4.4	Critical assessment of literature used and any limitations noted.	Section 16.5 confirms that the scientific literature reviews undertaken give priority to high quality study design, such as systematic reviews and meta-analysis. The methodologies set out in section 16.4 describe the approach follows with triangulates and critically appraise evidence as part of the professional judgements reached.	
4.5	Data limitations: Any gaps in evidence are identified, and their impact on the assessment is described.	Assumptions and limitations of the assessment are stated in section 16.5.	





Crit	eria	Signposting		
Section 5: Stakeholder Engagement				
5.1	Evidence of discussion with Local Authority Officers to agree on stakeholder engagement approach.	Evidence of discussions with Local Authority Officers is included in Appendix 16.1: Human Health Consultation and Engagement.		
5.2.	Identification of stakeholder groups relevant to health assessment.	Stakeholder groups relevant to the health assessment are identified in section 16.3 and in Appendix 16.1: Human Health Consultation and Engagement. The health assessment is also informed by the information set out in the Consultation Report EN010147/APP/5.1.		
5.3	Range and variety of stakeholders engaged.	The range and variety of stakeholders engaged throughout the assessment is provided in Appendix 16.1: Human Health Consultation and Engagement. The health assessment is also informed by the information set out in the Consultation Report EN010147/APP/5.1.		
5.4	Methods of engagement were appropriate, and effectiveness evaluated.	Methods of engagement are set out in the Consultation Report EN010147/APP/5.1, which has informed the health assessment.		
5.5	Information gathered from stakeholders has been used to inform the assessment.	The information gathered from stakeholders has informed the assessment scope and conclusions in section 16.9, which states this, and is outlined in Appendix 16.1: Human Health Consultation and Engagement.		

9.3 Positive Influence of the Assessment on Public Health

9.3.1 Due to the integrated health impact assessment being undertaken (Volume 1, Chapter 16: Human Health of the ES), the Project has incorporated measures that reduce the potential for adverse public health effects and enhance the potential for positive public health effects. These are set out in Volume 1, Chapter 16: Human Health of the ES section 16.8. In this regard the health impact assessment process has been iterative and collaborative. The health impact assessment has worked hard to broker changes to the scheme during the assessment that better safeguard and promote local population health; whilst continuing to deliver the key underlying beneficial purpose of the Project, which is to provide renewable energy security in a time of climate crisis, a national (and international) public health benefit.