

**Tillbridge Solar Project
EN010142**

**Applicant's Response to Written Submissions at
Deadline 5**

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1. Introduction

1.1 Purpose of this document

- 1.1.1 The purpose of this report is to provide Tillbridge Solar Limited's (the Applicant) response to the Written Submissions submitted by Interested Parties (IP) at Deadline 5 of the Examination for the Tillbridge Solar Project (the Scheme).
- 1.1.2 A total of 63 Written Submissions were submitted to the Examination at Deadline 5. 34 of these were from the Applicant, with 29 being from IP's.
- 1.1.3 To avoid repetition, the Applicant has only provided a full response to comments that make points that have not been addressed previously within the following documents or where the Applicant considers that further clarification may be useful:
- **Applicant's Responses to Relevant Representations [REP1-028];**
 - **Applicant's Response to Written Submissions at Deadline 1 [REP2-007];**
 - **Applicant's Responses to Local Impact Reports [REP3-061];**
 - **Applicant's Response to Examining Authority's First Written Questions [REP3-062];**
 - **Applicant's Response to Written Submissions at Deadline 2 [REP3-063];**
 - **Applicant's Response to Written Submissions at Deadline 3 [REP4-044];**
 - **Written Summary of Applicant's Oral Submissions at Issue Specific Hearing 2 [REP4-045];**
 - **Written Summary of Applicant's Oral Submissions at the Open Floor Hearing 2 [REP4-046];**
 - **Written Summary of Applicant's Oral Submissions at Compulsory Acquisition Hearing [REP4-047];**
 - **Applicant's Comments on Interested Parties Submissions to the First Written Questions at Deadline 3 [REP4-048];**
 - **Written Summary of Applicant's Oral Submissions at the Issue Specific Hearing 3 [REP4-049];**
 - **Applicant's Response to Examining Authority's Second Written Questions [REP5-032]; and**
 - **Applicant's Response to Written Submissions at Deadline 4 [REP5-033].**

1.2 Structure of this document

- 1.2.1 This document provides a response from the Applicant to Written Submissions received at Deadline 5, and is structured as follows:

- **Table 2-1: Parish Councils, Persons with an Interest in the Land and Public:** the Applicant's responses to Written Submissions from Parish Councils, Persons with an Interest in the Land and the Public.

- 1.2.2 The documents submitted with the Application are also referenced in this document, using the reference number given in the Examining Authority Examination Library (e.g. **[APP-XXX]**, or **[AS-XXX]**) where a document which has previously been submitted is referenced, or the Applicant's reference number (e.g. **[EN010142/APP/XX(RevX)]**) where a new document is being submitted at Deadline 6. All documents are also presented in numerical order in the **Guide to the Application [EN010142/APP/1.2(Rev08)]**.

Table 1-1. List of Interested Parties that submitted Written Submissions at Deadline 5 which the Applicant has responded to in this document

Reference Number	Consultee
REP5-035	7000 Acres
REP5-036	7000 Acres
REP5-041	7000 Acres

- 1.2.3 For ease of reference, a table of acronyms used in this document is provided in **Table 1-2** of this document.

Table 1-2. Abbreviations

Abbreviation	Definition
BESS	Battery Energy Storage System
BRE	Building Research Establishment
BSMP	Battery Safety Management Plan
COMAH	Control of Major Accident Hazards
CNP	Critical National Priority
DCO	Development Consent Order
EIA	Environmental Impact Assessment
EqlA	Equality Impact Assessment
ES	Environmental Statement
ExA	Examining Authority
FRA	Flood Risk Assessment
GW	Gigawatt
HEAT	Health Equity Assessment Tool
HIA	Health Impact Assessment
HSC	Hazardous Substance Consents
HSE	Health and Safety Executive
HUDU	Healthy Urban Development Unit
IEMA	Institute of Environmental Management and Assessment
IPs	Interested Parties
NFCC	National Fire Chiefs Council

Abbreviation	Definition
NHS	National Health Service
NPS	National Policy Statement
NSIP	Nationally Significant Infrastructure Project
OHID	Office for Health Improvement and Disparities
PEI	Preliminary Environmental Information
PHE	Public Health England
PINS	Planning Inspectorate
RR	Relevant Representation
SAF	Sustainable Aviation Fuel
SoCG	Statement of Common Ground
WHO	World Health Organisation

2. Applicant’s Responses to Written Submissions at Deadline 5

2.1 Local Authorities, Parish Councils, Persons with an Interest in the Land and Members of the Public

Table 2-1. Applicant’s Responses to Parish Councils’, Persons with an Interest in the Land and Members of the Public Written Submissions at Deadline 5

#	Ref. No.	IP Name	Theme	Written Submission / Summary of Written Submission	Applicant’s Response to Written Submission
1	REP5-035	7000 Acres	Health and Wellbeing	<p>Comments that 7000 Acres have not seen answers to the questions they asked in their written representation REP2-032 (7000 Acres response to the Equality Impact Assessment (EqIA), Human Health and Wellbeing and Noise (Operational) - submission date 14th November 2024) and believe this is a serious omission on the part of the Applicant.</p> <p>Comment that the Applicant’s experts were not available for ISH3 to discuss health, so request for the Applicant to provide further evidence that they clearly understand the issues around this topic and provide such evidence for the Examining Authority to inform any recommendation to the Secretary of State.</p>	<p>The Applicant has provided responses to 7000 Acres comments and questions made in their written representation REP2-032 within the Applicant’s Response to Written Submissions at Deadline 2 [REP3-063]. The Applicant’s responses are set out throughout the document as they respond to a number of different points made by REP2-032. The Applicant’s responses to specific comments made in relation to health and wellbeing in REP2-032 are set out on pages 38 to 46 within Table 2-2.</p> <p>In response to queries regarding expert evidence and competency, while the Applicant’s expert were unavailable for ISH3 to discuss health-related matters due to an unforeseen family grievance, this does not call their competence into question. Their qualifications, experience, and adherence to recognised industry guidance provide a clear basis for confidence in the assessment.</p> <p>As referred to in Chapter 1: Introduction of the ES [APP-032], the EIA was carried out by AECOM on behalf of the Applicant. AECOM is an Institute of Environmental Management and Assessment (IEMA) Registered Impact Assessor and holds the IEMA EIA Quality Mark as recognition of the quality of AECOM’s EIA product and continuous training of their environmental consultants. Appendix 1-3: EIA Statement of Competence of the ES [APP-053] outlines the relevant expertise or qualifications of the experts at AECOM who prepared the ES. This includes specifically in respect of human health, referencing examples of the technical lead’s relevant project experience, spanning two consented DCO solar farms (including Gate Burton Energy Farm [EN010131] and the UK’s most recently consented energy DCO, the Immingham Green Energy Terminal [TR030008] in North East Lincolnshire. The Applicant maintains that the EIA conducted for the Scheme, as presented in the ES, is robust. Notably, the Planning Inspectorate, in accepting the Application for examination, has not raised concerns regarding the adequacy of the ES provided.</p> <p>The interested party states that it “<i>believes this process should have been commissioned externally by people qualified to advise on the health impacts of the project</i>”. They do not however state what qualification would, in their view, be required for personnel to be able to do this. The IEMA guidance at paragraph 2.5 (Ref 1-1) states that the audience for its guidance are “<i>EIA health practitioners (hereafter ‘practitioners’) responsible for drafting and conducting Scoping Reports</i>”, without stating what qualifies as one. Further, the IEMA guidance on page 3 indicates that the “<i>practitioner’s guide has been developed by IEMA and EIA professionals working for organisations registered to the EIA Quality Mark</i>”, before going on to list the primary authors. Those authors listed do not, in the majority of instances, have any qualifications beyond being, as is stated, EIA professionals working for organisations registered to the EIA Quality Mark. As is indicated above, AECOM has such a registration, and such professionals, and thus are equally as qualified to</p>

#	Ref. No.	IP Name	Theme	Written Submission / Summary of Written Submission	Applicant's Response to Written Submission
					<p>undertake the assessment as the IEMA Guidance authors. The alternative assessment approaches put forward by the interested party (HEAT Tool, National Infrastructure Commission 2022 Quality of Life Report) are not, as indicated in other responses below (see REP5-036), suitable or possible for application in this context and the Applicant is not aware of any precedent for these being used to inform health assessments for DCO applications submitted to the Planning Inspectorate. The industry standard is to apply the IEMA Guidance, which the Applicant has done in its fullness.</p> <p>Chapter 11: Human Health of the ES [APP-042], therefore, has been prepared by competent personnel meeting the standards required by the relevant professional body, IEMA, with experience working on a number of DCO applications including those for solar projects and for other energy projects, including in Lincolnshire.</p>
2	REP5-036	7000 Acres	Health, Safety and Wellbeing	Comment that the need case outweighs the residual effects <i>“in all but the most exceptional circumstances”</i> however health is an exceptional circumstance as it is stated in NPS EN-1 that <i>“this presumption, however, does not apply to residual impacts which present an unacceptable risk to, or interference with, human health...”</i>	<p>The Applicant agrees that paragraph 4.1.7 of NPS EN-1 (Ref 1-2) states that where there would still be residual adverse effects after the implementation of mitigation measures, that the Secretary of State should weigh those residual effects against the benefits of the proposed development. This goes on to confirm that:</p> <p><i>“For projects which qualify as CNP Infrastructure, it is likely that the need case will outweigh the residual effects in all but the most exceptional cases. This presumption, however, does not apply to residual impacts which present an...unacceptable impact to human health...”</i></p> <p>The Scheme will not result in residual adverse effects with respect to human health. As such, the CNP presumption remains firmly and fully engaged.</p>
				Comment that NPS EN-1 also requires the consideration of health impacts on populations and sub-populations, and that the assessment carried out by the Applicant is insufficient.	<p>Chapter 11: Human Health of the ES [APP-042] provides a comprehensive assessment of the potential effects of the Scheme on health and wellbeing, considering relevant populations and sub-populations. A key element of the assessment is the consideration of vulnerable sub-populations, including the elderly and individuals experiencing high levels of deprivation or those with pre-existing health conditions. These groups are identified through the baseline analysis, which highlights the local health profile and levels of deprivation within the study area. In line with IEMA (2022) guidance (Ref 1-1), the assessment considers sensitivity, ensuring that such populations and sub-populations are independently considered in terms of their ability to respond to changes resulting from the Scheme. This enables a more targeted evaluation of potential health impacts, ensuring that any disproportionate effects on vulnerable groups are adequately captured.</p> <p>The ES has undertaken a structured and comprehensive assessment, and the assessment presented in Chapter 11: Human Health of the ES [APP-042] is sufficient to demonstrate the potential health effects of the Scheme and the impacts on different population groups, including those identified as more vulnerable. The Applicant's assessment of health impacts is in accordance with paragraphs 4.4.4 to 4.4.6 of NPS EN-1 (Ref 1-2).</p>

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				<p>Comment that the Applicant should, in line with IEMA guidance, describe the relevant health issues that are likely and those that will have the potential to significant affect population health.</p>	<p>In line with IEMA guidance, Chapter 11: Human Health of the ES [APP-042] sets out a demographic and health profile of the local population in order to identify the relevant profile of the study area and establish vulnerable populations within the local community. Drawing on authoritative sources, including the 2021 Census (Ref 1-3), the 2019 Index of Multiple Deprivation (Ref 1-4), and OHID (Ref 1-5), the assessment examines factors such as age distribution, ethnicity, deprivation, and health indicators, including general health, long-term disability, and mental health. An infrastructure baseline details local healthcare, education, community, and recreational facilities.</p> <p>Chapter 11: Human Health of the ES [APP-042] also summarises the baseline conditions relevant to health in respect of employment, air quality, transport and active travel, noise and vibration, and climate change drawn from respective discipline chapters. In doing this, the chapter is inherently recognising that the scoping of other assessments in the EIA has also had due consideration to health issues for the purposes of their own assessment of significant effects, underlining the extent to which such issues have been described in the ES.</p> <p>As such the assessment presented in Chapter 11: Human Health of the ES [APP-042] has been carried out against a benchmark of current human health baseline conditions prevailing around the Scheme, being fully cognisant of relevant health issues in an approach consistent with IEMA guidance (Ref 1-1). The chapter finds that no significant adverse effects are expected in relation to population health as a result of the Scheme.</p>
				<p>Comment that the Applicant has not considered the effects for each determinant of health and their level of effects in line with IEMA guidance, or the provision of mitigation, including age, sex, individual lifestyle factors, social and community networks and finally general socio-economic, cultural and environmental conditions.</p>	<p>Chapter 11: Human Health of the ES [APP-042] provides a comprehensive assessment of the Scheme's effects on human health, following IEMA guidance (Ref 1-1) and NHS England's Healthy Urban Development Unit's (HUDU) Rapid Health Impact Assessment (HIA) Toolkit 2019 (Ref 1-6). This assessment was undertaken in accordance with a methodology that was agreed upon with the Planning Inspectorate through the EIA Scoping process. The scope and methodology relevant to human health were formally provided on 4 November 2022, following consultation with statutory bodies responsible for human health, as detailed in Appendix 1-1: EIA Scoping Report of the ES [APP-051] and Appendix 1-2: EIA Scoping Opinion of the ES [APP-052].</p> <p>The assessment takes a holistic approach to health and considers a wide range of health determinants which are relevant to quality of life and amenity of local communities. The assessment considers elements of the Scheme which could affect physical and mental health (for example changes in landscape and visual amenity, noise, access to open space and employment) as well as physical health (for example associated with air pollution and access to healthcare facilities).</p> <p>A number of granted DCOs undertook an assessment of effects on human health using a similar methodology to that adopted by the Applicant based on the HUDU approach. This has included Longfield Solar Farm [EN010118], East Anglia ONE North Offshore Wind Farm [EN010077] and Gate Burton Energy Park [EN010131].</p>

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				<p>Comment that the guide 'Effective Scoping of Human Health in Environmental Impact Assessment' provides a list of wider determinants of health that cover issues commonly encountered within EIAs including elements of the Social Environment, such as open space, community identity, culture, resilience and influence, social participation, interaction and support, and these have not been considered by the Applicant.</p> <p>Comment that the guide also provides guidance on geographic scope of assessment and the Applicant, by using such broad study areas as West Lindsey and Bassetlaw combined, or a 60-minute travel area, has failed to consider the area immediately adjacent to and impacted by the development.</p>	<p>In respect of mitigation, the assessment has concluded that there are no significant effects that would require further mitigation. Mitigation measures relevant to each health determinant considered within the assessment were summarised on page 5 of the Written Summary of Applicant's Oral Submissions at the Issue Specific Hearing 3 [REP4-049].</p> <p>The assessment of human health effects has been comprehensively reported in Chapter 11: Human Health of the ES [APP-042]. This assessment was undertaken in accordance with a methodology that was agreed upon with the Planning Inspectorate through the EIA Scoping process. The scope and methodology relevant to human health were formally provided on 4 November 2022, following consultation with statutory bodies responsible for human health, as detailed in Appendix 1-1: EIA Scoping Report of the ES [APP-051] and Appendix 1-2: EIA Scoping Opinion of the ES [APP-052].</p> <p>Regarding the concern that specific wider determinants of health such as elements of the social environment, including open space, community identity, culture, resilience and influence, social participation, interaction, and support, have not been considered, the assessment has addressed factors influencing both mental and physical health, including changes to landscape and visual amenity, access to open space, employment opportunities, noise, air quality, and access to healthcare facilities. The inclusion of these factors directly responds to key social determinants of health, ensuring that the assessment reflects a comprehensive understanding of the factors affecting wellbeing. The assessment concludes that no significant adverse health impacts are expected as a result of the Scheme.</p> <p>In response to the concern of the geographic scope of the assessment, the Applicant acknowledges the importance of considering a comprehensive assessment of impacts, capturing both a localised and wider health profile. As stated in Chapter 11: Human Health of the ES [APP-042], the Study Areas are based on the extent and characteristics of the Scheme and the communities/wards directly and indirectly affected by the Scheme. Impacts that occur beyond this are also addressed within the assessment itself, as the Human Health assessment draws upon the findings of supporting ES chapters to inform its conclusions. These chapters have their own Study Areas for their own individual assessments, which vary in their extent. Each chapter also sets out embedded and additional mitigation measures relevant to their individual disciplines. Each of these chapters also includes a baseline analysis section, which includes a review of the existing surrounding area. A summary of the Study Areas for each component is set out in Chapter 11: Human Health of the ES [APP-042].</p> <p>Considering this methodology, the choice of Study Areas for the Human Health assessment is appropriate and in-line with best practice IEMA guidance (Ref 1-1) and the NHS's Rapid HIA tool (Ref 1-6). As such, it is considered that the Study Area, of which data is presented at local authority level, adequately encapsulates the more granular geographies within the analysis, as while the assessment adopts a holistic</p>

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					<p>spatial focus to capture wider influences, it also considers the health and wellbeing characteristics of local communities. The methodology ensures that the assessment undertaken is not prejudiced against specific areas. Rather, it applies an objective and evidence-based approach to evaluating health and wellbeing impacts across the defined Study Area, ensuring that no areas are overlooked or underrepresented.</p> <p>Beyond the ES, the Applicant is committed to work with the Local Authorities to ensure that the local community is affected as little as possible, whether that be targeting contractors with social value commitments during construction or wider community benefit initiatives.</p>
				<p>Comment that there is little consideration or a clear understanding of how the Scheme will impact on physical health, and mental health within the local community.</p>	<p>Chapter 11: Human Health of the ES [APP-042] assesses potential effects of the Scheme on health and wellbeing of local residents. The assessment takes a holistic approach to health and considers a wide range of health determinants which are relevant to quality of life and amenity. The assessment considers elements of the Scheme which could affect mental health (for example changes in landscape and visual amenity, noise, access to open space and employment) as well as physical health (for example associated with air pollution and access to healthcare facilities).</p> <p>In terms of considering and understanding impacts within the local community, the Study Area, of which data is presented at local authority level, adequately encapsulates the more granular geographies within the analysis, as while the assessment adopts a holistic spatial focus to capture wider influences, it also considers the health and wellbeing characteristics, including mental health, of local communities.</p> <p>A number of granted DCOs undertook an assessment of effects on human health using a similar methodology to that adopted by the Applicant based on the HUDU approach. This has included the Longfield Solar Farm [EN010118], East Anglia ONE North Offshore Wind Farm [EN010077], the Gate Burton Energy Park [EN010131] and the West Burton Solar Project [EN010132].</p> <p>The ExA in the Recommendation Report for the Gate Burton Energy Park [EN010131] confirmed at paragraph 3.7.49 that:</p> <p><i>“I am therefore satisfied that the assessment undertaken does address the likely significant effects that would arise in relation to human health and wellbeing.”</i></p> <p>The Secretary of State in reaching the decision to grant development consent for the Gate Burton Energy Park [EN010131] also stated at paragraph 4.104 that:</p> <p><i>“The Secretary of State is satisfied that he has sufficient information to undertake an assessment of the likely significant effects that would arise in relation to human health and wellbeing.”</i></p> <p>The ExA in the Recommendation Report for the West Burton Solar Project [EN010132] concluded at paragraph 3.11.34 that:</p>

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					<p><i>“The ExA is satisfied that the scope and methodology of the human health and wellbeing assessment undertaken has sufficiently addressed the potential for health and wellbeing impacts. This includes long-term mental health and wellbeing.”</i></p> <p>The Secretary of State, in granting development consent for the West Burton Solar Project [EN010132], agreed with the ExA's conclusions in relation to health and wellbeing (see paragraph 4.303 of the Decision Letter).</p>
				Comment that a clear understanding around the element of population health and the impact has been omitted from the assessment as a health professional was not involved.	<p>In response to queries regarding involvement of a health professional, the qualifications of the Applicant's expert consultants, as well as their experience, and adherence to recognised industry guidance, provide a clear basis for confidence and sufficiency in assessment of population health and the impact of the Scheme. Additionally, IEMA guidance does not mandate the involvement of a health professional in Environmental Impact Assessments and such an approach is not standard practice for DCO applications.</p> <p>As referred to in Chapter 1: Introduction of the ES [APP-032], the EIA was carried out by AECOM on behalf of the Applicant. AECOM is an IEMA Registered Impact Assessor and holds the IEMA EIA Quality Mark as recognition of the quality of AECOM's EIA product and continuous training of their environmental consultants. Appendix 1-3: EIA Statement of Competence of the ES [APP-053] outlines the relevant expertise or qualifications of the experts at AECOM who prepared the ES. The Applicant asserts that the EIA conducted for the Scheme, as presented in the ES, is robust. Notably, the Planning Inspectorate, in accepting the Application for examination, has not raised concerns regarding the adequacy of the ES provided.</p> <p>Chapter 11: Human Health of the ES [APP-042], as such, has been prepared by competent personnel with experience working on a number of DCO applications including those for solar projects. The assessment brings together industry guidance and standards to assess the impacts on human health in line with national and local planning policy and guidance. Specifically, in accordance with IEMA (Ref 1-1) and NHS England's Healthy Urban Development Unit (HUDU) (Ref 1-6). The scope and methodology of this assessment were agreed upon through the EIA Scoping process (refer to Appendix 1-1: EIA Scoping Report of the ES [APP-051] and Appendix 1-2: EIA Scoping Opinion of the ES [APP-052]), ensuring that relevant health determinants were considered in the context of the Scheme. This methodology was applied for other consented solar DCO applications, including Longfield Solar Farm [EN010118], East Anglia ONE North Offshore Wind Farm [EN010077] and the Gate Burton Energy Park [EN010131].</p>
				Comment that the development, in combination with others will increase rural depression rates which are already projected to increase.	<p>While projections may indicate an increase in rural depression rates due to broader societal trends, there is no evidence that the Scheme, in isolation or in combination with other solar schemes, would contribute to this trend. The mitigation strategies in place, alongside local community engagement, will ensure that any potential adverse effects of the Scheme on mental health are minimised, and that local communities experience long-term benefits from the Scheme's implementation.</p>

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					<p>Specifically, Chapter 11: Human Health of the ES [APP-042] takes a holistic approach to health and defines health in line with the World Health Organisation (WHO) Europe and the IEMA guidance as a “<i>state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity</i>”. The IEMA guidance (Ref 1-1) outlines that both physical and mental health should be considered “<i>across the analysis of bio-physical, social, behavioural, economic and institutional influences on population health outcomes</i>”, and therefore the assessment considers a wide range of health determinants which are relevant to mental health, quality of life and amenity (for example changes in landscape and visual amenity, noise, access to open space and employment) as well as physical health (for example associated with air pollution and access to healthcare facilities). No significant adverse effects are identified with regard to human health or long-term wellbeing, including mental health, as a result of the Scheme.</p> <p>Embedded mitigation measures are incorporated into and secured by the Scheme as set out in the relevant ES chapters to reduce other construction, operational and decommissioning effects, such as noise and vibration, air quality, transport and access and socio-economics and land use. With respect to the potential for impacts on mental health, mitigation measures relevant to each health determinant considered within the assessment were summarised on page 5 of the Written Summary of Applicant's Oral Submissions at the Issue Specific Hearing 3 [REP4-049].</p> <p>In addition, the Applicant will work with the Local Authorities to ensure that the local community is impacted as little as possible by the Scheme, whether that be targeting contractors with social value commitments during construction or wider community benefit initiatives. Specifically, the Applicant would provide a community benefit package secured by a fund (to be developed with the local communities at the time of operation). This will in turn provide an additional benefit to the local community and existing facilities from a Human Health and Wellbeing perspective.</p>
				Comments that the business as usual coverage of population and human health as part of the existing EIA is not informed by enough input from public health, and that health and wellbeing needs to have greater prominence in the planning process, through implementation of Health Impact Assessment's (HIA), as per Volume 8 of IEMA's Impact Assessment Outlook Journal.	<p>The Applicant notes that Volume 8 of the IEMA's Impact Assessment Outlook Journal was prepared in 2020 (Ref 1-7), with IEMA guidance on scoping (Ref 1-8) and assessing the significance of health effects (Ref 1-1) being published in 2022. Having been prepared by the same body two years after the journal article, evidently the guidance is a response to the concerns raised by the article. As is set out in various responses, the Applicant has prepared its assessment in line with the IEMA Guidance using competent personnel meeting the standard required by IEMA as the relevant professional body. As such, the concerns highlighted by the 2020 journal article have been addressed by IEMA themselves through guidance which assessors, such as the Applicant's expert consultants, have followed in preparing and presenting the assessments contained within the ES.</p> <p>The assessment has been informed by consultation with statutory stakeholders responsible for public health, including the UK Health Security Agency, West Lindsey District Council, and Bassetlaw District Council (see Tables 11-6 and 11-7 of</p>

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					Chapter 11: Human Health of the ES [APP-042]), ensuring that health-related concerns have been robustly addressed.
				Comment that by not doing a deep dive to obtain local health data using the Health Equity Assessment Tool, one misses the crux of understanding what the baseline health issues are in the target area.	<p>The HEAT Tool is not an appropriate tool for assessing health impacts to inform a planning application for a major development scheme.</p> <p>The HEAT Tool was created to aid NHS and other public sector bodies to assess the potential health equality impacts, interactions and discrimination when preparing public sector programmes, projects or policy (Ref 1-9).</p>
				Comment that evidence should have included a qualitative survey asking people to comment on how these schemes make them feel, the effects on their own health and wellbeing including mental health, as well as to tease out social issues.	<p>In terms of the concern regarding the qualitative survey, the Applicant notes that IEMA highlights the importance of both quantitative and qualitative approaches to assess health impacts, and while it does not mandate a standalone qualitative survey, it highlights the value of stakeholder engagement and consultation as key methods for capturing qualitative insights. Specifically, IEMA states: <i>“Engagement with health stakeholders and communities as part of this process should be considered to support determining the health scope, sensitive community groups, and local health priorities... by identifying matters that are particularly important or of concern to such communities”</i> (Ref 1-7).</p> <p>In line with this guidance, an EIA Scoping Report was submitted to the Secretary of State through the Planning Inspectorate in 2022 in order to request an EIA Scoping Opinion (refer to Appendix 1-1: EIA Scoping Report of the ES [APP-051] and Appendix 1-2: EIA Scoping Opinion of the ES [APP-052]). Further consultation in response to formal pre-application engagement was also undertaken through the Preliminary Environmental Information Report (PEI Report). Consultation responses in relation to human health were provided in Appendix H and Appendix I of the Consultation Report Appendices [APP-029 and APP-030] and Chapter 11: Human Health of the ES [APP-042] has been prepared in accordance with the Planning Inspectorate's Scoping Opinion (Appendix 1-2: EIA Scoping Opinion of the ES [APP-052]). This process ensured that potential health and wellbeing impacts were robustly assessed, as the Applicant engaged with key stakeholders, including the Planning Inspectorate, UK Health Security Agency, West Lindsey District Council, Bassetlaw District Council, and local parish councils, through the scoping and consultation process. Matters raised were substantially considered and addressed, as summarised and defined in Chapter 11: Human Health of the ES [APP-042], which includes reference of where each matter is addressed within the assessment.</p> <p>Additionally, the Application is supported by an Equality Impact Assessment (EqIA) [APP-227], which assesses how the Scheme may impact the health and wellbeing of protected characteristic groups. This includes evaluating both direct and indirect effects under the Equality Act 2010 (Ref 1-10).</p> <p>In summary, while a standalone qualitative survey was not undertaken, the structured consultation process, comprehensive assessment methodologies, and ongoing commitment to community engagement have ensured that qualitative insights are</p>

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					fully embedded within the health and wellbeing assessment for the Scheme, in line with IEMA best practice.
				Comment that engagement with the community has resulted in limited awareness of the scale, nature and number of developments in Lincolnshire, and there has been no attempt to understand the health and wellbeing impacts of the Tillbridge scheme.	<p>The Applicant carried out its duties with regard to pre-application consultation as required by the PA 2008 (Ref 1-11). The Applicant wrote about its collaborative working with the developers of other local NSIPs during its statutory consultation.</p> <p>Regarding health and wellbeing impacts specifically, the scope of assessment within Chapter 11: Human Health of the ES [APP-042] was developed through consultation during the preapplication phase with the Planning Inspectorate, UK Health Security Agency, West Lindsey District Council, Fillingham Parish Council, Brampton Parish Meeting and Bassetlaw District Council – see Tables 11-6 and 11-7 of Chapter 11: Human Health of the ES [APP-042].</p> <p>The approach to consultation leading up to the submission of the DCO Application was also assessed within Section 7.2 of the Equality Impact Assessment (EqIA) [APP-227]. Whilst it is recognised that the consultation period can be stressful for some local residents, the EqIA concluded that the Applicant's approach to consultation was inclusive of all groups of the local community and that all groups were able to contribute their feedback to the consultation process. The Consultation Report [APP-021] summarises the Applicant's approach to consultation in the pre-application period and how feedback received was taken into account. Views expressed by consultees have made a difference to the Scheme, with a summary of all comments received and changes also presented in the Consultation Report appendices [APP-022 to APP-030].</p>
				Comment that it would be prudent for the Applicant to engage with the regional health body group looking into the impact of solar farms to fully understand the outcomes before any further NSIP-scale solar developments are approved within the region.	<p>While regional health studies of solar developments may provide valuable long-term insights, their findings are not a prerequisite for determining the acceptability of this Scheme. The Applicant's assessment is comprehensive, proportionate, and consistent with other consented DCO solar projects, including Gate Burton Energy Park [EN010131], Cottam Solar Project [EN010133] and West Burton Solar Project [EN010132] and, therefore, delays to await additional regional studies are likely not justified.</p> <p>Specifically, the ES has undertaken a comprehensive assessment of human health impacts, as detailed in Chapter 11: Human Health of the ES [APP-042], following industry best practice and in alignment with guidance from IEMA (Ref 1-1) and NHS England's Healthy Urban Development Unit (HUDU) (Ref 1-6). The scope and methodology of this assessment were agreed upon through the EIA Scoping process (refer to Appendix 1-1: EIA Scoping Report of the ES [APP-051] and Appendix 1-2: EIA Scoping Opinion of the ES [APP-052]), ensuring that relevant health determinants were considered in the context of the Scheme.</p> <p>Furthermore, the assessment has been informed by consultation with statutory stakeholders responsible for public health, including the UK Health Security Agency, West Lindsey District Council, and Bassetlaw District Council (see Tables 11-6 and</p>

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					<p>11-7 of Chapter 11: Human Health of the ES [APP-042]), ensuring that health-related concerns have been robustly addressed.</p> <p>The ES has evaluated potential indirect effects, such as those related to changes in land use, visual amenity, noise, and socio-economics, concluding that no significant adverse health impacts are expected as a result of the Scheme.</p>
				<p>Comment that statutory health bodies should have been informed in detail about the Schemes, properly briefed about the developments and asked to provide health expertise including the Lincolnshire Public Health, Lincolnshire Integrated Primary Board, United Lincolnshire Teaching Hospital (Acute Hospital and Community Trust), and Lincolnshire Partnership Foundation Trust (Mental Health Trust).</p> <p>Comment that Scoping documents were only sent to the Lincolnshire Clinical Commissioning Group (now the Integrated Care Board) and this process was unsatisfactory.</p> <p>Comment that none of the local statutory health bodies have had input into the pre-application as advised by ‘Government guidance on Nationally Significant Infrastructure Projects’.</p>	<p>The Planning Inspectorate wrote to the Applicant on the 8 May 2024 [PD-001] confirming the acceptance of the application for Examination. This confirms, amongst other matters, that the Applicant complied with the pre-application procedures set out in Chapter 2, Part 5 of The Planning Act (Ref 1-11). This confirms the adequacy of consultation undertaken as verified within the Applicant's Consultation Report [APP-021-030] and by the adequacy of consultation representations received by the Planning Inspectorate from local planning authorities ahead of acceptance [AoC-001 to AoC-012].</p> <p>The ES has undertaken a comprehensive assessment of human health impacts, as detailed in Chapter 11: Human Health of the ES [APP-042], by which the assessment has been informed by consultation with statutory stakeholders responsible for public health, including the UK Health Security Agency, NHS Lincolnshire Integrated Care Board, the Health and Safety Executive (HSE), West Lindsey District Council, and Bassetlaw District Council (see Tables 11-6 and 11-7 of Chapter 11: Human Health of the ES [APP-042]), ensuring that health-related concerns have been robustly addressed.</p> <p>The selection of these stakeholders was based on their statutory roles in public health and safety, ensuring that the assessment was robust and appropriately scoped. The approach aligns with the Government Guidance “Advice on working with public bodies in the infrastructure planning process” (Ref 1-12), in that relevant statutory health bodies have been consulted at an early stage, ensuring that there has been proportionate engagement, and feedback from the consultation has informed the assessment presented in Chapter 11: Human Health of the ES [APP-042], ensuring that health-related impacts have been assessed comprehensively and in line with best practice.</p>
				<p>Comment that as each Scheme submits scoping documents individually it would not have alerted statutory bodies to the cumulative impacts of the Schemes.</p>	<p>Section 6 of the EIA Scoping Report [APP-051] set out how the ES [APP-031 to APP-050] would consider cumulative effects with other developments in accordance with the Planning Inspectorate's Advice Note 17: Advice on Cumulative Effects Assessment (Ref 1-13). Section 15. Socio-economics and Land Use of the EIA Scoping Report [APP-051] set out baseline conditions, which included development land. Paragraph 15.28 specifically refers to the Gate Burton Energy Park, the Cottam Solar Project and the West Burton Solar Project falling within the Study Area. This demonstrates that consideration and knowledge of potential cumulative effects were scoped into the Scheme at the outset and that statutory bodies were therefore aware of this.</p>

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					<p>The EIA Scoping Opinion [APP-052] issued by the Planning Inspectorate on the 4 November 2022 confirms at Appendix 1 those consultation bodies formally consulted and at Appendix 2 includes copies of respondents to consultation. Appendix 1 confirms that NHS England, NHS Nottingham and Nottinghamshire Integrated Care Board, NHS Lincolnshire Integrated Care Board and the United Kingdom Health Security Agency were consulted. NHS Lincolnshire Integrated Care Board at Appendix 2 confirmed that it did not have any comments on the proposals.</p> <p>The above demonstrates that prescribed consultees (including statutory bodies) in accordance with the Infrastructure Planning (Applications: Prescribed Forms and Procedure) Regulations 2009 (Ref 1-14) were informed as to how the Scheme intended to consider cumulative effects and interactions of the Scheme with other developments at the outset.</p>
				<p>Comment that IEMA guidance advises early engagement with health professionals on screening and scoping to scrutinise the population and health scope, and recommends a steering group be formed, therefore the Applicant has failed to follow industry guidance.</p>	<p>Regarding engagement with health professionals on screening and scoping of health and wellbeing impacts, the Applicant recognises that IEMA guidance highlights the value of engagement and consultation as key methods for capturing insights (Ref 1-8). Specifically, this states:</p> <p><i>“Engagement with health stakeholders and communities as part of this process should be considered to support determining the health scope, sensitive community groups, and local health priorities... by identifying matters that are particularly important or of concern to such communities”.</i></p> <p>In line with this guidance, an EIA Scoping Report was submitted to the Secretary of State through the Planning Inspectorate in 2022 in order to request an EIA Scoping Opinion (refer to Appendix 1-1: EIA Scoping Report of the ES [APP-051] and Appendix 1-2: EIA Scoping Opinion of the ES [APP-052]). This provided the opportunity for statutory consultees, including health-related stakeholders, to scrutinise the proposed scope and methodology. Further consultation in response to formal pre-application engagement was also undertaken through the Preliminary Environmental Information Report (PEI Report).</p> <p>As such, the scope of assessment within Chapter 11: Human Health of the ES [APP-042] was developed through consultation during the pre-application phase with the Planning Inspectorate, UK Health Security Agency, West Lindsey District Council, Lincolnshire County Council, Fillingham Parish Council, Brampton Parish Meeting and Bassetlaw District Council – see Tables 11-6 and 11-7 of Chapter 11: Human Health of the ES [APP-042].</p> <p>While IEMA guidance suggests that a dedicated steering group may be established, this is not a mandatory requirement but rather a recommendation that may be applied depending on the scale and complexity of the project (Ref 1-7). Given the structured consultation undertaken with relevant health authorities and local stakeholders, the Applicant asserts that the approach taken aligns with industry best practice and is proportionate to the scale and nature of the Scheme. The assessment has therefore been conducted in accordance with EIA regulations, IEMA guidance, and established</p>

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					industry standards, ensuring that the health and wellbeing impacts of the Scheme have been robustly evaluated.
				Comment that there is no Statement of Common Ground with any health stakeholders, demonstrating a lack of effective engagement.	<p>The Rule 6 [PD-005] letter set out an initial list of SoCGs, which the Examining Authority requested was submitted during Examination. This list was amended taking into account representations made during the preliminary meeting resulting in the publication of a final list as part of the Rule 8 letter [PD-008]. No health stakeholders made representations into Examination requesting to be an Interested Party and/or that the Applicant enters into an SoCG with them.</p> <p>The UK Health Security Agency submitted a Relevant Representation [RR-317] into Examination. It confirmed that it was satisfied with the methodology used to undertake the ES and that:</p> <p><i>“Following our review of the submitted documentation we are satisfied that the proposed development should not result in any significant adverse impact on public health. On that basis, we have no additional comments to make at this stage and can confirm that we have chosen NOT to register an interest with the Planning Inspectorate on this occasion.”</i></p> <p>The Notification of Decision to Accept the Application on the 8 May 2022 [PD-001] confirmed that the Applicant undertook effective engagement during the pre-application process. The Applicant has then continued to engage with Interested Parties throughout the pre-examination and examination phase of the Scheme.</p>
				Comment that the Local Lincolnshire Plan advocates for a Health Impact Assessment.	<p>In response to the comment that the Local Lincolnshire Plan advocates for a Health Impact Assessment (HIA), the assessment of effects on human health has been reported within Chapter 11: Human Health of the ES [APP-042], rather than a standalone Health Impact Assessment (HIA) as agreed in in accordance with the Planning Inspectorate’s Scoping Opinion (Appendix 1-2: EIA Scoping Opinion of the ES [APP-052]).</p> <p>The Applicant reiterates that the assessment undertaken for the Scheme follows the available guidance on such matters as set out within NHS England’s Healthy Urban Development Unit’s (HUDU) Rapid Health Impact Assessment (HIA) Toolkit 2019 (Ref 1-6) and IEMA guidance “<i>Determining Significance For Human Health In Environmental Impact Assessment</i>” (Ref 1-1).</p> <p>The Applicant further notes that the interested party, despite stating in their representation here and previously that a Health Impact Assessment should have been undertaken, has not provided any representative examples of such an assessment completed to inform a DCO application such that the difference between approaches can be considered.</p> <p>Whilst the Applicant acknowledges that assessments of impacts on human health submitted in support of DCO applications can be termed a Health Impact</p>

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					<p>Assessment, and assessed outside the EIA, these assessments will in the majority of instances have been completed via methodologies which follow the same guidance that the Applicant has followed in carrying out the assessment presented within Chapter 11: Human Health of the ES [APP-042].</p> <p>Fundamentally, this demonstrates that whilst it is not termed a Health Impact Assessment, the assessment the Applicant has prepared has considered impacts on health consistent with what a health impact assessment for an NSIP would and should consider, having followed all available guidance that such an assessment would incorporate. As such, the preparation of a standalone HIA is not necessary as an equivalent assessment has, in the Applicant's view, clearly been undertaken, and undertaking one would not change the conclusions of the assessment presented within Chapter 11: Human Health of the ES [APP-042].</p>
3	REP5-041	7000 Acres	BESS Safety	<p>Comment that there is no clear legislation for Lithium-ion Batteries (LiBs) in the UK, nor are there any British Standards or other adequate government regulations applied to ensure the safe manufacture, installation, operation or decommissioning of LiBs.</p> <p>Comment there is no legislation preventing the use of second-life lithium-ion batteries being re-used.</p> <p>Comment that LiBs should come under the Control of Major Accident Hazards (COMAH) legislation.</p> <p>Comment that Hazardous Substance Consents (HSC) are most likely required for the transportation of LiB units.</p> <p>Comment that Battery Management Systems vary, therefore, there are no statutory requirements or engineering specifications, so not all current safety features are present in all sites.</p> <p>Comment that there are no Government regulations on appropriate locations for LiBs, depriving planning decision makers of instructions on appropriate safety distances from occupied buildings, sensitive receptors and environmentally sensitive sites. Nor are there regulations on how to deal with LiB fires and explosions.</p>	<p>The Framework BSMP [REP4-026], Table 5-1 (Applicable Safety Standards) documents the minimum range of British and International standards which will be adopted for the full lifecycle of the Scheme.</p> <p>The Applicant confirms that second life batteries will not be considered for the Scheme, as they would not meet the operational requirements for BESS.</p> <p>The COMAH Regulations (Ref 1-15) relate to any establishment, storing, or otherwise handling, of large quantities of chemicals or substances of a hazardous nature. LiBs are not classified as a chemical or substance of a hazardous nature and as such, the COMAH Regulations are not applicable to the Scheme.</p> <p>The Applicant confirms that HSC is not required for the transportation of BESS units. As specified in the Framework BSMP [REP4-026], paragraph 7.2.8, BESS units will be certified to UN 38.3 standard: UN Recommendations on the Transport of Dangerous Goods Manual of Tests and Criteria (Ref 1-16). Requisite European and UK guidance is also referenced.</p> <p>Section 7.5 of the Framework BSMP [REP4-026] documents the minimum system control (including Battery Management Systems) standards and certifications with which the BESS system provider must comply.</p> <p>The Applicant acknowledges that there are no Government regulations on appropriate locations for LiBs. This is a matter for the Government to address and cannot be resolved by the Applicant.</p> <p>However, despite the lack of specific regulations, the BESS for the Scheme has been designed and located to ensure it is functional, safe and takes account of the surrounding context and sensitive receptors. It also includes the following buffers to sensitive receptors:</p> <ol style="list-style-type: none">To avoid adverse noise effects on residential properties in close proximity to the Scheme, BESS-Solar Station Compounds will not be located within 250m of a residential property.

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					<div><div><div>b. To avoid adverse noise effects on residential properties in close proximity to the Scheme, BESS-Solar Station Compounds will not be located within Field 92.</div><div>c. To avoid safety concerns, BESS-Solar Station Compounds will not be located within 30m of the existing Glentworth K Oil Site and the area granted planning permission under ref. PL/0135/22 to construct a hydrocarbon wellsite.</div></div><div><p>In terms of regulations on how to deal with LiB fires and explosions, as outlined in the Framework BSMP [REP4-026], at the detailed design stage a BESS system and site-specific plume study will be conducted to demonstrate that any toxic gas emissions generated in a BESS failure will be below Public Health England (PHE) guidelines, and will not exceed the preliminary unplanned emissions modelling produced for the Scheme [APP-123]. Sensitive receptor definitions will be informed by NFCC guidelines and emission modelling will be based on UK Health Security Agency requirements.</p></div></div>

3. References

- Ref 1-1 IEMA (2022). Determining Significance For Human Health In Environmental Impact Assessment. Accessed on 10/03/2025 at <https://www.iema.net/media/ylib2nbs/iema-eia-guide-to-determining-significance-for-human-health-nov-2022.pdf>
- Ref 1-2 Department for Energy Security and Net Zero (2024). Overarching National Policy Statement for Energy EN-1. Accessed on 10/03/2025 at <https://www.gov.uk/government/publications/overarching-national-policystatement-for-energy-en-1>
- Ref 1-3 Office for National Statistics (2021). Census. Accessed on 10/03/2025 at <https://www.ons.gov.uk/census>
- Ref 1-4 Ministry of Housing, Communities & Local Government (MHCLG) (2019). English indices of deprivation 2019. Accessed on 10/03/2025 at <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>
- Ref 1-5 Office for Health Improvement and Disparities (OHID). Accessed 10/03/2025 at <https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities/about/statistics>
- Ref 1-6 NHS HUDU (2019). Rapid Health Impact Assessment (HIA) Tool. Accessed on 10/03/2025 at <https://www.healthyrbandevelopment.nhs.uk/>
- Ref 1-7 IEMA (2020). Health Impact Assessment in Planning. Impact Assessment Outlook Journal Vol. 8. Accessed on 10/03/2025 at <https://www.iema.net/policy-and-practice/impact-assessment/outlook-journal/#:~:text=Outlook%20Journal%20is%20a%20quarterly,on%20different%20aspects%20of%20practice>
- Ref 1-8 IEMA (2022). Effective Scoping of Human Health in Environmental Impact Assessment. Accessed on 10/03/2025 at <https://www.iema.net/media/s35fughe/iema-eia-guide-to-effective-scoping-of-human-health-nov-2022.pdf>
- Ref 1-9 Office for Health Improvement & Disparity (2024). Health Equity Assessment Tool (HEAT): what it is and how to use it. Accessed on 10/03/2025 at <https://www.gov.uk/government/publications/health-equity-assessment-tool-heat/health-equity-assessment-tool-heat-executive-summary>
- Ref 1-10 Stationary Office (2010). Equality Act 2010. Accessed on 10/03/2025 at <https://www.legislation.gov.uk/ukpga/2010/15/contents>
- Ref 1-11 Stationary Office (2008). Planning Act 2008. Accessed on 10/03/2025 at <https://www.legislation.gov.uk/ukpga/2008/29/contents>
- Ref 1-12 Department for Levelling Up, Housing and Communities (2024). Nationally Significant Infrastructure Projects : Advice on working with public bodies in the infrastructure planning process. Accessed on 20/03/2025 at <https://www.gov.uk/guidance/nationally-significant-infrastructure-projects-advice-on-working-with-public-bodies-in-the-infrastructure-planning-process>
- Ref 1-13 Planning Inspectorate (2024). Nationally Significant Infrastructure Projects: Advice on Cumulative Effects Assessment. Accessed on 10/03/2025 at

<https://www.gov.uk/guidance/nationally-significant-infrastructure-projects-advice-on-cumulative-effects-assessment>

Ref 1-14 Stationary Office (2009). The Infrastructure Planning (Applications: Prescribed Forms and Procedure) Regulations 2009. Accessed on 10/03/2025 at <https://www.legislation.gov.uk/uksi/2009/2264/contents/made>

Ref 1-15 Health and Safety Executive (2015). Control Of Major Accident Hazards Regulations 2015 (COMAH). Accessed on 10/03/2025 at <https://www.hse.gov.uk/comah/background/comah15.htm>

Ref 1-16 United Nations (2019). UN recommendations on the transport of dangerous goods: Manual of tests and criteria (7th rev. ed.). Accessed on 10/03/2025 at <https://unece.org/>