

Sturton le Steeple Parish Council comments on Steeple Renewables Health Impact Assessment (HIA)

1 March 2026

Background

Sturton le Steeple Parish is situated in what has been known as Megawatt valley and has a demonstrable track record of co-existing harmoniously alongside industrial developers including those representing the Energy Industry. As the Government seeks to transform UK energy production and achieve Net Zero, our residents face unprecedented change and threat to how we live our lives. Consequently, this is having a direct and real impact on the health and wellbeing of our community. Our community have repeatedly expressed concerns about the negative impact of the Steeple Renewables project on human health (it undermines residential amenity; it increases pollution, noise and traffic danger; it damages rural character and tranquillity, it negatively impacts on the environment including our historic environment). These concerns have not been adequately addressed. During ISH2, we were pleased to see that 'Effects on health, safety and wellbeing' was on the agenda. However, we were disappointed that the language used by the applicant was technical, confusing and therefore not accessible. Consequently, we have undertaken a detailed critique of the desk-based Health Impact Assessment performed by the Applicant.

The applicant's HIA is factually incorrect, procedurally inadequate, and fails to assess the real health and wellbeing impacts on our community. It does not comply with national HIA guidance, the Equality Act, the Human Rights Act, or the Nottinghamshire Spatial Planning & Health Framework. Without a lawful, evidence-based assessment, the Examining Authority cannot properly weigh the harms to residents. We therefore request that the application be refused or that a new, compliant, comprehensive HIA be required.

The project and its HIA negatively affect the health and wellbeing of the local community through:

- **Construction disturbance** (dust, noise, vibration, traffic)
- **Increased road safety risks**

- **Loss of rural character and tranquillity**
- **Reduced quality of recreational routes**
- **Psychological stress from industrialisation of the landscape**
- **Lack of assessment of vulnerable groups**
- **Inadequate cumulative impact assessment**
- **Insufficient assessment of BESS safety risks including risk to life**
- **No monitoring or enforceable mitigation**
- **Misrepresentation of benefits**
- **Failure to follow national HIA guidance**

The applicant's HIA fails to use the Public Health Outcomes Framework data for Bassetlaw, despite clear evidence that our district has significantly worse respiratory health, lower physical activity, higher obesity, higher preventable mortality, and lower wellbeing than the national average. Public Health Outcomes Framework data for Bassetlaw shows that our district is significantly more vulnerable than the national average across multiple health indicators directly relevant to this proposal, including respiratory disease, physical inactivity, obesity, musculoskeletal problems, low wellbeing, fuel poverty and preventable mortality. These vulnerabilities mean that residents of Sturton le Steeple are less resilient to environmental and social harms such as dust, noise, traffic danger, loss of green space, and psychological stress. The applicant's HIA does not reference or assess any of this data, despite national and local requirements to do so. As a result, the HIA fails to identify or mitigate disproportionate impacts on vulnerable groups, breaching the Equality Act, the Human Rights Act, and the Nottinghamshire Spatial Planning & Health Framework. The project therefore poses a significant and unassessed risk to the health and wellbeing of our community

National Planning Policy Framework

The Steeple Renewables project fails to comply with the National Planning Policy Framework (December 2024) because it does not create healthy, safe or inclusive communities; it undermines residential amenity; it increases pollution, noise and traffic danger; it damages rural character and tranquillity; it reduces opportunities for physical activity; and it fails to assess or mitigate impacts on vulnerable groups. The applicant's Health Impact Assessment is incomplete, inaccurate and non-compliant with NPPF requirements for robust, proportionate and evidence-based assessment. As a result, the proposal cannot be considered consistent with the NPPF's core objectives for health, wellbeing, safety, design quality, environmental protection and equality, and therefore should not be supported.

Procedural Breaches

The Steeple HIA repeatedly frames the project as inherently beneficial because it is renewable energy infrastructure. For example:

“Many factors influence health and well-being. These include social, economic and environmental factors such as, but not limited to, new housing stock, community networks and amenities, places to play, accessibility and modes of travel, open space and environmental improvements. These are known as determinants of health. The Proposed Development will contribute to shaping some of these determinants of health and, ultimately, contributing an entirely new housing stock to the area will have potential to positively influence health and well-being.” (*Steeple Renewables HIA §3.4*)

This is contradictory because:

- The project does not provide housing, yet the HIA claims it does.
- The PHE guide warns against assuming positive health outcomes without evidence.
- The HIA appears to overstate benefits and under-analyse risks, which conflicts with the PHE requirement for objective, balanced assessment.

Table 1 – Overview of HIA procedural breaches

Area	National PHE Guide (2020)	Steeple HIA	Type of breach
Screening	Required	Not done	Procedural

Area	National PHE Guide (2020)	Steeple HIA	Type of breach
Scoping	Required	Not shown	Procedural
Evidence	Must be local, distributional	Generic, limited	Methodological
Negative impacts	Must be fully assessed	Downplayed	Analytical
Benefits	Must be evidenced	Overstated (e.g., “new housing stock”)	Factual
Monitoring	Required	Missing	Procedural
Integration	Required	Not demonstrated	Compliance
Equity	Central to HIA	Weak	Policy contradiction

Human Rights

Several parts of the Steeple Renewables HIA fail to meet the minimum standards of assessment, transparency, and non-discrimination required under the UK’s human-rights framework—especially the Human Rights Act 1998 and the European Convention on Human Rights (ECHR).

Table 2 – Summary of how Steeple Renewables HIA fails to meet the minimum standards outlined by Human Rights legislation.

Human Right	Requirement	How the HIA Fails to meet the minimum standards
Article 2 – Right to life	Assess risks to life	Inadequate BESS fire/explosion risk assessment
Article 8 – Private/family life	Assess impacts on wellbeing, home, amenity	Misrepresents benefits; omits cumulative impacts; lacks monitoring

Human Right	Requirement	How the HIA Fails to meet the minimum standards
Article 14 – Non-discrimination	Assess impacts on vulnerable groups	No protected-group analysis
A1P1 – Peaceful enjoyment of possessions	Assess impacts on land, access, livelihoods	Inadequate assessment of agricultural or property impacts

Equality

The project breaches the Equality Act because the applicant’s Health Impact Assessment fails to identify, assess, or mitigate how the scheme disproportionately harms people with protected characteristics, meaning the decision-maker cannot demonstrate the *Public Sector Equality Duty* has been met. The HIA does not analyse impacts on older residents, disabled people, children, low-income households, or those with existing respiratory or mobility conditions, despite these groups being clearly present in Bassetlaw and more vulnerable to dust, noise, traffic danger, loss of green space, and psychological stress. It also omits any distributional assessment, cumulative impact analysis, or accessible consultation, and even includes factual errors that misrepresent benefits. Together, these failures mean the applicant has not shown “due regard” to eliminating discrimination, advancing equality of opportunity, or protecting vulnerable groups, placing the proposal in clear conflict with the Equality Act 2010 and making it procedurally flawed; therefore, the authority cannot rely on the HIA as submitted.

Table 3 – Outline of how the HIA does not comply with standards set out in The Equality Act

Equality Act Duty	What is required	What the Steeple Renewables HIA does	Non-compliance
Avoid discrimination	Assess impacts on protected groups	No protected group analysis	Procedural + substantive
Advance equality of opportunity	Identify who benefits/loses	Claims benefits that do not exist (e.g., “new housing stock”)	Misleading; indirect discrimination

Equality Act Duty	What is required	What the Steeple Renewables HIA does	Non-compliance
Foster good relations	Inclusive consultation	No evidence of engagement with protected groups	Procedural
Due regard (PSED)	Evidence-based assessment	Generic statements; no distributional analysis	Breach of Brown principles
Accessibility	Consider disabled people	No accessibility assessment	Potential discrimination

Nottinghamshire Joint Strategic Needs Assessment

Nottinghamshire JSNA stresses that improving health and reducing inequalities depends on: building on community assets, strengthening social connections, involving residents in decisions that affect them, and supporting local identity, control and cohesion. The Steeple Renewables HIA does not map or value community assets in Sturton le Steeple, does not assess impacts on social cohesion or loneliness, does not meaningfully involve the community in shaping the scheme, and does not consider how industrialising 888 ha of countryside affects sense of place, belonging, or community control. Instead of a community-centred approach, it is developer-centred and top-down, ignoring JSNA priorities around empowerment, participation, and locally-rooted wellbeing, and therefore sits in direct tension with the JSNA's recommended way of planning for health.

Conclusion

The Applicant has acknowledged that there will be negative impacts to the health and wellbeing of our community, particularly to those with protected characteristics, however they have failed to use publicly available data to design robust mitigation strategies to offset harm. The Applicant has not provided a monitoring plan, indicators, responsibilities, or enforcement mechanisms which makes the stated mitigation meaningless. This project will widen existing health inequality and result in poor health outcomes.

We call for;

- A comprehensive health impact assessment to be undertaken using Nottinghamshire's HIA template using data publicly available from Public Health England.
- Analysis of the impact of this project on vulnerable groups with relevant and proportionate mitigations.
- Inclusive public consultation regarding health and wellbeing using accessible information which should be provided in a range of accessible formats to ensure that the views of seldom heard groups are captured. This should include a survey to measure psychological stress. We recommend that this is undertaken by an Independent Public Health Consultant.
- The Applicant to consult NHS England and Nottinghamshire Integrated Care Board for feedback on the HIA.

References

PHE Health Impact Assessment in spatial planning (2020)

Public Health Outcomes Framework (PHOF)

National Planning Policy Framework (December 2024)

The Equality Act (2010)

Human Rights Act (1998)

Nottinghamshire Spatial Planning & Health Framework

Nottinghamshire Joint Strategic Needs Assessment

Appendix

Public Health Outcomes Framework indicators relevant to planning – Bassetlaw



Public Health
Outcomes Framework

Public Health Outcomes Framework indicators relevant to planning - Bassetlaw

B. Wider determinants of health

	Data Available
B05 - <u>16-17 year olds</u> not in education, employment or training (NEET) or whose activity is not known	No
B14c - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	Yes
B16 - Utilisation of outdoor space for exercise/health reasons	No
B17 - Fuel poverty	Yes
B18 - Social isolation	No

Indicator	Age	Period	Value	Value (Region)	Value (England)
B14a - The rate of complaints about noise	All ages	2023/24	5.0 ~	5.3 ~	5.9 ~
B14b - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	All ages	2021	1.9 ~	3.0 ~	4.3 ~
B14c - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	All ages	2021	5.7 ~	6.2 ~	8.4 ~
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	2023	12.9	11.7	11.4

C. Health improvement

Indicator	Age	Period	Value	Value (Region)	Value (England)
C09a - Reception prevalence of overweight (including obesity)	4-5 yrs	2024/25	27.7	23.7	23.5
C10 - Percentage of physically active children and young people	5-16 yrs	2024/25	38.3	48.9	49.1
C16 - Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight)	18+ yrs	2023/24	68.2	67.1	64.5
C17a - Percentage of physically active adults	19+ yrs	2023/24	64.6	66.7	67.4
C27 - Percentage reporting a long-term Musculoskeletal (MSK) problem	16+ yrs	2023	24.5	20.0	18.4
C28a - Self reported wellbeing: people with a low satisfaction score	16+ yrs	2022/23	7.8	6.5	5.6
C29 - Emergency hospital admissions due to falls in people aged 65 and over	65+ yrs	2023/24	1651	1908	1984
C29 - Emergency hospital admissions due to falls in people aged 65 to 79	65-79 yrs	2023/24	819	908	955
C29 - Emergency hospital admissions due to falls in people aged 80 plus	80+ yrs	2023/24	4062	4809	4969

D. Health protection

Indicator	Age	Period	Value	Value (Region)	Value (England)
D01 - Air pollution: estimated fraction of mortality attributable to particulate air pollution	30+ yrs	2024	5.4	5.4	5.3

E. Healthcare public health and premature mortality

Indicator	Age	Period	Value	Value (Region)	Value (England)
E03 - Under 75 mortality rate from causes considered preventable	<75 yrs	2024	181.6	158.3	145.8
E03 - Under 75 mortality rate from causes considered preventable	<75 yrs	2022 - 24	176.0	160.2	151.2
E07b - Under 75 mortality rate from respiratory disease considered preventable	<75 yrs	2022 - 24	24.8	19.4	19.3
E10 - Suicide rate	10+ yrs	2022 - 24	13.0	11.8	10.9
E14 - Winter mortality index	All ages	Aug 2021 - Jul 2022	-3.8	6.5	8.1
E14 - Winter mortality index (age 85 plus)	85+ yrs	Aug 2021 - Jul 2022	0.0	8.5	11.3
E15 - Estimated dementia diagnosis rate (aged 65 and older)	65+ yrs	2025	76.5 *	67.8 *	65.6 *

NB. E10 'Suicide rate' is not a data variable considered relevant to planning, however, we have included it here as we referred to our concerns about farmers within our first relevant representation.