Lime Down
Solar Park

Environmental Statement

Volume 3, Appendix 18-2: Human Health: Legislation, Policy, Guidance, and Supporting Information

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Appendix 18-2: Human Health: Legislation, Policy, Guidance, and Supporting Information

1.1 Introduction

1.1.1 This appendix to the **Environmental Statement (ES) Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**, sets out the legislation, policy, relevant guidance, extended baseline conditions, and detailed assessment of likely non-significant effects to support the assessment of likely significant human health and wellbeing impacts as a result of the Scheme.

1.1.2 The purpose of Section 1.2 of this appendix is to identify the relevant legislation and policy only, and does not assess the Scheme against those policies. This section also identifies specific policy requirements or guidance that are likely to influence, or set requirements for the scope and methodology of the assessment of health and wellbeing impacts.

1.1.3 Section 1.3 has been provided to give detailed information on the baseline conditions across the Study Areas for human health effects. This provides a detailed evidence base for Section 18.7 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

1.1.4 Section 1.4 of this report gives additional information in support of the assessment undertaken to at Section 18.10 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]** to identify significant effects on the human health environment as a result of the Scheme.

1.1.5 Finally, Section 1.5 of this report provides supporting details for the assessment of inter-project cumulative effects as undertaken at Section 18.13 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

1.2 Legislation, Policy and Guidance

Legislation

Infrastructure Planning (Environmental Impact Assessment) Regulations 2017

1.2.1 The Infrastructure Planning (Environmental Impact Assessment) Regulations 2017 (EIA Regulations) (Ref 1) sets out the regulatory framework for Environmental Impact Assessments in connection with Development Consent Order (DCO) applications, to include screening, scoping, assessment of likely significant effects, and the requirements in respect of their content. Therein, Regulation 5(2) requires the direct and indirect significant effects of the Scheme on population and human health factors to be identified, described, and assessed.

Planning Act 2008

1.2.2 The Planning Act 2008 (Ref 2) sets out the process for the consenting of Nationally Significant Infrastructure Projects (NSIPs) and is the principal legislation governing an application for an order for development consent for NSIPs.

Equality Act 2010

1.2.3 The Equality Act 2010 (Ref 3) consolidated previous legislation designed to prohibit discrimination on the grounds of protected characteristics- defined as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation – and is thus a specific consideration for the determination of health impact on vulnerable population groups and to ensure that groups with protected characteristics are not disproportionately affected by the Scheme.

1.2.4 Section 1 of the Equality Act 2010 (Ref 3) requires the decision-making authority, in their duty, to *"have due regard to the desirability of exercising [its functions] in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage."* Therefore, the assessment in this ES chapter is intended to support the Secretary of State for the Department for Energy Security and Net Zero in their duty to make an informed decision on the likely effects on human health conditions as a result of this Scheme.

Health and Care Act 2022

1.2.5 The Health and Care Act 2022 (Ref 4) sets out health reforms in England and formalises the establishment of Integrated Care Systems across England, to be operated by Integrated Care Boards (ICBs). There are 42 ICBs across England, of which Bath and North East Somerset, Swindon and Wiltshire ICB covers the authority area within which the Scheme lies. The establishment of Integrated Care Systems is based on four strategic objectives (Ref 5):

- Improving population health and healthcare;
- Tackling unequal outcomes and access;
- Enhancing productivity and value for money; and
- Helping the NHS to support broader social and economic development.

National Planning Policy

National Policy Statements for Energy

1.2.6 National Policy Statements (NPS) set out the policy basis for NSIPs including for ground mounted solar developments. The NPSs that are relevant to the Scheme are Overarching National Policy Statement for Energy (EN-1), National

Policy Statement for Renewable Energy Infrastructure (EN-3) and National Policy Statement for Electricity Networks Infrastructure (EN-5), dated November 2023 and came into force on 17 January 2024. These are important material considerations in addition to other relevant and important national and local planning policies.

Overarching National Policy Statement for Energy (EN-1)

1.2.7 Section 4.4 of NPS EN-1 (Ref 7) directly refers to the likely impacts of energy development on health, and thus the assessment requirements to ensure health impacts and suitable mitigation measures are identified.

1.2.8 Consideration of paragraph 4.4.3 is relevant to this chapter assessment as EN-1 requires the ES to consider how the Scheme "*may also affect the composition and size of the local population, and in doing so have indirect health impacts, for example if it in some way affects access to key public services, transport, or the use of open space for recreation and physical activity.*"

1.2.9 Paragraph 4.4.4 of EN-1 states that:

"…the ES should assess these effects for each element of the project, identifying any potential adverse health impacts, and identifying measures to avoid, reduce or compensate for these impacts as appropriate."

1.2.10 Assessment results and mitigation requirements are set out in **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]** at Sections 18.9 and 18.10.

1.2.11 Paragraph 4.4.5 goes on to state that "*impacts of more than one development may affect people simultaneously, so the applicant should consider the cumulative impact on health in the ES where appropriate.*" Cumulative impacts on health are explored in **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]** at Section 18.13.

1.2.12 At paragraph 4.4.6, EN-1 sets out that:

"Opportunities should be taken to mitigate indirect impacts, by promoting local improvements to encourage health and wellbeing … [including] potential impacts on vulnerable groups within society and impacts on those with protected characteristics under the Equality Act 2010, i.e. those groups which may be differentially impacted by a development compared to wider society as a whole".

1.2.13 Vulnerable groups, or sub-populations have been identified **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]** and their potential differences in sensitivity to changes has been accounted within the assessment of likely significant effects.

1.2.14 With respect to decision-making, paragraphs 4.4.7-8 set out that:

"Generally, those aspects of energy infrastructure which are most likely to have a significantly detrimental impact on health are subject to separate regulation (for example for air pollution) which will constitute effective mitigation of them, so that it is unlikely that health concerns will either by themselves constitute a reason to refuse consent or require specific mitigation under the Planning Act 2008.

However, not all potential sources of health impacts will be mitigated in this way and the Secretary of State may want to take account of health concerns when setting requirements relating to a range of impacts such as noise."

1.2.15 To ensure that the relationships between different aspects of the Scheme are identified, Sections 18.7, 18.9 and 18.10 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]** refer to other chapters within the ES which pertain to effects on human health.

1.2.16 Chapter 5 of EN-1 also provides more specified policy and assessment requirements, many of which also pertain to human health by virtue of direct and indirect impacts. These are as follows, which are set out in more detail in the respective topic chapters elsewhere in the ES:

- Section 5.2: Air Quality and Emissions;
- Section 5.3 Greenhouse Gas Emissions;
- Section 5.7 Dust, Odour, Artificial Light, Smoke, Steam and Insect Infestation;
- Section 5.8 Flood Risk;
- Section 5.10 Landscape and Visual;
- Section 5.11 Land Use, Including Open Space, Green Infrastructure, and Green Belt;
- Section 5.12 Noise and Vibration;
- Section 5.13 Socio-Economic Impacts;
- Section 5.14 Traffic and Transport; and
- Section 5.16 Water Quality and Resources.

<u>National Policy Statement for Renewable Energy Infrastructure (EN-3)</u>

1.2.17 The adoption of EN-3 (Ref 8) in January 2024 now provides specific policy dedicated to solar photovoltaic generation (Section 2.10), and as such, the policies therein are directly relevant to this Scheme. NPS EN-3 does not contain any policy that explicitly relates to impacts on human health. However, by virtue of the inter-relationship between environmental discipline topics, it is pertinent that secondary impacts relating to matters such as Public Rights of Way

(PRoWs), water management, landscape, visual and residential amenity, glint and glare, and construction traffic, noise, and vibration, are properly considered. Where relevant, these are considered in relation to human health.

National Policy Statement for Electricity Networks Infrastructure (EN-5)

1.2.18 As the Scheme contains high-voltage electrical cabling to transmit generated electricity to the National Grid, sections of EN-5 (Ref 9) pertaining to electromagnetic fields (EMF) are relevant to the Scheme, and have been considered in respect of their potential effect on human health.

1.2.19 Paragraph 2.9.46 states that for assessment consideration:

"All overhead power lines produce EMFs. These tend to be highest directly under a line and decrease to the sides at increasing distance. Although putting cables underground eliminates the electric field, they still produce magnetic fields, which are highest directly above the cable. EMFs can have both direct and indirect effects on human health, aquatic and terrestrial organisms."

1.2.20 As a result of this requirement to consider EMF, **ES Volume 1, Chapter 20: Other Environmental Matters [EN010168/APP/6.1]** includes assessment of the impacts of EMFs from cables operating at a voltage of 132kV or greater. This assessment identifies that no significant effects are anticipated from the Scheme. As such, specific assessment of human health in respect of EMF has been scoped out from assessment in **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

1.2.21 When considering mitigation measures for EMF impacts, paragraphs 2.10.11-13 also set out that high voltage power lines should be adequately located, insulated, and protected to comply with public exposure guidelines. Notably, the policy states at paragraph 2.10.13:

"Where EMF exposure is within the relevant public exposure guidelines, re-routeing a proposed overhead line purely on the basis of EMF exposure or undergrounding a line solely to further reduce the level of EMF exposure are unlikely to be proportionate mitigation measures."

Emerging National Policy Statement Changes

1.2.22 Consultation on updates to the NPSs for Energy was undertaken between April and May 2025 (Ref 6) but it is not anticipated that the changes proposed are to be adopted until this DCO is submitted. The proposed changes to the NPSs for Energy have been considered in respect of likely changes to assessment methodology or policy compliance for human health. It is not anticipated that the proposed changes will substantially change the approach to assessment of human health effects.

National Planning Policy Framework (NPPF)

1.2.23 The most recent version of the NPPF, amended December 2024 and February 2025 (Ref 10), provides policy context at chapter 8 for the support and promotion of healthy and safe communities, at chapter 12 for achieving well-designed places, and chapter 15 for conserving and enhancing the natural environment.

1.2.24 The NPPF acknowledges at paragraph 5 that while it *"does not contain specific policies for nationally significant infrastructure projects"*, it may be given weight in decision-making for NSIPs where the policies in the NPPF are *"other matters that are relevant"*.

1.2.25 Key to the overarching principles of the NPPF is that *the "purpose of the planning system is to contribute to the achievement of sustainable development including the provision of* […] *supporting infrastructure in a sustainable manner"* (paragraph 7) and this should be achieved by pursuing *"three overarching objectives, which are interdependent and need to be pursued in mutually supportive ways"*, these are "economic", "social", and "environmental" (paragraph 8). These three objectives each have facets relating to human health. Therefore: *"plans and decisions should apply a presumption in favour of sustainable development."* (paragraph 11).

1.2.26 Chapter 8 of the NPPF sets out policy to improve the achievement of health, inclusive and safe places through promoting social interaction, safety and accessibility, most pertinently through creation and improvement of safe and easily accessible pedestrian and cycle routes (paragraph 96). The policy furthermore promotes the provision and protection of green infrastructure, sports facilities, and social facilities to need community needs (paragraphs 96-97). The NPPF goes on to state the importance of protecting existing open space and recreational facilities (paragraph 103) and proactively seeking to *"protect and enhance public rights of way and access, including taking opportunities to provide better facilities for users"* (paragraph 104).

1.2.27 Paragraph 135 in chapter 12 of the NPPF emphasises the importance of developments playing a role in helping to *"establish or maintain a strong sense of place"*, important for long-term community identity wellbeing, and ensuring that they:

"create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience".

1.2.28 Finally, chapter 15 of the NPPF sets out that "*planning policies and decisions should contribute to and enhance the natural and local environment*" including by "*recognising the intrinsic character and beauty of the countryside*" and preventing new and existing development from contributing to unacceptable

levels of pollution (paragraph 180). The NPPF also explicitly seeks to ensure that *"new development is appropriate for its location taking into account the likely effects (including cumulative effects) of pollution on health, living conditions and the natural environment"* including with regard to mitigating and minimising noise impacts on health, wellbeing and tranquillity, and the impact of light pollution on local amenity (paragraph 191), while also ensuring development complies with *"relevant limit values or national objectives for* [waterborne or airborne] *pollutants"* (paragraph 192).

Local Planning Policy

1.2.29 Local planning policy is set out in the host Local Authorities' adopted policy documents, consisting of their adopted Local Plans including made neighbourhood planning policies.

1.2.30 Each of the constituent authority areas covered by the Order Limits have their own 'Joint Strategic Needs Assessment' (JSNA) which gives an up-to-date overview of the health and wellbeing conditions in the population of each of the authority areas. These documents are based on research and community consultation to determine what factors have the greatest impact on health and wellbeing, and where the greatest challenges and inequalities exist.

1.2.31 Wiltshire Council and South Gloucestershire Council are the two host local authorities to the Scheme. The Order Limits almost entirely fall within Wiltshire, with only two Highway Improvement Areas falling within South Gloucestershire. As such, given their relevance, a full review of local policy relevant to human health has been undertaken for Wiltshire Council, while only strategic objectives for South Gloucestershire have been considered.

South Gloucestershire Joint Strategic Needs Assessment (JSNA)

1.2.32 The South Gloucestershire JSNA (Ref 11) is a statutory document produced in 2022 for the local Health and Wellbeing Board to provide a centralised place for all health and wellbeing data and intelligence. This resource is available for health and social care providers, and spatial planning and health directors to ensure health strategies for South Gloucestershire are meeting evidence based needs.

South Gloucestershire Joint Local Health and Wellbeing Strategy (JLHWS)

1.2.33 The South Gloucestershire JLHWS 2025-29 (Ref 12) is a statutory document produced in 2025 by the South Gloucestershire Health and Wellbeing Board underpinned by the JSNA as its evidence base. The JLHWS identifies that residents in South Gloucestershire generally have better health outcomes than the national average, but that large inequalities are prevalent and may be prone

to increase with changes in population accessibility in rural areas, population demographic changes, and climate change. The JLHWS therefore sets out commitments to meet four health and wellbeing focus areas to address for South Gloucestershire:

- Place-based working and neighbourhood health;
- Healthy weight (decreasing overweight and obesity rates to improve population health outcomes);
- Housing and wellbeing; and
- Children and young people.

1.2.34 The JLHWS identifies the need to commit to strengthening community involvement to improve 'buy-in' and health outcomes, and the need to do more to reduce inequalities and shift priorities to preventative rather than remedial measures.

Wiltshire Joint Strategic Needs Assessment

1.2.35 The Wiltshire JSNA (Ref 13) is a statutory document produced in 2022 for the local Health and Wellbeing Board to support the production of a joint Health and Wellbeing Strategy. It presents data on the current and future health and wellbeing needs of people in Wiltshire and includes over 100 indicators across 6 themes.

1.2.36 It identifies the key health challenges for the district as an ageing population, health inequalities due to deprivation, dementia and age-related diseases, mental health in adults, and access to affordable housing.

Wiltshire Joint Local Health and Wellbeing Strategy

1.2.37 The Wiltshire JLHWS 2023 – 2032 (Ref 14) is a statutory document produced in 2023 by the local Health and Wellbeing Board underpinned by the JSNA as its evidence base. sets out the relevant health priorities for Wiltshire, based on four guiding themes:

- Improving social mobility and tackling inequalities;
- Prevention and early intervention;
- Localisation and connecting with communities; and
- Integration and working together.

1.2.38 The JLHWS identifies adapting to an aging population, with a substantial projected increase in population over 65 years old, and addressing existing health inequalities between those in the most and least deprived areas of

Wiltshire are fundamental to improving health and care outcomes in the near future.

1.2.39 The strategy thereafter goes on to demonstrate the need case for change, and the Health and Wellbeing Board's 'vision' for change by setting out its targeted achievements under each of tis guiding themes.

Wiltshire Core Strategy

1.2.40 The Wiltshire Core Strategy (adopted January 2015) (Ref 15) provides a positive and flexible overarching planning policy for Wiltshire for the period up to 2026.

1.2.41 The adopted policies deemed to be most relevance from the Wiltshire Core Strategy to human health and wellbeing factors are listed below. These have been identified due to their geographic scope, their relevance to overall and rural health and wellbeing strategy – including specific regard to access to open space, connectivity, healthy living, biophysical environment, and social objectives such as community wellbeing.

- Core Policy 9 – Chippenham Central Areas of Opportunity
- Core Policy 10 – Spatial Strategy: Chippenham Community Area
- Core Policy 11 – Spatial Strategy: Corsham Community Area
- Core Policy 13 – Spatial Strategy: Malmesbury Community Area
- Core Policy 15 – Spatial Strategy: Melksham Community Area
- Core Policy 34 – Additional Employment Land
- Core Policy 41 – Sustainable construction and low-carbon energy
- Core Policy 42 – Standalone renewable energy installations
- Core Policy 46 – Meeting the needs of Wiltshire's vulnerable and older people.
- Core Policy 48 – Supporting rural life
- Core Policy 49 – Protection of rural services and community facilities.
- Core Policy 51 – Landscape
- Core Policy 52 – Green Infrastructure
- Core Policy 55 – Air quality
- Core Policy 56 – Contaminated land
- Core Policy 62 – Development impacts on the transport network

- Core Policy 67 – Flood Risk
- Core Policy 68 – Water resources

Saved Policies

1.2.42 Planning policy for Wiltshire also retains 'saved policies' from the previous Local Development Plans for the pre-2009 districts, prior to the formation of the unitary Wiltshire Council. Saved policies from the North Wiltshire and West Wiltshire are considered relevant as the Scheme falls within the former boundaries of these pre-2009 district areas. The relevant policy documents are The North Wiltshire Local Plan 2011, adopted June 2006 (Ref 16) and the West Wiltshire District Plan, First Alteration, adopted June 2004 (Ref 17) with supporting Leisure and Recreation DPD, adopted January 2009 (Ref 18). The saved policies deemed to be most relevance from these documents to human health and wellbeing factors are set out below. These policies have been identified as of most relevance due to their scope in covering noise and pollution protection, retention and development of recreation, leisure, play, and sports facilities, and access to PRoWs and the countryside.

- North Wiltshire Local Plan 2011, adopted June 2006 (Ref 16)
  - NE18 Noise and Pollution
  - CF2 Leisure Facilities and Open Space
  - CF3 Provision of Open Space
- West Wiltshire District Plan, First Alteration, adopted June 2004 (Ref 17)
  - R12 Allotments
  - R13 Sailing Lakes
- West Wiltshire Leisure and Recreation DPD, adopted January 2009 (Ref 18)
  - Policy LP1 Protection and enhancement of existing open space or sport and recreation provision
  - Policy LP 2 Proposals that involve the loss of open space or sport and recreation provision
  - Policy LP4 Providing recreation facilities in new developments
  - Policy CR1 Footpaths and Rights of Way
  - Policy CR3 Greenspace Network
  - Policy YP1 Children's play areas
  - Policy YP2 Provision for teenagers

– Policy WR1 River based recreation

Neighbourhood Plans

1.2.43 Neighbourhood plans were introduced under the Localism Act 2011 (Ref 19) to provide a tool for parish and town councils, and neighbourhood groups to set out planning policies within their designated areas. Once adopted, these plans become an adopted part of local planning policy and as such are material considerations in the determination of planning applications.

1.2.44 The Scheme is located within and abutting a number of parishes that are designated neighbourhood plan areas. Those areas that have adopted neighbourhood plans, or have plans at examination or referendum stage (as of 1 June 2025) are listed below:

- Chippenham
- Chippenham Without
- Corsham
- Great Somerford
- Hullavington
- Melksham Without (as part of Melksham)
- Seagry
- Sherston
- St Paul Malmesbury Without (as part of Malmesbury)
- Stanton St. Quintin (designation only)
- Tormarton, South Gloucestershire (designation only)

1.2.45 Those policies considered relevant to the assessment of human health and wellbeing are listed below. As with county-wide local policies, these have been identified due to their policy focus on localised health and wellbeing strategy, including in relation to open space, community services and infrastructure, and the protection and enhancement of environment for the benefit of residents and visitors.

<u>Chippenham Neighbourhood Plan</u>

1.2.46 The Chippenham Neighbourhood Plan (Ref 20) was adopted in May 2024 by Chippenham Town Council. It aims to guide the conservation and development of the area until 2038.

1.2.47 The adopted policies deemed to be of most relevance from the Chippenham Neighbourhood Plan to human health and wellbeing factors, are:

- Policy GI2 – Local green Spaces
- Policy GI3 – Green Amenity Areas
- Policy GI4 – Green Corridors
- Policy CL1 – Community Infrastructure

Chippenham Without Neighbourhood Plan

1.2.48 The Chippenham Without Neighbourhood Plan 2022-2036 (Ref 21) was adopted in October 2023 by Chippenham Without Parish Council to serve as policy guidance for the civil parish until 2036.

1.2.49 The adopted policies of most relevance to human health and wellbeing factors, are:

- Policy CWoNP - NE1 (landscape character and public rights of way)
- Policy CWoNP - BE1 (character of built environment)

Corsham Neighbourhood Plan

1.2.50 The Corsham Neighbourhood Plan (Ref 22) was adopted in November 2019 to serve as policy guidance for the parish until 2026.

1.2.51 The adopted policies deemed to be of most relevance from the Corsham Neighbourhood Plan to human health and wellbeing factors, are:

- Policy CNP BE1 (employment related development)
- Policy CNP E2 (sustainable development)
- Policy CNP E3 (protection and conservation of landscape character)
- Policy CNP HW1 (green infrastructure and pedestrian/cycle links)
- Policy CNP HW3 (safeguarding of community green spaces)
- Policy CNP HW4 (accessibility for all)
- Policy CNP HW5 (safety, crime, and community cohesion)
- Policy CNP HW7 (harm to or loss of allotments)
- Policy CNP L1 (higher and further education)

Great Summerford Neighbourhood Plan

1.2.52 The Great Summerford Neighbourhood Plan (Ref 23) was adopted in November 2017 by Great Summerford Parish council. It aims to guide the development of the area until 2026.

1.2.53 The adopted Policies deemed to be of most relevance from the Great Summerford Neighbourhood Plan to human health and wellbeing factors, are:

- Policy GSNP7 – Local Green Spaces

Hullavington Neighbourhood Development Plan

1.2.54 The Hullavington Neighbourhood Development Plan was adopted in September 2016 (Ref 24; Ref 19) to serve as policy guidance for the civil parish of Hullavington until 2026.

1.2.55 The adopted policies deemed to be most relevance from the Hullavington Neighbourhood Development Plan to human health and wellbeing factors, are:

- Policy 3: Planning applications in the Parish, apart from Site 690.

Malmesbury Neighbourhood Plan

1.2.56 The Malmesbury Neighbourhood Plan (Ref 25) was adopted in February 2015 by the Malmesbury Neighbourhood Steering Group.

1.2.57 The adopted policies deemed to be most relevance from the Malmesbury Neighbourhood Plan to human health and wellbeing factors, are:

- Policy 9 (sustainable housing for older people).

Joint Melksham Neighbourhood Plan

1.2.58 The second edition Joint Melksham Neighbourhood Plan (Ref 26) was adopted in August 2025, having passed referendum on 31 July 2025 with an 88% ‘yes’ vote (Ref 27), written and published by both Melksham Town Council and Melksham Without Parish Council. It aims to guide the conservation and development of the area until 2038.

1.2.59 The adopted policies deemed to be of most relevance from the Joint Melksham Neighbourhood Plan 2 to human health and wellbeing factors, are:

- Policy 2: Local Renewable and Low Carbon Energy and Associated Infrastructure;
- Policy 3: Flood Risk and Natural Flood Management;
- Policy 5: Pre-Application Community Engagement;
- Policy 7.5: Allocation of Land at Middle Farm, Corsham Road, Whitley;
- Policy 10: Employment Sites;
- Policy 11: Sustainable Transport and Active Travel;
- Policy 12: Green Infrastructure;
- Policy 13: Biodiversity;

- Policy 14: Open Spaces;
- Policy 15: Community Facilities;
- Policy 17: Landscape Character; and.
- Policy 21: Local Heritage.

Seagry Parish Neighbourhood Plan Neighbourhood Plan

1.2.60 The Seagry Parish Neighbourhood Plan 2019-2036 (Ref 28) was adopted in May 2021. The adopted policies deemed to be of most relevance to human health and wellbeing factors, are:

- Policy SNP1: Valued Views
- Policy SNP3: Footpaths and Bridleways
- Policy SNP4: Local Green Space

Sherston Neighbourhood Plan

1.2.61 The Sherston Neighbourhood Plan (Ref 29) was adopted in March 2019 to serve as policy guidance until 2026.

1.2.62 The adopted policies deemed to be of most relevance from the Sherston Neighbourhood Plan to human health and wellbeing factors, are:

- Policy 1 – Protection of community services, facilities and business premises;
- Policy 2 – Protection of open green spaces and open areas; and
- Policy 9 – Protection of Sports Facilities.

Minerals and Waste Planning

1.2.63 Planning policy for minerals and waste planning in Wiltshire is controlled by four principal documents:

- Wiltshire and Swindon Minerals Core Strategy 2006-2026, adopted June 2009 (Ref 30);
- Wiltshire and Swindon Minerals Development Control Policies Development Plan Document, adopted September 2009 (Ref 31);
- Wiltshire and Swindon Waste Core Strategy 2006-2026, adopted June 2009 (Ref 32); and
- Wiltshire and Swindon Waste Development Control Policies Development Plan Document, adopted September 2009 (Ref 33)

1.2.64 Together these define the planning strategy and policy framework for determining applications and allocation of land for mineral extraction and waste development, including safeguarding land from other developments, across Wiltshire and neighbouring Swindon. The policies of relevance to human health are primarily concerned with minerals and waste operations and therefore are not directly relevant to this assessment. Any policies that are of relevance to the Scheme have been explored in Section 20.2: Minerals of **ES Volume 1, Chapter 20: Other Environmental Matters [EN010168/APP/6.1]**.

Emerging Local Planning Policy

Wiltshire Local Plan

1.2.65 The emerging Wiltshire Local Plan is a proposed strategic planning document to update the existing strategic objectives of the Wiltshire Core Strategy and replace existing Wiltshire Core Strategy development management policies to ensure their continued consistency with national policy and introduce further detailed development management policies as part of a review of the saved development management policies not replaced by the Wiltshire Core Strategy.

1.2.66 The emerging plan (Ref 34) was submitted for examination in public on 28 November 2024 and is due to be adopted no earlier than the third quarter of 2025. Due to the progressed nature of the policies therein, the emerging policies considered to be of most relevance from the emerging Wiltshire Local Plan with regard to human health and wellbeing factors, are:

- Policy 5 – Securing infrastructure provision from new development;
- Policy 76 – Providing affordable homes;
- Policy 78 – Meeting Wiltshire's housing needs;
- Policy 81 – Community facilities;
- Policy 83 – Health and wellbeing;
- Policy 84 – Public open space and play facilities;
- Policy 93 – Green and blue infrastructure;
- Policy 95 – Flood risk;
- Policy 97 – Contaminated land; and
- Policy 101 – Air quality.

1.2.67 Notably, draft policy 83 of the Wiltshire Local Plan includes the requirement for non-housing and non-employment developments of over 1 ha to be supported by a Health Impact Assessment.

1.2.68 Progress on, and any changes to, the policies during the emerging Wiltshire Local Plan's examination will be monitored and considered as they are published.

Neighbourhood Plans

1.2.69 Corsham Town Council have undergone initial consultation for a new neighbourhood plan, for which questionnaires were made available in March 2024 (Ref 35). The proposed Corsham Neighbourhood Plan 2024-2038 is currently in early draft stages and has not yet been published, with no details of potential dates for consultation on a full draft plan.

1.2.70 Malmesbury are currently in the process of adopting a new neighbourhood plan, the latest draft version of the plan was published in April 2022 (Ref 36), with no publicly available progress published since. The draft plan covers the areas of St. Paul Malmesbury Without Parish, Malmesbury Town, and Brokenborough Parish. Policies considered to be of most relevance with regard to human health and wellbeing factors, are:

- Policy 9 (sustainable housing for older people).

National and Industry Guidance

National Planning Policy Guidance

1.2.71 The National Planning Policy Guidance (PPG) (Ref 37) is a suite of web-based resources to provide additional guidance to support the NPPF, and are updated on an ongoing basis to reflect changes to policy and industry guidance.

1.2.72 Specific guidance: "Renewable and low carbon energy" contains some matters for applicant considerations with regard to solar photovoltaic development and battery energy storage systems. These matters indirectly relate to human health, specifically in regard to guidance setting out need to consider the proposal's visual impact, the effect on landscape of glint and glare and on neighbouring uses and aircraft safety (paragraph 013), and for applicants to engage with the relevant local fire and rescue service to ensure prevention of major fire incidents (paragraph 034).

1.2.73 Directly related to human health is guidance for "Health and safe communities" which states:

"It is helpful if the Director of Public Health is consulted on any planning applications (including at the pre-application stage) that are likely to have a significant impact on the health and wellbeing of the local population or particular groups within it. This would allow them to work together on any necessary mitigation measures. A health impact assessment is a useful tool to use where there are expected to be significant impacts." (paragraph 005).

1.2.74 Whilst primarily targeted for local authorities, this guidance also provides helpful guidance for applicants, including setting out how planning for healthier communities can contribute to more successful planning outcomes by contextualising the policy aspirations for the creation of environments that support and encourage healthy lifestyles (paragraph 001).

1.2.75 PPG *"Open space, sports and recreation facilities, public rights of way and local green space"* goes on to provide additional guidance on the types and designations of open spaces and recreational facilities, and the *"health and recreation benefits to people living and working nearby"* derived from having good access to these (paragraph 001).

1.2.76 With specific regard to Public Rights of Way, the PPG refers to The Defra Rights of Way circular (1/09) (Ref 38) which contains guidance on the consideration of rights of way in association with development. The Circular also covers the statutory procedures for diversion or extinguishment of a public right of way.

ISEP (IEMA) Guide to Effective Scoping of Human Health in Environmental Impact Assessment (2022)

1.2.77 In November 2022, the Institute of Sustainability and Environmental Professionals (ISEP) – formally the Institute of Environmental Management and Assessment (IEMA) – published its Guide to Effective Scoping of Human Health in Environmental Impact Assessment (Ref 39), which provides professional industry guidance for practitioners commissioning, conducting and reviewing EIAs to ensure the assessment of human health is suitably scoped to identify human health impacts in a proportionate manner to the type of development proposed. The guide emphasises the need to take a holistic approach to health, considering physical, mental and social dimensions of health, as well as health inequalities.

ISEP (IEMA) Guide to Determining Significance for Human Health in EIA (2022)

1.2.78 Alongside, and published in November 2022 with, the Guide to Effective Scoping, ISEP's (IEMA's) Guide to Determining Significance for Human Health in EIA (Ref 40) provides an industry framework for EIA practitioners to identify, describe and assess potential direct and indirect effects to human health arising from major developments. Emphasis is placed on the requirement for evidence and contextual explanation to justify the application of professional judgement towards the determination of significance of effects. Furthermore, the guide specifies the requirement to identify and assess impacts on vulnerable population sub-groups that may be affected by a development to a greater extent than the general public.

Healthy Urban Development Unit Planning for Health Rapid Health Impact Assessment Tool (2019)

1.2.79 The fourth edition of the NHS London Healthy Urban Development Unit (HUDU) Planning for Health Rapid Health Impact Assessment Tool (Ref 41) was published in October 2019, and is designed to assess the likely health impacts of development plans and proposals, albeit primarily for urban developments. The tool is aimed to provide a quick assessment of likely health impacts across eleven topics or broad determinants of health to identify if further assessment is required. These determinants largely correlate with those used by IEMA in their guidance.

Public Health England Spatial Planning for Health An evidence resource for planning and designing healthier places

1.2.80 Public Health England (PHE) published its guidance document Spatial Planning for Health An evidence resource for planning and designing healthier places (Ref 42) in June 2017.

1.2.81 This guidance seeks to *"address the need for a UK-centric evidence review that analyses and demonstrates the links between health and the built and natural environment"* by providing *"an overview, based on the umbrella review methodology outlined in this document, of the strength of the evidence of the impacts on health of the built and natural environment"*. Although targeted at local public health professionals, *"the findings are designed to be suitable for both public health practitioners and planning professionals, facilitating two-way communication between disciplines"* (pg.5).

1.2.82 The guidance is categorised into five key sections to articulate the relationship between environment and health. These are: neighbourhood design, housing, food environment, natural and sustainable environments, and transport. Each section is supported by an evidence review which is used to determine pathways between planning principles, impacts, and health outcomes.

PHE Health Impact Assessment in spatial planning

1.2.83 Following it's 2017 guidance, PHE published its Health Impact Assessment in spatial planning: A guide for local authority public health and planning teams (Ref 43) in October 2020. Although its principal target is local authority public health teams and wider health and social care partners, the guidance is also anticipated to be used by local authority planning teams and those responsible for plan-making and decision making on planning applications. It is also intended for planning applicants, consultants and others involved in the planning process to ensure that the production and review of health impact assessments is undertaken collaboratively and to the same guidance.

PHE Advice on the content of Environmental Statements accompanying an application under the Nationally Significant Infrastructure Planning Regime

1.2.84 As part of its guidance to applicants, PHE published its Advice on the content of Environmental Statements (ESs) accompanying an application under the Nationally Significant Infrastructure Planning Regime (Ref 44) in March 2021. This document provides a comprehensive outline of all matters PHE expect to be addressed by applicants preparing and ES to support a submission for an NSIP. The guidance sets out the expected assessment approach to bio-physical determinants of health (grouped as chemical, poisons, and radiation) as well as briefly covering wider determinants of health. The guidance goes on to set out PHE's expectations for the methodology and scope of assessment of human health, including identifying vulnerable groups and assessing mental health effects, and what mitigation, enhancement, and ongoing monitoring provisions may be required to reduce health impacts and deliver prospective health benefits.

PHE Strategy 2020-2025

1.2.85 The PHE Strategy 2020-2025 (Ref 45) published 2019 sets out the five year strategic objectives of PHE towards achieving improved health conditions in England. It should however be noted that in 2021, Public Health England was dissolved and its powers and responsibilities distributed to the UK Health Security Agency and Office for Health Improvement and Disparities. Guidance published by Public Health England is nonetheless official guidance and is only superseded where stated.

Wales Health Impact Assessment Support Unit Health Impact Assessment A practical guide

1.2.86 Although primarily targeted at providing guidance for health impact assessment in Wales, the 2012 Health Impact Assessment: A practical guide (Ref 46), published by the Wales Health Impact Assessment Support Unit (WHIASU), is identified as an exemplary piece of guidance primarily to support the production and review of health impact assessments, and is referred to in multiple other pieces of guidance at a national and local level in England.

1.2.87 The guidance acts as a step-by-step toolkit, offering support and guidance on conducting health impact assessment through a five-step programme consisting of: screening, scoping, appraisal of evidence, reporting and recommendations, and monitoring and evaluation. Each section provides a summary of expectations and requirements to ensure a suitable assessment is carried out.

Fair Society, Healthy Lives: The Marmot Review

1.2.88 Fair Society, Healthy Lives: The Marmot Review (Ref 47) was published in February 2010 following an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The report concluded that a person's social position had a demonstrable impact upon their health, and overall health inequalities were resulting in a substantial number of premature deaths. The review concludes that:

"Reducing health inequalities will require action on six policy objectives: Give every child the best start in life, enable all children young people and adults to maximise their capabilities and have control over their lives, create fair employment and good work for all, ensure healthy standard of living for all, create and develop healthy and sustainable places and communities, [and] strengthen the role and impact of ill health prevention".

Health Equity in England: The Marmot Review 10 Years On

1.2.89 Published in February 2020 by much of the same team as The Marmot Review in 2010, Health Equity in England: The Marmot Review 10 Years On (Ref 48) explored how health inequalities have changes through the decade 2010-2020. The report's finding concluded that improvements to life expectancy stagnated, and in some sectors of the population fell. This report exposed increasing health inequalities as a result of deprivation, linked to a greater north-south divide in health inequality. The report resultantly goes on to provide recommendations for government action to improve upon health inequalities to ensure national health and wellbeing at a societal level can improve into the future.

Build Back Fairer: The COVID-19 Marmot Review

1.2.90 In the wake of the 2020 coronavirus pandemic, the Institute of Health Equity published Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England (Ref 49). This report was published to update the findings of The Marmot Review 10 Years On in the context of evidence of health inequalities affecting the response to, and arising from, the COVID-19 pandemic.

NHS Long-Term Plan

1.2.91 The NHS Long Term Plan, published January 2019 (Ref 50), sets out the strategic objectives for the NHS over the ten years from 2020-2030 to improve health and social care provision across the UK to address ongoing concerns with funding, staffing, inequalities, and pressures from a growing and ageing population. This includes focussing on wider action on prevention will help people stay healthy and also moderate demand on the NHS, while looking to help tackle health inequalities, through providing funding allocations to local areas on more accurate assessment of health inequalities and unmet need.

Suffolk County Council Energy and Climate Adaptive Infrastructure Policy: Community Engagement and Wellbeing Supplementary Planning Document (SPD)

1.2.92 Although not directly geographically related to the Scheme, Suffolk County Council's Community Engagement and Wellbeing SPD, adopted September 2024 (Ref 51) provides a useful guide to determine the scope and requirements for promotors of NSIPs to effective engage with affected communities and how to effectively scope and assess mental health and wellbeing matters resulting from a large-scale project. As such, these measures are useful considerations for this Scheme.

1.2.93 This includes securing effective dialogue with communities about the nature of promoted schemes to convey information and to build trust with communities by building a framework for discussion, mutual trust and resolution of concerns. The guidance goes on to define the scope and type of assessment that should be undertaken to assess impacts on community wellbeing. Of particular note, the SPD highlights:

"…many of the processes that are most likely to result in mental wellbeing impacts, take place outside the temporal scope of the Environmental Impact Assessment (EIA). This largely eliminates the opportunity to identify and mitigate these impacts through the EIA. Therefore, identification of potential harm and appropriate mitigation measures must be integrated into the pre-application consultation process."

1.2.94 Finally, the guidance sets out measures on how promotors should seek to engage in continuous dialogue with community leaders to safeguard and support ongoing community wellbeing including throughout a scheme's lifetime.

1.3 Extended Baseline Conditions

1.3.1 This section describes the baseline environmental characteristics for the 2 km and 5 km Study Areas with specific reference to human health.

1.3.2 The existing baseline conditions for population health reporting and service provision are predominantly derived from desk-based studies. Additional topic-specific information based on field-studies has been referred to where used in other chapters in **ES Volume 1: Chapter 8: Landscape and Visual Impact**, **Chapter 11: Hydrology, Flood Risk and Drainage**, **Chapter 13: Transport and Access**, **Chapter 14: Noise and Vibration**, and **Chapter 15: Air Quality [EN010168/APP/6.1]**.

Human Environment Baseline

Demography

1.3.3 The 2021 Census (Ref 52) identifies a total population in the 2 km Study Area of approximately 55,100.

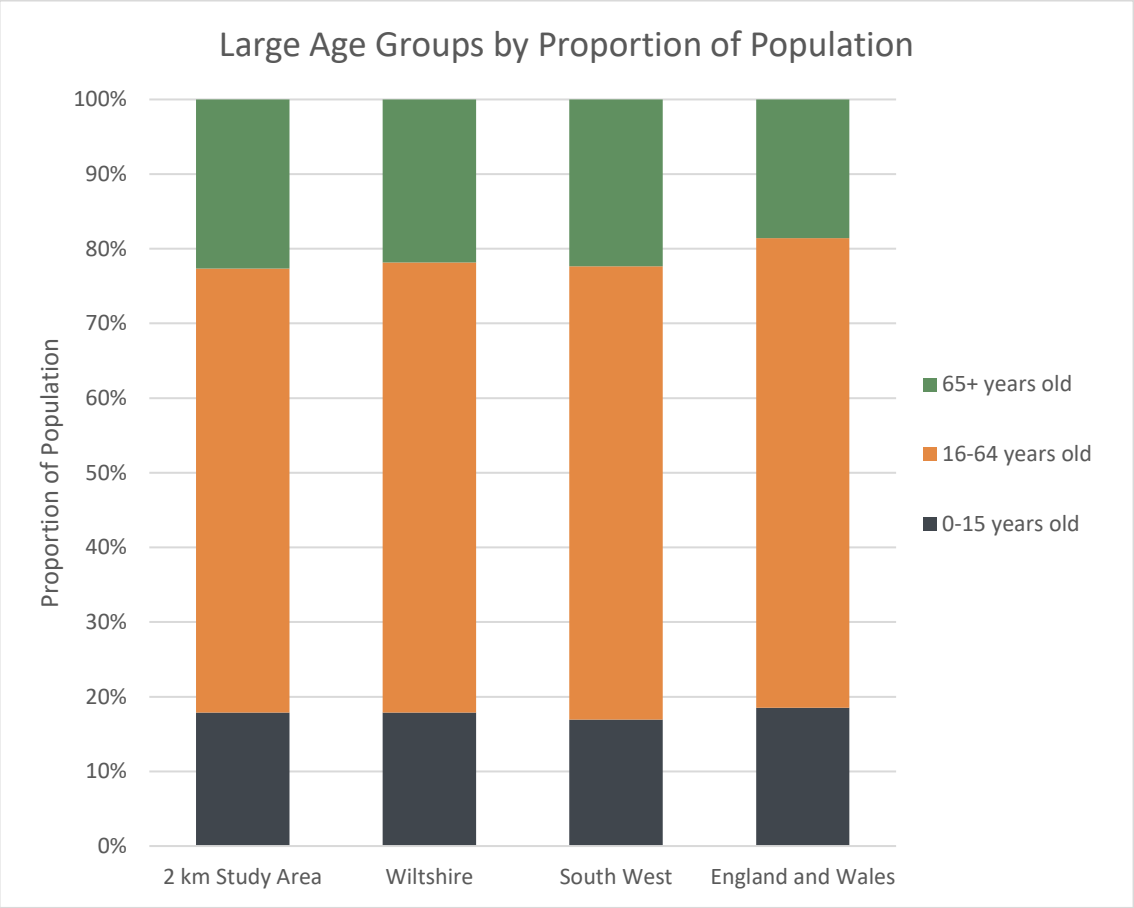
1.3.4 **Table 1** below demonstrates the proportion of the population in the 2 km Study Area who are aged up to 15 years old, of working age (16-64 years old), or aged 65 or above, compared to the Wider Baseline Study Area (Wiltshire), South West, and for England and Wales.

Table 1: Age Groups by Proportion of Population

Area	Population	0-15 years old (%)	16-64 years old (%)	65+ years old (%)
2 km Study Area	55,100	17.9%	59.5%	22.7%
Wider Baseline Study Area	510,337	17.9%	60.3%	21.9%
South West	5,701,185	16.9%	60.7%	22.3%
England and Wales	59,597,541	18.5%	62.9%	18.6%

1.3.5 This is set out graphically in **Plate 1** below.

Plate 1: Age Groups by Proportion of Population



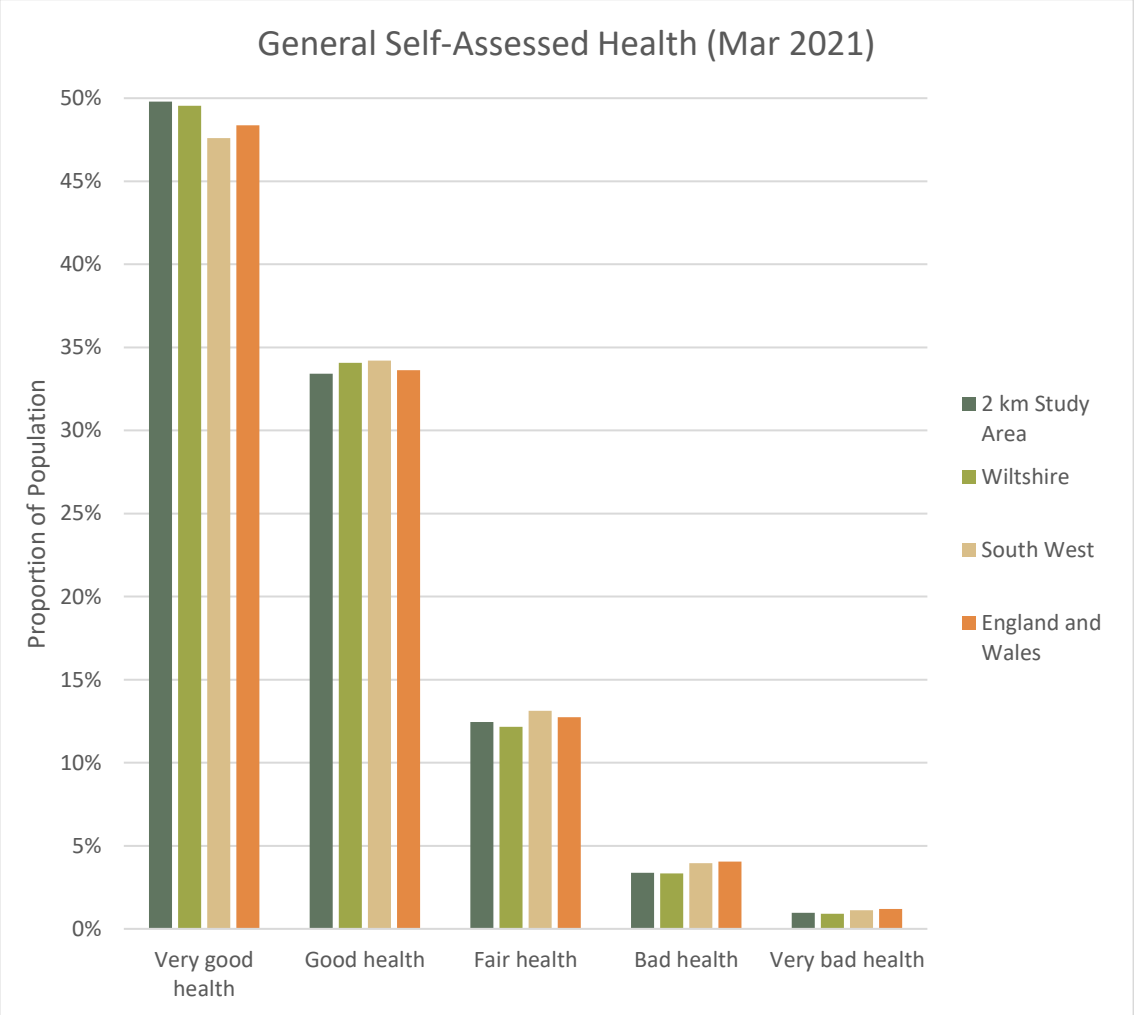
1.3.6 Across the 2 km Study Area, there is a low proportion of persons aged below 30 years of age, indicative of reducing birth rates in England and Wales in the late 1990s and 2000s (Ref 53) and exacerbated by the phenomenon of 'brain-drain' as a result of young and working age people moving out of the area to study or start their working careers. Population projections to 2027 (Ref 54) identify the likelihood of exacerbated 'brain-drain' amongst young working age adults. Furthermore, these show an increased proportion of the population reaching or nearing retirement age by 2027, likely to increase pressure on services and recreational facilities to cater for this growing demographic. National population projections to 2089 (Ref 55) estimate that over 90s will account for 3.9% of the population. Notably, by this point, the proportion of the population above 70 years old (24.5%) will be greater than the number of under 25s (22.1%).

1.3.7 As part of the Census 2021, participants were asked to declare a self-assessment of their own health (Ref 56). The survey results for this determinant are shown in full in **Table 2** and **Plate 2** below.

Table 2: Population Self-assessment of General Health

Area	Very good health	Good health	Fair health	Bad health	Very bad health	Combined bad and very bad health
2 km Study Area	49.8%	33.4%	12.4%	3.4%	1.0%	4.3%
Wider Baseline Study Area	49.5%	34.1%	12.2%	3.3%	0.9%	4.2%
South West	47.6%	34.2%	13.1%	3.9%	1.1%	5.1%
England and Wales	48.4%	33.6%	12.7%	4.0%	1.2%	5.2%

Plate 2: Self-assessment of General Health



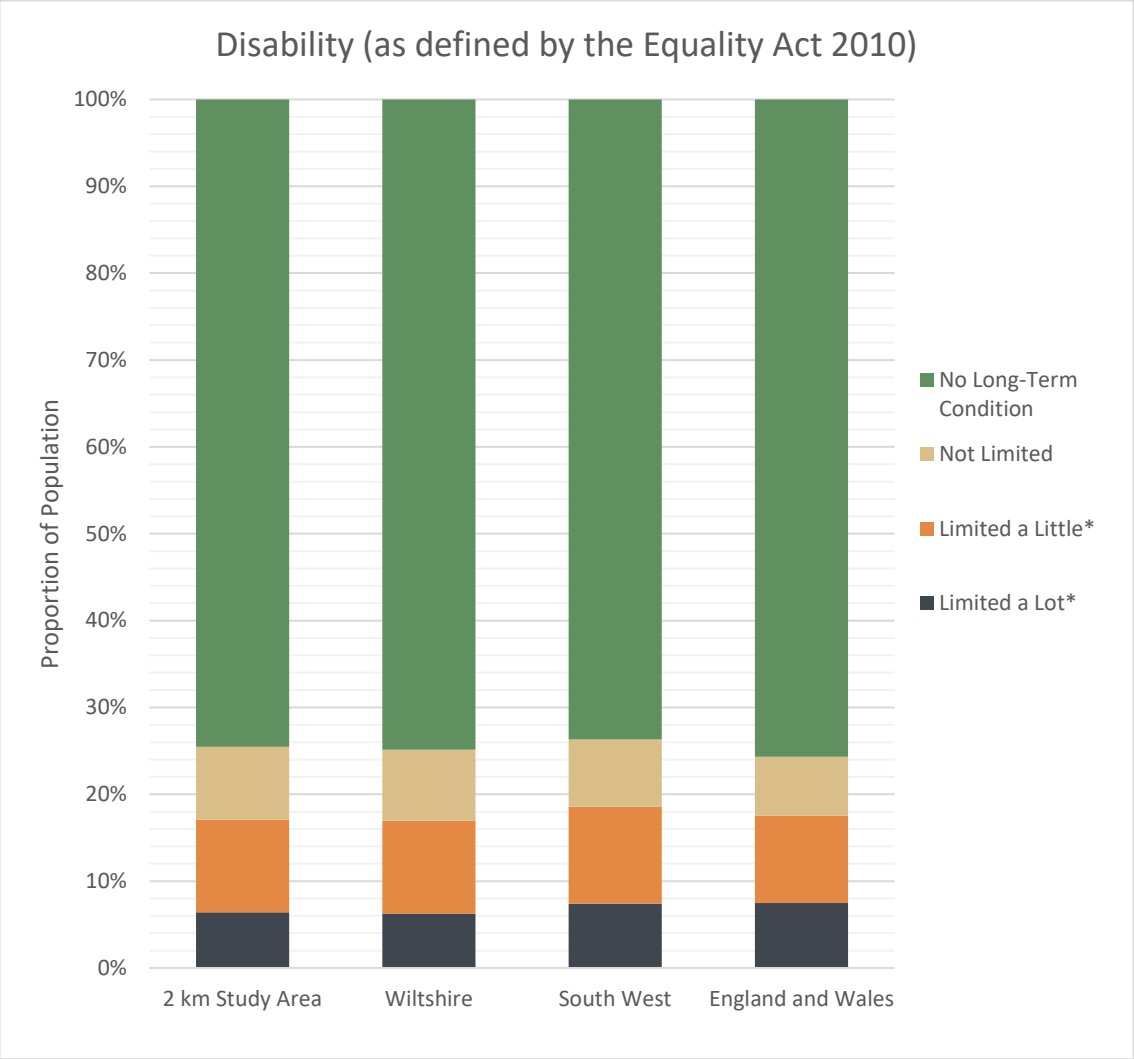
1.3.8 In addition to a self-assessment of general health, Census 2021 respondents were asked to self-assess or declare long-term health conditions or disabilities. The response categories considered as 'not disabled' under the Equality Act 2010 (Ref 3) were: 'No long term physical or mental health conditions', and 'Has long term physical or mental health condition but day-to-day activities are not limited'. For those who would qualify as disabled under the Equality Act 2010, the available responses were 'Day-to-day activities limited a little' and 'Day-to-day activities limited a lot'.

1.3.9 The population response to the Census 2021 with respect to self-assessed disability is presented in **Table 3** and **Plate 3** below.

Table 3: Population Self-assessment of Disability

Area	Disabled (EA 2010)	Limited a Lot*	Limited a Little*	Not Limited	No Long-Term Condition
2 km Study Area	17.0%	6.4%	10.6%	8.4%	74.5%
Wider Baseline Study Area	16.9%	6.3%	10.7%	8.2%	74.9%
South West	18.6%	7.4%	11.2%	7.7%	73.7%
England and Wales	17.5%	7.5%	10.0%	6.8%	75.7%

Plate 3: Self-assessment of Disability



Deprivation

1.3.10 The most recent data available on deprivation experienced in England is the Index of Multiple Deprivation (IMD) study from 2019, which provides information at a local authority, and Lower Super Output Area (LSOA) level for a range of assessed deprivation measures, known as 'domains'. Each area is ranked according to its score associated with each domain of deprivation, with the index providing a measure of relative deprivation across England at each measured level. An overall deprivation score is generated from a weighted average of the scores from the assessed domains of deprivation (Ref 59, Ref 60).

1.3.11 A detailed breakdown by area of the proportion of LSOAs in the most deprived decile (10%), most deprived quintile (20%) and most deprived half (50%) of neighbourhood areas in England are set out in **Table 4** below. Text in green demonstrates areas will substantially lower levels of deprivation, black text

shows levels in the expected range, while red text shows substantial greater levels of deprivation than the expected range.

Table 4: Proportion of LSOAs in Deprivation

Area Proportion of LSOAs	Study Area	Wider Baseline Study Area	South West	England
NO. of LSOAs	34	285	3,230	32,844
Overall Index of Multiple Deprivation (IMD)				
10% most deprived	0.0%	0.4%	5.0%	10.0%
20% most deprived	8.8%	2.8%	11.1%	20.0%
50% most deprived	26.5%	24.9%	42.9%	50.0%
Health Deprivation and Disability				
10% most deprived	0.0%	0.0%	4.7%	10.0%
20% most deprived	5.9%	1.1%	11.9%	20.0%
50% most deprived	11.8%	18.6%	40.7%	50.0%
Barriers to Housing and Services				
10% most deprived	11.8%	14.0%	8.6%	10.0%
20% most deprived	32.4%	28.1%	19.0%	20.0%
50% most deprived	76.5%	60.0%	49.2%	50.0%
Living Environment				
10% most deprived	5.9%	6.0%	13.9%	10.0%
20% most deprived	11.8%	13.0%	22.1%	20.0%
50% most deprived	41.2%	38.2%	45.2%	50.0%

Health Profile and Strategic Priorities

Wider Baseline Study Area Data

1.3.12 General health indicators at the local authority level demonstrate that the Wider Baseline Study Area performs generally better than both the regional and national level with respect of life expectancy, inequality in life expectancy, and under-75 mortality (Ref 61).

1.3.13 Life expectancy inequality is based on the Slope Index of Inequality.

2 km Study Area / Electoral Ward Level Data

1.3.14 At the electoral ward level, OHID provides more detailed information, of which key health indicators have been selected for wards that cover the 2 km Study Area (Ref 62). These are presented in **Table 5** below. It should be noted that the date this data was collected is often older than that for the local authorities and so should be read in that context. Wards falling within the 2 km Study Area have also been summarised to show the minimum, median, and maximum values within the 2 km Study Area overall, to account for large variations in population baseline conditions therein. This information has been supplemented by Local Insights Reports (Ref 63) for each ward in the 2 km Study Area, and Community Area reports (Ref 64, Ref 65, Ref 66, Ref 67) as available through Wiltshire Council's JSNA dashboard (Ref 13).

1.3.15 Data for deaths and hospital admissions is based on standardised mortality rate (SMR), a ratio of the number of deaths observed in a population over a given period to the number that would be expected over the same period if the study population had the same age-specific rates as the standard (England national) population.

1.3.16 Overall, life expectancy at birth for both males and females across electoral wards in the 2 km Study Area is similar to or higher than the average in the Wider Baseline Study Area and national average for England. Three wards (Chippenham Lowden & Rowden, Chippenham Sheldon, and Melksham Forest) have below national average life expectancy for males, while four wards (Chippenham Sheldon, Corsham Ladbrook, Corsham Pickwick and Melksham Forest) have below national average life expectancy for females.

1.3.17 Similarly, the 2 km Study Area overall performs well against the Wider Baseline Study Area and national average with lower deaths of all causes for under-75s, lower deaths from respiratory diseases at all ages, and lower deaths from causes considered preventable, when considered against the expect age-related rates for the population. Exceptions to this are Chippenham Lowden & Rowden, Chippenham Sheldon, and Melksham Forest which consistently perform at or poorer than the national average.

1.3.18 The estimated prevalence of depression (in the year 2022-2023) among the population in the 2 km Study Area is consistent with the rate across the Wider Baseline Study Area and lower than the average for England.

1.3.19 Related to rates of depression, rates of emergency hospital admissions for intentional self-harm across the 2 km Study Area vary considerably from 82.3 (SMR) in Brinkworth to 293.6 (SMR) in Chippenham Lowden & Rowden, indicating significant variance in mental health prevalence and access to support and care. Overall, the 2 km Study Area performs worse (123.4 (SMR))

than the national rates, although better than rates across the Wider Baseline Study Area (137.0 (SMR)).

1.3.20 Modelled estimates for prevalence of regular smoking in 15 year olds, available through OHID based on 2014 estimates, indicate the 2 km Study Area performs somewhat worse than the national average of (5.4%) of the 15 year old population engaging in regular smoking. Values in the 2 km Study Area range from 3.6-7.1%, with a median average of 6.1%, with only five of the 17 electoral wards in the 2 km Study Area having a lower than national average proportion. The Wider Baseline Study Area has a prevalence of regular smoking in 15 year olds of 5.8%, which is closer to the national average. An alternative dataset from NHS England (Ref 68) identifies a higher national prevalence of regular smoking in 15 year olds of 7.7% in 2014, which has dropped to 2.2% in 2023. Subnational data is not available in this dataset; however, it can be assumed that the smoking rate in the 2 km Study Area and Wider Baseline Study Area have similarly fallen from 2014-2023, but remain somewhat higher than the national average.

1.3.21 As with some other health determinants, the prevalence of child obesity in children in Year 6, as measured across a 3-year reference period for the school years 2021/22 to 2023/24, is overall lower (17.1%) across the 2 km Study Area than the Wider Baseline Study Area (19.4%) and the national average rates (22.7%). That notwithstanding, there is significant variance across the 2 km Study Area, with the lowest rate of obesity in Year 6 children of 12.0% in Sherston ward being less than half of the rate in Chippenham Sheldon ward (26.5%). Of the wards within the 2 km Study Area, only three areas have rates of prevalence of child obesity in children in Year 6 above the national average.

1.3.22 The Local Insights service records the Community Needs Index Score, based on a total of 21 receptors in three categories: community assets, which measures sport, leisure and community-owned assets; connectivity, which measures access to green and blue space, access to services, and loneliness; and active and engaged community, which measures civic participation, cohesion, trust, and population turnover. Together, the scoring of these provides a way of determining how close, healthy, and satisfied a community is.

1.3.23 Within the 2 km Study Area, the median Community Needs Index Score is slightly lower than the average for the Wider Baseline Study Area but notably higher than the average score for England of 64.4.

Table 5: Detailed Health Profile of Wards in the 2 km Study Area

Area	Life expectancy at birth (Male)	Life expectancy at birth (Female)	Deaths from all causes, under-75 years (SMR)	Deaths from respiratory diseases, all ages (SMR)	Deaths from causes considered preventable, under-75 years (SMR)	Estimated prevalence of Depression (% population)	Emergency hospital admissions for intentional self-harm (SMR)	Smoking prevalence at age 15 (regular smokers) (% population)	Year 6 prevalence of obesity (including severe obesity) (% population)	Community Needs Index Score
Data Dates	2016-2020	2016-2020	2016-2020	2016-2020	2016-2020	2022-2023	2016/17-2020/21	2014	2021/22-2023/24	2023
Bowerhill	81.8	88.1	83.7	64.2	86.3	12.0	91.9	6.9	23.1	60.7
Brinkworth	83.2	85.6	45.2	93.6	29.8	8.8	82.3	6.4	14.8	66.2
By Brook	86.8	90.6	44.6	35.6	38.3	9.7	82.6	6.7	22.2	49.2
Chippenham Cepen Park & Derriads	80.8	84.9	68.5	65.3	54.9	11.3	152.5	6.1	21.9	61.6
Chippenham Cepen Park & Hunters Moon	81.6	84.9	57.3	70.4	62.5	11.4	113.2	6.7	16.7	84.0
Chippenham Lowden & Rowden	77.6	84.4	96.8	105.3	103.5	11.8	293.6	5.7	17.4	60.6

Area	Life expectancy at birth (Male)	Life expectancy at birth (Female)	Deaths from all causes, under-75 years (SMR)	Deaths from respiratory diseases, all ages (SMR)	Deaths from causes considered preventable, under-75 years (SMR)	Estimated prevalence of Depression (% population)	Emergency hospital admissions for intentional self-harm (SMR)	Smoking prevalence at age 15 (regular smokers) (% population)	Year 6 prevalence of obesity (including severe obesity) (% population)	Community Needs Index Score
Data Dates	2016-2020	2016-2020	2016-2020	2016-2020	2016-2020	2022-2023	2016/17-2020/21	2014	2021/22-2023/24	2023
Chippenham Sheldon	77.6	82.4	125.8	98.4	126.5	11.6	193.8	4.5	26.5	112.4
Corsham Ladbrook	80.8	82.8	87.9	66.9	72.4	9.7	152.8	4.8	19.4	77.5
Corsham Pickwick	80.1	82.8	70.4	87.0	64.3	9.7	91.4	7.1	16.7	79.3
Corsham Without	81.4	85.2	83.6	79.5	83.3	9.8	117.3	6.1	15.8	78.6
Holt	80.0	85.5	73.4	64.6	54.9	12.8	134.0	6.0	17.9	74.4
Kington	82.1	84.0	52.5	96.5	61.3	10.7	99.8	6.7	16.7	43.5
Melksham East	83.4	83.3	90.9	62.6	63.5	12.8	118.3	5.3	17.1	83.8
Melksham Forest	77.6	81.1	125.3	119.2	126.2	13.4	193.8	3.6	25.0	104.7

Area	Life expectancy at birth (Male)	Life expectancy at birth (Female)	Deaths from all causes, under-75 years (SMR)	Deaths from respiratory diseases, all ages (SMR)	Deaths from causes considered preventable, under-75 years (SMR)	Estimated prevalence of Depression (% population)	Emergency hospital admissions for intentional self-harm (SMR)	Smoking prevalence at age 15 (regular smokers) (% population)	Year 6 prevalence of obesity (including severe obesity) (% population)	Community Needs Index Score
Data Dates	2016-2020	2016-2020	2016-2020	2016-2020	2016-2020	2022-2023	2016/17-2020/21	2014	2021/22-2023/24	2023
Melksham South	82.0	83.9	73.1	90.4	61.5	12.7	126.6	5.0	12.0	76.6
Melksham Without North & Shurnhold	79.6	86.0	83.5	66.2	82.1	12.7	123.4	6.3	14.8	61.6
Melksham Without West & Rural	81.9	83.7	75.4	76.1	63.3	8.0	128.7	6.9	12.0	39.0
Sherston	81.8	88.1	83.7	64.2	86.3	12.0	91.9	6.9	23.1	60.7
Study Area Minimum	77.6	81.1	44.6	35.6	29.8	8.0	82.3	3.6	12.0	39.0
Study Area Median	81.4	84.4	75.4	76.1	63.5	11.4	123.4	6.1	17.1	74.4

Area	Life expectancy at birth (Male)	Life expectancy at birth (Female)	Deaths from all causes, under-75 years (SMR)	Deaths from respiratory diseases, all ages (SMR)	Deaths from causes considered preventable, under-75 years (SMR)	Estimated prevalence of Depression (% population)	Emergency hospital admissions for intentional self-harm (SMR)	Smoking prevalence at age 15 (regular smokers) (% population)	Year 6 prevalence of obesity (including severe obesity) (% population)	Community Needs Index Score
Data Dates	2016-2020	2016-2020	2016-2020	2016-2020	2016-2020	2022-2023	2016/17-2020/21	2014	2021/22-2023/24	2023
Study Area Maximum	86.8	90.6	125.8	119.2	126.5	13.4	293.6	7.1	26.5	112.4
Wider Baseline Study Area	81.0*	84.6*	81.1	77.7	74.6	11.9	137.0	5.8	19.4	79.0
England	79.1*	83.1*	100.0	100.0	100.0	13.4	100.0	5.4	22.7	64.4

* Life expectancy at birth data for the Wider Baseline Study Area and England uses a 2021-2023 dataset (Ref 61)

Social Environment Baseline

Housing

1.3.24 The existing baseline conditions relating to housing and accommodation are set out in Section 1.3 of **ES Volume 3, Appendix 16-1: Socio-Economics, Tourism and Recreation Preliminary Assessment Supporting Information [EN010168/APP/6.3]**.

- As of 2024, the 'Study Area for Socio-economics, Tourism and Recreation', which covers a 20 km area offset from the Scheme, has an affordability ratio (between median average house value and the average (median) workplace-based full-time earnings) in the range of 6.8 to 13.8 across the seven authority areas therein. Within this area, Wiltshire (the Wider Baseline Study Area for human health) has an affordability ratio of 8.9. This is higher than the national average for England and Wales of 7.71, and substantively greater than the affordability threshold of 5.0;
- Across the Study Area for Socio-economics, Tourism and Recreation, there is not a suitable supply of land for new housing (projected supply of 31,745 dwellings to meet need of 37,938 households from 2023-2029). This includes a notable undersupply in Wiltshire (the Wider Baseline Study Area for human health). Only Bath and North East Somerset, and Cotswold, are individually able to demonstrate a housing supply surplus;
- As of the 2021 Census, an estimated 16.4% of households in the Study Area for Socio-economics, Tourism and Recreation are in private rental accommodation. Applying a conservative estimate of likely vacancy and availability for occupation, 5.2% of private rental properties – some 170 in the 2 km Study Area for human health and 2,600 in the Study Area for Socio-economics, Tourism and Recreation – may be available for temporary occupation by construction workers; and
- In addition to housing and rental accommodation, the Study Area for Socio-economics, Tourism and Recreation hosts an estimated 25,700 serviced accommodation rooms, of which a conservative minimum of 10% (2,570) are estimated to be available for use by temporary workers on the Scheme.

Open Space, Leisure and Play

1.3.25 All baseline conditions for open space, leisure and play are set out in Section 18.7 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

Transport Modes, Access and Connections

1.3.26 The existing baseline conditions relating to transport modes, access and connections are set out in Section 13.7 of **ES Volume 1, Chapter 13: Transport and Access [EN010168/APP/6.1]**.

1.3.27 A large number of PRoWs and permissive recreational routes lie adjacent to or cross the Scheme Order Limits. A total of 120 PRoWs, permissive recreational routes, and unsurfaced highways are tabulated in Table 3.4 in **ES Volume 3, Appendix 16-2: Tourism and Recreation Receptor Tables [EN010168/APP/6.3]**, and a total of 51 have been assessed in **ES Volume 1, Chapter 13: Transport and Access [EN010168/APP/6.1]**. The density of PRoWs and permissive recreational routes in the 'Study Area for Transport and Access' provides good levels of connectivity between communities, and provide a good level of access to the countryside and between settlements for non-vehicular travel. Roadside footpaths, cycle paths, and on-road cycle infrastructure is limited in the Study Area for Transport and Access, particularly outside built-up areas. Walking and cycling infrastructure between settlements in the Study Area for Transport and Access is limited to:

- A short section of footway along the southbound carriageway of the A46 north of the junction with the B4040 providing access to a local bus stop;
- B4039 within the villages of Acton Turville and Burton, and a short section of footway for residential dwellings near to the crossroads of the B4039 and road towards Grittleton. The footways are not continuous along the B4039;
- There is a small section of footway along Alderton Road in Grittleton;
- Footways on both sides of the A429 in Lower Stanton St Quintin. There are small sections of footways along the road heading west from the roundabout with the A429, linking new bus stops on either side of the carriageway to the new Dyson facility to the south. In addition, there is a footway present along the A429 within Corston;
- Additional shot sections of footway along roads can be found in the Cable Route Corridor;
- There is no dedicated, unsegregated cycle infrastructure in the vicinity of the Solar PV Sites or Cable Route Corridor.

1.3.28 The communities nearest the Solar PV Sites host bus services operated by Faresaver Buses, Stagecoach (West) and by Coachstyle. Melksham, at the southern end of the Cable Route Corridor is also served by FromeBus. Many of the services to rural areas are infrequent. More frequent services are located in, and radiating from, larger towns in the area such as Malmesbury, Melksham, and Chippenham (Ref 69, Ref 70, Ref 71, Ref 72, Ref 73).

1.3.29 The nearest railway stations to the Order Limits are at Chippenham and Melksham, although these are more than 10 km from any of the Solar PV Sites as set out in Section 13.7 of **ES Volume 1, Chapter 13: Transport and Access [EN010168/APP/6.1]**. These stations have services connecting to Bristol, Bath, Swindon, Reading and London as well as other nearby settlements including Westbury.

Community Identity, Culture, Resilience and Influence

1.3.30 All baseline conditions for community identity, culture, resilience and influence are set out in Section 18.7 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

Economic Environment Baseline

Education and Training

1.3.31 The existing baseline conditions relating to education and training are set out in Section 1.3 of **ES Volume 3, Appendix 16-1: Socio-Economics, Tourism and Recreation Preliminary Assessment Supporting Information [EN010168/APP/6.3]**, under the heading "Skills and Qualification". A summary of the baseline conditions relevant to human health are set out below:

- The proportion of the population between the ages 16-64 years old achieving no qualifications varies significantly, from 2.6% to 5.3%. The resultant combined Study Area for Socio-economics, Tourism and Recreation has a rate of 4.2%, which is somewhat lower than the regional rates for the South West (4.7%) and the UK national rate (6.8%); and
- Attainment of NVQ Level 4 and higher qualifications is also widely varied across the Study Area for Socio-economics, Tourism and Recreation, ranging from 43.2% to 55.1%. Across the Study Area for Socio-economics, Tourism and Recreation, the overall rate of Level 4 and higher qualifications stands at about 47.6%, compared to 46.1% in the South West, and 47.2% across the UK.

Employment and Income

1.3.32 The existing baseline conditions relating to education and training are set out in Section 1.3 of **ES Volume 3, Appendix 16-1: Socio-Economics, Tourism and Recreation Preliminary Assessment Supporting Information [EN010168/APP/6.3]**, over a larger Study Area than that for human health. A summary of the baseline conditions relevant to human health specifically within the Wider Baseline Study Area (for human health) are set out below.

- As of December 2024, the Wider Baseline Study Area has an economic activity rate within members of the working age (16-64-year-old) population

of 85.1%. Across the Study Area for Socio-Economics, Tourism and Recreation, this ranges from 76.5%-85.7% by local authority area, averaging 82.7%. This is higher than in the South West (81.0%) and the national average for UK (78.5%);

- For the year up to December 2024, the unemployment rate in the Wider Baseline Study Area was 3.1%, the same as in the South West (3.1%) and notably lower than the national average for the UK (3.8%). Comparatively, across the Study Area for Socio-Economics, Tourism and Recreation, this ranges from 1.5%-6.1% by local authority area, averaging 3.2%. Data for the Wider Baseline Study Area shows the overall trend in unemployment from 2014-2024 largely follows the regional and national trend but shows far more exaggerated year-on-year fluctuations, but is generally lower than national rates; and
- For residents living within the Wider Baseline Study Area, the approximated median annual gross salary for those in full-time work (in 2024) was £36,800. This is approximately halfway between the median for the South West, at £36,100, and the UK median of £37,400. For people working within the Wider Baseline Study Area, the approximated median annual gross salary for full-time employment (in 2024) was £35,200. This is somewhat lower than the median for residents, and is lower than the median for workers in the South West (£35,600), and the UK median (£37,400).

Bio-Physical Environment Baseline

1.3.33 All baseline conditions relevant to the bio-physical environment are set out in Section 18.7 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

Institutional and Built Environment Baseline

Health and Social Care Services

1.3.34 The 5 km Study Area (for assessing primary healthcare services) contains eleven General Practice healthcare facilities and two community hospitals, which provide the primary level of healthcare to the general population (Ref 77). These are located at:

- Giffords Primary Care Centre, Melksham;
- Hathaway Surgery, Chippenham;
- Jubilee Field Surgery, Yatton Keynell;
- Kennedy Way Surgery – Badminton branch surgery;
- Malmesbury Medical Partnership;

- Porch Surgery, Corsham;
- Rowden Surgery, Chippenham;
- Spa Medical Centre, Melksham;
- Sutton Benger Surgery – part of Patford House Partnership;
- The Lodge Surgery, Chippenham;
- The Tolsey Surgery, Sherston;
- Chippenham Community Hospital; and
- Melksham Community Hospital.

1.3.35 As of April 2025, the identified General Practice facilities in the 5 km Study Area have a total patient list of approximately 137,000 patients. This includes patients from practice groups that extend to include parts of Calne (Patford House Partnership) and Yate (Kennedy Way Surgery group). Serving these patients are a total of 70.5 full-time equivalent General Practitioners (FTE GPs), giving as estimated ratio of 1.95 patients per FTE GP (Ref 78). This is significantly than the national average for England of 2,257 patients per FTE GP, with five of the 11 GP surgeries identified as having fewer than 1,850 patients per FTE GP, which puts them in the lowest 2% of practices nationally. Of the GP surgeries assessed, four have significantly higher numbers of patients per FTE GP, showing there is significant variation in patient demand for primary healthcare across the 5 km Study Area.

1.3.36 Some residents within the 5 km Study Area may also be serviced by GP surgeries found within locations beyond the 5 km Study Area, such as in Box and Trowbridge, however only those closest to the Scheme have been recorded for the purpose of this assessment.

1.3.37 Additional healthcare facilities including dental clinics and pharmacies are located within larger urban areas in the 5 km Study Area (Chippenham, Corsham, Malmesbury, and Melksham), but have not been assessed separately.

1.3.38 The 2 km Study Area contains at least seven social and residential care facilities, providing a range of full-time residential care and supported-living care for elderly and disabled residents. All of the identified social and residential care facilities lie within 2 km of the Cable Route Corridor, with none within 2 km of the Solar PV Sites. These identified locations are:

- Alpine Villa, Melksham;
- Blenheim House Care Home, Melksham;
- Claremont and Warrington Lodge, Corsham;

- Hunters Moon assisted living residence, Yatton Keynell;
- Jargeau Court Sheltered Housing, Corsham;
- Mavern House Care Home, Shaw; and
- OSJCT Hungerford House, Corsham.

1.3.39 Finalisation of the Order Limits for DCO submission has caused three previously considered specialist care facilities: Avon Court Care Home, Chippenham; Ferfoot Care Home, Chippenham; and Kington House, Kington St Michael to fall outside the 2 km Study Area. As such, these have not been considered in this assessment.

1.3.40 Specialist services, urgent care, and Accident and Emergency Departments can be accessed at the Great Western Hospital in Swindon, Royal United Hospital in Bath, and Southmead Hospital in Bristol (Ref 77).

1.3.41 Provision Accident and Emergency Care data from March 2025 indicated that the Accident and Emergency (A&E) (or Urgent Care) departments at hospitals servicing the Wider Baseline Study Area generally have poorer performance by quality indicators for incomplete treatment, and waiting times for treatment and departure compared to the average expectations for England. That notwithstanding, the hospitals in the assessment area generally have notably fast arrival to initial assessment times.

1.3.42 The proportion of patients leaving A&E before treatment is issued ranges from 4.1% to 9.6%, compared to 4.7% nationally. Median waiting times for treatment from point of arrival range from 90-132 minutes, compared to the average of 67 minutes in England, while the median average time from arrival to departure (upon transferral to other services, or discharge from A&E) ranges from 207-222 minutes, compared to 169 minutes on average in England. Of the hospitals assessed, Southmead Hospital generally has the poorest A&E performance as considered by the indicators assessed (Ref 79).

1.4 Supporting Detail to Assessment of Likely Impacts and Effects

1.4.1 This section provides supporting information to the assessment of potential impacts outlined in Section 18.10 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

Construction

Social Environment

Housing

1.4.2 Effects of the Scheme on access to housing and accommodation during construction have been considered in Section 16.10 of **ES Volume1, Chapter 16: Socio-Economics, Tourism and Recreation [EN010168/APP/6.1]**. The assessment therein identify that construction workers are most likely to be housed in temporary accommodation, with one of the options being in vacant private rental properties. Baseline conditions demonstrate that there is sufficient capacity (approximately 2,600 units) in vacant private rental properties in the Study Area for Socio-economics, Tourism and Recreation to meet the peak inbound construction worker requirements (up to 412 inbound workers). This therefore ensures no effect on access to permanent housing, and no more than up to a potential short- to medium-term temporary minor adverse effect on access to temporary accommodation (as a socio-economics, tourism and recreation receptor) in the Study Area for Socio-economics, Tourism and Recreation.

Open Space, Leisure and Play

1.4.3 Likely effects on open space, leisure and play during construction have been considered in respect of the assessment of PRoWs, and formal and informal sports and recreation facilities in Section 16.10 and 16.11 of **ES Volume 1, Chapter 16: Socio-Economics, Tourism and Recreation [EN010168/APP/6.1]** and individually assessed in Section 3 of **ES Volume 3, Appendix 16-2: Tourism and Recreation Receptor Tables [EN010168/APP/6.3]**.

1.4.4 Subject to implementation of additional topic-specific mitigation and enhancement measures, the following residual effects to these socio-economic, tourism and recreation receptors have been identified: up to temporary short-term moderate adverse effects on the recreational use of a small number of PRoWs and permissive recreational routes and high-sensitivity long-distance recreational routes. Effects identified on recreational use of the Kennet and Avon Canal are minor adverse effect, based solely on long-distance visual impacts on its recreational use and enjoyment. Assessment of the impacts on formal recreation and leisure facilities and on recreational facilities for children and youth groups identify up to medium-term temporary moderate-minor adverse effects on recreational use at some facilities. Equestrian facilities are anticipated to experience up to moderate adverse effects in some locations as a result of impacts on safety and recreational enjoyability of surrounding hacking routes.

1.4.5 Children, and adults with limited activity are most vulnerable to changes to open space, leisure and play and therefore at highest sensitivity to changes. Existing baseline conditions demonstrate the 2 km Study Area population contains a similar proportion of children to that in the Wider Baseline Study Area (**Table 1**). Furthermore, children (at Year 6) are less likely to be obese (an indicator of better activity in children) than in the Wider Baseline Study Area (Paragraph

1.3.21), and self-assessment of disability (as defined by the Equality Act 2010) is comparable within the adult population with the Wider Baseline Study Area (**Table 3** and **Plate 3**).

Transport Modes, Access and Connections

1.4.6 The transport assessment set out in **ES Volume 1, Chapter 13: Transport and Access [EN010168/APP/6.1]** assesses 51 routes on the local PRoW network, and 19 highway links in the local network that are anticipated to experience more than a 30% increase in HGV traffic during construction. Whilst the proportional change is substantial, this is largely due to its existing baseline use being very low, leaving a large capacity for the road network to take additional HGV and traffic movements without significantly impacting safety and driver delay.

1.4.7 The assessment of residual effects concludes that the construction effects on the local highway and PRoW network will be temporary negligible adverse effects for accidents and safety, severance, non-motorised user delay and hazardous loads, which are not significant transport and access effects. In considering this through a human health lens, this is anticipated to result in a negligible magnitude impact to human health in the Study Area for Transport and Access, and therefore the 2 km Study Area, as a result of reduced levels of access to public transport and physical connections to local services arising from the Scheme.

1.4.8 Up to temporary minor adverse residual effects on driver delay and pedestrian amenity, both of which are not significant transport and access effects, are anticipating the Scheme's construction. The latter is likely to have a resultant human health effect as a result of increased fear of intimidation from vehicles, perceptions of reduced safety, and both a knock-on perception and actualisation of reduced connectivity between communities. This therefore is anticipated to generate up to low magnitude human health impacts in the Study Area for Transport and Access, and therefore the 2 km Study Area.

Community Identity, Culture, Resilience and Influence

Community Identity and Culture

1.4.9 Those areas particularly sensitive to change due to the more rural character of the settlements and surroundings, and their more immediate proximity to the Scheme, are the communities nearest the Solar PV Sites, such as Alderton, Corston, Hullavington, Lower Stanton St Quintin, Luckington, Norton, Rodbourne, and Sherston. As such, these locations are anticipated to have a specific medium sensitivity to changes, as a result of greater likelihood of visual impacts and changes in the character of their surroundings. Visual receptors in these communities are resultantly scoped in for further assessment of visual and landscape changes in **ES Volume 1, Chapter 8: Landscape and Visual**

Impact [EN010168/APP/6.1] and its supporting appendices. The likely impact on community identity and culture is based not only on direct visual impacts within the settlements themselves, but on surrounding PRoWs and transport routes as experienced by users, and the perception of changes to the immediate character of the land surrounding these identified settlements as a result of the Scheme's construction.

1.4.10 The construction of the Scheme is anticipated to generate a neutral impact on resident population growth, up to a short-term temporary minor beneficial effect to resident age demographics, and a short-term temporary negligible beneficial effect to health demographics across the Study Area for socio-economics, tourism and recreation, as a result of inbound construction workers. This is set out in **ES Volume 1, Chapter 16: Socio-Economics, Tourism and Recreation [EN010168/APP/6.1]**. The respective level of effect to community identity with respect to localised net migration during construction is therefore considered to be temporary, short-term, and negligible in any of the affected communities, without an overriding positive or negative bias.

Community Resilience and Influence

1.4.11 The level of sensitivity in the community's resilience and influence has been governed by the scope of consultation held with affected communities during the pre-application process (see the **Consultation Report [EN010168/APP/5.1]** and its **supporting appendices [EN010168/APP/5.2]**), and the availability for further influence and engagement through the DCO process. Resultantly, the sensitivity of the population to changes in resilience and influence is no less than medium.

1.4.12 The application of specific measures to address community resilience and influence will mitigate the extent to which the Scheme's construction adversely affects the communities' ongoing perception of their own ability to lead on or feel involved in decision-making on further changes throughout the construction phase. This is secured by way of requirements in the **draft DCO [EN010168/APP/3.1]** in respect of the **Outline Construction Environmental Management Plan (OCEMP) [EN010168/APP/7.12]**. Whilst community anxieties about the Scheme may still be present throughout the construction phase, there is likely to be no more than a low magnitude impact to community resilience and influence within the 2 km Study Area and thus on population mental health and wellbeing.

Economic Environment

Education and Training

1.4.13 People with existing limitations in access to suitable education and training are of a high sensitivity to changes in access to education and training. Existing

baseline conditions demonstrate that geographically, this is most pertinent in the urban areas within the 2 km Study Area, especially in Chippenham and Melksham where the population is more likely to be deprived of suitable access to education and skills than most of the rest of the Wider Baseline Study Area. Across the population in the Wider Baseline Study Area, are less likely to have no qualifications and a similar rate of NVQ Level 4 or higher qualifications when compared with the national proportion. As such, this demonstrates the level of inequality with respect to access to education and skills across the 2 km Study Area and Wider Baseline Study Area, and as such, the sensitivity of the overall population to changes in access to education and training is **medium**.

Employment and Income

1.4.14 The assessment of likely significant effects to employment and income during construction is set out in Section 18.10 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

Bio-Physical Environment

1.4.15 The assessment of likely significant effects to the bio-physical environment during construction is set out in Section 18.10 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

Institutional and Built Environment

Health and Social Care Services

1.4.16 **ES Volume 1, Chapter 16: Socio-Economics, Tourism and Recreation [EN010168/APP/6.1]** identifies that the likely inbound temporary workforce is anticipated to have a negligible magnitude impact on the resident population. Where this creates additional demand for primary healthcare services, this impact is likely to be dispersed across the Study Area for socio-economics, tourism and recreation based on where workers are living (anticipated to be in temporary accommodation and requiring registration with local GP practices), however there may be some level of concentration of effect on primary and emergency care facilities nearest the Scheme as a result of increased of workplace illness and injury. Applying a conservative approach, the greatest level of impact within the 5 km Study Area for primary health facilities may be up to a short-term peak low magnitude impact on primary and emergency care access.

1.4.17 Provision of primary healthcare facilities within the 5 km Study Area is generally better than the national average as a result of a significantly lower than average ratio of patients to FTE GPs in most locations. That notwithstanding, this is not consistent across the 5 km Study Area and variance in provision show constraints for new patients in some locations. That notwithstanding, emergency healthcare facilities that provide coverage for the Wider Baseline

Study Area operate poorer than national average expectations predominantly with respect to waiting times, and is some of the assessed facilities, proportion of completed treatments. As a result, whilst the population themselves show they are likely resilient to changes in primary and emergency healthcare access, the healthcare system itself is more vulnerable to increased demand for emergency access, therefore demonstrating an overall **medium** sensitivity to changes to healthcare access.

1.4.18 As set out in paragraph 1.3.38, the 2 km Study Area contains at least seven identified social and residential care facilities, providing on site residential care for elderly and disabled residents and supported living to those with additional care needs.

Operation and Maintenance

Social Environment

Open Space, Leisure and Play

1.4.19 As during construction, impacts on open space, leisure and play during the Scheme's operation and maintenance are subject to implementation of additional topic-specific mitigation and enhancement measures. During the operational lifetime of the Scheme, this includes the enhancement of the PRoW network and access to the countryside through the provision of new permissive paths across each of the Solar PV Sites, as shown as Work No.10 on the **Works Plan [EN010168/APP/2.3]** and shown on **ES Volume 2, Figure 3-4: Landscape and Ecology Mitigation Plan [EN010168/APP/6.2].**

1.4.20 Resultantly, the following residual effects have been identified on recreational features, used by residents and visitors to enjoy open space, and engage in leisure and play. Parks and nature reserves are expected to experience an overall long-term negligible adverse effect without additional effects during the peak replacement scenario. The PRoW network is anticipated to be affected by a long-term negligible adverse effect overall, with no change to the overall significance of effect as a result of the peak replacement scenario. High-sensitivity long-distance recreational routes are instead anticipated to experience an overall long-term minor adverse effect without significant change during the replacement phase. Effects on recreational use of waterbodies are neutral, as is the overall effect on both formal organised sports facilities and youth play facilities. The lattermost may experience overall short-term negligible adverse effect during the peak replacement phase. Finally, equestrian facilities are anticipated to undergo an overall long-term negligible adverse effect, based on visual impacts on their recreational use and enjoyment, including during peak replacement works. The overall effects on all recreational facilities and features (as socio-economics, tourism and recreation receptors) in the 2 km

Study Area are anticipated to be long-term negligible adverse effects, including during the peak replacement scenario.

1.4.21 Impacts on open space, leisure and play as determinants of health are driven by reduced activity affecting physical health, while reduced enjoyment of recreational facilities (as a result of visual impact, or disruption to use) can reduce the mental health benefits associated with leisure and play. The Scheme may generate additive impacts, particularly where multiple leisure and play receptors are affected in a similar area. Overall, the magnitude of impact to open space, leisure and play is considered to be negligible and adverse, with this impact being long-term, and unchanged during the peak replacement scenario.

1.4.22 Children, and adults with limited activity are most vulnerable to changes to the benefits of open space, leisure and play and therefore are of a high sensitivity. Existing baseline conditions, as summarised in para. 1.4.5, demonstrate the overall population is not considered to be disproportionately more sensitive than the Wider Baseline Study Area or national expectation. As such, the sensitivity of the overall population to changes is low.

Community Identity, Culture, Resilience and Influence

1.4.23 The assessment of likely significant effects to community identity, culture, resilience and influence during operation and maintenance is set out in Section 18.10 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

Economic, Bio-Physical, and Institutional and Built Environment

1.4.24 The assessment of likely significant effects to the economic, bio-physical, and institutional and built environments during operation and maintenance is set out in Section 18.10 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

Decommissioning

1.4.25 The assessment of likely significant effects from the Scheme's decommissioning on human health receptors is set out in Section 18.10 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

1.5 Cumulative Effects Assessment Supporting Information

1.5.1 A shortlist of cumulative plans and projects identified in **ES Volume 1, Chapter 21: Cumulative Effects and In-Combination Effects [EN010168/APP/6.1]** of this ES.

Inter-Project Cumulative Effects

1.5.2 Cumulative effects have been assessed in each of the supporting ES chapters in relation to the interaction between the Scheme and identified projects within the Study Area for each topic. For specific human health effects, cumulative effects within the 2 km Study Area have been assessed.

1.5.3 Those developments considered relevant in the assessment of cumulative effects are set out in Table 18-9 in **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**. These include developments under construction, approved, in scoping, and that are strategic developments for local development plans, as defined in **ES Volume 1, Chapter 21: Cumulative Effects and In-Combination Effects [EN010168/APP/6.1]**.

1.5.4 The assessment of cumulative human health effects from the identified projects has been taken through a mixed methodology which utilises both information available in the public domain, and extrapolated information based on information within the relevant assessment chapters in **ES Volume 1 [EN010168/APP/6.1]**. Information sources for identified projects rely largely on planning application documentation available through Local Planning Authority planning application portals (Ref 80-Ref 115). This combined methodology seeks to provide as accurate as possible an estimation of cumulative effects on direct and indirect effects. It should be noted that this methodology seeks to determine a worst-case or greatest level of cumulative effect.

1.5.5 This section will only describe where there is anticipated to be a change of level of significance from the assessment of residual effects. All other effects have been treated as the same level of significance as Lime Down Solar Park assessed in isolation.

Cumulative Construction Phase

Social Environment

1.5.6 Section 16.13 of **ES Volume 1, Chapter 16: Socio-Economics, Tourism and Recreation [EN010168/APP/6.1]** assesses the likely cumulative construction impacts of the accommodation needs of inbound workers required to build out the developments listed. Whilst there is an uplift in temporary accommodation need for inbound workers, this is likely to be accommodated within available vacant private rental properties without changing the significance of effect on access to housing and the private rental market. As a result, the cumulative effect on human health as a result of changes to access to suitable housing is a

medium-term temporary **minor/negligible adverse effect** (not significant), and is of no greater significance than the Scheme assessed in isolation.

1.5.7 Cumulative impacts upon open space, leisure and play facilities during the likely cumulative construction phase are assessed in Section 16.13 of **ES Volume 1, Chapter 16: Socio-Economics, Tourism and Recreation [EN010168/APP/6.1]**. Therein, significant cumulative effects have been identified for specific receptors, including two PRoWs, two long-distance recreation routes, and one parkland area. While this may create additional significant effects for types of recreational facilities, this is not anticipated to increase the overall magnitude of impact on human health in the 2 km Study Area with respect to access to open space, leisure and play. As a result, the cumulative effect on human health is a medium-term temporary **minor adverse effect** (not significant), and is of no greater significance than the Scheme assessed in isolation.

1.5.8 Cumulative impacts upon transport modes, access and connections during the likely cumulative construction phase are assessed in Section 13.13 of **ES Volume 1, Chapter 13: Transport and Access [EN010168/APP/6.1]**. Assessment of likely HGV traffic generated by cumulatively assessed developments has identified that there is not anticipated to be significant additional HGV movements on the road network, and therefore no further impacts on public transport and connectivity, or impact on vehicular and non-vehicular safety, and fear and intimidation. As a result, the cumulative effects on human health are a medium-term temporary **negligible adverse effect** to accessibility and services, and a medium-term temporary **minor adverse effect** to social connectivity and safety perception. Neither of these are significant, nor of a greater significance than the Scheme assessed in isolation.

1.5.9 The 2 km Study Area for human health is host to the Scheme, and a notable collection of proposed energy, residential, and employment developments, with the largest of these concentrated around the urban area of Chippenham. Whilst these collectively are likely to generate an increase in population in the Wider Baseline Study Area as a result of inbound construction workers, this is not anticipated to be concentrated within the 2 km Study Area due to the spread of suitable accommodation within the entirety of the Wider Baseline Study Area. Furthermore, while the cumulatively assessed developments are anticipated to bring about a level of change to the community perception of the urbanisation of their surroundings during the cumulative construction phase, it is anticipated that this will have no more than a low magnitude impact on community identity and culture to the communities within the 2 km Study Area. This is anticipated due the geographic spread of both the Scheme and identified cumulative development sites, the close association of proposed residential and employment developments with existing urban areas and settlements, and the limited amount of intervisibility between energy developments and nearby settlements due to intervening topography and vegetation. As a result, the

cumulative effect on human health a medium-term temporary **minor adverse effect**, and is of no greater significance than the Scheme assessed in isolation.

1.5.10 With respect to resilience and influence, the communities affected by multiple developments will likely be much more familiar with the Town and Country Planning Act planning application process, and therefore have a better understanding of how they can influence planning decision making. As such, the cumulative impact to community resilience and influence is also likely to be no greater than low in magnitude ahead of and during the cumulative construction phase. As the affected communities are likely of **medium** sensitivity to these changes, this is likely to induce a cumulative medium-term temporary **minor adverse effect** to human health. This is also no greater level of significance than for the Scheme in isolation, and is not significant.

Economic Environment

1.5.11 Cumulative impacts on skills and qualification attainment in the Wider Baseline Study Area are likely to be somewhat greater during the cumulative construction phase than assessed for the Scheme in isolation as assessed in Section 16.13 of **ES Volume 1, Chapter 16: Socio-Economics, Tourism and Recreation [EN010168/APP/6.1]**. However, the level of significance of the effect is likely to remain the same as the Scheme in isolation, and therefore, the respective human health effect as a result of improved access to education and training opportunities and thus on quality of life, is also likely to be the same level of significance as the Scheme assessed in isolation. This is a medium-term temporary **minor beneficial effect** and is not significant.

1.5.12 With regard to employment and income, **ES Volume 1, Chapter 16: Socio-Economics, Tourism and Recreation [EN010168/APP/6.1]** identifies an increased significance in effect with respect to employment and economic prosperity in the Wider Baseline Study Area as a result of the cumulative construction phases of the Scheme and identified cumulative developments. As employment and income are considered as determinants of health due to improvements in quality of life with suitable income and employment availability and security, there is likely to be a cumulative low magnitude positive impact on human health. This, due to the **low** sensitivity of the population, is likely to have a cumulative medium-term temporary **minor beneficial effect**. This is however not a significant effect.

Bio-Physical Environment

1.5.13 Cumulative effects with regard to air quality have been considered in **ES Volume 1, Chapter 15: Air Quality [EN010168/APP/6.1]**, and have assessed within a 500 m Zone of Influence. Whilst there are multiple identified developments likely to induce some cumulative construction impacts, such as through fugitive construction dust emissions, and vehicular emissions on shared construction access routes, these are not anticipated to be significant. With

respect to human health, this is unlikely to change the significance of effect from a medium term temporary **minor adverse effect**. This is therefore not a significant cumulative effect and is no greater significance than for the Scheme in isolation.

1.5.14 The assessment of cumulative effects in respect of noise and vibration is set out in **ES Volume 1, Chapter 14 Noise and Vibration [EN010168/APP/6.1]**. This identifies that although some cumulative effects may occur during construction as a result of receptor proximity to multiple developments, these are most likely to be dominated by the Scheme and thus unlikely to generate any additional significance of effect. This is therefore not anticipated to result in a significant cumulative effect to human health of any greater significance than for the Scheme in isolation, that being a short- to medium-term temporary **minor/negligible adverse** to the highest sensitivity receptors.

Institutional and Built Environment

1.5.15 As with impacts on accommodation and housing, the cumulative requirement for primary health services during the cumulative construction phase is anticipated to experience an uplift as a result of inbound temporary construction workers. Whilst there is a substantial geographic spread of identified cumulative developments, the concentration of additional healthcare service need within the 5 km Study Area for primary healthcare provision is conservatively anticipated to be of a greater level of significance (a medium-term **minor adverse effect**) than the Scheme as assessed in isolation. This however is not a significant effect.

1.5.16 Furthermore, social care services are unlikely to experience any significant cumulative effects as construction employees are unlikely to require social or residential care, and there is not anticipated to be any cumulative impact on specific social and residential care facilities or services of a greater level of significance (also a medium-term **minor adverse effect**) than the Scheme as assessed in isolation.

Cumulative Operation and Maintenance Phase

Social Environment

1.5.17 Cumulative impacts upon open space, leisure and play facilities during the operational phase are not anticipated to create any greater level of significance of effects, as assessed in Section 16.13 of **ES Volume 1, Chapter 16: Socio-Economics, Tourism and Recreation [EN010168/APP/6.1]**. Although the cumulatively assessed developments are largely to be developed on agricultural land, the spread of their locations is unlikely to create any significantly concentrated effects with respect to loss of access to countryside spaces, particularly within the 2 km Study Area. This therefore demonstrates that the cumulative effect on human health during the operational lifetime of the Scheme

is of no greater significance (a long-term **negligible adverse effect**) than the Scheme assessed in isolation. This includes during the peak replacement scenario, which due to its short- to medium-term nature is not anticipated to generate any additional significant effects.

1.5.18 Community identity and culture within the 2 km Study Area for human health is likely to be affected in the long-term by the operational and occupational lifetime of the cumulative developments identified. However, as a result of the geographic spread of the developments, largely biased away from the Solar PV Sites on the Scheme, and the majority residential nature of the developments that are within 2 km of the Solar PV Sites, this change is likely to be no more than negligible in magnitude. Community resilience and influence with respect to the cumulative developments is likely to be no more than negligibly impacted as a result of minimal significant changes to the cumulative developments throughout their operational and occupational lifetimes. Resultantly, the cumulative effect on either community identity and culture, or on community resilience and influence, is anticipated to be no more than long-term **minor/negligible adverse effects**. These are not significant, and are no greater than for the Scheme in isolation.

Economic Environment

1.5.19 Section 16.13 of **ES Volume 1, Chapter 16: Socio-Economics, Tourism and Recreation [EN010168/APP/6.1]** identifies that the quantum of employment likely to be generated by the cumulative developments assessed will likely induce a substantial uplift in apprenticeships, training opportunities, and the requirement for specialist skills training. These opportunities are likely to directly benefit local access to education and training, with the potential for investment to be made in supporting industry-specific skillsets within the 2 km Study Area for human health. A cumulative low magnitude impact to a **medium** sensitivity receptor is therefore anticipated to generate a cumulative long-term **minor beneficial effect** on human health. This is not a significant effect.

1.5.20 Whilst the Scheme in isolation is likely to cause a negligible decrease in employment during its operational lifetime, it is anticipated to generate a negligible benefit in economic performance in the Wider Baseline Study Area. That notwithstanding, Section 16.13 of **ES Volume 1, Chapter 16: Socio-Economics, Tourism and Recreation [EN010168/APP/6.1]** identifies that the cumulative developments assessed will likely induce a notable uplift in employment and therefore income and prosperity, of up to low magnitude across the Wider Baseline Study Area. Existing provision of employment and suitable income to human health means the population are of **low** sensitivity to changes, therefore a low magnitude improvement to employment and income is anticipated to generate a cumulative long-term **minor beneficial effect** on human health. Whilst beneficial, this is not a significant effect.

Bio-Physical Environment

1.5.21 As set out in **ES Volume 1, Chapter 15: Air Quality [EN010168/APP/6.1]**, the likelihood for cumulative effects from air quality impacts during the operational lifetime of the Scheme is low, and is anticipated only in the circumstances when the construction or decommissioning of nearby development occurs during the operation and maintenance phase of the Scheme. It is reasonably assumed that other development would also implement good practice measures to reduce dust and emissions in these occurrences. As such, it is not anticipated that these scenarios would generate more than a short-term temporary **minor adverse effect** to human health as a result of reduced air quality. This is therefore not a significant cumulative effect and is no greater significance than the Scheme assessed in isolation.

Institutional and Built Environment

1.5.22 The cumulatively assessed Schemes are anticipated to have some level of beneficial impact on wider societal infrastructure through the provision of new play spaces, utilities, retail, and healthcare infrastructure associated with large scale residential developments. Although these pieces of infrastructure are much more likely to benefit residents in these new-build areas rather than in existing communities, the overall impact in the 2 km Study Area for human health is anticipated to be positive even if no more than low in magnitude. This is therefore likely to induce a cumulative long-term **minor beneficial effect**, which is the same significance as for the Scheme assessed in isolation.

Cumulative Decommissioning Phase

Economic Environment

1.5.23 The decommissioning of the Scheme is anticipated to bring some level of employment and income uplift to the future working population, with the identified cumulative developments (where in employment uses) anticipated to maintain a steady number of jobs and economic performance. That notwithstanding, the level of cumulative effect on human health during the decommissioning period is not anticipated to be substantially greater than assessed for the Scheme in isolation (a medium-term temporary **minor/negligible beneficial effect**), largely due to the level of uncertainty in future working and employment market conditions.

In-combination effects

1.5.24 The Scheme has potential to incur combined effects with regard to human health impacts with other topics assessed within **ES Volume 1 [EN010168/APP/6.1]**. These are set out in Section 18.13 of **ES Volume 1, Chapter 18: Human Health [EN010168/APP/6.1]**.

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