

Light Valley Solar

Environmental Statement

Health and Wellbeing Summary Statement

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APFP Regulation 5(2)(a)



Light Valley
Solar

Infrastructure Planning

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Light Valley Solar

DCO Submission

Health and Wellbeing Summary Statement

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Contents

1	Introduction	3
1.1	Purpose of this document	3
1.2	Structure of this document	3
1.3	Wayfinding	4
1.4	Management plans, mitigation and control documents	5
1.5	Background	6
1.6	Scoping of health effects in the EIA for the Proposed Development	8
1.7	Community consultation	8
2	Health and wellbeing policy context and evidence base	10
2.1	National policy	10
2.2	Local planning policy and community strategy	11
2.3	Local health priorities	12
2.4	Neighbourhood plans	12
2.5	Health baseline and context	12
2.6	Overall health	18
2.7	Risk factors	18
2.8	Mental health	18
2.9	Deprivation associated with poor health	19
2.10	Health and disability	20
2.11	Community receptors	20
2.12	Conclusion of health baseline	21
3	Summary of the assessment of effects on health determinants	22
3.1	Overview	22
3.2	Noise	22
3.3	Air quality	24
3.4	Visual amenity	25
3.5	Traffic and movement	26
3.6	Public rights of way and green space	28
3.7	Employment	30
3.8	Housing	31
3.9	Local services and amenities	32
3.10	Electromagnetic Fields	33
4	In-combination and cumulative effects	35
4.2	Summary of in-combination effects on health determinants	35
4.3	Effects on population health resulting from in-combination effects	35

4.4	Summary of cumulative effects on health determinants	36
4.5	Cumulative effects on population health	38
5	Mental health and wellbeing	40
5.1	Considering mental health and wellbeing	40
Annex A	Impact Assessment Methodology	46

List of tables

Table 1-1	ISEP EIA wider determinants of health to scope	6
Table 2-1	Health profile summary (Ref 13)	14
Table 2-2	Self-Reported Health Summary (Ref 18)	17
Table A.2-1	Sensitivity of receptors	46
Table A.3-2	Magnitude of impact	48
Table A.4-3	Determination of significance matrix	49

List of Plates

No table of figures entries found.

1 Introduction

1.1 Purpose of this document

1.1.1 This Health and Wellbeing Summary Statement has been prepared by Light Valley Solar Limited (The Applicant) and submitted to the Examining Authority (ExA) at Deadline 3 of the Examination Phase for Light Valley Solar (the Proposed Development).

1.1.2 The LVS EIA Scoping Report (November 2024) considered the potential effects of the Proposed Development on population health. This considered the likely impacts of the project on the social, economic and environmental determinants of health and the location and sensitivity of the resident population and community receptors. As described in the Scoping Report, no potentially significant effects on population health were identified and human health was scoped out of the Environmental Statement (ES). This conclusion was accepted by the Planning Inspectorate (PINS) in their Scoping Opinion.

1.1.3 This Statement is submitted in response to Question 1.11.4 of the Examining Authority's Written Questions [ExQ1], which states that:

'Section 17 of NYC's LIR [REP1-006] explains NYC's concerns regarding human health. Paragraph 17.9 requests that a separate assessment of the direct and indirect effects upon human health, encompassing mental and physical health in line with the IEMA 2022 guidance 'Determining Significance for Human Health in Environmental Impact Assessment' should be undertaken. Submissions were also made by numerous IPs on the potential effects of the proposed development on mental health and wellbeing. Whilst noting the approach set out in table 4-1 of ES Chapter 4 [APP-042] that the effect on human health is considered within individual topic chapters of the ES, given the concerns raised by NYC and other IPs the applicant is to provide a Health and Wellbeing Summary Statement. This should summarise, in a single document, the approach to the consideration and assessment of effects of the proposed development on human health and wellbeing (both physical and mental health).'

1.2 Structure of this document

1.2.1 This Health and Wellbeing Summary Statement is structured as follows:

Section 1 – Introduction

- 1) This section sets out the purpose of the Health and Wellbeing Summary Statement and provides an overview of the structure. It provides a 'wayfinding' guide to where health has been considered in application documents including Environmental Statement (ES) assessments, management plans and other documents.
- 2) Section 1 also provides a background to the Applicant's approach to consideration of health pathways, determinants and populations / sub-populations through the scoping, pre-application and consultation phases of

this application, in the context of guidance around the consideration of health in Environmental Impact Assessment (EIA).

- 3) This confirms the Applicant's inherent approach to considering the wider determinants and pathways of human health on 'receptors' (populations), including different disproportionate effects on people depending on their characteristics, in-line with industry standard guidance.

Section 2 – Health and wellbeing policy context and evidence base

- 1) This section provides an overview of the national and local policies and strategies relevant to health and wellbeing in the context of the Proposed Development.
- 2) This section then refers to relevant baseline information that describes the location, characteristics and sensitivity of receptor populations potentially affected by the Proposed Development.

Section 3 – Summary of the assessment of effects on health determinants

- 1) This section provides a summary of all of the significant (moderate and above) and not significant (minor) effects reported within the ES and describes them in terms of their relevance to population health, in-line with Institute of Sustainability and Environmental Professionals (ISEP) (formerly IEMA) guidance on assessing health effects in EIA¹. This section identifies how mitigation has been considered within the assessment to avoid or reduce significant effects, where practicable.

Section 4 – In-combination and cumulative effects

- 1) This section provides a summary of all of the significant (moderate and above) and not significant (minor) in-combination and cumulative effects reported within the ES and describes them in terms of their relevance to health.

Section 5 – Commentary on mental health and wellbeing

- 1) This section provides contextual information on the Applicant's consideration of mental health and wellbeing effects, determinants, pathways and receptors in particular, and identifies the measures undertaken to address them within the Proposed Development and DCO Application.

1.3 Wayfinding

- 1.3.1 Within the DCO application, reference to environmental impacts on health and wellbeing is provided in **ES Volume 1, Chapter 4: Approach to EIA [APP-042]**.

¹ Determining Significance for Human Health in Environmental Impact Assessment. Institute of Environmental Management and Assessment (IEMA), 2022

- 1.3.2 This Health and Wellbeing Summary Statement summarises the conclusions from relevant ES Chapters, Management Plans and other DCO documents on how the project will influence health through changes to social, economic and physical environment.
- 1.3.3 The following documents already within the DCO application are drawn upon within this report:
- 1) ES chapters:
 - a) **Chapter 4: Approach to EIA (ES Volume 1) [APP-042]**
 - b) **Chapter 5: Agricultural, Land and Soils (ES Volume 1) [REP2-031]**
 - c) **Chapter 10: Landscape and Visual (ES Volume 1) [APP-048]**
 - d) **Chapter 11: Noise and Vibration (ES Volume 1) [APP-049]**
 - e) **Chapter 13: Socioeconomics (ES Volume 1) [REP2-039]**
 - f) **Chapter 14: Traffic and Movement (ES Volume 1) [REP2-041]**
 - g) **Chapter 16: Other Environmental Matters (ES Volume 1) [REP2-045]**
 - h) **Chapter 17: Cumulative and In-Combination Effects (ES Volume 1) [REP2-047]**
 - 2) The following additional assessments:
 - a) **Appendix 15.1: Flood Risk Assessment (ES Volume 3) [REP2-079]**
 - b) **Appendix 16.2: Construction Dust Assessment (ES Volume 3) [APP-183]**
 - c) **Appendix 16.6 (ES Volume 3) EMF Report [APP-188]**
 - d) **Appendix 16.5: BESS Fire Emissions Modelling (ES Volume 3) [APP-187]**
 - e) **Equality Impact Assessment [APP-212]**

1.4 Management plans, mitigation and control documents

- 1.4.1 Management plans, mitigation and control documents have been directly influenced by the assessment of likely significant effects, and through the application of good practice to avoid, reduce or monitor and manage environmental effects, with an inherent and specific consideration of the health implications on populations and sub-populations of those environmental effects.
- 1.4.2 These plans and strategies include the design and implementation of measures to physically mitigate effects. They also include commitments to provide communities with information and opportunities for engagement and feedback, which is a factor in reducing the potential for adverse mental health and wellbeing effects.
- 1) **Design Parameters and Commitments [REP2-021]**
 - 2) **Outline Construction Environmental Management Plan (oCEMP) [REP2-089]**
 - 3) **Outline Construction Traffic Management Plan (oCTMP) [REP2-103]**
 - 4) **Outline Landscape and Ecological Management Plan (oLEMP) [REP2-095]**

- 5) Outline Operational Environmental Management Plan (oOEMP) [REP2-091]
- 6) Outline Soil Resource Management Plan (oSRMP) [REP2-105]
- 7) Outline Public Rights of Way Management Plan (oPRoWMP) [APP-199]
- 8) Outline Decommissioning Environmental Management Plan (oDEMP) [REP2-093]
- 9) Outline Battery Safety Management Plan (oBSMP) [REP2-097]
- 10) Outline Skills, Supply Chain and Employment Plan (oSSCEP) [APP-202]

1.5 Background

Health determinants and pathways

- 1.5.1 Mental and physical health and wellbeing is influenced by a combination of social, economic and environmental factors, which can be influenced through the planning, construction and operation of the development. Research indicates that the environment in which people live is linked to health. For example, the design of a development can influence physical activity levels, travel patterns, social connectivity and mental and physical health outcomes.
- 1.5.2 These factors, termed the 'wider determinants of health' are included in ISEP guidance on effective scoping of human health in EIA², reproduced in Table 1-1. Those health determinants that are affected by the Proposed Development are identified in column 3.
- 1.5.3 Health pathways provide a qualitative approach to understand the potential effects. Health pathways do not produce predictable or equal health effects in individuals. When exposed to the same health pathway, different individuals may react differently as a result of a complex mixture of underlying levels of health, lifestyle factors and personal preferences and therefore aggregation at a population level is necessarily qualitative.

Table 1-1 ISEP EIA wider determinants of health to scope

Categories	Wider determinants of health	Relevant to the Proposed Development?
Health related behaviours	Physical activity	Yes (PRoW users)
	Risk taking behaviour	No
	Diet and nutrition	No
Social environment	Housing	No

² Effective Scoping of Human Health in Environmental Impact Assessment. Institute of Environmental Management and Assessment (IEMA), 2022.

Categories	Wider determinants of health	Relevant to the Proposed Development?
	Relocation	No
	Open space, leisure and play	Yes (PRoW users)
	Transport modes, access and connections	Yes (construction traffic)
	Community safety	No
	Community identity, culture, resilience and influence	Yes (mental wellbeing and sense of place)
	Social participation, cohesion, interaction and support	Yes (community engagement)
Economic environment	Education and training	Yes (construction workers)
	Employment and income	Yes (construction workers and local business employment within the wider Study Area)
Bio-physical environment	Climate change and adaption	No
	Air quality	No
	Water quality or availability	No
	Land quality	No
	Noise and vibration	Yes (construction noise)
	Radiation	Yes (electromagnetic fields)
Institutional and built environment	Health and social care services	No
	Built environment	Yes (visual intrusion from new infrastructure and construction sites)

Categories	Wider determinants of health	Relevant to the Proposed Development?
	Wider social infrastructure and resources	No

- 1.5.5 Health pathways are the mechanisms through which the determinants of health affect health outcomes. Evidence for these links can be found in extensive scientific literature. Overviews of key evidence are available in a number of reviews, including the Marmot Review into health inequalities³ and Public Health England's Spatial Planning for Health evidence resource⁴.

1.6 Scoping of health effects in the EIA for the Proposed Development

- 1.6.1 A scoping exercise was undertaken for human health as part of the EIA Scoping Report (**Appendix 1.1: EIA Scoping Report (ES Volume 3) [APP-143]**). This reviewed the likely impacts on the wider determinants of health and considered the potential for these to lead to health and wellbeing effects at the population level. The scoping exercise did not identify any potentially significant effects on population health and therefore the human health topic was scoped out.
- 1.6.2 The Planning Inspectorate accepted that a standalone human health assessment chapter was not required, provided that *'effects on human health (including impacts on mental health and wellbeing) are considered within other aspect chapters where relevant. The EIA Methodology ES Chapter should provide clear cross-referencing to where the relevant direct and indirect impacts on human health are considered in the ES. Where human health impacts have been assessed in the ES, consideration should be given to relevant guidance such as the IEMA 2022 guidance 'Determining Significance for Human Health in Environmental Impact Assessment'.*
- 1.6.3 Cross-referencing to where effects on human health are considered was provided in Table 4-1, **Chapter 4: Approach to EIA (ES Volume 1) [APP-042]**. This referenced the assessments of the Proposed Development on human health in relation to landscape and visual, noise and vibration, traffic and movement, and socioeconomic effects (including employment and effects on PRoW users). As described in Table 4-1, there are no potentially significant effects on population health in the relevant assessments and therefore the assessment findings are considered to be consistent with the human health scoping conclusions and no further assessment provided.

1.7 Community consultation

- 1.7.1 Two stages of consultation were undertaken. Phase One Non-Statutory Consultation was undertaken from October to December 2024. This phase

³ Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equity, 2020

⁴ Spatial Planning for Health – An evidence resource for planning and designing healthier places. Public Health England, 2017

introduced the Proposed Development to the public and stakeholders. Phase Two Statutory Consultation was undertaken from June to August 2025 and included details of design evolution, taking account of feedback from the first phase of consultation.

- 1.7.2 Ahead of public consultation, contact was made with local organisations, including those representing disabled people and those with learning disabilities, ethnic minorities, older people, younger people and carers, to make them aware of the consultation and ensure the process met the needs of their members. Details are included in the **Consultation Report [APP-024]**.
- 1.7.3 Consultation methods included a project website, published Project Information Booklets, design workshops, meetings and briefing sessions, and public consultation events at a range of times, days and venues, including a webinar for those that could not attend in person. Direct communication was also undertaken on an ongoing basis with affected individuals (such as owners and occupiers of properties close to the Proposed Development). Details of these visits and how they have informed design can be found in the Consultation Report.
- 1.7.4 During the Examination phase, community members have an opportunity to make representations both in writing and orally at hearings. The Applicant will continue to engage meaningfully with communities during the Examination, and engagement will be ongoing once the Examination closes in the post-consent period and during construction. The principles of proactive, inclusive engagement will be applied throughout these stages. As detailed in the oCEMP, further engagement will be undertaken during construction via a Community Liaison Officer (CLO). This role will be an intermediary between members of the public and the Contractor(s). The CLO will be responsible for managing relationships with communities to ensure concerns are being addressed and actioned by the Contractor(s). A Community Liaison Group will be set up in accordance with the DCO prior to construction and will continue through until final commissioning of the Proposed Development, as a formal forum for local issues to be raised. A stakeholder communication plan, which will include community engagement, will be developed and implemented before work commences on-site.

2 Health and wellbeing policy context and evidence base

2.1 National policy

Overarching National Policy Statement for Energy (NPS EN-1)

- 2.1.1 Overarching National Policy Statement for Energy (NPS EN-1) (2024) [Ref 1] recognises that the construction and operation of energy infrastructure may affect human health and wellbeing and requires these effects to be considered as part of the assessment of nationally significant energy infrastructure projects.
- 2.1.2 NPS EN-1 identifies a range of factors that may influence health and wellbeing, including changes in air quality, noise, traffic, water quality, access to services and open space, and changes to local communities associated with the construction and operation of energy infrastructure.
- 2.1.3 The Health section of NPS EN-1 requires applicants to consider the likely significant effects of a project on human health and to describe any measures proposed to avoid, reduce or offset adverse effects where appropriate.
- 2.1.4 NPS EN-1 also notes that many aspects of energy infrastructure that have the potential to affect health, such as air quality, pollution control and hazardous substances, are subject to separate regulatory regimes. Nevertheless, if a project has the potential to give rise to health effects these should be assessed as part of the Environment Statement and taken into consideration in decision making.

National Policy Statement for Renewable Energy Infrastructure (NPS EN-3)

- 2.1.5 The National Policy Statement for Renewable Energy Infrastructure (NPS EN-3) (2023) [Ref 5] provides technology-specific policy and assessment requirements for solar photovoltaic generating stations. NPS EN-3 identifies a range of matters that may be relevant to human health and wellbeing, including public rights of way and access, landscape and visual effects, land use and agricultural land quality, traffic and transport, and the design of the proposed development. These considerations should be taken into account in the assessment of likely significant effects and the development of appropriate mitigation measures.

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

- 2.1.6 The National Policy Statement for Electricity Networks Infrastructure (NPS EN-5) (2023) [Ref 6] provides the policy framework for electricity transmission and distribution infrastructure required to support the transition to a low-carbon energy system and maintain a secure, reliable and resilient electricity network.
- 2.1.7 NPS EN-5 recognises that electricity network infrastructure can generate electric and magnetic fields (EMFs), which may be of concern to the public. The policy requires applicants to demonstrate compliance with the guidelines developed by

the International Commission on Non-Ionizing Radiation Protection (ICNIRP), which are intended to protect both the public and workers from the potential health effects of EMF exposure. Where relevant, applications should include evidence demonstrating that the proposed infrastructure accords with the applicable ICNIRP exposure guidelines.

National Planning Policy Framework (NPPF)

- 2.1.8 The National Planning Policy Framework (NPPF) [Ref 6] sets out the Government's planning policies for England and how these are expected to be applied. Chapter 16 promotes healthy communities with the objective of the policies within the chapter to *'promote the creation of healthy and inclusive places and support the provision of appropriate public services, by enabling development which can support this aim and seeking to retain, improve and deliver new facilities which are important for community well-being and minimising inequalities.'* Within Chapter 16, Policy HC1: Planning for healthy communities is relevant to the Proposed Development.

2.2 Local planning policy and community strategy

Selby District Core, Strategy Local Plan

- 2.2.1 The Selby District Core Strategy (2013) [Ref 1] promotes the creation of healthy and sustainable communities through high-quality design, provision of community and healthcare infrastructure, protection and enhancement of green infrastructure, support for active travel, and measures that improve health, wellbeing and social interaction.

Selby District Local Plan

- 2.2.2 The Selby District Local Plan (2005) [Ref 9] supports the consideration of health-related issues through its objectives for sustainable development and environmental quality, together with policies addressing environmental pollution, flood risk, capacity of community services and facilities, and the provision of recreation open space. Collectively, these policies seek to create attractive, sustainable environments and protect residents from environmental conditions that may adversely affect health and wellbeing.

North Yorkshire and City of York Local Area Energy Plans

- 2.2.3 The North Yorkshire and City of York Local Area Energy Plans (2022) [Ref 10] support a transition to a low-carbon and resilient energy system through energy-efficient homes, low-carbon heating, and decarbonised transport. The plans recognise the benefits of reducing fuel poverty, improving the thermal efficiency of homes, supporting social inclusion and economic growth, and delivering wider health benefits associated with warmer homes, lower energy costs and reduced emissions.

2.3 Local health priorities

North Yorkshire Joint Local Health and Wellbeing Strategy 2023-2030

- 2.3.1 The North Yorkshire Joint Local Health and Wellbeing Strategy [Ref 11] sets out the shared vision of the North Yorkshire Health and Wellbeing Board to ensure that all residents have a fair chance of living a fulfilling life, free from preventable ill health and to reduce health inequalities across the county. The strategy provides the overarching framework for improving health and wellbeing through partnership working between local authorities, health services, communities and other stakeholders.
- 2.3.2 The strategy is structured around three key priorities:
- 1) Prevention – supporting people to stay healthy and well for longer and preventing avoidable ill health;
 - 2) Place – creating health, inclusive and resilient communities in the places people live, work and spend time support good health and wellbeing;
 - 3) People – working with communities experiencing the poorest health outcomes to reduce inequalities and improve access to services, opportunities and support.

2.4 Neighbourhood plans

Escrick Neighbourhood Development Plan

- 2.4.1 The Escrick Neighbourhood Development Plan 2021-2035 [Ref 12] sets out a locally derived planning framework for Escrick Parish. The Plan seeks to ensure that future development is sustainable and that the natural, built and historic environment is protected, enhanced and managed in a manner that supports the long-term wellbeing of the local community.

2.5 Health baseline and context

- 2.5.1 This Health and Wellbeing Summary Statement does not repeat baseline data presented elsewhere within the Environmental Statement. Baseline information relevant to health determinants is included within:
- 1) **Chapter 5: Agricultural, Land and Soils (ES Volume 1) [REP2-031]**
 - 2) **Chapter 10: Landscape and Visual (ES Volume 1) [APP-048]**
 - 3) **Chapter 11: Noise and Vibration (ES Volume 1) [APP-049]**
 - 4) **Chapter 13: Socioeconomics (ES Volume 1) [REP2-039]**
 - 5) **Chapter 14: Traffic and Movement (ES Volume 1) [REP2-041]**
- 2.5.2 The ISEP guidance identifies groups that are more likely to be vulnerable to adverse health effects. Those that are considered to be of particular relevance to the Proposed Development are as follows:

- 1) Younger age – there are several schools in the study area
- 2) Older age – the population has a slightly higher than average proportion of people aged 65+
- 3) Health status
- 4) Access or geographic factors – the study area is rural, with relatively low levels of access to health, social and other community services and amenities.

- 2.5.3 Where these groups have Protected Characteristics under the Equality Act 2010, they are described in the baseline section of the **Equality Impact Assessment [APP-212]**.
- 2.5.4 The North Yorkshire Joint Local Health and Wellbeing Strategy 2023-2030 [Ref 11] highlights the fact that North Yorkshire has an ageing population, with 25% of the total population over the age of 65 years. This is expected to increase to almost a third by 2035, due to project trends and migration of older people to the area. This is higher than the national average. This will likely result in an increase in the prevalence of conditions often associated with older age, such as falls and dementia. In addition, the Strategy notes an unchanged working-age population, leading to increased health and social care needs with no extra people available to work in health and care roles.
- 2.5.5 The following section sets out health-specific baseline information that helps to identify the sensitivity of populations to environmental, economic and social changes that may have the potential to influence health pathways.
- 2.5.6 In general, populations and sub-populations are considered to have greater sensitivity if they experience higher levels of deprivation and wider pre-existing health inequalities, shared resources, higher levels of anxiety, uncertainty or concern relating to an intervention, and poor health indicators with an overall limited capacity to adapt to change.
- 2.5.7 Health data for the ward areas where the Proposed Development is located is presented in Table 2-1. Based on this data, the local population is considered to have medium sensitivity to health effects (refer to the Impact Assessment Methodology outlined in Annex A).

Table 2-1 Health profile summary (Ref 13)

Health Indicator	Unit	Selby East Ward	Selby West Ward	Yorkshire & Humber Region	England
Health outcomes					
Life expectancy at birth (years)	Male	76.3 (2016)	79.6 (2016)	78.8 (2025)	80.0 (2025)
	Female	81 (2016)	81.3 (2016)	82.8 (2025)	83.8 (2025)
Under 75 mortality rate from all causes considered preventable	Rate per 100,000	137.8 (2016)	118.4 (2016)	167.0 (2024)	145.8 (2024)
Emergency hospital admissions for intentional self-harm	Rate per 100,000	102.4 (2016)	111.3 (2016)	114.2 (2023-2024)	117.0 (2023-2024)
Utilisation of outdoor space for exercise or health reasons (March 2015-Feb 2016) (Persons 16+ years)	%	-	-	17.5	17.9
Risk factors					
Overweight (including obesity) prevalence in adults (using adjusted self-reported height and weight) (2024-2025) (Persons 18+ years)	%	-	-	68.2	64.6

Health Indicator	Unit	Selby East Ward	Selby West Ward	Yorkshire & Humber Region	England
Overweight prevalence in Year 6 (including obesity) (2024-2025) (Persons 10-11 years)	%	41.5	44.1	37.9	36.2
Overweight prevalence in children (including obesity) (2024-2025) (Persons 4-5 years)	%	28.6	26.7	25.9	23.5
Percentage of physically active children and young people (Persons 5-16 years) (2024-2025)	%	-	-	49.4	49.1
Percentage of physically active adults (Persons 19+ years) (2024-2025)	%	-	-	67.0	68.0
Wider determinants					
Proportion living in fuel poverty (low income, low energy efficiency methodology) (2023)	%	18.4	16.0	14.7	11.4
Children in low-income families (all dependent children under 20) (2016)	%	-	-	19.5	17.0

Health Indicator	Unit	Selby East Ward	Selby West Ward	Yorkshire & Humber Region	England
16- to 17-year-olds not in education, employment or training (NEET) or whose activity is not known (Persons 16-17 years) (2024-2025)	%	-	-	5.7	5.6
Percentage of people in employment (Persons 16-64 years) (2024-2025)	%	-	-	73.5	75.7
Killed and seriously injured casualties on England's roads (all ages) (2024)	Per billion vehicle miles	-	-	109.1	89.8
Air pollution – estimated fraction of mortality attributable to particulate air pollution (Persons 30+ years) (2024)	%	-	-	5.2	5.3
The percentage of the population exposed to road, rail and air transport noise of 55dB(A) or more during the nighttime (all ages) (2021)	%	-	-	6.4	8.4
The rate of complaints about noise (all ages) (2023-2024)	Per 1,000 population	-	-	5.5	5.9

Table 2-2 Self-Reported Health Summary (Ref 18)

Health Indicator	Selby East Ward	Selby West Ward	Yorkshire & Humber Region	England
Self-Reported General Health				
“Very good” health	46.8%	42.6%	46.2%	48.5%
“Good” health	35.3%	35.7%	34.3%	33.7%
“Fair” health	12.6%	15.1%	13.7%	12.7%
“Bad” health	4.3%	5.0%	4.5%	4.0%
“Very bad” health	1.0%	1.5%	1.3%	1.2%

2.6 Overall health

- 2.6.1 As outlined in Table 2-2, self-reported data shows 46.8% and 42.6% of residents in Selby East and Selby West described their health as 'very good', which compares relatively well to Yorkshire and Humber Region at 46.2%, and England at 48.5%. 35% of those surveyed in 2021 described their health as 'good', whereas between 4-5% of those surveyed described their health as 'bad' and 1-1.5% as 'very bad'.
- 2.6.2 As detailed in Table 2-1 the male life expectancy at birth in Selby is 76.3 (Selby East) and 79.6 (Selby West) (data from 2016). For females, this is between 81 (Selby East) and 81.3 (Selby West) (data from 2016). Comparatively the male life expectancy at birth for Yorkshire and Humber Region is 78.8 years and across England is 80 years (data from 2025). For females, this is between 82.8 years for the region and 83.8 years nationally (data from 2025).
- 2.6.3 Of the residents in Selby, 16.3% are disabled as per the meaning given under the Equality Act (data from 2021). This is lower than the Yorkshire and the Humber and England and Wales, with 18.3% and 17.5% of residents considered disabled under the Equality Act, respectively [Ref 19].

2.7 Risk factors

- 2.7.1 The overweight (including obesity) prevalence in children of Year 6 (aged 10-11) and reception (aged 4-5) is higher in both the Selby East and West Ward than the region and national average. This highlights a local health inequality and suggests that children in these wards may experience a greater risk of weight-related health outcomes than children across the region and England as a whole. In addition, this could indicate that children and families in these wards may be particularly sensitive to changes affecting access to healthy food, opportunities for physical activity and safe, accessible open space. This inequality supports the North Yorkshire Joint Local Health and Wellbeing Strategy's emphasis on prevention, giving children the best start in life, creating health-supporting places and reducing differences in health outcomes between communities.

2.8 Mental health

- 2.8.1 Mental health and physical health are intricately linked; poor physical health can cause mental health problems and vice versa. Those that suffer from obesity, substance misuse, smoking, cancer and cardiovascular disease are particularly likely to also have a mental health problem.
- 2.8.2 Having a chronic physical condition is also associated with having a lower level of mental wellbeing. Chronic health conditions (including asthma, cancer and high blood pressure) have a strong association with mental ill-health (Ref 15). In people with severe "common medical disorders (CMD)", 37% reported a chronic physical condition (Ref 15).

- 2.8.3 Improving mental health has also been identified as a priority within the North Yorkshire Health Joint Local Health and Wellbeing Strategy (Ref 11).
- 2.8.4 Suicide is a significant cause of death in young adults (when considering the overall mortality rate of this group) and is an indicator of underlying rates of mental ill-health. Suicide rates in the Yorkshire and Humber Region (12.7 per 100,000 resident population) is greater than rates at the national level (10.9 per 100,000 resident population).
- 2.8.5 Data from OHID Health Profiles suggests that the standardised ratio of emergency hospital admissions for intentional self-harm is lower in Yorkshire and the Humber region, when compared to the national average (114.2 per 100,000 resident population versus 117 per 100,000 resident population).
- 2.8.6 A measure of mental health is provided by the Small Area Mental Health Index (2022) (Ref 17). This provides an overall mental health score and rank for Lower Super Output Areas (LSOAs) across England, with 1 being the least deprived decile in the country and 10 being the most.
- 2.8.7 The LSOAs directly affected by the Proposed Development (within the Order Limits) are as follows:
- 1) Selby 003C is in the 2nd decile
 - 2) Selby 003F is in the 3rd decile
 - 3) Selby 002C is in the 3rd decile
 - 4) Selby 006B is in the 6th decile
 - 5) Selby 007D is in the 3rd decile
 - 6) Selby 009C is in the 4th decile
 - 7) Selby 009D is in the 3rd decile
 - 8) Selby 004H is in the 3rd decile
 - 9) Selby 004I is in the 4th decile
 - 10) Selby 009A is in the 6th decile
 - 11) Selby 007E is in the 5th decile

2.9 Deprivation associated with poor health

- 2.9.1 A measure of social deprivation is provided by the 2025 English Indices of Multiple Deprivation (IMD) (Ref 16). This provides an overall deprivation score and rank for LSOAs across England by building upon seven distinct domains of deprivation, with 1% being the most deprived in the country and 100% being the least.
- 2.9.2 The LSOAs directly affected by the Proposed Development (within the Order Limits) and their relative levels of overall deprivation are as follows:
- 1) Selby 003C is less deprived than 67% of neighbourhoods in England

- 2) Selby 003F is less deprived than 81% of neighbourhoods in England
- 3) Selby 002C is less deprived than 68% of neighbourhoods in England
- 4) Selby 006B is more deprived than 66% of neighbourhoods in England
- 5) Selby 007D is less deprived than 70% of neighbourhoods in England
- 6) Selby 009C is less deprived than 83% of neighbourhoods in England
- 7) Selby 009D is less deprived than 85% of neighbourhoods in England
- 8) Selby 004H is less deprived than 62% of neighbourhoods in England
- 9) Selby 004I is less deprived than 85% of neighbourhoods in England
- 10) Selby 009A is less deprived than 54% of neighbourhoods in England
- 11) Selby 007E is less deprived than 60% of neighbourhoods in England.

2.10 Health and disability

- 2.10.1 A measure of health and disability is provided by the 2025 English Indices of Health and Disability (Ref 16). This provides a health and disability score and rank for LSOAs across England, with 1% being the most deprived in the country and 100% being the least.
- 2.10.2 The LSOAs directly affected by the Proposed Development (within the Order Limits) and their relative levels of overall deprivation are as follows:
 - 1) Selby 003C is less deprived than 81% of neighbourhoods in England
 - 2) Selby 003F is less deprived than 84% of neighbourhoods in England
 - 3) Selby 002C is less deprived than 81% of neighbourhoods in England
 - 4) Selby 006B is more deprived than 65% of neighbourhoods in England
 - 5) Selby 007D is less deprived than 80% of neighbourhoods in England
 - 6) Selby 009C is less deprived than 90% of neighbourhoods in England
 - 7) Selby 009D is less deprived than 94% of neighbourhoods in England
 - 8) Selby 004H is less deprived than 72% of neighbourhoods in England
 - 9) Selby 004I is less deprived than 76% of neighbourhoods in England
 - 10) Selby 009A is less deprived than 67% of neighbourhoods in England
 - 11) Selby 007E is less deprived than 65% of neighbourhoods in England.

2.11 Community receptors

- 2.11.1 Community and recreational receptors that have the potential to be impacted by the Proposed Development are identified in the **Equality Impact Assessment [APP-212]** and also within **Appendix 13.1 Socioeconomic Receptors Impact Assessment (ES Volume 3) [APP-177]**. The geographical locations of these potential receptors were displayed visually in **Potential Equalities Impact**

Assessment Receptors Figure 1 [APP-213]. These receptors are likely to serve populations defined as protected under the Equality Act and align with what would be defined as ‘vulnerable groups’ under health assessment guidance. Receptors include a number of schools, children’s nurseries, recreational grounds and play areas, sports clubs and community centre or village halls.

2.12 Conclusion of health baseline

- 2.12.1 Based on the health and social data identified above, the general population affected by the Proposed Development is considered to have medium sensitivity to health effects.

3 Summary of the assessment of effects on health determinants

3.1 Overview

- 3.1.1 This section summarises the assessment of effects on health determinants reported within the ES and describes how human receptors are considered in the assessment. The potential for effects on health and wellbeing at population level is then assessed, in line with ISEP Guidance [Ref 1] [Ref 2] (refer to Annex A for the Impact Assessment Methodology).
- 3.1.2 The ISEP Guidance provides criteria for assessing the magnitude of effects on health determinants and the sensitivity of the receptor populations. A framework is provided to identify the significance of effects, using professional judgement and available evidence. Effects on vulnerable groups have been considered separately to the general population.
- 3.1.3 The assessment of effects on health determinants has been undertaken for both construction and operation. It is assumed that decommissioning, will be at worst, equivalent to the construction effects, and as such are not presented separately in this section.

3.2 Noise

Health pathways

- 3.2.1 Noise influences sleep, stress and anxiety, blood pressure, mental wellbeing and quality of life. It can affect the perceived pleasantness of outdoor spaces and how they are used by the community, leading to indirect effects such as changes in participation in outdoor activities.
- 3.2.2 Groups who may be particularly vulnerable to adverse effects from environmental noise include people with impaired sight or hearing, people with mental health conditions or neurodiversity, and those whose lifestyle or activities make them more likely to experience adverse effects such as shift workers, retired people and people who are studying.

Embedded Mitigation

- 3.2.3 The Applicant will comply with detailed Construction Environmental Management Plans (CEMPs) developed by the Contractor(s) in relation to construction activities. Mitigation measures included in the ES will be required to be implemented through these plans.
- 3.2.4 Section 2.6 of the **oCEMP [REP2-089]** secures measures for the control of noise and vibration, including mitigation included in the ES. This includes (but is not limited to) ensuring construction plant and methods conform to relevant standards, use of acoustic screening and silencers, and planning and

programming of deliveries and noisy construction activities. The Contractor(s) will sign up to the Considerate Constructors Scheme (CCS).

- 3.2.5 The layout of the Proposed Development has been designed to minimise noise impacts at sensitive receptors as far as practicable. This has included sensitive location of Conversion Units, plant orientation, noise barriers around BESS site, selection of plant and reduced operational load of plant, where practicable. Further mitigation and management measures are provided in the **oOEMP [REP2-091]** for operational noise and vibration.

Summary of noise effects

- 3.2.6 The **ES Chapter 11 Noise and vibration (ES Volume 1) [APP-049]** assesses the likely significant construction and operational noise effects at sensitive receptors where there is a potential for people to be adversely affected by noise. These include residential properties, commercial and community uses (such as educational and medical facilities, places of worship, public open spaces and PRoW). The assessment considers the 'lowest observed adverse effect level' (LOAEL) and 'significant observed effect level' (SOAEL), which are defined by reference to national policy including Noise Policy Statement for England (NPSE) and UK Government Guidance on Noise (Noise exposure hierarchy table) and take into account the effects of noise on health and quality of life as well as changes in behaviour. The assessment has found that there are no significant residual construction or operational effects on noise at any sensitive receptors.

Effects on population health

- 3.2.7 Taking into account secured noise mitigation measures, including site selection and layout, and acoustic screening of BESS units, the residual noise effects identified in Chapter 11 of the ES are below the threshold assessed to be 'significant' during both construction and operation.
- 3.2.8 The assessment identifies minor (not significant) residual effects from construction traffic at sensitive receptors in close proximity to construction works and construction traffic routes. The changes in noise levels associated with these effects may be noticeable and could result in a perceived reduction in environmental amenity for some residents, occupants and users of the affected receptors. These effects will be localised and temporary. This is assessed as a low magnitude of effect on a medium sensitivity population, resulting in a minor (not significant) adverse effect on health and wellbeing. No specific effects on vulnerable groups are identified.
- 3.2.9 Taking into account embedded mitigation, including noise barriers, there will be no noise effects associated with the operation of the main sites or operational traffic. Maintenance activities will generate noise periodically, for short periods. This is assessed as a negligible magnitude of effect on a medium sensitivity population, leading to a negligible effect on health and wellbeing. There are no adverse effects on resources used by more vulnerable groups (such as schools, care homes or medical facilities).

3.3 Air quality

Health pathways

- 3.3.1 Poor air quality is strongly linked to respiratory and cardiovascular health problems. Concerns about air quality may also influence choices that affect health indirectly, such as the decision to use public spaces or engagement in active travel.
- 3.3.2 Groups who may be particularly vulnerable to adverse effects from poor air quality include people with existing health conditions and children.

Embedded Mitigation

- 3.3.3 Air Quality is scoped out of the Environmental Statement (ES) as there are no significant sources of emissions. Standard mitigation measures to control dust and other emissions during construction are set out in **Construction Dust Assessment [APP-183]**, **oCEMP [REP2-089]**, **oCTMP [REP2-103]**, **Outline Decommissioning Management Plan (oDEMP) [REP2-093]** and the **Outline Battery Safety Management Plan (oBSMP) [REP2-097]**.

Summary of air quality effects

- 3.3.4 Air quality has been scoped out as a topic chapter on the basis that no there are no significant sources of air emissions during normal operation, and construction vehicle movements do not exceed the Institute of Air Quality Management (IAQM) thresholds (Ref 22). These thresholds are based on links to human health effects.
- 3.3.5 Construction dust impacts have been considered and assessed using the qualitative approach described in the latest IAQM guidance (Ref 22) (refer to **Chapter 16: Other Environmental Matters (ES Volume 1) [REP2-045]**). The IAQM guidance considers the potential for dust emissions from activities such as demolition of existing structures, earthworks, construction of new structures and trackout. For each dust-generating activity, the guidance considers the risk of health effects due to a significant increase in PM10 exposure. Taking into consideration the dust emission magnitude and the sensitivity of the area, the assessment shows that the Proposed Development has been classified as low risk to human health, prior to the implementation of mitigation measures. The dust emitting activities will be greatly reduced or eliminated by applying the site-specific mitigation measures, outlined in the **oCEMP [REP2-089]** such that there is likely to be no significant effects on receptors from dust-generating activities.
- 3.3.6 BESS fire emission modelling has been undertaken (refer to **Appendix 16.5 BESS Fire Emissions Modelling Technical Note, ES Volume 3 [APP-187]** and **Chapter 16: Other Environmental Matters, ES Volume 1, Section 16.5 [REP2-045]**) and looks at the potential health effects related to air emission resulting from a BESS fire incident. The assessment compares predicted concentrations against Acute Exposure Guidance Levels (AEGs). The assessment concludes

that the predicted maximum PM10 concentrations were all well below the 8-hour HSE WEL and the predicted maximum CO concentrations were well below the relevant WHO guideline values for all exposure periods. All other pollutant maximum concentrations were well below AEGL level 1 (notable discomfort, irritation, or certain asymptomatic non-sensory effects) for all exposure periods. Based on the factors of distance to the nearest locations of human exposure and the anticipated short-term nature of a fire incident, whilst there is a low risk of adverse air quality effects at the closest receptors the assessment concluded that there would be no significant air quality effects as a result of a BESS fire incident.

- 3.3.7 On this basis no potential effects on population health associated with air quality are identified.

Effects on population health

- 3.3.8 Emissions of air pollutants during construction and operation of the Proposed Development will be minimal. This is assessed as a negligible magnitude of effect on a medium sensitivity population, leading to a negligible effect on population health and wellbeing.

3.4 Visual amenity

Health pathways

- 3.4.1 Visual amenity affects people's mental wellbeing, enjoyment of and attachment to places. More visually appealing streets, PRoW, greenspace and other public realm can incentivise people to use these spaces and increase the health and wellbeing benefits for users.
- 3.4.2 No specific groups are identified as being more likely to experience adverse effects on health and wellbeing in relation to visual amenity.

Embedded Mitigation

- 3.4.3 The Proposed Development has been designed through an environmentally led, iterative design process. Landscape design has minimised the visibility and perceived scale and mass of the Proposed Development, with offsets and setbacks to sensitive receptors, a minimum 15m offset from all infrastructure to PRoW, screening, design of security fencing to minimise its visible prominence, subdued colour and finish of the BESS noise barrier, screening of construction compounds by existing and new planting, retention of existing woodland and hedgerows wherever possible, and inclusion of new green infrastructure. These commitments are secured via the **Design Parameters and Commitments Document [REP2-021]**, **Works Plans [AS-004]**, **oCEMP [REP2-089]**, **oOEMP [REP2-091]** and **oDEMP [REP2-093]**.
- 3.4.4 During operation, no part of the Proposed Development will be continuously lit (commitment secured via the **oOEMP [REP2-091]**). The use of motion detection security lighting to avoid permanent lighting will be utilised within the substation and BESS area and a sensitive lighting scheme will be developed ensuring

inward distribution of light and avoiding light spill onto existing boundary features. Lighting will also be directed downward, away from boundaries.

Summary of visual effects

- 3.4.5 An assessment of impacts on visual amenity is provided in **Chapter 10: Landscape and Visual (ES Volume 1) [APP-048]**.
- 3.4.6 In Year 1 of construction there will be significant adverse residual effects for people using 17 local PRow, drivers on seven local roads and residents of eight properties (or small groups of properties) close to the sites. These effects will reduce over time as the works are completed and new planting is established.
- 3.4.7 During Year 1 of operation, there will be significant adverse residual effects for users of 17 PRow (reducing to four at Year 15), drivers on three local roads (reducing to none by Year 15), and residents of six properties (or small groups of properties) close to the sites, reducing to one by Year 15.

Effects on population health

- 3.4.8 Visual changes arising from the Proposed Development are likely to be perceived by some people in the community as changing the rural character of the area, which can affect wellbeing through changes to people's perceived quality of life and sense of place. However, as most of the significant effects are temporary construction effects, and most people will experience views of the Proposed Development briefly when travelling by vehicle or from rural PRow, the magnitude of visual effects at population level is assessed as low. Assuming a medium level of sensitivity, this would result in a minor adverse (not significant) effect on population health and wellbeing. No specific effects on vulnerable groups are identified.

3.5 Traffic and movement

Health pathways

- 3.5.1 Transport affects health through access to services and amenities, employment, and social networks. Heavy traffic can make streets less appealing, deter pedestrians and cyclists and cause safety concerns.
- 3.5.2 Groups who may be particularly vulnerable to adverse effects from impacts on traffic and movement include:
 - 1) People with impaired sight, hearing or mobility and older people, who may find it more difficult to navigate streets and cross roads;
 - 2) Children, who are more likely to be pedestrians and to experience road traffic accidents;
 - 3) People in rural areas who travel to access services and facilities; and
 - 4) People on low incomes or without access to a private vehicle, who are more reliant on public transport.

Embedded mitigation

- 3.5.3 Construction traffic will be managed in accordance with detailed Construction Traffic Management Plans (CTMPs) developed by the Contractor(s). Mitigation measures included in the ES will be required to be implemented through these plans. The **Outline CTMP (oCTMP) [REP2-103]** describes how the measures identified in the ES for managing construction traffic from the Proposed Development will be implemented. This includes methods for the management of construction traffic and staff vehicles, and monitoring to ensure measures are carried out, and that they are effective. Specific measures include (but are not limited to): providing suitable points of access, protection/ separation between PRow and construction routes, restricting construction vehicle movements to suitable routes and times, undertaking improvement works as necessary, and implementing temporary traffic management where required.
- 3.5.4 As part of ongoing engagement with the Local Planning Authority and the Applicant, it is agreed that the Applicant will provide an updated oCTMP for DCO Deadline 4, which will include commitments in principle for managing construction traffic with more information about protection of vulnerable road users. In addition, information regarding signage, access arrangements, passing places, use of banksmen and provisions for community liaison will be enhanced.
- 3.5.5 No mitigation is identified for operation due to the low number of traffic movements generated during operation.

Summary of traffic and movement effects

- 3.5.6 **Chapter 14: Traffic and Movement (ES Volume 1) [REP2-041]** provides an assessment of effects on severance, driver and pedestrian delay, pedestrian and cyclist amenity, fear and intimidation, and abnormal loads during construction. No significant residual adverse effects are identified.
- 3.5.7 Routing operational traffic and movement effects have been scoped out of the ES due to the low number of traffic movements generated by operation and maintenance of the Proposed Development. Traffic associated with replacement activities is expected to be lower than traffic generated by the construction phase (refer to **Appendix 14.1: Transport Assessment (ES Volume 3) [REP2-077]**).

Effects on population health

- 3.5.8 Taking account of committed mitigation measures, the traffic generated by the construction of the Proposed Development is not expected to cause delays to drivers on the local roads or impede or deter pedestrians, cyclists or other non-motorised road users. The effects of construction traffic on the general population is therefore assessed as a negligible magnitude of effect on a medium sensitivity receptor population, resulting in a negligible effect on health and wellbeing.
- 3.5.9 The presence of construction vehicles, including HGVs and abnormal loads, is likely to be noticed by people in the communities close to construction traffic routes, and to be perceived as an adverse change. For vulnerable groups, this

has the potential to give rise to safety concerns and could change behaviours, such as the selection of routes. This is assessed as a low magnitude of effect on a population of high sensitivity, resulting in a minor (not significant) adverse effect on health and wellbeing for vulnerable groups.

3.6 Public rights of way and green space

Health pathways

- 3.6.1 Public rights of way (PRoW) benefit health by providing access to nature, enjoyable routes for participating in exercise and opportunities for socialising. They may also be used as routes to access local facilities and social networks.
- 3.6.2 Groups who may be particularly vulnerable to adverse effects from impacts on PRoW and green space include people with children and people on low incomes who have less access to sports and leisure resources.

Embedded mitigation

- 3.6.3 Embedded mitigation for PRoW and green space includes 15m buffers between the Proposed Development (including construction sites) and existing PRoW. Permanent diversions of three PRoW are required to facilitate the development of Solar Development Site; these have been designed to maintain connectivity and minimise disruption. The design includes the creation of approximately 8km of new permissive paths and circular routes for all users (pedestrians, cyclists and equestrians) to enhance connectivity within the existing PRoW network.
- 3.6.4 Mitigation of construction effects is set out in the **Outline Public Rights of Way Management Plan (PRoWMP) [APP-199]** and includes appropriate signage for diversions, optimisation of the duration and length of any necessary diversions for minimal disruption, measures to maintain PRoW access during construction and appropriate notice to the public ahead of any changes in PRoW access.
- 3.6.5 The Proposed Development has been designed to avoid or minimise the loss of landscape features of value, such as trees, woodland and hedgerows wherever practicable. Any loss will be mitigated with replacement planting as close to the location, type and character of the existing vegetation, as far as reasonably practicable, to reduce effects resulting from such losses. The design also identifies opportunities for landscape restoration and enhancement, by introducing planting which repairs or reinforces existing vegetation patterns and contributes to biodiversity net gain (refer to **Chapter 10: Landscape and Visual (ES Volume 1) [APP-048]**).

Summary of effects on PRoW and green space

- 3.6.6 An assessment of effects on PRoW users is provided in **Chapter 13: Socioeconomics (ES Volume 1) [REP2-039]**. The assessment has found that there are no significant residual effects on PRoW users during construction or operation. Diversions will ensure no loss of access to PRoW during construction

and new permissive paths will link existing PRoW and increase access to wider PRoW network during operation.

- 3.6.7 **Chapter 10: Landscape and Visual (ES Volume 1) [APP-048]** has identified moderate adverse (significant) visual effects from viewpoints on 17 PRoW during construction, reducing to 4 at Year 15 of operation.
- 3.6.8 As described in the **Biodiversity Net Gain (BNG) Report [APP-220]**, **Chapter 6: Biodiversity (ES Volume 1) [REP2-033]** and the **Outline Environmental Masterplan [PDA-003 – 010]**, extensive green infrastructure will be created as part of the Proposed Development. While primarily provided for biodiversity, these new areas of green infrastructure will include public access and new routes, increasing community connectivity and access to green space and nature.

Effects on population health

- 3.6.9 During construction, users of PRoW will be affected by temporary and permanent diversions and reduced amenity due to changes in the visual and noise environment. As PRoW access will be maintained throughout construction, the ability to use the local PRoW network will not be restricted. However, changes to routes and amenity are likely to be detrimental to users, reducing the benefits gained from access to tranquil green space. For some users, these changes may lead to a change in route or deter participation in PRoW use. The effects on PRoW will be localised, and there are alternative PRoW in the local area that will not be impacted. Therefore, this is assessed as a low magnitude of impact on the quality and availability of local PRoW, affecting a population of medium sensitivity, resulting in a minor (not significant) adverse effect on population health and wellbeing for both the general population and vulnerable groups.
- 3.6.10 During operation, changes to the visual amenity of PRoW are likely to be perceived as negative by many users, whilst the choice and connectivity of PRoW will be increased. This is assessed as a negligible magnitude of impact on a population of medium sensitivity, resulting in a negligible effect on population health and wellbeing.
- 3.6.11 The statutory Biodiversity Net Gain regime (although it does not yet apply to NSIPs) requires that all habitats are secured for 30 years post completion. The DCO requires that the created habitats must be managed in line with the detailed LEMP(s) over the lifetime of the Proposed Development, which comprises 60 years. This long-term commitment to the establishment, enhancement and maintenance of habitats is expected to provide benefits to biodiversity and associated ecosystem services that support population health and wellbeing. Therefore, the impact is assessed as a medium magnitude on a population of medium sensitivity, resulting in a moderate beneficial effect on population health and wellbeing.

3.7 Employment

Health pathways

- 3.7.1 There is evidence that employment influences health. The effects are related to psychological and social factors, and access to the resources that support good health such as diet and other essentials, fuel, housing, sports and leisure etc. Good quality work protects against social exclusion through the provision of income, social interaction, a core role and identity and purpose. Therefore, the generation of secure, fulfilling jobs is beneficial to mental and physical health outcomes.
- 3.7.2 Groups who may be particularly vulnerable to adverse or beneficial effects associated with employment and income include people on low incomes, long-term unemployed or in insecure or low paid work, children in low-income families and young people seeking employment.

Embedded mitigation

- 3.7.3 The **Outline Skills, Supply Chain and Employment Plan [APP-202]** sets out how the Applicant will commit to promoting competition, innovation, and skills within the local and regional areas of the Proposed Development and across the wider local authority area of North Yorkshire Council. This includes measures to prioritise local recruitment wherever practicable, promote workforce diversity and proactively engage with local businesses to strengthen local supply chain participation. Other measures are to enhance skills and development include promoting apprenticeship schemes and vocational training, offering academic support and site-based learning opportunities, and delivering STEM education initiatives and career advice for young people.

Summary of employment effects

- 3.7.4 An assessment of effects on employment is provided in **Chapter 13 Socioeconomics (ES Volume 1) [REP2-039]**. This identified a minor (not significant) beneficial effect from employment during the lifespan of the Proposed Development (construction, operation and decommissioning).
- 3.7.5 Based on the phasing assumptions and the Applicant's experience of other similar sized solar projects, it is currently anticipated that the Proposed Development would generate a peak of 770 construction workers and 298 Full Time Equivalent (FTE) jobs during the construction phase. An average of 385 construction workers is anticipated to be working across the seven Solar Development Sites during the day, as well as a peak of approximately 120 construction workers (46.5 FTE) distributed along the Cable Route Corridor, with an additional peak of 35 staff delivering equipment to the Site.
- 3.7.6 No permanent on-site staff will be required to operate the Proposed Development. 15 FTE staff jobs would be required, which would not be based onsite. It is anticipated that the Proposed Development will create 188 FTE

employees during replacement activities, with a peak month requiring up to 541 construction workers onsite during the replacement activities.

- 3.7.7 While these numbers may benefit individuals who are employed as a result of the Proposed Development, the scale of effect is not considered to be potentially significant for health and wellbeing at the population scale.

Effects on population health

- 3.7.8 Where new jobs in the construction and operation of the Proposed Development are taken up by people from the local community, this has the potential to improve their employment status, potentially increasing income, job security and skills. For vulnerable groups whose health and wellbeing is currently compromised by low income, unemployment or insecure employment, this may result in a beneficial health effect. Such benefits are considered to potentially be felt by a small number of individuals within the local community. For the general population, this is assessed as a negligible magnitude of effect on a population of medium sensitivity, resulting in a negligible effect on health and wellbeing.
- 3.7.9 For the potentially small number of vulnerable individuals who may benefit from employment and training opportunities, this is assessed as a low magnitude of effect on a population of high sensitivity, resulting in a minor (not significant) beneficial health effect at population level.

3.8 Housing

Health pathways

- 3.8.1 The presence of a construction workforce can increase demand for temporary housing, affecting prices and availability for the local community. There is evidence that access to safe, adequate and affordable housing has positive implications for mental and physical health. Poor quality or insecure housing is associated with negative health outcomes, stress and community separation.
- 3.8.2 Groups who may be particularly vulnerable to effects on housing include people on low incomes, those on social housing waiting lists, social housing tenants and private rental tenants, particularly those who have children or other dependents, who are older or who have health conditions or disabilities.

Embedded mitigation

- 3.8.3 The **oCEMP [REP2-089]** includes a commitment that the Contractor(s) will provide support for construction workers to find suitable accommodation such as private rental, hotels, or other serviced accommodation, in locations where the impact on local residents and visitors can be minimised.

Summary of housing effects

- 3.8.4 The ES reported a minor adverse (not significant) effect on access to accommodation as a result of increased demand from construction workers.

Workers moving into the area are likely to stay in urban areas such as Castleford and Leeds, and therefore any additional demand for housing will be widely distributed and is not likely to impact on housing cost or availability.

Effects on population health

- 3.8.5 Based on the minor adverse effect on housing identified, a low magnitude of effect is predicted on a population of medium sensitivity, resulting in a minor (not significant) effect on population health.

3.9 Local services and amenities

Health pathways

- 3.9.1 The presence of a construction workforce can increase demand for local services and amenities with negative effects on capacity for the local population and positive effects on revenues to sustain these resources. Traffic and transport impacts can also affect access to facilities. Health and social care play a vital role in supporting wellbeing and reducing health inequalities. Other community facilities such as libraries, leisure centres, and meeting spaces foster social interaction, reduce isolation, and promote mental health and resilience.
- 3.9.2 Groups who are particularly reliant on local services and amenities include older people, children, people on low incomes and people with mental or physical health conditions or disabilities.

Embedded mitigation

- 3.9.3 The Proposed Development has been designed through an environmentally led, iterative design process which has avoided direct impacts on local services and amenities through the design and layout. The **oCTMP [REP2-103]** sets out traffic management measures that will prevent significant delays that could affect access to local services and amenities.
- 3.9.4 As set out in the **oCEMP [REP2-089]**, additional mitigation is proposed for receptors identified as requiring specific mitigation to minimise effects during construction which includes managing HGV movements to avoid peak visitor times, providing advance notice of high-activity periods and managing activities that might result in excessive noise or visual disturbances.

Summary of effects on local services

- 3.9.5 No significant residual adverse effects on traffic and movement are identified and therefore access to local services by private vehicle or other transport modes will not be affected.
- 3.9.6 The ES did not include an assessment of effects on demand for local services from the construction workforce as no potential direct effects, such as discontinuation of services, or indirect effects such as reduced access or increased demand, were identified. Construction workers moving into the area

are likely to stay in urban areas such as Castleford and Leeds, and therefore any additional demand for services will be widely distributed is not likely to impact on capacity.

Effects on population health

- 3.9.7 No effects on access to local services and amenities has been identified and therefore there are no potential effects on population health.

3.10 Electromagnetic Fields

Health pathways

- 3.10.1 All electrical equipment emits electric and magnetic radiation. Power cables produce both electric and magnetic fields which can potentially affect human health. The potential effects on human health caused by time-varying magnetic fields are due to induced current on functions of the central nervous system.
- 3.10.2 All groups are considered sensitive to adverse health effects from exposure to electromagnetic fields above safe levels.

Embedded mitigation

- 3.10.3 The Proposed Development has been designed to comply with safety limits for exposure to EMF, in line with public exposure limits in UK policy, which define reference levels for electric and magnetic fields. The proposed substations and BESS are located over 350m from the nearest dwellings, with equipment housed in protective enclosures to minimise radiation. All relevant equipment installed as part of the proposed substations shall be 'UKCA' marked. Cables will be buried at a minimum of 1.2m depth (refer to the **Cable Route Method Statement [APP-147]** for details).
- 3.10.4 UK policy complies with the 1998 ICNIRP (International Commission on the Non-Ionizing Radiation Protection) guidelines in terms of the 1999 EU Recommendation. These limits prevent any known adverse health effects from EMF exposure.

Summary of EMF effects

- 3.10.5 The potential effects on human health from EMF have been assessed within **ES Volume 3, Appendix 16.6 [APP-188]** and summarised in **ES Volume 1, Chapter 16: Other Environmental Matters [REP2-045]**.
- 3.10.6 This assessment demonstrated that electric and magnetic field levels produced by the 275 kV cables are compliant with UK policy. They will be significantly below the reference value at the closest identified dwellings. For users of PRoWs, any radiation effects would be minimal and not significant in EIA terms as effects would be below the reference thresholds and these are not continually occupied.
- 3.10.7 It is acknowledged there are existing 400 kV overhead powerlines operating within the Order Limits, there will be a cumulative impact where the Proposed

Development cables cross beneath them. The ICNIRP guidelines (Ref 6) for public exposure limits recommend a minimum clearance distance of 15 m, which is a distance the nearest residential receptor achieves. With the exception of the point where the Cable Route Corridor crosses under the existing overhead lines, it is typically located over 500 m from the existing overhead lines at its nearest point and will therefore have no significant cumulative impact with the overhead lines. For users of PRow, any radiation effects would be minimal and not significant in EIA terms.

- 3.10.8 Radiation effects from conversion units will not be significant due to the standards applied and the fact they will be housed in protective enclosures and located at least 15 m from any PRow.
- 3.10.9 Radiation from the proposed substations and BESS will also not be significant as they will be located over 350 m from any surrounding dwellings and workplaces. For users of PRow, any radiation effects would be minimal due to their transient nature.

Effects on population health

- 3.10.10 Compliance with the policy and standards described above will ensure there are no adverse health effects from EMF exposure during the construction or operation of the Proposed Development.

4 In-combination and cumulative effects

- 4.1.1 'In-combination effects', or inter-project effects, are the combined effects of individual impacts from the Proposed Development. Cumulative effects are the effects of the Proposed Development combined with other planned or current developments. In-combination and cumulative assessment considers whether these combined effects will result in a new or different likely significant impacts that are different from, or greater than, the sum of the individual effects.
- 4.1.2 In-combination effects are assessed in **ES Chapter 17: Cumulative and In-Combination Effects [REP2-047]**.

4.2 Summary of in-combination effects on health determinants

- 4.2.1 Tables 17-8 and 17-9 of **Chapter 17 (ES Volume 1) [REP2-047]** describe the potential for significant in-combination effects on localised groups of receptors identified in the ES as a result of traffic, dust, visual, noise, vibration, glint and glare during construction and operation respectively. This assessment focuses on human receptors (residents, and local community using community facilities). The receptors where significant individual environmental effects have been identified include primarily residential receptors, viewpoints from the local PRow and road network. For all groups of receptors, the assessment concludes that the in-combination effect is not expected to increase the significance of effects predicted in the ES.
- 4.2.2 The in-combination assessment concludes that there are no residual effects on receptor groups that would combine to produce a more significant effect than the topic related effects already identified for each receptor group.

4.3 Effects on population health resulting from in-combination effects

- 4.3.1 The in-combination assessment presented in **Chapter 17 (ES Volume 1) [REP2-047]** considers effects on common receptors, such as viewpoints or groups of sensitive community receptors. Consideration of in-combination effects on health and wellbeing considers that people travelling around the local area in the course of their daily activities may experience multiple effects from the Proposed Development in different locations and at different times.

In-combination effects from localised noise, visual and traffic effects during the construction of the Proposed Development are likely to be experienced by the local community. For some individuals, this may result in a perceived reduction in quality of life associated with the amenity and character of their neighbourhood. Due to the localised and temporary nature of construction effects, this is considered to be a low magnitude effect on a population of medium sensitivity, resulting in a minor (not significant) adverse effect on population health and wellbeing.

4.4 Summary of cumulative effects on health determinants

Overview

- 4.4.1 Cumulative effects are where there is the potential for two or more developments that are reasonably foreseeable and / or consented, but not yet forming part of the baseline environment, within close enough proximity to the Proposed Development to lead to significant cumulative effects on the same receptor. ES Chapters 5 to 16 (ES Volume 1) assess where there are cumulative effects, with a summary provided in this technical note for effects on health determinants.

Cumulative noise effects

- 4.4.2 No cumulative construction or operational noise effects were identified in the LVS cumulative noise assessment.
- 4.4.3 There are no common receptors that would be affected by noise from LVS and other cumulative schemes during construction or operation. Where construction programmes overlap, noise from more than one project may be experienced by people as they move around the local and wider area.

Cumulative air quality effects

- 4.4.4 Cumulative impacts on air quality have not been considered in the LVS ES, as air quality impacts from vehicle emissions and operational plant emissions were scoped out based on predicted construction and operational traffic movements, which fall below the screening thresholds outlined in the relevant guidance. Therefore, no significant individual or cumulative effects on air quality are expected to arise from the LVS project.

Cumulative visual effects

- 4.4.5 The LVS ES identified multiple significant cumulative visual effects during construction and Year 1 of operation, for residents of local communities, users of local roads and users of PRoW. These significant cumulative effects were a result of five developments (including some small local developments that are not included in this review).

Ferrybridge Next Generation Power Station and Yorkshire Green gave rise to cumulative effects on seven viewpoints (VP 14, 19, 20, 21, 27, 43 and 56) which account for residential views, views from local roads and views from PRoW (35.10/3/1, 35.37/5/1 and 35.10/10/1). Additional cumulative visual effects were identified as a result of schemes not included in this review, including a mushroom and algae cultivation facility (ZG2024/1101/FULM) one small solar development (ZG2023/0481/SCW) and the demolition of existing colliery buildings and the construction of employee floorspace (ZG2025/059/REMM). Together, these developments give rise to cumulative visual effects at one viewpoint (VP 43) which accounts primarily for views for road users and residents.

- 4.4.6 No cumulative visual effects on common receptors were identified as a result of the other large-scale projects. However, as people move around the local and wider area in the course of their normal activities, they may experience multiple adverse visual effects from different schemes.

Cumulative traffic and movement effects

- 4.4.7 Cumulative developments are forecast to generate a significant number of movements onto the local highway network. The LVS traffic model has taken into account future traffic growth, including movements generated by consented developments (primarily Gascoigne Wood, 60m from the LVS Site).
- 4.4.8 There are proposed improvements / road upgrades to accommodate the forecast growth in traffic associated with the committed developments, which would result in a negligible impact on driver and pedestrian delay, which would not be significant. However, if the proposed improvements are not in place prior to commencement of construction for the Proposed Development, and if the trips associated with the committed developments are on the network, then the cumulative impact on driver delay could be categorised as medium to high adverse impact, which would be significant.
- 4.4.9 However, the impact associated with the Proposed Development can be mitigated with measures detailed in the **oCTMP [REP2-103]** including avoiding peak hour travel and the use of alternative routes to access the strategic network. With mitigation to reduce the magnitude of change, the residual cumulative effects would be minor adverse, which is not significant.

Cumulative PRow and green space effects

- 4.4.10 The LVS landscape and visual assessment identified significant adverse cumulative visual effects for users of public footpaths 35.37/5/1, 35.10/3/1 and 35.10/10/1 as a result of the Ferrybridge Next Generation Power Station, which crosses Solar Development Site 4 and Yorkshire Green, 300m south of Solar Development Site 3. No cumulative effects on PRow were identified within the LVS traffic and movement or socio-economics chapters.
- 4.4.11 It is likely that some users will encounter affected PRow in more than one location, resulting from more than one different development, as they make use of the wider PRow network. This may occur on different occasions, or a single occasion (for example during a long-distance walk). There is therefore potentially a cumulative effect on PRow users as a result of LVS in combination with other proposed developments, particularly those located close by such as Hillam Grange and Gascoigne Wood.
- 4.4.12 Due to the mitigation proposed in the ES to reduce adverse effects on PRow and the wide availability of alternative routes, the magnitude of cumulative effect on users of the wider PRow network is considered to be minor.

Cumulative employment effects

- 4.4.13 The LVS ES identified a minor (not significant) beneficial effect due to the creation of 385 construction jobs per year during the 36-month construction period, of which approximately 231 are likely to live locally (within the Study Area), and 231 will be from outside the Study Area. No significant cumulative employment effects were reported in the LVS ES.
- 4.4.14 The LVS ES does not report cumulative employment effects. However, based on the employment effects reported for other large-scale projects, the LVS scheme is considered to contribute to a minor (not significant) beneficial cumulative effect on construction employment opportunities at the population level.

Cumulative housing effects

- 4.4.15 The LVS ES reported a minor adverse (not significant) effect on access to accommodation as a result of increased demand from construction workers. The cumulative assessment in the LVS ES notes that the Proposed Development and the cumulative schemes are located within commuting distance of large urban areas such as Castleford and Leeds and therefore the cumulative demand from construction workers will be small in the context of the overall private rental sector capacity.
- 4.4.16 Based on the conclusions of the ES for LVS and other large-scale projects, the LVS scheme is considered to contribute to a minor (not significant) adverse cumulative effect on access to residential accommodation during construction.

Cumulative effects on services and amenities

- 4.4.17 The LVS ES did not include an assessment of effects on demand for local services from the construction workforce as no potential direct effects, such as discontinuation of services, or indirect effects such as reduced access or increased demand, were identified. Similarly, no cumulative impacts on local services and amenities were identified.
- 4.4.18 As the majority of the construction workforce are likely to live in urban areas such as Castleford and Leeds, any additional demand for services will be widely distributed and does not have the potential to impact on capacity. Based on this and the similar findings of the assessments for other large-scale projects, the LVS scheme is considered as a worst case to contribute to an overall minor (not significant) adverse cumulative effect on access to services and amenities during construction.

4.5 Cumulative effects on population health

- 4.5.1 When communities experience multiple adverse effects on health determinants, either from a single project or from more than one project, this can exacerbate negative feelings about the quality and character of the local area, sense of place and quality of life. This can lead to responses such as frustration and stress in some individuals, with adverse consequences for health and wellbeing.

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- 4.5.2 The cumulative assessment summarised above has considered effects on common receptors, such as viewpoints or groups of sensitive community receptors. Consideration of cumulative effects on health and wellbeing considers that people travelling around the local area in the course of their daily activities may experience multiple effects from the Proposed Development and other projects in different locations and at different times.
- 4.5.3 Cumulative effects from localised noise, visual and traffic effects during the construction of the Proposed Development and other projects are likely to be experienced by the local community. For some individuals, this may result in a perceived reduction in quality of life associated with the amenity and character of their neighbourhood. Due to the localised and temporary nature of construction effects, this is considered to be a low magnitude effect on a population of medium sensitivity, resulting in a minor (not significant) adverse effect on population health and wellbeing.

5 Mental health and wellbeing

5.1 Considering mental health and wellbeing

5.1.1 Evidence shows that there are four key types of 'protective factor' for mental health. These factors may be influenced by development projects; for example:

- 1) Sense of control – may be reduced when communities feel that there are changes to their environment that they are not able to influence or prevent.
- 2) Emotional resilience and community assets, including social relationships and networks – may be influenced either directly (e.g. through the presence of a construction workforce or occupants of a new development in the community) or indirectly through changes to people's behaviours or relationships as a result of the impacts of a scheme.
- 3) Participation and inclusion, including a sense of belonging, having a valued role and practical support to participate – may be influenced by the degree to which communities are involved in the development of a proposed scheme, or in opposition groups.
- 4) Wider socio-economic factors including income, employment, environment, housing and education – may influence mental wellbeing through a wide range of pathways resulting from a proposed scheme.

5.1.2 The ISEP Guidance on assessing health in EIA gives parity to mental and physical health outcomes. The review of health effects above has considered potential effects on mental health, including wellbeing and quality of life, associated with the effects of the Proposed Development on the wider socio-economic and environmental determinants of health.

5.1.3 The ISEP Guidance also notes that effects on mental health can occur during the planning stages of a proposed scheme, due to concerns and uncertainties about the potential effects. Negative effects from other previous or current projects may increase the sensitivity of the community, particularly during the project planning stages, where past experience can influence perceptions of the potential negative effects of a proposed scheme and may lead to increased stress.

5.1.4 To explore this, a review was undertaken on Phase Two public consultation responses, to identify issues around mental health, stress and wellbeing raised by respondents. This showed that a proportion of respondents were concerned about the effects of the Proposed Development on their health and wellbeing and about the cumulative effects resulting from other projects in the area, particularly solar developments. The following observations were made:

- 1) Of the 330 submissions received at Phase Two, 34 (10%) made reference to the cumulative effects of the Proposed Development in combination with other current and proposed developments in the area.
 - It is noted that through developing the ES, each topic chapter, where relevant, has included a cumulative impact assessment, considering other committed developments in the area and potential added

impacts to aspects such as landscape and visual. Information regarding cumulative effects can be found in ES Volume 1, Chapter 17: Cumulative and In-Combination Effects [APP-055].

- 2) 75 responses (22%) mentioned health, mental health, quality of life and related terms. The issues raised most frequently in relation to health were visual amenity, construction-related traffic and noise, effects on walkers and green space, property values and concerns about the industrialisation of the rural environment.
 - It is noted that effects on health have sought to be reduced through active and focused community engagement throughout the application process, and through development of a suite of management plans, which include measures to reduce effects, including an **Outline Construction Environmental Management Plan (oCEMP) [APP-192]** and **Outline Construction Traffic Management Plan (oCTMP) [APP-201]** and include a commitment to a Community Liaison Officer (CLO) to manage relationships with communities to ensure concerns are being addressed and actioned by the Contractor(s) as well as a Community Liaison Group as a formal forum for local issues to be raised. The Proposed Development will also protect and enhance access to recreational spaces with the protection of PRoW and inclusion of new permissive paths, as secured through the **Outline Landscape and Ecological Management Plan (oLEMP) [APP-195]**.
- 3) In the 34 comments that mentioned cumulative effects, the following issues were also raised:
 - a. 16 responses also referenced 'health', 'wellbeing' and related terms. One of these specifically attributed health effects directly to the cumulative impact of multiple projects in the area.
 - b. 22 responses also referenced environmental determinants of health including traffic, noise and/or air quality.
 - c. 11 responses referenced 'green space' and terms relating to the 'tranquillity', 'peace' etc of the rural environment.

5.1.5 The qualitative, anecdotal evidence obtained from consultation feedback indicates that a proportion of local residents are concerned about effects of the Proposed Development on their health and wellbeing, and also about the cumulative effects of other large-scale developments in the area. While respondents did not, in general, directly connect cumulative effects with health and wellbeing, concerns about cumulative effects were linked with a range of health determinants, most commonly traffic effects.

5.1.6 A significant minority of respondents to the LVS statutory consultation expressed concerns about effects on health and wellbeing, which were mainly focused on mental wellbeing and quality of life. The majority of responses referencing health and wellbeing related this to future effects during construction and operation. While most responses did not link health effects to a specific cause, some mentioned effects on visual amenity, changes to the rural character of the area

and rural way of life as factors likely to affect quality of life and wellbeing for the local community.

- 5.1.7 The review suggests that any effects on the protective factors for mental health are mainly related to the quality of the local environment. Other protective factors that may be impacted include people's sense of control over their local environment, and levels of participation through involvement in the public consultation process. The Applicant has taken measures to mitigate these effects through the transparent reporting of likely significant environmental effects and mitigation in the ES and through community consultation, as described in Section 1.7 of this summary statement.
- 5.1.8 The review of consultation responses suggests that following environment led design, LVS's active engagement and work to resolve issues with near neighbours, there remained concern amongst respondents about the effects of the Proposed Development on quality of life, health and wellbeing at the time of consultation. It is likely that some of these concerns have been exacerbated by perceived cumulative effects from other schemes.
- 5.1.9 It is worth noting that consultation was based on the preliminary design of the Proposed Development and associated impact assessment. Further detail is now provided as part of the ES and available for comment as part of the Examination phase. The additional technical information, including management plans, provides greater clarity to the local community on the appropriate controls in place to reduce potential effects.
- 5.1.10 This is assessed as a low magnitude effect on a population of medium sensitivity, resulting in a minor (not significant) adverse effect on mental wellbeing at population level.

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Annex A Impact Assessment Methodology

A.1. Overview

- A.1.1. This Annex summarises the methodology that has been used for the health and wellbeing summary statement.
- A.1.2. The assessment of likely significant health effects follows ISEP's guidance on Determining Significance for Human Health in Environmental Impact Assessment (Ref 21). Certain principles apply in all cases, including applying a population health approach (i.e. entire groups of people as opposed to the health of individuals), considering effects on health inequalities and vulnerable groups as well as the general population, and giving parity to mental and physical health. The assessment will apply the WHO's definition of health as 'a state of complete physical, mental and social wellbeing and not merely of disease or infirmity'.
- A.1.3. The ISEP guidance (Ref 21) provides indicative criteria to inform judgements of the significance of health effects, based on the magnitude of impacts on health and the sensitivity of the receptor population. It recommends that the use of these terms is supported by a narrative explaining the rationale for the assessment.
- A.1.4. The assessment uses standard categories of magnitude and sensitivity to provide consistency across all EIA aspects. These differ slightly from those in the ISEP guidance (Ref 21). The ISEP guidance for determining magnitude and sensitivity has been adapted to fit with the standardised categories used in this assessment.

A.2. Sensitivity

- A.2.1. The judgement of sensitivity of health effects is driven by a number of factors, which are set out below and are adapted from ISEP guidance (Ref 21). A receptor population may not meet all the criteria in a particular category or may exhibit criteria across two or more categories. Therefore, justification for the selection of the sensitivity criteria detailed in Table A.2-1 has been provided in the assessment.

Table A.2-1 Sensitivity of receptors

Value/Sensitivity	Description
Very high	- communities experiencing severe and widespread deprivation; - critical reliance on scarce resources shared (between the population and the project); - pronounced health inequalities, with substantial gaps between the most and least healthy; - a community where anxiety, fear, or distress is pervasive, and where trust in decision-making is very low;

Value/Sensitivity	Description
	• people significantly restricted in their ability to carry out daily activities; • very high numbers of dependants; • populations with very poor or unstable health status; and/or • groups with extremely limited capacity to adapt, recover, or absorb change.
High	• high levels of deprivation (including pockets of deprivation); • reliance on resources shared (between the population and the project); • existing wide inequalities between the most and least healthy; • a community whose outlook is marked predominantly by anxiety or concern; • people who are prevented from undertaking daily activities; • high number of dependants; • people with very poor health status; and/or • people with a very low capacity to adapt.
Medium	• moderate levels of deprivation; • few alternatives to shared resources; • existing widening inequalities between the most and least healthy; • a community whose outlook is predominantly uncertainty with some concern; • people who are highly limited from undertaking daily activities; • people providing or requiring a lot of care; • people with poor health status; and/or • people with a limited capacity to adapt.
Low	• low levels of deprivation; • many alternatives to shared resources; • existing narrowing inequalities between the most and least healthy; • a community whose outlook is predominantly ambivalence with some concern; • people who are slightly limited from undertaking daily activities; • people providing or requiring some care; • people with fair health status; and/or • people with a high capacity to adapt.
Negligible	• very low levels of deprivation; • no shared resources; • existing narrow inequalities between the most and least healthy; • a community whose outlook is predominantly support with some concern; • people who are not limited from undertaking daily activities;

Value/Sensitivity	Description
	- people who are independent (not a carer or dependant); - people with good health status; and/or - people with a very high capacity to adapt.

A.3. Magnitude

A.3.1. Magnitude of impact is driven by a number of factors, which are set out in Table A.3-2 and are adapted from ISEP guidance (Ref 21). A potential health effect may not meet all of the criteria in a particular category or may exhibit criteria across two or more categories. Therefore, justification for the selection of magnitude criteria has been provided in the assessment.

Table A.3-2 Magnitude of impact

Magnitude	Description
Large	- high exposure or scale; - long-term duration; - continuous frequency; - severity predominantly related to mortality or changes in morbidity (physical or mental health) for very severe illness/injury outcomes; - majority of population affected; - permanent change; and/or - substantial service quality implications.
Medium	- low exposure or medium scale; - medium-term duration; - frequent events; - severity predominantly related to moderate changes in morbidity or major change in quality-of-life; - large minority of population affected; - gradual reversal; and/or - small service quality implications.
Small	- very low exposure or small scale; - short-term duration; - occasional events; - severity predominantly related to minor change in morbidity or moderate change in quality-of-life; - small minority of population affected; - rapid reversal; and/or - slight service quality implications.
Negligible	negligible exposure or scale;

Magnitude	Description
	• very short-term duration; • one-off frequency; • severity predominantly relates to a minor change in quality-of-life; • very few people affected; • immediate reversal once activity complete; and/or • no service quality implication.

A.4. Significance of effects

A.4.1. Effects resulting from construction and operation (and maintenance) of the Project are defined as follows:

- No significant effect (neutral or minor): a receptor or group of receptors may be affected by the Project, but the magnitude of changes to health determinants and sensitivity of the receptor population would not result in a significant effect on population health
- Significant beneficial effect (moderate or major): positive changes to health determinants that would lead to significant population health benefits
- Significant adverse effect (moderate or major): adverse changes to health determinants that would lead to significant population health disbenefits.

A.4.2. ISEP guidance (Ref 21) recommends using a matrix similar to that show in Table A.4-3, which has been used to guide the assessment of significance taking into account the sensitivity of the receptor and the magnitude of the impact.

Table A.4-3 Determination of significance matrix

		Value/Sensitivity of Receptor				
Magnitude of Impact		Very high	High	Medium	Low	Negligible
	Large	Major	Major/moderate	Major/moderate/minor	Moderate/minor	Minor/negligible
	Medium	Major/moderate	Major/moderate	Moderate/minor	Minor/negligible	Negligible
	Small	Major/moderate/minor	Moderate/minor	Moderate/minor	Minor/negligible	Negligible
	Negligible	Minor/negligible	Minor/negligible	Minor/negligible	Negligible	Negligible

A.4.3. The assessment matrix is a tool to assist with professional judgement there are no defined cut-off points between the categories, and no guidance on which

score should be assigned where the matrix provides alternatives. As set out in the ISEP guidance, this is an informed professional judgement of the importance, desirability or acceptability of a change in population health and wellbeing.

A.5. Assessment assumptions and limitations

- A.5.1. The health and wellbeing assessment is qualitative and based on professional judgement, taking account of relevant information such as baseline data including health inequalities and vulnerable groups, impacts identified by other assessment aspects and scientific evidence relating to health determinants and outcomes.
- A.5.2. Data used to define the baseline conditions has been compiled from existing published sources. Assessments are based on the most recent data available for the Study Area at a set point in time. As with any dataset, these conditions may be subject to change over time, which may influence the findings of the assessment. It is assumed that the data collated is accurate.
- A.5.3. The health and wellbeing assessment is reliant on information from other aspects and as such the assumptions and limitations of those aspects may also apply to the health and wellbeing assessment.
- A.5.4. The aggregated data and statistics used to support this assessment cannot be used to make inferences about the health of individuals within the communities assessed.
- A.5.5. The assessment has been undertaken based on the Proposed Development design information and the consideration of conclusions from other related environmental aspect assessments. All assessment work has applied a precautionary principle, in that where limited information is available (in terms of the proposals for the Project), a realistic worst-case scenario is assessed.



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