

South Brooks Solar Farm

Preliminary Environmental Information

Volume 2: Environmental Summary

Chapter 13: Human Health

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13 Human Health

13.1 What is 'health'

13.1.1 The World Health Organisation (WHO) defines health as “*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*”.⁹⁵ This definition recognises that people’s health is influenced by a range of factors and that health can be viewed as a positive state.

13.1.2 Within a health assessment a population health approach is taken. This is recognised as a technical assessment within the field of public health. The approach focuses on the distribution of effects due to a project within the affected communities. A key component is considering the influences on health inequalities due to how effects are experienced differentially or disproportionately by vulnerable groups.

13.1.3 Population health is influenced by a range of wider determinants of health that span environmental, social, behavioural, economic and institutional factors.

13.1.4 The assessment considers effects on physical and mental health, and wellbeing for both the general population and the vulnerable sub-population groups identified through baseline analysis. Table 13-6 sets out the potential likely significant effects for the relevant determinants of health identified at this stage of the Project. The relevant determinants of health are:

13.1.5 Physical activity;

- Transport modes, access and connections;
- Community identity, culture, resilience and influence;
- Employment, income, Education and training;
- Air quality;
- Noise;
- Public understanding of risk; and
- Wider societal infrastructure including Climate change mitigation and adaptation.

13.1.6 The scope of the health assessment also intersects with other environmental assessment topics, which inform and are informed by the health assessment.

⁹⁵ World Health Organisation, 1948. Constitution of the World Health Organisation. Available at: [couv_arabe.indd](#) (Accessed: 26 February 2026).

Relevant topics include Noise and Vibration, Landscape and Visual, Air Quality, Land and Soils, Socio-economics, Transport and Access, Climate Change and Hydrology and Hydrogeology.

13.1.7 There is a statutory requirement to assess the likely significant effects of a development on human health as part of Environmental Impact Assessment. The assessment also integrates a Health Impact Assessment, meeting the local policy requirements. The integrated approach is advocated by national guidance to ensure a proportionate approach that avoids duplication. The term ‘health assessment’ is used in this chapter to describe the integrated approach that covers both the HIA and the EIA Human Health requirements.

13.2 Key Terms

Table 13-1: Key Terms

Term	Definition
Health Impact Assessment	A process which systematically judges the potential, and sometimes unintended, effects of a project, programme, plan, policy or strategy on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to mitigate health risks and to promote health opportunities and guides the establishment of a framework for monitoring and evaluating changes in health as part of sustainable development.
Mental health	A “state in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (World Health Organization, 2022). ⁹⁶
Middle layer Super Output Areas (MSOAs)	Middle layer Super Output Areas (MSOAs) are made up of groups of Lower layer Super Output Areas (LSOAs), usually four or five. They comprise between 2,000 and 6,000 households and have a usually resident population between 5,000 and 15,000 persons. MSOAs fit within local authorities and there are 6,856 MSOAs in England.
Population health	The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

⁹⁶ World Health Organisation, 2022. Mental health: strengthening our response. Available at: [Mental health: strengthening our response](#) (Accessed: 26 February 2026).

Term	Definition
Receptor	For health in EIA, population groups are the primary sensitive receptors as potential changes in health outcomes are assessed at the population level. This comprises the ‘general population’ as well as ‘vulnerable group sub-population’ that represent relevant sensitivities for the determinants of health.
Sensitive receptors	Sensitive receptors are defined by the Institute of Sustainability and Environmental Professionals (ISEP) as population groups, including both geographic populations and vulnerable sub-group populations.
Vulnerable groups	Vulnerable groups comprise of the vulnerabilities due to young age, older age, income, health status, social disadvantage and access or geographic reasons.

13.3 Summary of Points Raised in EIA Scoping Opinion and Project Response

13.3.1 Comments provided by the Planning Inspectorate (PINS) relating to areas to be considered (scoped in) to the health assessment are summarised in Table 13-2.

Table 13-2: PINS Scoping Opinion on Health

Summary of PINS Scoping Opinion	Discipline Feedback	Next Steps
For the health determinant ‘risk taking behaviour’, in relation to all phases, the Inspectorate agrees this can be scoped out of the health assessment.	Agreed.	No further action required.
For the health determinant ‘diet and nutrition’, in relation to all phases, the Inspectorate agrees this can be scoped out of the health assessment provided the ES can demonstrate that the land affected by the Project which is used for arable crops is not	Agreed.	Additional information on the use of arable crops from land affected by the Project will be presented in the ES.

Summary of PINS Scoping Opinion	Discipline Feedback	Next Steps
<p>serving local food stocks.</p>		
<p>For the health determinant ‘transport modes, access and connections as well as links between communities’, in relation to the operational phase, the Inspectorate agrees this can be scoped out of the health assessment provided the ES sets out traffic numbers and anticipated routing.</p>	<p>Agreed.</p>	<p>The ES Transport and Access chapter will set out operational traffic numbers and anticipated routing.</p>
<p>For the health determinant ‘community safety’, in relation to all phases, the Inspectorate agrees this can be scoped out of the health assessment provided the issue of potential BESS fire risk is assessed elsewhere in the ES, including as part of the ‘public understanding of risk’ health determinant.</p>	<p>Agreed.</p>	<p>The issue of BESS fire safety risk will be assessed in the ES. The health assessment ‘public understanding of risk’ health determinant will cross-refer for relevant detail to the Air Quality chapter of the ES. An outline Battery Safety Management Plan (oBSMP) will also be developed and submitted as part of the DCO application.</p>
<p>For the health determinant ‘education and training’, in relation to all phases, the Inspectorate agrees this can be scoped out of the health assessment provided the ES sets out workforce education and training.</p>	<p>Agreed.</p>	<p>The ES Socioeconomics chapter will set out workforce education and training proposals. An early draft of the outline Employment, Skills and Supply Chain Management Plan (oESSCMP) has been published as part of Phase Two Consultation.</p>

Summary of PINS Scoping Opinion	Discipline Feedback	Next Steps
<p>For the health determinant ‘employment and income’, in relation to all phases, the Inspectorate agrees that within this determinant the issues of effects on family structures, and employment and equality for workers and the general population can be scoped out of the health assessment.</p>	<p>Agreed.</p>	<p>The determinant of health ‘employment and income’ remains scoped in only for the specific issue of considering workforce employment opportunities, particularly in relation to targeting access for vulnerable groups.</p>
<p>For the health determinant ‘climate change mitigation and adaptation’, in relation to the construction and decommissioning phases, the Inspectorate agrees the construction phase can be scoped out, but that as the duration of the decommissioning phase is not yet provided, the decommissioning effect is not agreed as scoped out at this stage.</p>	<p>Agreed that this determinant of health is scoped out for the construction phase.</p>	<p>The determinant of health ‘climate change mitigation and adaptation’ remains scoped in for the operational stage. The ES will set out the duration of the decommissioning phase and will provide additional justification that there is not the potential for a likely significant effect in relation to public health associated with decommissioning phase climate change impacts of the Project. This reflects that the scale of activities and embodied carbon within materials associated with the decommissioning phase would not have a degree of influence on climate change that could discernibly affect population health outcomes locally,</p>

Summary of PINS Scoping Opinion	Discipline Feedback	Next Steps
		nationally or globally. This would be the case irrespective of the duration of the decommissioning phase.
For the health determinant 'housing', in relation to all phases, the Inspectorate agrees this can be scoped out of the health assessment.	Agreed.	No further action required.
For the health determinant 'health and social care services', in relation to all phases, the Inspectorate agrees this can be scoped out of the health assessment.	Agreed.	No further action required.
For the health determinant 'relocation', in relation to all phases, the Inspectorate agrees this can be scoped out of the health assessment.	Agreed.	No further action required.
For the health determinant 'community cohesion, social participation, interaction and support', in relation to all phases, the Inspectorate agrees this can be scoped out of the health assessment.	Agreed.	No further action required. The community response to visual landscape change is discussed under the 'community identity, culture, resilience and influence' health determinant.
For the health determinant 'glint and glare', in relation to all phases, the Inspectorate agrees this can be	Agreed.	The ES Landscape and Visual chapter will set out glint and glare effects.

Summary of PINS Scoping Opinion	Discipline Feedback	Next Steps
<p>scoped out of the health assessment on that basis that it is addressed within the ES Landscape and Visual Assessment chapter.</p>		
<p>For the health determinant ‘air quality’, in relation to the operational phase, the Inspectorate agrees this can be scoped out of the health assessment on the basis that the ES demonstrates that the anticipated traffic movements are below the relevant guidance thresholds.</p>	<p>Agreed.</p>	<p>The ES Traffic and Transport chapter will set out operational traffic movements relative to the relevant guidance thresholds.</p>
<p>For the health determinant ‘radiation’, in relation to the operational phase, on the basis that the scope of the assessment does not include consideration of the potential cabling, the Inspectorate considers that the ES should include an assessment of the effects of electromagnetic fields on human health (including an assessment of cumulative effects).</p>	<p>The Scoping Report Table 15.3 justification to scope out the actual public health risks associated with electromagnetic fields (EMF), which is a non-ionising radiation, do include consideration of cabling. The stated approach of compliance with the guidance by the International Commission on Non-Ionizing Radiation Protection (ICNIRP) and Government publication Power Lines: Demonstrating compliance with EMF public exposure guidelines – a voluntary Code of Practice, includes underground cables and overhead</p>	<p>This will be explained in the ES in the ‘understanding of risk’ health determinant and it is not proposed to separately scope in the radiation health determinant.</p>

Summary of PINS Scoping Opinion	Discipline Feedback	Next Steps
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powerlines. Cables and powerlines under 132 kV are inherently compliant by design^{97,98}. Those over 132 kV are designed to meet the ICNIRP guidelines during detailed design work, including crossing or adjoining other electrical infrastructure, and confirmation of this is through the post-consent modelling or monitoring/testing defined by the adopted publication 'Power Lines: Demonstrating compliance with EMF public exposure guidelines – a voluntary Code of Practice'⁹⁹. Cumulative projects will only be consented if they are similarly in compliance with health protection standards relating to EMF, as is Government policy. There is therefore no potential for actual impacts to exceed recognised public health safety standards

⁹⁷ Energy Networks Association. Statement of Compliance of overhead lines operating at 132 kV and below with Public Exposure Limits for Electric and Magnetic Fields. <https://www.emfs.info/sites/g/files/atxybb296/files/Statement%20of%20Compliance%20of%20overhead%20lines%20at%20132kV%20and%20below.pdf>

⁹⁸ Energy Networks Association. Statement of Compliance of underground cables operating at 132 kV and below with Public Exposure Limits for Electric and Magnetic Fields. <https://www.emfs.info/sites/g/files/atxybb296/files/Statement%20of%20Compliance%20of%20underground%20cables%20at%20132kV%20and%20below.pdf>

⁹⁹ Department of Energy & Climate Change (2012). Power Lines: Demonstrating compliance with EMF public exposure guidelines – a voluntary Code of Practice. Available at: <https://assets.publishing.service.gov.uk/media/5a796799ed915d07d35b5397/1256-code-practice-emf-public-exp-guidelines.pdf>

Summary of PINS Scoping Opinion	Discipline Feedback	Next Steps
	(ICNIRP) due to the Project in isolation or cumulative with other projects to be of a scale to pose a likely significant risk to public health.	
<p>For the health determinant 'built environment', in relation to the operational phase, the Inspectorate agrees this can be scoped out of the health assessment on the basis that the ES demonstrates that the utility disruptions would be avoided.</p>	<p>Agreed.</p>	<p>The ES introductory chapters will set out the information to demonstrate that the Project avoids potential impacts to utilities.</p>
<p>For the health determinant 'wider societal infrastructure', in relation to the construction and decommissioning phases, the Inspectorate agrees this can be scoped out of the health assessment.</p>	<p>Agreed.</p>	<p>The determinant of health 'wider societal infrastructure' remains scoped in only for the operational stage.</p>
<p>With regards to guidance and approach to methodology, the Inspectorate notes the approach of following the Institute of Sustainability and Environmental Professionals (ISEP) guidance in defining criteria for sensitivity,</p>	<p>Agreed.</p>	<p>The methodology as set out in the ISEP guidance¹⁰⁰ (tables 7.1, 7.2, 7.3 and 7.4 of that publication) will be set out in the ES Human Health chapter for ease of reference.</p>

¹⁰⁰IEMA (now ISEP)Guide: Determining Significance for Human Health in Environmental Impact Assessment. 2022. Available at: <https://www.iema.net/media/ylib2nbs/iema-eia-guide-to-determining-significance-for-human-health-nov-2022.pdf>

Summary of PINS Scoping Opinion	Discipline Feedback	Next Steps
<p>magnitude and significance and requests that this is set out in the ES for ease of reference.</p>		
<p>The Inspectorate considers that the ES should include an assessment on the consequences to human health from possible air quality emissions that could occur following incidents such as battery fires.</p>	<p>Agreed.</p>	<p>The issue of BESS fire safety risk will be assessed in the ES. The health assessment 'public understanding of risk' health determinant will cross-refer for relevant detail to the Air Quality chapter of the ES.</p>

13.3.2 In addition to the PINS Scoping Opinion, engagement has been and continues to be undertaken with relevant stakeholders. A summary of comments raised during consultation with statutory consultees in relation to Health is provided in Table 13-3.

Table 13-3: Summary of Ongoing Comments and Feedback With Consultees

Summary of Relevant Stakeholder Consultation Comments	Consultee	Discipline Feedback	Next Steps
<p>Noise: community consultees raised the following regarding noise effects: Would be more likely to support proposals based on South Brooks A, E and F as furthest from residential dwellings. Noise concerns for residents in proximity to South Brooks B, C, D and E, propose noise reduction solutions.</p>	<p>Community</p>	<p>The Noise and Vibration Assessment will assess the effects on the existing sound environment, including for sensitive receptors, and Best Practicable Means to minimise noise and vibration will be embedded</p>	<p>Noise impacts will be assessed within the Noise and Vibration chapter of the ES. The results will inform the oCEMP which will ensure noise and vibration criteria for human health is not exceeded. This will be submitted alongside the DCO application.</p>

Summary of Relevant Stakeholder Consultation Comments	Consultee	Discipline Feedback	Next Steps
Current quiet nighttime environment amplifies any mechanical sound.		through the outline Construction Environmental Management Plan (oCEMP).	
Public concern: Concerns about proximity to BESS units for residents in Lydd, especially risk of "toxic plumes" given prevailing wind constantly changes.	Community	Community concerns regarding the Project will be considered under the 'public understanding of risk' health determinant and further addressed where necessary through communication and engagement with the local community.	Community concerns will be assessed in the Human Health chapter of the ES. Actual risks to public health are addressed through design ¹⁰¹ , regulation ¹⁰² , engagement with fire and rescue services ¹⁰³ and the management plans that will be submitted alongside the DCO application, such as the oBSMP.
Recreation: Noise and views may negate the mental health benefits of fishing and recreational users of the	Community	South Brooks E has been allocated as ecological mitigation, informed by	Recreational effects will be assessed in the Human Health chapter of the ES. The results

¹⁰¹ Department for Energy Security & Net Zero. Guidance: Health and safety in grid scale electrical energy storage systems. 18 April 2024. Available at:

<https://www.gov.uk/government/publications/grid-scale-electrical-energy-storage-systems-health-and-safety>

¹⁰² Health and Safety Executive. Grid-scale battery energy storage systems. No date. Available at: <https://www.hse.gov.uk/electricity/battery-energy-storage-systems.htm>

¹⁰³ National Fire Chiefs Council. Grid scale energy storage system planning - Guidance for fire and rescue services. December 2025. Available at: <https://nfcc.org.uk/our-services/building-safety/grid-scale-energy-storage-system-planning-guidance-for-fire-and-rescue-services/>

Summary of Relevant Stakeholder Consultation Comments	Consultee	Discipline Feedback	Next Steps
<p>‘windsurf pit’ at Herons Park. Solar array would negate mental health benefits for walking route around South Brooks A, C , E, and informal footpaths on Kingsmarsh Lane (South Brooks B) and old railway line at Church Lane (South Brooks C). Opportunity to signpost and improve local footpaths and extend cycleway from Lydd to new Romney and Dungeness.</p>		<p>Phase One Consultation with residents and businesses, and to support biodiversity within the design. Potential adverse physical and mental health effects on recreation will be considered through the ‘physical activity’ health determinant, and opportunities to enhance physical activity will be explored through embedded and additional mitigation in the health assessment.</p>	<p>will inform the development of management plans that will be submitted alongside the DCO application, such as the outline Rights of Way and Access Strategy (oRoWAS)and outline Landscape and Ecological Management Plan (oLEMP).</p>
<p>Open space: Introduction of hedgerows as screening would compromise qualities of openness as they are not considered a typical feature of Romney Marsh.</p>	<p>Community</p>	<p>Appropriate landscape mitigation will be embedded through the outline Landscape and Ecological Management Plan (oLEMP). An early version of the oLEMP is</p>	<p>Landscape and visual impacts will be assessed within the Landscape and Visual chapter of the ES. The assessment and feedback from Phase Two Consultation will inform the</p>

Summary of Relevant Stakeholder Consultation Comments	Consultee	Discipline Feedback	Next Steps
		presented as part of Phase Two Consultation.	development of the oLEMP to secure appropriate ecological management measures. This will be submitted alongside the DCO application.
<p>Visual: Community consultees raised concerns that solar panels/ batteries/ inverters/ 'landscape mitigation' would affect views from homes: South Brooks B, C (Merritt Road), D and E are considered too close to residential areas and farmland and would interrupt views over the Romney Marsh towards the coast and Dungeness and open countryside when arriving in New Romney via the only main route (A259). Request for landscape mitigation along verge of Dengemarsh Road to road level.</p>	Community	<p>South Brooks E has been allocated as ecological mitigation, informed by Phase One Consultation with residents and businesses, and to support biodiversity within the design. The potential health effects of a change in visual amenity associated with the updated design will be assessed under the 'community identity, culture, resilience and influence' health determinant and mitigated through measures embedded in the oLEMP.</p>	<p>Visual impacts on community receptors will be assessed in the Human Health chapter of the ES. This assessment will be informed by the outcomes of the Landscape and Visual chapter of the ES and embedded mitigation secured through the oLEMP. This will be submitted alongside the DCO application.</p>

Summary of Relevant Stakeholder Consultation Comments	Consultee	Discipline Feedback	Next Steps
<p>Water quality: Residents potable water supply is a private feed from Newlands Farm, concern that interception by solar array could risk contamination from battery fires, chemical spills or construction disturbance.</p>	<p>Community</p>	<p>The Project would adopt standard best practice to minimise pollution risks. It is considered unlikely that water quality or availability would be affected to a degree that could significantly affect public health. Effects on licensed and private water supplies from groundwater abstraction is scoped out, provided additional detail is provided in the ES.</p>	<p>This issue is scoped out of the health assessment. Additional detail on the effects for private water supplies will be outlined in the Hydrology chapter of the ES. The issue of BESS fire safety risk will be assessed in the ES. The BESS will have a self-contained design that controls and contains firewater in the event of needing its use. An oBSMP will also be developed and submitted as part of the DCO application.</p>

13.3.3 **Appendix 1-2: Key Policy and Legislation** provides details on the legislation, policy and guidance that has informed the approach to the health assessment.

13.4 Ongoing Health Work

Study Areas

13.4.1 Since the Scoping Report was produced there have been changes to the way that public health baseline data is made available for assessments. The Department of

Health and Social Care 'Local Health tool'¹⁰⁴ now provides data at a different geographical scale. This is Medium Layer Super Output areas (MSOAs) rather than the Ward¹⁰⁵ areas described in the Scoping Report. To ensure the study areas align with the areas for which data is available, the study areas have been amended to:

- **Site-specific study area**, covering populations of the MSOAs within the Site and surrounding communities of Rother 002 (E02004393) and Folkestone and Hythe 011 (E02005112), Folkestone and Hythe 012 (E02005113), and Folkestone and Hythe 013 (E02005114);
- **District level study area**, covering the local population within the administrative boundaries of Folkestone and Hythe District Council and Rother District Council;
- **County level study area**, encompassing the wider population within the administrative boundaries of Kent County Council and East Sussex County Council;
- **Regional study area**, covering the wider population of South East England including Kent, Sussex, Hampshire, Isle of Wight, Surrey, Berkshire, Buckinghamshire, Oxfordshire; and
- **National study area**, representing the national population of England in relation to public benefits of renewable energy security.

These study areas align with those in the Socio-economics section as shown within **Figure 13-1: Site Specific Study Area and District Level Study Area and 13-2: County Level Regional Study Area.**

Collection of Health data

- 13.4.1 Baseline health conditions have been established by referencing public health data for the four study areas issued by the Department of Health and Social Care's Office for Health Improvement and Disparities (OHID) and Office for National Statistics (ONS). Reference is also made to the East Sussex Health and Wellbeing Strategy¹⁰⁶, Kent and Medway Integrated Care Strategy¹⁰⁷ and the Folkestone and

¹⁰⁴ Department of Health and Social Care. Fingertips public health profiles. Local Health, public health data for small geographic areas. Available at: <https://fingertips.phe.org.uk/profile/local-health>

¹⁰⁵ Wards are a subdivision of a local authority drawn up for electoral purposes.

¹⁰⁶ East Sussex County Council (n.d) Healthy lives, healthy people: East Sussex Health and Wellbeing Board strategy. Available: <https://www.eastsussex.gov.uk/social-care/policies/health-wellbeing-strategy> [Accessed 23/03/26].

¹⁰⁷ Kent and Medway Integrated Care System (2024) Integrated Care Strategy. Available at: <https://www.kmhealthandcare.uk/download/kent-and-medway-integrated-care-strategy.pdf?ver=2255&original> [Accessed 23/03/26].

Hythe District Profile under the Kent County Council Joint Strategic Needs Assessment (JSNA)¹⁰⁸ and East Sussex JSNA in relation to Rother¹⁰⁹.

Current Health results

- 13.4.2 Relevant health indicators for the updated site-specific study area, Folkestone and Hythe District Council area, Rother District Council area, Kent County Council area, East Sussex County Council area and England are set out in Table 13-4 below using the latest OHID public health data¹¹⁰. This highlights that the site-specific study area and district level study area have older populations, with a higher percentage of people aged 65+ than in England overall.

¹⁰⁸ Kent County Council (2025) Kent Public Health Observatory JSNA. Available: <https://www.kpho.org.uk/joint-strategic-needs-assessment/geographical-areas/district-profiles/folkestone-and-hythe> [Accessed 23/03/26].

¹⁰⁹ East Sussex County Council (2025) Health Places Data Profile JSNA. Available at: <https://www.eastsussexinfigures.org.uk/home/local-area-reports/healthy-places-data-profile/#/view-report/10b7a66d02414fd2baa59497c607628e/E07000064> [Accessed 23/03/26].

¹¹⁰ Department of Health & Social Care (n.d) Local health, public health data for small geographic areas. Available at: <https://fingertips.phe.org.uk/profile/local-health> [Accessed 23/02/26].

Table 13-4: Baseline health indicators

Baseline indicator	Date	Site-specific study area (MSOAs)				District level study area		County level study area		Regional study area	National study area
		Rother 002	Folkestone and Hythe 011	Folkestone and Hythe 012	Folkestone and Hythe 013	Folkestone and Hythe District	Rother District	Kent County Council	East Sussex County Council	South East England	England
Resident population aged 0-15	2022	12.9%	12.8%	14.2%	16.2%	16.6%	14.6%	19.1%	16.5%	18.6%	18.5%
Resident population aged 65+	2022	35.5%	34.3%	34.1%	28.7%	25.4%	32.6%	20.5%	26.4%	19.7%	18.6%
Life expectancy at birth (Male, 3-year range)	2019-23	80.5	77.5	76.5	78.3	77.8	80.0	79.3	79.9	80.3	79.1
Life expectancy at birth (Female, 3-year range)	2019-23	84.6	81.7	83.3	82.8	82.5	83.6	83.2	83.6	84.0	83.0
Reception obesity, including severe obesity	2022/23 - 24/25	8.7%	11.1%	13.3%	12.9%	11.0%	9.4%	9.7%	9.0%	8.7%	9.8%

Baseline indicator	Date	Site-specific study area (MSOAs)				District level study area		County level study area		Regional study area	National study area
		Rother 002	Folkestone and Hythe 011	Folkestone and Hythe 012	Folkestone and Hythe 013	Folkestone and Hythe District	Rother District	Kent County Council	East Sussex County Council	South East England	England
(3-year range) ¹¹¹											
Year 6 obesity, including severe obesity (3-year range) ¹¹²	2022/23 - 24/25	20.0%	25.0%	21.6%	21.0%	21.5%	19.2 %	21.0%	18.7%	19.3%	22.3%
Mortality from preventable causes (under 75, SMR)	2019-23	69.2	101.0	92.8	110.6	112.4	79.1	97.4	86.3	84.0	100.0

¹¹¹ Proportion of children aged 4 to 5 years classified as living with obesity.

¹¹² Proportion of children aged 10 to 11 years classified as living with obesity.

- 13.4.3 Baseline health indicators presented within the site-specific study area show that MSOA Rother 002 (East Sussex) has better population health than the MSOAs Folkestone and Hythe 001, MSOAs Folkestone and Hythe 012 and MSOAs Folkestone and Hythe 013 (Kent). This is reflected across wider geographies with Rother District and East Sussex County Council indicating better health outcomes than Folkestone and Hythe and Kent County Council across the baseline indicators. Health outcomes for MSOA Rother 002 also sit above the regional average in East Sussex, with the exception of prevalence of Year 6 obesity.
- 13.4.4 MSOA Rother 002 has the lowest value for general (all causes) under-75 mortality rates across all areas (69.2), while MSOA Folkestone and Hythe 012 (110.6) and Folkestone and Hythe District (112.4) have the highest value.
- MSOA Rother 002 has the lowest percentage of Reception obesity (including severe obesity) across all areas, while MSOA Folkestone and Hythe 012 has the highest prevalence of Reception obesity (13.3%) sitting 3.5% above the national average. East Sussex has the lowest percentage of Year 6 obesity (including severe obesity) (18.7%) followed by MSOA Rother 002 (20.0%), both sitting below the national average (22.3%).
 - MSOA Rother 002 has the highest life expectancy at birth for both men and women across all areas. The greatest variation from the national average recorded for men (over a three-year range) is in MSOA Folkestone and Hythe 011, where life expectancy is 1.6 years lower than the national average.
- 13.4.5 More broadly, life expectancy in both Kent and East Sussex is similar to England overall. The East Sussex Health and Wellbeing Strategy¹¹³ ('our population and the healthy challenge' section) states that there are wide variations within the county with respect to life expectancy, highlighting that the gap in life-expectancy between the most and least-deprived areas in the county is more than 11 years for men and almost 10 years for women. In Kent, this gap was just under 8 years for men and 5.6 years for women, as described in Kent's JSNA.

In terms of deprivation, Folkestone and Hythe is classed as one of the most deprived areas in the county according to the 2025 Kent JSNA Summary Report¹¹⁴. Folkestone and Hythe District has an Indices of Multiple Deprivation (IMD) score of 25.2, higher than all other areas within scope (Rother, 22.5; Kent 20.7; East Sussex 21.2) and greater than the national average of 21.7. All other areas within scope

¹¹³ East Sussex County Council (n.d) Healthy lives, healthy people: East Sussex Health and Wellbeing Board strategy. Available: <https://www.eastsussex.gov.uk/social-care/policies/health-wellbeing-strategy> [Accessed 23/03/26].

¹¹⁴ Watkins, D. (2025) 2025 Kent Joint Strategic Needs Assessment (JSNA) Summary report, available: <https://democracy.kent.gov.uk/documents/s128981/2025%20Kent%20Joint%20Strategic%20Needs%20Assessment%20JSNA%20Summary%20-%20Report.pdf> [Accessed 23/03/26].

have a lower IMD than the national average. An overview of deprivation across the site-specific study area is shown in **Figure 13-3: Deprivation**.

Future Health

- 13.4.1 Public health data presents a snapshot at a particular time. However, population health is subject to continuing influences at the individual and community level. This includes seasonable variation in communicable illness and physical activity, as well as macro-economic trends in incomes and cost of living affecting spend on health promoting resources and activities.
- 13.4.2 The 2025 Chief Medical Officer report¹¹⁵ sets out the key trends for the population health baseline, including in relation to inequalities. The report summaries that the population has gone through a major demographic change over a century and the proportion of older adults is projected to increase. Rural and coastal areas have a higher proportion of older people than urban areas. Most areas are ageing, but by 2043 the largest proportions of the population aged 85 and over will remain predominantly in rural and coastal areas. The number of older adults will increase more rapidly than the number of people of working age, with changes to the old age dependency ratio. The increase in older adults compared with working age adults will affect most areas. Disease burden increases with age. Multimorbidity (multiple conditions at once) increases with age but is more prevalent in more deprived areas, especially in younger age groups.
- 13.4.3 Climate change may also exacerbate physical and mental health risk factors, particularly around flooding and extremes of temperature. The UK Health Security Agency (UKHSA) has undertaken a detailed review of the health effects of climate change¹¹⁶.
- 13.4.4 The trends discussed in these publications have been reviewed and taken into account by the impact assessment. The trends primarily affect the proportion of the population who are vulnerable, notably due to older age, rurality, deprivation and associated morbidity and mortality risks.

Collection of future Health data

- 13.4.5 Building on the baseline conditions and health indicators included in the Scoping Report, the ES Human Health chapter will establish an updated and more detailed baseline position of the population's health, inequalities and demographic profile of

¹¹⁵ UK Government, Department of Health and Social Care. Research and analysis. Health trends and variation in England 2025: a Chief Medical Officer report. 25 September 2025. Available online: <https://www.gov.uk/government/publications/health-trends-and-variation-in-england-2025-a-chief-medical-officer-report>

¹¹⁶ UK Government, UK Health Security Agency. Health Effects of Climate Change (HECC) in the UK. December 2024. Available online: <https://www.gov.uk/guidance/health-effects-of-climate-change-hecc-report>

the site-specific, local, regional and national study areas. Publicly available health data would be collated from the Office for Health Improvement and Disparities (OHID), Office for National Statistics (ONS), relevant local authority datasets, the NHS and other recognised sources identified through community and stakeholder engagement.

- 13.4.6 In addition to baseline data collection, the health assessment is also informed by an evidence base that draws on: public health priorities; health planning policy; scientific literature; consultation feedback; and regulatory standards. Collecting, collating and analysing this evidence is ongoing and will be presented in the ES health chapter.

Important Receptors Identified

- 13.4.7 Determinants of health are a range of personal, social, economic and environmental factors which determine the health status of individuals or populations¹¹⁷. The health assessment considers how relevant receptors are affected by changes in these determinants of health due to the Project.

- 13.4.8 In this case the relevant determinants of health are:

- Physical activity;
- Transport modes, access and connections;
- Community identity, culture, resilience and influence;
- Employment, income, Education and training;
- Air quality;
- Noise;
- Public understanding of risk; and
- Wider societal infrastructure including Climate change mitigation and adaptation.

- 13.4.9 Important receptors identified for the health assessment align with the ISEP guidance¹¹⁸ “for health in EIA, population groups are the sensitive receptors, the health outcomes of which are considered”. This comprises the ‘general population’ as well as ‘vulnerable group sub-population’ that represent relevant sensitivities for

¹¹⁷ World Health Organization. Health Promotion Glossary. Geneva. 1998.

https://www.who.int/publications/i/item/WHO-HPR-HEP-98_1

¹¹⁸ IEMA (2022) IMA Guide to: Effective Scoping of Human Health in Environmental Impact Assessment, Available: <https://www.iema.net/media/s35fughe/iema-eia-guide-to-effective-scoping-of-human-health-nov-2022.pdf>

the determinants of health. These two population groups are defined by ISEP 2022 Scoping Guidance as:

- The 'general population' including residents, visitors, workers, service providers, and service users.
- The 'vulnerable group population' comprised of the vulnerabilities due to young age, older age, income, health status, social disadvantage and access or geographic reasons.

13.4.10 The 'vulnerable group population' are further defined by Table 9.2 in ISEP 2022 Scoping Guidance as:

- **Young age:** Children and young people (including pregnant women and unborn children).
- **Old age:** Older people (particularly frail elderly).
- **Low income:** People on low income, who are economically inactive or unemployed/workless.
- **Health status:** People with existing poor health; those with existing long-term physical or mental health conditions or disability that substantially affects their ability to carry out normal day-to-day activities; people who identify as neurodivergent.
- **Social disadvantage:** People who suffer discrimination or other social disadvantage, including relevant protected characteristics (as defined by the Equality Act 2010) or groups who may experience low social status or social isolation for other reasons.
- **Access and geographical factors:** People experiencing barriers in access to services, amenities and facilities and people living in areas known to exhibit high deprivation or poor economic and/or health indicators.

13.4.11 Priority groups have also been identified through baseline analysis. At this stage of the Project, public rights of way users have been identified as a priority group for consideration in the health assessment given there are three local footpaths and two public bridleways that intersect or sit in proximity to the Project.

13.4.12 The preliminary assessment has further identified local priority populations where the potential for widening health inequalities is being reviewed:

- For the 'physical activity' health determinant, the context of the Public Rights of Way (PRoW) network and amenity of the areas affected by the Project are being considered. Lydd, New Romney, Littlestone and Greatstone are examples of

community areas (including those with direct access to beaches) where the potential for widening health inequalities is being reviewed.

- For the ‘transport modes, access and connections’ health determinant, the existing main routes of access, including pedestrian and cycling infrastructure, affected by the Project are being considered. Given the constrained road network surrounding the site, in which the A259 is the main route of access for Lydd and New Romney, the potential for widening health inequalities for local rural towns is being reviewed.
- For the ‘community identity, culture, resilience and influence’ health determinant, the proximity of Lydd, New Romney and Greatstone to the proposed land parcel positions is being reviewed; as these communities are sensitive to the visual impacts of the solar array, substation, BESS and supporting infrastructure, especially given the openness and low-lying topography of Romney Marsh.
- For the ‘air quality’ health determinant, receptors within Lydd, New Romney, Littlestone and Greatstone, including users of open spaces in proximity to the proposed land parcels, are examples of receptors where the potential for widening health inequalities is being reviewed.
- For the ‘noise’ health determinant, receptors within Lydd, New Romney, Littlestone and Greatstone, including users of open spaces in proximity to the proposed land parcels are examples of receptors where the potential for widening health inequalities is being reviewed.

13.4.13 The health assessment will also draw on receptors identified in the technical assessments of other ES Chapters as appropriate. For example, buildings, dwellings or amenities that are indicative of the presence of vulnerable groups, such as schools, healthcare facilities, care homes and community facilities.

13.4.14 The project-wide consultation includes identifying and reaching out to organisations that represent seldom-heard and vulnerable groups. The findings of the consultation, including from these groups and organisations will inform the ES health chapter.

13.5 Considering Health in Design

Developing design and management plans

13.5.1 A key activity of the health assessment work is that the health assessment as a process informs the development of the design and project management plans in order to mitigate adverse effects and capitalise on opportunities for health benefits.

13.5.2 Example types of input which will be submitted as part of the DCO application include:

- Outline Environmental Management Plans for construction, operation and decommissioning outlining clear communication protocols to reduce public health risks associated with project related concerns such as the provision of a community liaison officer, and workforce management measures including health promotion initiatives. An early draft of the oCEMP has been published as part of the Phase Two Consultation;
- Dust and Noise Management Plans setting out the legislation, guidance, best practice and mitigation measures to control and minimise the generation of dust and noise during all phases of development will be included within the outline Environmental Management Plans submitted as part of the DCO application;
- Outline Rights of Way and Access Strategy (oRoWAS) outlining protocols to manage and communicate notification of any planned route closures, restrictions or diversions with the principle of maintaining similar levels of access for the public and promote inclusive access, to reduce potential for any lasting behavioural change in network usage, including in relation to vulnerable groups;
- Outline Landscape and Ecological Management Plan (oLEMP) setting out short and long-term measures and practices that will be implemented to establish, monitor, and manage landscape and ecology mitigation and enhancement measures embedded in the design of the Project. The oLEMP will include the location, extent and type of habitat creation, timeframe for establishment as well as ongoing maintenance and monitoring requirements. An early draft of the oLEMP has been published as part of Phase Two Consultation;
- Outline Employment, Skills and Supply Chain Management Plan (oESSCMP) to promote local low-carbon jobs, including targeted measures to support access to opportunities for local vulnerable groups to be applied throughout all stages of development, e.g. young adults not in education, employment or training (NEET). An early draft of the oESSCMP has been published as part of Phase Two Consultation; and
- Outline Battery Safety Management Plan (oBSMP) identifying how fire risk associated with BESS will be identified, managed, mitigated and responded to throughout all stages of development.

13.6 Preliminary Assessment of Likely Significant Effects

Approach

- 13.6.1 The approach to determine the overall significance of potential public health effects follows the approach and criteria for sensitivity, magnitude and significance from the ISEP (formerly IEMA) Guidance ‘Determining Significance for Human Health in Environmental Impact Assessment’¹¹⁹.
- 13.6.2 At this stage of the assessment, the preliminary assessment of potential effects has been guided by professional judgment that takes into account relevant public health evidence and context. The impact significance matrix set out in Table 13-5 demonstrates how the significance of health effects is determined through professional judgement, using a structured framework that considers both the magnitude of the impact and the sensitivity of the affected population within the specific local context. An effect is considered significant where application of the matrix identifies a moderate or major health effect on the population.

Table 13-5: Impact Significance Matrix

Magnitude	Sensitivity				
		High	Moderate	Low	Very low
Major		Major (Significant)	Major – Moderate (Significant)	Moderate – Minor (Significant)	Minor-Negligible
Moderate		Major – Moderate (Significant)	Moderate (Significant)	Minor	Minor – Negligible
Minor		Moderate – Minor (Significant)	Minor	Minor	Negligible
Negligible		Minor - Negligible	Minor – Negligible	Negligible	Negligible

- 13.6.3 Where a potential public health effect is identified, enhancement and mitigation measures have been considered to either enhance or secure a significant positive effect or mitigate against a significant negative effect. Mitigation measures can include design or non-design related measures and actions which may be secured through project management plans, such as the oCEMP, oLEMP, oCTMP and oESSCMP.

¹¹⁹ Pyper, R., Waples, H., Beard, C., Barratt, T., Hardy, K., Turton, P., Netherton, A., McDonald, J., Buroni, A., Bhatt, A., Phelan, E., Scott, I., Fisher, T., Christian, G., Ekermawi, R., Devine, K., McClenaghan, R., Fenech, B., Dunne, A., Hodgson, G., Purdy, J., Cave, B. (2022) IEMA Guide: Determining Significance for Human Health in Environmental Impact Assessment.

- 13.6.4 On this basis, the use of professional judgement to provide a preliminary evaluation of potential population health effects at this stage is considered appropriate and proportionate.
- 13.6.5 A detailed health assessment will be undertaken as part of the ES to accompany the DCO application, informed by a more detailed baseline and the assessment of other ES topics such as air quality, noise and vibration, socioeconomics, traffic and transport, and landscape and amenity. Engagement with local authority public health teams will be undertaken and national public health stakeholders (UKHSA and OHID) will also be kept updated as to the progress of this health assessment.
- 13.6.6 Further community comments regarding the health assessment, including any further information respondents would like to see in the ES about health and wellbeing, would be welcomed.

Preliminary Assessment

- 13.6.7 A summary of the preliminary assessment of likely significant effects on health associated with the Project is provided in Table 13-6. In summary, once the recommended mitigation measures are applied, no significant human health effects are expected to occur at any stage of the Project's lifetime.

Table 13-6: Potential Likely Significant Health Effects

Phase	Activity	Determinant of health	Preliminary Assessment	Potential Significant Effect(s)	Next Steps
Construction and decommissioning	Temporary disruption to PRow	Physical activity	<p>During construction and decommissioning, there is potential for temporary disruption to PRow to influence behavioural change in the use of public rights of way and open spaces. Disruption may disincentivise or reduce receptor's ability to undertake physical activity, including walking and cycling, for recreation, leisure and play. This may also reduce mental health outcomes through reducing enjoyment of recreation.</p> <p>To minimise potential effects, an oRoWAS will be submitted with the DCO application setting out planned route closures, restrictions or diversions with the principle of maintaining similar levels of access for the public and promoting inclusive access.</p> <p>Through good design, incentivising inclusive access (e.g. gates instead of styles and wayfinding and information boards in accessible print formats with interest across age groups) and reducing adverse effects on amenity, the preliminary assessment is that significant adverse effects on population health,</p>	Minor adverse (not significant) population health effect, including for vulnerable groups.	<p>Potential effects on physical activity, together with the mitigation required to minimise significant effects, will be assessed in full within the Human Health chapter of the ES that will accompany the DCO submission.</p> <p>An oRoWAS will also be submitted as part of the DCO application.</p>

Phase	Activity	Determinant of health	Preliminary Assessment	Potential Significant Effect(s)	Next Steps
Operation	Permanent alteration of visual amenity		<p>including for vulnerable groups, would be avoided.</p> <p>During operation, there is potential physical and mental health impacts associated with the change in views from local receptors and visual amenity for those engaged in recreation on the King Charles III England Coast Path, Route 2 of the National Cycle Network, and local PRowS in proximity to the Project. A reduction in visual amenity may disincentive recreation, leisure and play and reduce mental enjoyment of recreation.</p> <p>To minimise potential effects, a sensitive layout and approach to screening and access that acknowledges the existing low-lying topography and limited existing screening is required. An early version of the oLEMP has been published as part of the Phase Two Consultation.</p> <p>Through good design reducing adverse effects on amenity, the preliminary assessment is that significant adverse effects on population health, including for vulnerable groups, would be avoided.</p>		<p>Potential effects on visual amenity, together with the mitigation required to minimise significant effects, will be assessed in full within the Human Health chapter of the ES that will accompany the DCO submission.</p> <p>The health assessment will inform the development of the oLEMP, as well as feedback received from ongoing consultation.</p> <p>An oRoWAS will also be submitted with the DCO application, setting out measures to maintain similar levels of access for the public and promote inclusive access.</p>

Phase	Activity	Determinant of health	Preliminary Assessment	Potential Significant Effect(s)	Next Steps
Construction and decommissioning	Temporary disruption to highways	Transport modes, access and connections	<p>During construction and decommissioning there is potential for disruption to highways associated with construction traffic. Any potential delay to journey times, impact on road safety, accessibility and severance for local road users, including pedestrians and cyclists, may adversely impact access to health, social care and education, social networks and emergency response times.</p> <p>Appropriate mitigation managing Site access and vehicle movements along local road networks and minimising adverse effects on access and severance is required to minimise significant effects. Routes of access to rural towns and the formal and informal pedestrian footpaths utilised by local residents for walking and cycling also need to be acknowledged. An early version of the oCTMP has been published as part of the Phase Two Consultation. Subject to the implementation of these traffic control measures, the preliminary assessment is that significant adverse effects on population health, including for vulnerable groups, would be avoided.</p>	Minor adverse (not significant) population health effect, including for vulnerable groups.	<p>Potential effects on transport access and connectivity, together with the mitigation required to minimise significant effects, will be assessed in full within the Human Health chapter of the ES that will accompany the DCO submission.</p> <p>The health assessment will inform the development of the oCTMP, as well as feedback received from ongoing consultation. An oRoWAS will also be submitted with the DCO application, setting out planned route closures, restrictions or diversions with the principle of maintaining similar levels of access for the public and promoting inclusive access.</p>

Phase	Activity	Determinant of health	Preliminary Assessment	Potential Significant Effect(s)	Next Steps
All phases	Temporary and permanent change to landscape amenity	Community identity, culture, resilience and influence	<p>There is potential for temporary and permanent change to visual amenity of the local landscape as a result of the Project.</p> <p>A change in visual amenity may influence community identity and mental wellbeing at residential receptors, particularly mental health outcomes associated with views from home.</p> <p>To reduce adverse effects of visual amenity, a sensitive layout and approach to screening, landscape enhancements and access that acknowledges the existing low-lying topography, and limited existing screening is required. An early version of the oLEMP has been published as part of the Phase Two Consultation.</p> <p>Assuming the application of this embedded mitigation, the preliminary assessment is that significant adverse effects on population health, including for vulnerable groups, would be avoided.</p>	Minor adverse (not significant) population health effect, including for vulnerable groups.	<p>Potential effects on visual amenity, together with the mitigation required to minimise significant effects, will be assessed in full within the Human Health chapter of the ES that will accompany the DCO submission.</p> <p>The health assessment will inform the development of the draft oLEMP, as well as feedback received from ongoing consultation.</p>
All phases	Improved employment and educational opportunities	Employment, income, Education and training	The assessment will combine the 'employment and income' and 'education and training' health determinants to consider the potential for improved employment (direct and indirect) and educational	Minor beneficial (not significant) population health effect, including for vulnerable groups.	Potential benefits to employment and education, together with the mitigation measures required to enhance the beneficial effects, will be assessed in

Phase	Activity	Determinant of health	Preliminary Assessment	Potential Significant Effect(s)	Next Steps
			<p>opportunities in renewable energy generation, particularly for underrepresented vulnerable groups such as young adults not in education, employment or training (NEET).</p> <p>Employment is beneficial for health, particularly for depression and general mental health, and improved physical and mental health outcomes may be linked to changes in socio-economic status and income spend on health promoting goods and activities. The legacy of education and training may also sustain long-term benefits of renewable energy employment and other transferable skills.</p> <p>Embedded mitigation measures may include promoting local, regional and national targeted employment such that leakage elsewhere is reduced, and actions to promote opportunities for careers in solar and renewable energy through engagement with vulnerable groups. An early version of the oESSCMP has been published as part of the Phase Two Consultation.</p> <p>Given the ongoing work on appropriately targeting and enhancing opportunities for employment and education, at this</p>		<p>full within the Human Health chapter of the ES that will accompany the DCO submission.</p> <p>The health assessment will inform the development of the oESSCMP, as well as feedback received from ongoing consultation.</p>

Phase	Activity	Determinant of health	Preliminary Assessment	Potential Significant Effect(s)	Next Steps
			<p>stage the preliminary assessment is considered a minor beneficial (not significant) effect on population health.</p>		
<p>Construction and decommissioning</p>	<p>Construction related dust and traffic emissions</p>	<p>Air quality</p>	<p>During construction and decommissioning, there is potential for localised dust and construction traffic emissions effects on receptors. Poor air quality is linked to multiple adverse health outcomes such as reduced lung function, asthma exacerbation and cardiovascular disease.</p> <p>There are opportunities to maintain a good standard of air quality and have regard to UK statutory air quality health protection standards, as well as World Health Organisation (WHO) air quality guidelines through mitigation. An early version of the oCEMP has been published as part of the Phase Two Consultation. Assuming the application of these mitigation measures to control and minimise the generation of dust, the preliminary assessment is that significant adverse effects on population health, including for vulnerable groups, would be avoided.</p>	<p>Minor adverse (not significant) population health effect, including for vulnerable groups.</p>	<p>Informed by the primary assessment of dust effects in the Air Quality Chapter of the ES, the potential dust and emission effects on population health, together with the mitigation required to minimise significant effects, will be assessed in full within the Human Health chapter of the ES that will accompany the DCO submission.</p> <p>The health assessment will inform the development of the oCEMP, as well as feedback received from ongoing consultation.</p>

Phase	Activity	Determinant of health	Preliminary Assessment	Potential Significant Effect(s)	Next Steps
All phases	Noise and vibration effects	Noise	Noise and vibration generated through construction, operational and decommissioning activities can affect the existing sound environment and the health of identified receptors. Noise annoyance may be linked to poorer mental health, including non-auditory health effects, including psychophysiological, cognitive development, mental health and sleep effects. Noise annoyance and sleep disturbance are likely mediators of the relationship between exposure to environmental noise at home and poor mental health. Best practice measures can be implemented to maintain a standard of sound conducive to health. An early version of the oCEMP has been published as part of the Phase Two Consultation. Through these embedded mitigation measures, the preliminary assessment is that significant adverse effects on population health, including for vulnerable groups, would be avoided.	Minor adverse (not significant) population health effect, including for vulnerable groups.	Informed by the primary assessment of noise and vibration effects in the Noise and Vibration Chapter of the ES, the potential noise and vibration effects on population health, together with the mitigation required to minimise significant effects, will be assessed in full within the Human Health chapter of the ES that will accompany the DCO submission. The health assessment will inform the development of the oCEMP, as well as feedback received from ongoing consultation.
All phases	Community concerns and uncertainty about	Public understanding of risk	The 'public understanding of risk' health determinant explores the potential for adverse effects on localised populations' mental health and wellbeing associated with	Minor adverse (not significant) population health effect, including for vulnerable groups.	Further community comments regarding the health assessment, including any further information respondents

Phase	Activity	Determinant of health	Preliminary Assessment	Potential Significant Effect(s)	Next Steps
	aspects of the Project		<p>community concerns and uncertainty about aspects of the Project. This may include concerns relating to electromagnetic fields (EMF) associated with solar arrays, substation, cabling and other electrical infrastructure as well as BESS fire risk from the pre-commencement stage onwards.</p> <p>The anticipation of impacts, including effects on health inequalities, may affect mental health and wellbeing outcomes within the local community. Health-related risk perceptions play an important role in health behaviour, with the formation of accurate, or inaccurate, risk perceptions may give rise to stress or anxiety responses that affect mental wellbeing.</p> <p>Interventions that change risk perceptions may subsequently change health behaviours and allay concerns that the population might have.</p> <p>Through informing communication and consultation elements of the Project to disseminate information about health consequences of the Project and reduced anxiety, the preliminary assessment is that significant adverse effects on population health, including for vulnerable groups, would be avoided.</p>		would like to see in the ES about health and wellbeing, would be welcomed.

Phase	Activity	Determinant of health	Preliminary Assessment	Potential Significant Effect(s)	Next Steps
			<p>Early drafts of environmental management plans have been published as part of the Phase Two Consultation in an effort to respond to these community concerns early in the application process, including the oCEMP, oESSCMP, oCTMP and oLEMP.</p>		
Operation	Delivery of reliable supply of renewable energy	Wider societal infrastructure including Climate change mitigation and adaptation	<p>The assessment will combine the 'wider societal infrastructure' and 'climate change mitigation and adaptation' health determinants to consider the population health benefits of renewable energy security and the wider societal benefits in reducing adverse health effects of climate change.</p> <p>The Project would contribute towards clean and resilient electricity infrastructure that the population rely on for amenities pertinent to good health, including food hygiene and safety, thermal comfort, healthcare, education and socialising. While also contributing towards combatting climate change effects, including worsening air pollution and extreme weather events that present burdens on population health, physical and mental, and healthcare systems. Thereby, the preliminary assessment identifies moderate beneficial</p>	Moderate beneficial (significant) population health effect, including for vulnerable groups.	N/A

Phase	Activity	Determinant of health	Preliminary Assessment	Potential Significant Effect(s)	Next Steps
			(significant) population health effects, including for vulnerable groups.		

Drawing number

Figure 13-1

Project/Location

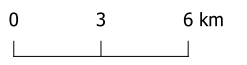
South Brooks Solar Farm

Drawing title

Site Specific Study Area and District Level Study Area

Legend

-  Site Boundary
-  Site-specific study area
-  District level study area



Drawing Notes: The site boundary is for indicative purposes only and requires confirmation on site.

Drawing number

Figure 13-2



Project/Location

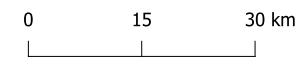
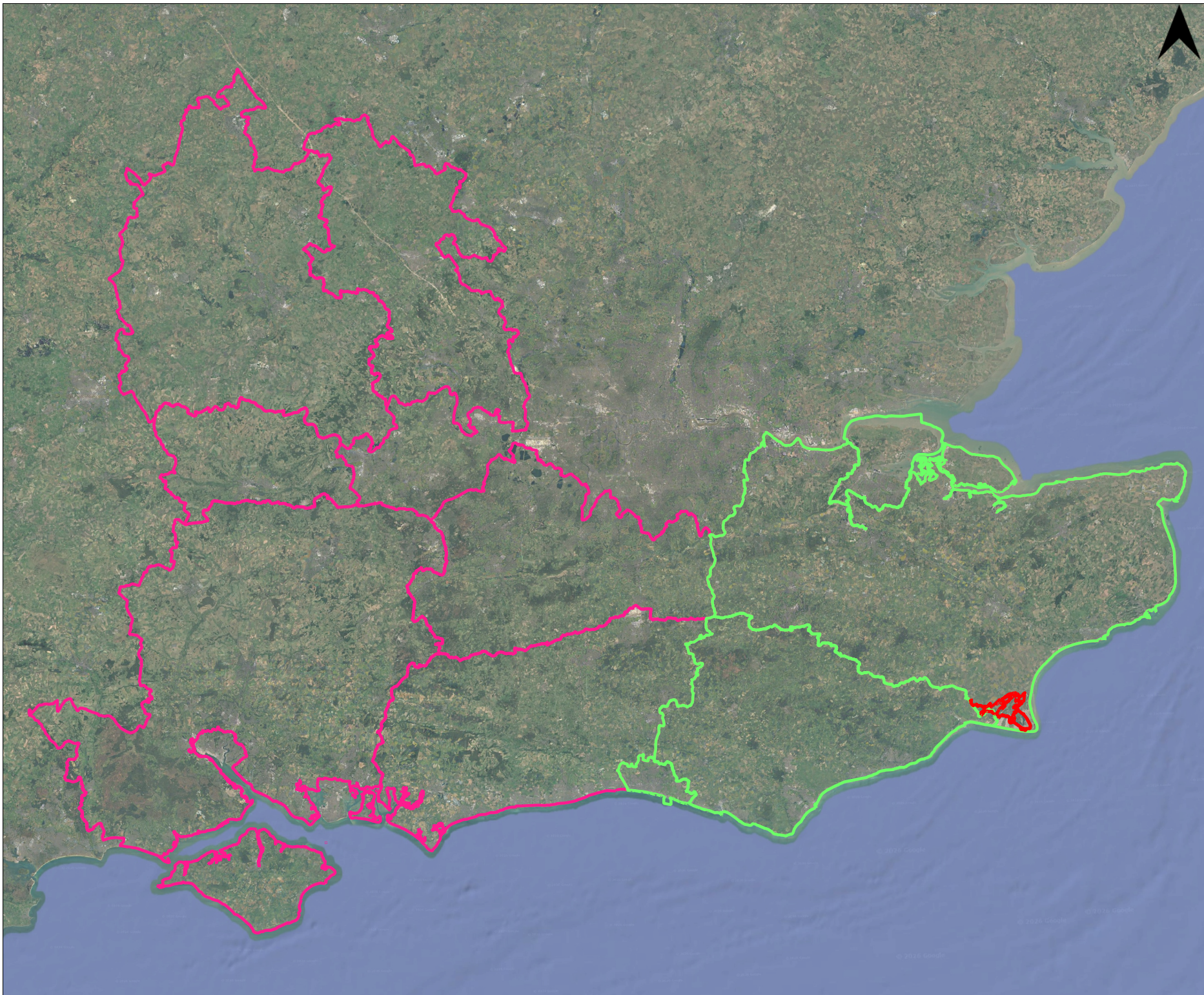
South Brooks Solar Farm

Drawing title

County Level and Regional Study Area

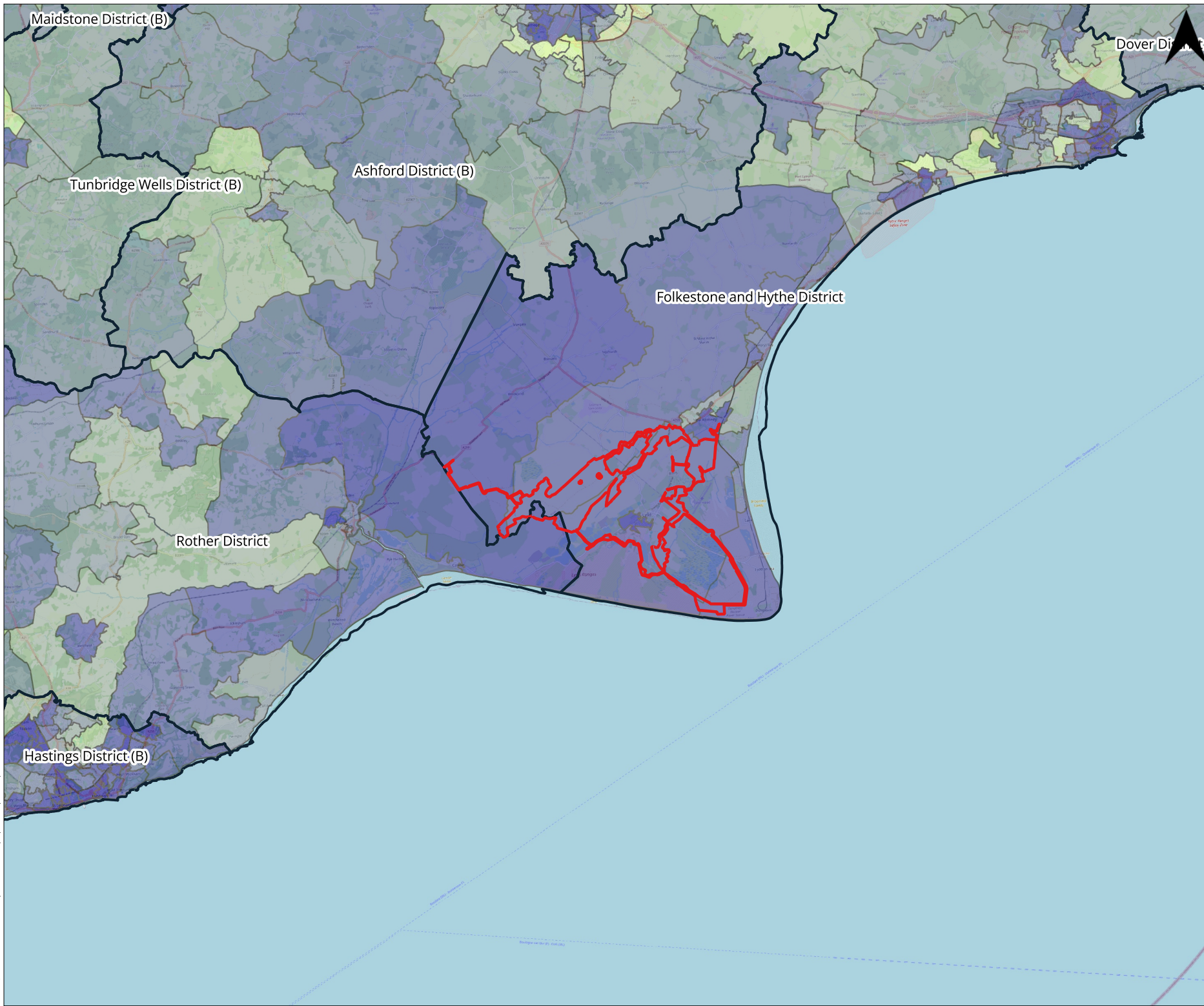
Legend

-  Site Boundary
-  County level study area
-  Regional study area



Drawing Notes: The site boundary is for indicative purposes only and requires confirmation on site.

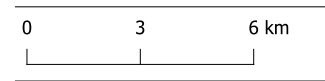
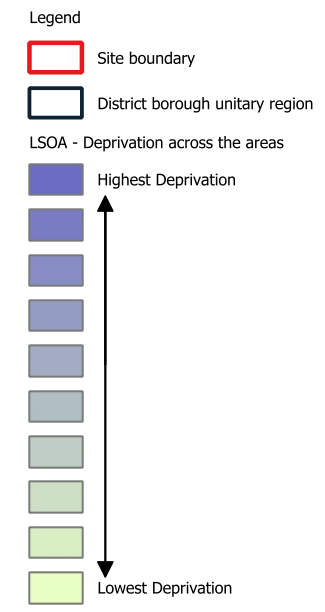
Drawing Notes: The site boundary is for indicative purposes only and requires confirmation on site.



Drawing number
Figure 13-3

Project/Location
South Brooks Solar Farm

Drawing title
Overview of Deprivation





www.southbrookssolarfarm.co.uk