

From: [Giri Shankar \(Public Health Wales - No. 2 Capital Quarter\)](#)
To: [Wylfa Newydd](#)
Cc: [Andrew Jones \(Public Health Wales\)](#); [Paula Baudry \(Public Health Wales - No. 2 Capital Quarter\)](#)
Subject: Wylfa Newydd Nuclear Power Station - Written Representation from Public Health Wales
Date: 04 December 2018 20:22:13
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Importance: High

SENT ON BEHALF OF Mr ANDREW JONES, Deputy Director of Public Health Services / Director of Integrated Health Protection, Public Health Wales (Tel: 02920104291; Email: paula.baudry@wales.nhs.uk)

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To,
The Planning Inspectorate,
National Infrastructure Planning
Temple Quay House,
2, The Square
Bristol BS1 6PN
Email: Wylfa@pins.gsi.gov.uk

-
Your Ref: EN010007

Dear Sir/Madam,

We acknowledge receipt of your letter dated 06 November 2018, which sets out the examination timetable and procedure and notification of hearings. In response, Public Health Wales, as a registered interested party, would like to make a written representation. Please find, the same, attached to this email. We would be grateful if you could confirm receipt of this email and the attachment.

Many thanks
with best wishes
regards
Giri

Dr Giri Shankar

Prif Ymgynghorydd Proffesiynol ar gyfer Diogelu Iechyd
Professional Lead Consultant for Health Protection

Adran Amddiffyn Iechyd, Iechyd Cyhoeddus Cymru, Llawr 4, Rhif 2 Capital Quarter,
Tyndall Street, Caerdydd CF10 4BZ
Health Protection Division, Public Health Wales, Floor 4, Number 2 Capital Quarter,
Tyndall Street, Cardiff CF10 4BZ

Ffon/Tel: 02920 104497 Extn: 4497
Ebost/Email: giri.shankar@wales.nhs.uk
Rhyngwrwyd/Internet: www.iechydcyhoedduscymru.wales.nhs.uk/
www.publichealthwales.org
Mewnwrwyd/Intranet: www.publichealthwales.wales.nhs.uk
Twitter: @IechydCyhoeddus / @PublicHealthW
Facebook: Iechyd Cyhoeddus Cymru / Public Health Wales

PA – Emma Thomas - Ffon/Tel: 02920 104705 Extn: 4705 Ebost/Email:
Emma.Thomas60@wales.nhs.uk

-
For diary management and meetings scheduling please contact: **Rachel Singers**

Ebost/Email: Rachel.Singers@wales.nhs.uk Ffon/Tel: 02920104674

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Rydym yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg
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WYLFA NEWYDD NUCLEAR POWER STATION

Written Representation

4 DECEMBER 2018

Public Health Wales

WYLFA NEWYDD NUCLEAR POWER STATION

PINS REFERENCE: EN010007

Written Representation

No 2, Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Telephone: 029 2010 4291

Email: andrew.jones10@wales.nhs.uk

Document Version Control

Drafted by: Dr Giri Shankar, Professional Lead Consultant for Health Protection based on inputs from colleagues in Public Health Wales - Huw Brunt, David Heyburn, Sharon Hillier, Sumina Azam, Liz Green

Checked by: Mr Andrew Jones, Deputy Director of Public Health Services / Director of Integrated Health Protection, Public Health Wales

Approved by: Dr Quentin Sandifer, Executive Director of Public Health Services and Medical Director

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Glossary and Abbreviations

BCA – Ben Cave Associates

BCUHB – Betsi Cadwaladr University Health Board

DCO – Development Consent Order

HIA – Health Impact Assessment

HNP – Horizon Nuclear Power

IACC – Isle of Anglesey County Council

NHS – National Health Service

NSIP – National Significant Infrastructure Project

NWLRF – North Wales Local Resilience Forum

PAC – Pre Application Consultation

PHW – Public Health Wales

SLA – Service Level Agreement

SoCG – Statements of Common Ground

WAST – Welsh Ambulance Service NHS Trust

WHIASU – Welsh Health Impact Assessment Support Unit

WG – Welsh Government

Summary

This written representation sets out Public Health Wales' (PHW) position, as on date, with regard to the potential public health impact of the Wylfa Newydd Nuclear Power Station, during the development stage 2020-2033. PHW has previously supported the Health Impact Assessment (HIA) Steering Group which provided advice to Horizon Nuclear Power (HNP) to develop the methodology used to complete the assessment.

PHW was satisfied with the HIA methodology adopted. However, PHW wishes to record that the HIA Steering Group members were not given the opportunity to comment on the final HIA report prior to its submission as part of the DCO documentation. Impact assessments on the areas of environmental threats, communicable diseases, screening services and wider provision of health services on the site are of direct interest to PHW. While the engagement with HNP (and its appointed contractors) has been good over the last six months or so, PHW still seeks details of, and assurances around, mitigation plans for identified risks. The broad areas that require further details have been listed in this written statement as well as agreed between PHW and HNP through the Statements of Common Grounds (SoCG) process and discussions continue in that regard.

PHW is also fully engaged, through the Team Wales approach, with other public sector organisations to ensure a co-ordinated approach to the planning for this project.

PHW will be willing to provide further details that it holds, on any aspect of this written representation to the planning inspectorate, if so desired.

1. INTRODUCTION AND BACKGROUND

Public Health Wales welcomes the opportunity of submitting its initial views as part of the ongoing development process. Public Health Wales will also submit its final approved position, in the Statement of Common Ground.

This written representation sets out Public Health Wales' position, as on date, with regard to the potential impact of the Wylfa Newydd Nuclear Power Station, during the development stage 2020-2033, on public health in Wales. The focus of this written representation is restricted to those areas of public health for which Public Health Wales (PHW) has a direct provider function and/or an expert advisory role. For wider planning, provision and commissioning of health services for the permanent and temporary residents of North Wales, the responsibility rests with Betsi Cadwaladr University Health Board (BCUHB). Similarly, environmental protection responsibilities rest outside of PHW with other agencies such as Natural Resources Wales and the local authority.

Public Health Wales (PHW) is the national public health agency in Wales and exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales. PHW is part of the National Health Service (NHS) in Wales.

PHW, through its current strategic plan (2017-2020) and the long-term strategy (2018-2030) seeks to achieve its vision of a *'healthier, happier and fairer Wales'* and *'Working to achieve a healthier future for Wales'*. The focus of its efforts will be through the delivery of seven priorities that aim to *'make the maximum difference to the health and well-being of our present and future generations'*.

2. REVIEW OF WYLFA NEWYDD DCO APPLICATION

The following documents have been reviewed and considered by PHW to inform this Written Representation:

- Application Reference No. 8.18 Health Impact Assessment Non-Technical Summary; and
- Application Reference No. 8.19: Health Impact Assessment.

3. PUBLIC HEALTH WALES' ENGAGEMENT IN THE PROCESS TO DATE

PHW has been part of the Health Impact Assessment (HIA) Steering Group that has provided advice to Horizon Nuclear Power in developing the methodology used to complete the Health Impact Assessment. PHW has consulted Public Health England (PHE) to secure specialist advice in respect of chemical incidents and radiation impact, risks and mitigation measures to feed into the discussions with Horizon Nuclear Power (HNP).

PHW has been in discussions with HNP, through Ben Cave Associates, the external contractor hired by HNP to co-ordinate the HIA and Statements of Common Grounds (SoCG) process.

PHW has responded previously to Pre-Application Consultation (PAC) 1 in 2014, PAC2 in October 2016 and PAC 3 in July 2017.

PHW, as part of the Team Wales group, continues to work collaboratively with other public-sector stakeholders, which includes BCUHB, Welsh Ambulance Service NHS Trust (WAST) and Isle of Anglesey County Council (IACC).

4. HEALTH IMPACT ASSESSMENT

An independently chaired HIA Steering Group, convened in 2011, has provided advice to Horizon Nuclear Power, to develop the methodology used to complete the HIA Report. The HIA Steering Group, comprised of BCUHB, PHW (including Wales Health Impact Assessment Support Unit (WHIASU), Welsh Government, IAAC, Project Liaison Group and HNP. The group has given advice on the assessment methodology and provided feedback on drafts of the reports.

It is agreed between both parties that the level of participation by the HIA Steering Group in the development of the HIA has been satisfactory, following the opportunity to comment on the September 2017 draft of the draft HIA and final HIA Steering Group meeting prior to submission on 24.1.18 (the 14th HIA Steering Group meeting).

However, PHW would wish to record that the HIA Steering Group members were not given the opportunity to comment on the final HIA report before its publication. Therefore, PHW's position is that the scope of the HIA does not fully reflect the change in workforce accommodation strategy since PAC2 (i.e. to include the Site Campus). On this point PHW and HNP disagree and this has been documented in the draft SoCG document. PHW, however, wishes to acknowledge that constructive discussions are ongoing about the mitigation needed to ensure that there are no adverse impacts from the Site Campus. This discussion includes the health services that will be provided to the construction workforce (including microbiology and screening services if appropriate), management of notifiable diseases, information flow, surveillance arrangements and it includes broader issues around the wider determinants of health.

5. ENVIRONMENTAL IMPACTS

5.1 Air Quality

The HIA report considers air quality impacts from both traffic generation and construction. PHW notes that the UK Air Quality Objectives set ambient air quality standards intended to protect human health from air pollution, and that more stringent WHO guidelines also exist.

As air quality locally is generally good, and currently within WHO guideline values, PHW would highlight the importance of maintaining this current position and in particular the need to avoid any significant deteriorations in local air quality linked to the development. Through recent discussions with both IACC and HNP, PHW has learned that the developer is committed to keeping impacts from the Wylfa Newydd development to a minimum. PHW supports this and notes that its position is that there should be as little adverse change in local air quality as possible.

PHW understands that the IACC SoCG has agreed an enhanced local air quality monitoring regime, including triggers to act to mitigate air pollution. However, PHW is not sighted to the detail of this monitoring regime and as such, reserves the right to comment on any proposals once received. A similar requirement exists in relation to the mitigation of potential noise from the

development. PHW, similarly reserves the right to comment on such detailed proposals, once received.

5.2 Radiation

PHW acknowledges that quantitative analysis of radiological risks are presented in the radiological effects chapter of the Environmental Statement, the Environmental Permitting (Radioactive Substances Regulation) (EP-RSR) application and the Article 37 submissions.

PHW agrees with HNP that it is appropriate to scope out radiation as a topic within the HIA Report (although the HIA does consider effects of health and well-being from public understanding of risk, which includes radiological risks).

PHW will continue to be advised by experts at Public Health England when assessing radiation risks from the development e.g. in subsequent environmental permit-related consultations. PHW advises that responding clearly to any public concerns /perceptions in relation to risks arising from radiation (both ionising and non-ionising) , should form an important part of any communication and engagement strategy.

6. DEMAND FOR HEALTH PROTECTION, MICROBIOLOGY AND SCREENING SERVICES

6.1 Health Protection

PHW has, as one of its statutory duties, responsibilities to protect the health of the population of Wales from the threats arising from communicable diseases. The legal basis for this is detailed in the legislation surrounding the prevention and control of the spread of infectious disease. This legislation is included in the Public Health (Control of Disease) Act 1984 ('the 1984 Act') which was updated by the Health and Social Care Act 2008. The amended 1984 Act came into force on 26 July 2010. PHW, acting on behalf of local authorities, is responsible for providing advice for the management of notifiable diseases and to respond to clusters and disease outbreaks. PHW also maintains population level surveillance for the whole of Wales.

PHW anticipates challenges with regard to communicable disease as a result of the Wylfa Newydd Nuclear Power Station development project. Although it is unlikely that the development will lead to significant increase in numbers of communicable diseases, lack of early warning and or limited access to health services by the construction workers could pose a threat for spread of diseases.

The proposed changes to housing workers on a site-campus model could increase the likelihood of transmission of disease among this population. The influx of workers from outside the region may introduce novel strains of disease into the worker population as well as the local community.

PHW will require assurance from HNP that arrangements will be put in place to ensure there is timely reporting of notifiable infections in line with legislation and the need to ensure seamless and timely transfer of surveillance information into PHW's surveillance and case management systems. The details of appropriate arrangements in the light of an outbreak of infectious disease on site will be required. PHW will provide details of the steps and processes required in the event of an outbreak of communicable diseases among the construction workforce.

6.2 Microbiology

Based on the estimates of 9000 construction workers at peak, this represents an increase of just over 1% against the current BCUHB population (circa 700,000). Given this relatively small population increase, and that the workforce is likely to be generally younger and fitter, the demand is not seen to require a significant uplift in PHW's laboratory infrastructure. PHW's Service Level Agreement (SLA) with the BCUHB is transactional – if their clinicians request a test, PHW will undertake this and charge according to the SLA cost. In terms of surveillance and travelling workers, PHW expects this to be monitored utilising its current surveillance arrangements with Health Protection and will respond as per existing plans.

PHW laboratories are all ISO accredited. As such, PHW need to be assured that any outsourcing of laboratory services meets the desired expectations requirements on a laboratory service provider. PHW will continue to work with HNP to provide advice to HNP on minimum required specifications.

6.3 Screening

PHW has a statutory duty to provide a range of screening programmes for the resident population of Wales. These are evidence based programmes that can lead to early diagnosis of serious conditions and improve outcomes in terms of morbidity and/or mortality. It is important that the population that move in to become resident in Wales due to Wylfa Newydd have access to the screening programmes that they are eligible for.

The age range of the population coming to work during the construction is assumed to be of working age of 18 to 65 years. The HIA report estimates that at the peak in 2023 there will be around 9,000 people linked to the development with about 22% being current residents. The screening programmes that the working age population resident in Wales are invited to are: cervical cancer screening which is offered to women aged 25 to 64 years; breast cancer screening which is offered to women aged 50 to 70 years; diabetic eye screening which is offered to men and women registered with their GP with a diagnosis of diabetes aged of 12 years and older. The HIA report does not describe in detail an estimate of population who will relocate their family to the area. It would be sensible to suggest this would be a considerable number and this being the case family members would potentially access the other screening programmes which include bowel cancer screening (men and women aged 60-74); Wales abdominal aortic aneurysm screening (men aged 65 years); and the newborn screening programmes which are bloodspot screening and hearing screening. In the future, it is expected that bowel screening will be extended to include 50-59 year olds from the current age range 60-74.

It is important in the planning of the works and the anticipated increase in population that the screening programmes are linked in to ensure that the eligible population who need to be offered screening are registered appropriately so that they will be identified to us during our routine processes. There will be detail needed such as whether the population moving into the onsite accommodation are there permanently and are registered with a local Anglesey GP or whether they are temporary arrangements and the person then continues to access their screening from their permanent address. It is not equitable to assume that construction workers will access

screening services via their home GP as many of these services are not available at weekend and therefore there is a risk that they will not be accessible to this working population.

It would be important to scope out if construction population is at risk of missing screening. The current prevalence of diabetes is 6.6% therefore an estimated 60 construction workers will require annual diabetic eye screening. The arrangements necessary for an offer of timely screening is not included within the current service configuration and would require additional funding.

As the planning matures, PHW expects HNP to engage with PHW's screening division to ensure that the detail is covered and that the population that come to Anglesey because of Wylfa Newydd are not disadvantaged in their offer of screening that they are eligible for.

In addition, PHW would welcome within the education and wellbeing initiatives that there is engagement with us to share the information on the population based screening programmes. This is to ensure the population is aware of and enabled to make an informed choice to participate in the screening programmes.

7. OTHER PUBLIC HEALTH ISSUES OF INTEREST

7.1 Site Campus Medical Centre

PHW notes that the Site Campus proposed by HNP would include provision of a Site Campus Medical Centre. HNP have stated their intention to require their workers to register with, and to prioritise the use of, the onsite medical and healthcare services, which would be provided at this facility, rather than making use of the community NHS services. HNP has also provided PHW a high-level flow diagram of how the workers would access the service provision on site and what the desired interaction will be with the NHS services. This is welcomed. However, PHW wishes to see the detailed plans of how this would work in a practical, operational level at the frontline. Until those details are shared, PHW remains concerned. We note that HNP has given assurances that this will be covered in the ongoing discussions.

7.2 Displacement of health and social care service workforce

PHW has become aware, through the Team Wales meeting, that Welsh Government have commissioned an external contractor to provide a technical report on the issue of displacement. HNP in their HIA report describe the issue as 'labour churn' rather than 'displacement'. However, the WG report identifies that there could be potential 'displacement' of health and social care workforce. PHW would like to see what mitigation measures HNP propose to address this issue.

7.3 Contingency planning for emergency preparedness, resilience and response

Under the Civil Contingencies Act, 2004, PHW is a category 1 responder and is expected to play a full part in the planning for and responding to public health emergencies. PHW is a full member of the North Wales Local Resilience Forum (NWLRF). PHW would like to see this project's implications being considered in all of the LRF planning assumptions and appropriate

mitigations put in place. PHW will continue to work with partners in the LRF to provide input into the planning and response arrangements.

7.4 Safeguarding, Sexual Health and Substance Misuse

PHW, similar to other public sector bodies, has a role to ensure appropriate risk mitigation measures are in place to protect the health of the construction workers as well as that of the local communities in respect of these topics. HNP have considered safeguarding of vulnerable groups in paragraphs C.7.5 — C.7.9 and the impact of substance misuse in paragraphs C.7.10 – C.7.17 of the HIA (document reference 8.19). PHW would like safeguarding, sexual health and substance misuse to be a focus of further discussion with HNP to understand the detailed plans that HNP propose to put in place to mitigate the impacts. PHW has raised in their draft SoCG (dated 29.11.18) with HNP that further discussion is needed on this topic to which HNP have agreed.

END