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Ms Stephanie Newman
EIA and Land Rights Advisor
The Planning Inspectorate
Temple Quay House
Temple Quay
Bristol BS1 6PN

12th June 2020

Dear Ms Newman,

**Nationally Significant Infrastructure Project
Keadby 3 Low Carbon Gas Power Station Project
Scoping Consultation Stage**

Thank you for including Public Health England (PHE) in the scoping consultation phase of the above application. Advice offered by PHE is impartial and independent.

PHE exists to protect and improve the nation's health and wellbeing and reduce health inequalities; these two organisational aims are reflected in the way we review and respond to Nationally Significant Infrastructure Project (NSIP) applications.

The health of an individual or a population is the result of a complex interaction of a wide range of different determinants of health, from an individual's genetic make-up, to lifestyles and behaviours, and the communities, local economy, built and natural environments to global ecosystem trends. All developments will have some effect on the determinants of health, which in turn will influence the health and wellbeing of the general population, vulnerable groups and individual people. Although assessing impacts on health beyond direct effects from for example emissions to air or road traffic incidents is complex, there is a need to ensure a proportionate assessment focused on an application's significant effects.

Having considered the submitted scoping report, we wish to make the following specific comments and recommendations:

Environmental Public Health

We understand that the promoter will wish to avoid unnecessary duplication and that many issues including air quality, emissions to water, waste, contaminated land etc. will be covered elsewhere in the Environmental Statement (ES). However, we believe the summation of relevant issues into a specific section of the report provides a focus which ensures that public health is given adequate consideration. The section should summarise key information, risk assessments, proposed mitigation measures, conclusions and residual impacts, relating to human health. Compliance with

the requirements of National Policy Statements and relevant guidance and standards should also be highlighted.

Recommendation

In terms of the level of detail to be included in an ES, we recognise that the differing nature of projects is such that their impacts will vary. The attached appendix summarises PHE's requirements and recommendations regarding the content of and methodology used in preparing the ES. Please note that where impacts relating to health and/or further assessments are scoped out, promoters should fully explain and justify this within the submitted documentation.

Air Quality

- Our position is that pollutants associated with road traffic or combustion, particularly particulate matter and oxides of nitrogen are non-threshold; i.e., an exposed population is likely to be subject to potential harm at any level and that reducing public exposures of non-threshold pollutants (such as particulate matter and nitrogen dioxide) below air quality standards will have potential public health benefits. We support approaches which minimise or mitigate public exposure to non-threshold air pollutants, address inequalities (in exposure), maximise co-benefits (such as physical exercise). We encourage their consideration during development design, environmental and health impact assessment, and development consent.
- It is recommended that the air quality impacts assessment also include the back-up generators and associated pollutants.

Other aspects

A number of aspects are noted to have been scoped out for example, the assessment of waste, major accidents and vulnerability, including fire risk. We would expect these to be included in the ES. In addition, for each aspect considered it is recommended that where it is possible to undertake a quantitative assessment of impacts then this should be undertaken.

It is noted that the current proposals do not appear to consider possible health impacts of Electric and Magnetic Fields (EMF). We request that the ES clarifies this and if necessary, the proposer should include a clear statement scoping EMF out or ensure that an adequate assessment of the possible impacts is undertaken and included in the ES.

Human Health and Wellbeing

PHE exists to protect and improve the nation's health and wellbeing, and reduce health inequalities; these two organisational aims are reflected in the way we review and respond to NSIP applications. The health of an individual or a population is the result of a complex interaction of a wide range of different determinants of health, from an individual's genetic make-up, to lifestyles and behaviours, and the communities, local economy built and natural environments to global ecosystem trends.

All developments will have some effect on the determinants of health, which in turn will influence the health and wellbeing of the general population, vulnerable groups and individual people. Although assessing impacts on health beyond direct effects from for example emissions to air or road traffic incidents is complex, there is a need to ensure a proportionate assessment focused on an application's significant effects.

This section of PHE's scoping response, and the associated health and wellbeing scoping table (see HWB Scoping Appendix), identifies the wider determinants of health and wellbeing we expect your assessment to address, to demonstrate whether they are likely to give rise to significant effects.

PHE expects a proportionate and evidence-based assessment of indirect effects on health and wellbeing in line with the relevant regulatory and policy requirements. To assist developers PHE has focused its approach on scoping determinants of health and wellbeing under four themes, which have been derived from an analysis of the wider determinants of health mentioned in the National Policy Statements. The four themes are:

- Access
- Traffic and Transport
- Socioeconomic
- Land Use

The HWB Scoping Appendix sets out information relevant to a series of specific health determinants under each of the themes listed above. PHE has identified that each of the determinants set out in the HWB Scoping Appendix require further consideration in your assessment; the table also includes the following:

- evidence demonstrating the link between the determinant of health and related health outcomes
- some examples of key national policy documents related to this determinant.

PHE have reviewed the Scoping Report and have the following additional recommendations alongside relevant paragraphs for ease of reference:

- That the local transport authority consults with the Local Director of Public Health when conducting the transport assessment to ensure the local health needs are taken into account
- Paragraph 2.23 – The final ES addresses the health impact of losing some access to greenspace (Keadby Common)
- Paragraph 6.190 – The final ES addresses the impact of the development on local employment
- Paragraph 6.191 – The final ES addresses the local indices of multiple deprivation as the local area IMD is amongst the 30% most deprived in the country. The development must not contribute to the widening of health inequality
- Paragraph 6.205 – The final ES addresses the cumulative effects of construction on the mental health of the population
- Paragraph 6.65 - The final ES addresses the impact of the development on public rights of way, traffic and highways safety, and how this affects levels of walking and cycling (impact on physical activity and obesity)
- Paragraph 6.65 - The final ES contains a sufficiently detailed Travel Plan, and Construction Traffic Management Plan

- Paragraph 6.67 – The final ES addresses cycling amenity.

If you require any clarification on the above points or wish to discuss any particular issues please do not hesitate to contact us

Yours sincerely,

For and on behalf of Public Health England
nsipconsultations@phe.gov.uk

Please mark any correspondence for the attention of National Infrastructure Planning Administration.

Appendix: PHE recommendations regarding the scoping document

Introduction

The Planning Inspectorate's Advice Note 11: Working with Public Bodies covers many of the generic points of interaction relevant to the Planning Inspectorate and Public Health England (PHE). The purpose of this Annex is to help applicants understand the issues that PHE expect to see addressed by applicants preparing an Environmental Statement (ES) as part of their Nationally Significant Infrastructure Planning (NSIP) submission.

We have included a comprehensive outline of the type of issues we would expect to be considered as part of an NSIP which falls under the Infrastructure Planning (Environmental Impact Assessment) Regulations 2017 (the EIA Regulations). PHE encourages applicants to contact us as early in the process as possible if they wish to discuss or clarify any matters relating to chemical, poison, radiation or wider public health.

General Information on Public Health England

PHE was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service. We are an executive agency of the Department of Health and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the National Health Service (NHS) in a professionally independent manner.

We operate from 8 local centres, plus an integrated region and centre for London, and 4 regions (North of England, South of England, Midlands and East of England, and London). We work closely with public health professionals in Wales, Scotland and Northern Ireland, and internationally.¹ We have specialist teams advising on specific issues such as the potential impacts of chemicals, air quality, ionising and non-ionising radiation and other factors which may have an impact on public health, as well as on broader issues such as the wider determinants of health, health improvement and health inequalities.

PHE's NSIP related roles and responsibilities and geographical extent

PHE is a statutory consultee in the NSIP process for any *applications likely to involve chemicals, poisons or radiation which could potentially cause harm to people and are likely to affect significantly public health.*² PHE will consider the potential significant effects (direct and indirect) of a proposed development on population and human health and the impacts from chemicals, radiation and environmental hazards.

Under certain circumstances PHE may provide comments on ionising radiation to/on behalf of the Scottish Parliament. If a proposer is submitting a planning application in Scotland which may require advice on radiation you are recommended to contact the appropriate Scottish Planning Authority for advice on how to proceed.

In the case of applications in Wales, PHE remains a statutory consultee but the regime applies to a more limited range of development types. For NSIP applications likely to affect land in Wales, an applicant should still consult PHE but, additionally will be required to consult the Welsh Ministers.

Role of Public Health England and NSIP with respect to Environmental Impact Assessments

PHE has a statutory role as a consultation body under the EIA Regulations. Where an applicant has requested a scoping opinion from the Planning Inspectorate³ in relation to a proposed NSIP, PHE will be consulted by the Planning Inspectorate about the scope, and level of detail, of the

¹ <https://www.gov.uk/government/organisations/public-health-england/about#priorities>

² The Infrastructure Planning (Interested Parties and Miscellaneous Prescribed Provisions) Regulations 2015

³ The scoping process is administered and undertaken by the Planning Inspectorate on behalf of the Secretary of State

information to be provided in the ES and will be under a duty to make information available to the applicant. PHE's standard recommendations in response to EIA scoping consultations are below.

PHE also encourages applicants to discuss with them the scope of the ES at an early stage to explore, for example, whether careful site selection or other design issues could minimise or eliminate public health impacts or to outline the requirement for, scope and methodology of any assessments related to public health.

PHE's recommendations to applicants regarding Environmental Impact Assessments General approach

Applicants are reminded that Section 5(2)(a) of the Infrastructure Planning (Environmental Impact Assessment) Regulations 2017 specifically includes a requirement that the EIA must identify, describe and assess in an appropriate manner, in light of each individual case, the direct and indirect significant effects of the proposed development on population and human health.

PHE is of the opinion that this requirement encompasses the wider determinants of public health, as well as chemicals, poisons and radiation. Further information on PHE's recommendations and requirements is included below.

It is the role of the applicant to prepare the ES. PHE provides advice relating to EIA within this document and during the NSIP consultation stages.

When preparing an ES the applicant should give consideration to best practice guidance such as the Government's Handbook for scoping projects: environmental impact assessment⁴, IEMA Guide to Delivering Quality Developments⁵, and Guidance: on Environmental Impact Assessment⁶

The Planning Inspectorate's Advice Note Seven: Environmental Impact Assessment: Process, Preliminary Environmental Information and Environmental Statements also provide guidance to applicants and other persons with interest in the EIA process as it relates to NSIPs. It is important that the submitted ES identifies and assesses the potential public health impacts of the activities at, and emissions from, the development.

PHE understands that there may be separate sections of the ES covering the assessment of impacts on air, land, water and so on, but expects an ES to include a specific section summarising potential impacts on population and health. This section should bring together and interpret the information from other assessments as necessary. The health and population impacts section should address the following steps.

1. Screening: Identify and significant effects.
 - a. Summarise the methodologies used to identify health impacts, assess significance and sources of information
 - b. Evaluate any reference standards used in carrying out the assessment and in evaluating health impacts (e.g., environmental quality standards)
 - c. Where the applicant proposes the 'scoping out' of any effects a clear rationale and justification should be provided along with any supporting evidence.

2. Baseline Survey :

⁴ <https://www.gov.uk/government/publications/handbook-for-scoping-projects-environmental-impact-assessment>

⁵ <https://www.iema.net/assets/newbuild/documents/Delivering%20Quality%20Development.pdf>

⁶ <https://www.gov.uk/guidance/environmental-impact-assessment#the-purpose-of-environmental-impact-assessment>

- a. Identify information needed and available, Evaluate quality and applicability of available information
 - b. Undertake assessment
3. Alternatives:
- a. Identify and evaluate any realistic alternative locations, routes, technology etc.
4. Design and assess possible mitigation
- a. Consider and propose suitable corrective actions should mitigation measures not perform as effectively predicted.
5. Impact Prediction: Quantify and Assess Impacts:
- a. Evaluate and assess the extent of any positive and negative effects of the development. Effects should be assessed in terms of likely health outcomes, including those relating to the wider determinants of health such as socio-economic outcomes, in addition to health outcomes resulting from exposure to environmental hazards. Mental health effects should be included and given equivalent weighting to physical effects.
 - b. Clearly identify any omissions, uncertainties and dependencies (e.g., air quality assessments being dependant on the accuracy of traffic predictions)
 - c. Evaluate short-term impacts associated with the construction and development phase
 - d. Evaluate long-term impacts associated with the operation of the development
 - e. Evaluate any impacts associated with decommissioning
 - f. Evaluate any potential cumulative impacts as a result of the development, currently approved developments which have yet to be constructed, and proposed developments which do not currently have development consent
6. Monitoring and Audit (not a statutory requirement)
- a. Identify key modelling predictions and mitigation impacts and consider implementing monitoring and audit to assess their accuracy / effectiveness.

Any assessments undertaken to inform the ES should be proportionate to the potential impacts of the proposal, therefore we accept that, in some circumstances particular assessments may not be relevant to an application, or that an assessment may be adequately completed using a qualitative rather than quantitative methodology. In cases where this decision is made, the applicant should fully explain and justify their rationale in the submitted documentation.

Consideration of alternatives (including alternative sites, choice of process, and the phasing of construction) is widely regarded as good practice. Ideally, the EIA process should start at the stage of site selection, so that the environmental merits of practicable alternatives can be properly considered. Where this is undertaken, the main alternatives considered should be outlined in the ES⁷.

Human and environmental receptors

The applicant should clearly identify the development's location and the location and distance from the development of off-site human receptors that may be affected by emissions from, or activities at, the development. Off-site human receptors may include people living in residential premises; people working in commercial, and industrial premises and people using transport infrastructure (such as roads and railways), recreational areas, and publicly-accessible land.

Identify and consider impacts on residential areas and sensitive receptors (such as schools, nursing homes and healthcare facilities, as well as other vulnerable population groups such as those who are young, older, with disabilities or long-term conditions, or on low incomes) in the area(s) which

⁷ DCLG guidance, 1999 <http://www.communities.gov.uk/documents/planningandbuilding/pdf/155958.pdf>

may be affected by emissions, this should include consideration of any new receptors arising from future development

Consideration should also be given to environmental receptors such as the surrounding land, watercourses, surface and groundwater, and drinking water supplies such as wells, boreholes and water abstraction points.

Impacts arising from construction and decommissioning

Any assessment of impacts arising from emissions or activities due to construction and decommissioning should consider potential impacts on all receptors and describe monitoring and mitigation during these phases. Construction and decommissioning will be associated with vehicle movements and cumulative impacts should be accounted for.

We would expect the applicant to follow best practice guidance during all phases from construction to decommissioning to ensure appropriate measures are in place to mitigate any potential negative impact on health from emissions (point source, fugitive and traffic-related) and activities. An effective Construction Environmental Management Plan (CEMP) (and Decommissioning Environmental Management Plan (DEMP)) will help provide reassurance that activities are well managed. The applicant should ensure that there are robust mechanisms in place to respond to any complaints made during construction, operation, and decommissioning of the facility.

Emissions to air and water

Significant impacts are unlikely to arise from industrial installations which employ Best Available Techniques (BAT) and which meet regulatory requirements concerning emission limits and design parameters. However, PHE has a number of comments regarding the assessment of emissions from any type of development in order that the ES provides a comprehensive assessment of potential impacts.

When considering a baseline (of existing environmental quality) and in the assessment and future monitoring of impacts these should:

- include appropriate screening assessments and detailed dispersion modelling where this is screened as necessary
- encompass the combined impacts of all pollutants which may be emitted by the development with all pollutants arising from associated development and transport, considered in a single holistic assessment (ie, of overall impacts)
- include Chemical Abstract Service (CAS) numbers alongside chemical names, where referenced in the ES
- consider the construction, operational, and decommissioning phases
- consider the typical operational emissions and emissions from start-up, shut-down, abnormal operation and accidents when assessing potential impacts and include an assessment of worst-case impacts
- fully account for fugitive emissions
- include appropriate estimates of background levels
 - when assessing the human health risk of a chemical emitted from a facility or operation, background exposure to the chemical from other sources should be taken into account
- identify cumulative and incremental impacts (ie, assess cumulative impacts from multiple sources), including those arising from associated development, other existing and proposed development in the local area, and new vehicle movements associated with the proposed development; associated transport emissions should include consideration of non-road impacts (ie, rail, sea, and air)
- include consideration of local authority, Environment Agency, Natural Resources Wales, Defra national network, and any other local site-specific sources of monitoring data
- compare predicted environmental concentrations to the applicable standard or guideline value for the affected medium. Where available, the most recent UK standards for the appropriate

media (ie, air, water, and/or soil) and health-based guideline values should be used when quantifying the risk to human health from chemical pollutants

- where UK standards or guideline values are not available, use those recommended by the European Union or World Health Organization:
 - If no standard or guideline value exists, the predicted exposure to humans should be estimated and compared to an appropriate health-based value (eg, a Tolerable Daily Intake or equivalent)
 - This should consider all applicable routes of exposure (eg, include consideration of aspects such as the deposition of chemicals emitted to air and their uptake via ingestion)
- when quantitatively assessing the health risk of genotoxic and carcinogenic chemical pollutants, PHE does not favour the use of mathematical models to extrapolate from high dose levels used in animal carcinogenicity studies to well below the observed region of a dose-response relationship. When only animal data are available, we recommend that the 'Margin of Exposure' (MOE) approach¹ is used
- identify and consider impacts on residential areas and sensitive receptors (such as schools, nursing homes and healthcare facilities) in the area(s) which may be affected by emissions. This should include consideration of any new receptors arising from future development

Whilst screening of impacts using qualitative methodologies is common practice (eg, for impacts arising from fugitive emissions such as dust), where it is possible to undertake a quantitative assessment of impacts then this should be undertaken.

PHE's view is that the applicant should appraise and describe the measures that will be used to control both point source and fugitive emissions and demonstrate that standards, guideline values or health-based values will not be exceeded due to emissions from the installation, as described above. This should include consideration of any emitted pollutants for which there are no set emission limits. When assessing the potential impact of a proposed installation on environmental quality, predicted environmental concentrations should be compared to the permitted concentrations in the affected media; this should include both standards for short and long-term exposure. Further to assessments of compliance with limit values, for non-threshold pollutants (ie, those that have no threshold below which health effects do not occur) the **benefits** of development options which reduce population exposure should be evaluated.

Additional points specific to emissions to air

When considering baseline conditions (of existing air quality) and the assessment and future monitoring of impacts, these should include:

- consideration of impacts on existing areas of poor air quality e.g. existing or proposed local authority Air Quality Management Areas (AQMAs)
- modelling using appropriate meteorological data (i.e. come from the nearest suitable meteorological station and include a range of years and worst-case conditions)
- modelling taking into account local topography, congestion and acceleration
- evaluation of the public health **benefits** of development options which reduce air pollution – even below limit values – as pollutants such as nitrogen dioxide and particulate matter show no threshold below which health effects do not occur

Additional points specific to emissions to water

When considering baseline conditions (of existing water quality) and the assessment and future monitoring of impacts, these should:

- include assessment of potential impacts on human health and not focus solely on ecological impacts
- identify and consider all routes by which emissions may lead to population exposure (e.g., surface watercourses, recreational waters, sewers, geological routes etc.)
- assess the potential off-site effects of emissions to groundwater (eg, on aquifers used for drinking water) and surface water (used for drinking water abstraction) in terms of the potential for population exposure

- include consideration of potential impacts on recreational users (eg, from fishing, canoeing etc.) alongside assessment of potential exposure via drinking water

Land quality

We would expect the applicant to provide details of any hazardous contamination present on site (including ground gas) as part of a site condition report.

Emissions to and from the ground should be considered in terms of the previous history of the site and the potential of the site, once operational, to give rise to issues. Public health impacts associated with ground contamination and/or the migration of material off-site should be assessed⁸ and the potential impact on nearby receptors and control and mitigation measures should be outlined.

Relevant areas outlined in the Government's Good Practice Guide for EIA include:

- effects associated with ground contamination that may already exist
- effects associated with the potential for polluting substances that are used (during construction / operation) to cause new ground contamination issues on a site, for example introducing / changing the source of contamination
- impacts associated with re-use of soils and waste soils, for example, re-use of site-sourced materials on-site or offsite, disposal of site-sourced materials offsite, importation of materials to the site, etc.

Waste

The applicant should demonstrate compliance with the waste hierarchy (e.g. with respect to re-use, recycling or recovery and disposal).

For wastes arising from the development the ES should assess:

- the implications and wider environmental and public health impacts of different waste disposal options
- disposal route(s) and transport method(s) and how potential impacts on public health will be mitigated

If the development includes wastes delivered to the installation:

- Consider issues associated with waste delivery and acceptance procedures (including delivery of prohibited wastes) and should assess potential off-site impacts and describe their mitigation

Other aspects

Within the ES, PHE would expect to see information about how the applicant would respond to accidents with potential off-site emissions (e.g., flooding or fires, spills, leaks or releases off-site). Assessment of accidents should: identify all potential hazards in relation to construction, operation and decommissioning; include an assessment of the risks posed; and identify risk management measures and contingency actions that will be employed in the event of an accident in order to mitigate off-site effects.

PHE would expect the applicant to consider the COMAH Regulations (Control of Major Accident Hazards) and the Major Accident Off-Site Emergency Plan (Management of Waste from Extractive Industries) (England and Wales) Regulations: both in terms of their applicability to the development itself, and the development's potential to impact on, or be impacted by, any nearby installations themselves subject to these Regulations.

There is evidence that, in some cases, perception of risk may have a greater impact on health than the hazard itself. A 2009 report⁹, jointly published by Liverpool John Moores University and the

⁸ Following the approach outlined in the section above dealing with emissions to air and water i.e. comparing predicted environmental concentrations to the applicable standard or guideline value for the affected medium (such as Soil Guideline Values)

⁹ Available from: <http://www.cph.org.uk/wp-content/uploads/2012/08/health-risk-perception-and-environmental-problems--summary-report.pdf>

Health Protection Agency (HPA), examined health risk perception and environmental problems using a number of case studies. As a point to consider, the report suggested: “*Estimation of community anxiety and stress should be included as part of every risk or impact assessment of proposed plans that involve a potential environmental hazard. This is true even when the physical health risks may be negligible.*” PHE supports the inclusion of this information within ES’ as good practice.

Electromagnetic fields (EMF)

This advice relates to electrical installations such as substations and connecting underground cables or overhead lines. PHE advice on the health effects of power frequency electric and magnetic fields is available on the Gov.UK website.¹⁰

There is a potential health impact associated with the electric and magnetic fields around substations, overhead power lines and underground cables. The field strengths tend to reduce with distance from such equipment.

The following information provides a framework for considering the health impact associated with the electric and magnetic fields produced by the proposed development, including the direct and indirect effects of the electric and magnetic fields as indicated above.

Policy Measures for the Electricity Industry

A voluntary code of practice is published which sets out key principles for complying with the ICNIRP guidelines.¹¹

Companion codes of practice dealing with optimum phasing of high voltage power lines and aspects of the guidelines that relate to indirect effects are also available.^{12, 13}

Exposure Guidelines

PHE recommends the adoption in the UK of the EMF exposure guidelines published by the International Commission on Non-ionizing Radiation Protection (ICNIRP). Formal advice to this effect, based on an accompanying comprehensive review of the scientific evidence, was published in 2004 by the National Radiological Protection Board (NRPB), one of PHE’s predecessor organisations¹⁴

Updates to the ICNIRP guidelines for static fields have been issued in 2009 and for low frequency fields in 2010. However, Government policy is that the ICNIRP guidelines are implemented as expressed in the 1999 EU Council Recommendation on limiting exposure of the general public (1999/519/EC):¹⁵

Static magnetic fields

For static magnetic fields, the ICNIRP guidelines published in 2009 recommend that acute exposure of the general public should not exceed 400 mT (millitesla), for any part of the body, although the previously recommended value of 40 mT is the value used in the Council Recommendation. However, because of potential indirect adverse effects, ICNIRP recognises that practical policies need to be implemented to prevent inadvertent harmful exposure of people with implanted electronic medical devices and implants containing

¹⁰ <https://www.gov.uk/government/collections/electromagnetic-fields#low-frequency-electric-and-magnetic-fields>

¹¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/37447/1256-code-practice-emf-public-exp-guidelines.pdf

¹² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/48309/1255-code-practice-optimum-phasing-power-lines.pdf

¹³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224766/powerlines_vcop_microshocks.pdf

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<http://webarchive.nationalarchives.gov.uk/20140629102627/http://www.hpa.org.uk/Publications/Radiation/NPRBArchive/DocumentsOfTheNRPB/Absd1502/>

¹⁵ http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/PublicHealth/Healthprotection/DH_4089500

ferromagnetic materials, and injuries due to flying ferromagnetic objects, and these considerations can lead to much lower restrictions, such as 0.5 mT.

Power frequency electric and magnetic fields

At 50 Hz, the known direct effects include those of induced currents in the body on the central nervous system (CNS) and indirect effects include the risk of painful spark discharge on contact with metal objects exposed to electric fields. The ICNIRP guidelines published in 1998 give reference levels for public exposure to 50 Hz electric and magnetic fields, and these are respectively 5 kV m⁻¹ (kilovolts per metre) and 100 µT (microtesla). The reference level for magnetic fields changes to 200 µT in the revised (ICNIRP 2010) guidelines because of new basic restrictions based on induced electric fields inside the body, rather than induced current density. If people are not exposed to field strengths above these levels, direct effects on the CNS should be avoided and indirect effects such as the risk of painful spark discharge will be small. The reference levels are not in themselves limits but provide guidance for assessing compliance with underlying basic restrictions and reducing the risk of indirect effects.

Long term effects

There is concern about the possible effects of long-term exposure to electromagnetic fields, including possible carcinogenic effects at levels much lower than those given in the ICNIRP guidelines. In the NRPB advice issued in 2004, it was concluded that the studies that suggest health effects, including those concerning childhood leukaemia, could not be used to derive quantitative guidance on restricting exposure. However, the results of these studies represented uncertainty in the underlying evidence base, and taken together with people's concerns, provided a basis for providing an additional recommendation for Government to consider the need for further precautionary measures, particularly with respect to the exposure of children to power frequency magnetic fields.

The Stakeholder Advisory Group on ELF EMFs (SAGE)

The Stakeholders Advisory Group on ELF EMF's (SAGE) was set up to explore the implications for a precautionary approach to extremely low frequency electric and magnetic fields (ELF EMFs), and to make practical recommendations to Government:¹⁶

Relevant here is SAGE's 2007 First Interim Assessment, which makes several recommendations concerning high voltage power lines. Government supported the implementation of low cost options such as optimal phasing to reduce exposure; however it did not support the option of creating corridors around power lines in which development would be restricted on health grounds, which was considered to be a disproportionate measure given the evidence base on the potential long term health risks arising from exposure. The Government response to SAGE's First Interim Assessment is available on the national archive website.¹⁷

The Government also supported calls for providing more information on power frequency electric and magnetic fields, which is available on the PHE web pages.

Ionising radiation

Particular considerations apply when an application involves the possibility of exposure to ionising radiation. In such cases it is important that the basic principles of radiation protection recommended by the International Commission on Radiological Protection¹⁸ (ICRP) are followed. PHE provides advice on the application of these recommendations in the UK. The ICRP recommendations are

¹⁶ <http://www.emfs.info/policy/sage/>

¹⁷

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107124

¹⁸ These recommendations are given in publications of the ICRP notably publications 90 and 103 see the website at <http://www.icrp.org/>

implemented in the Euratom Basic Safety Standards¹⁹ (BSS) and these form the basis for UK legislation, including the Ionising Radiation Regulations 1999, the Radioactive Substances Act 1993, and the Environmental Permitting Regulations 2016.

As part of the EIA process PHE expects applicants to carry out the necessary radiological impact assessments to demonstrate compliance with UK legislation and the principles of radiation protection. This should be set out clearly in a separate section or report and should not require any further analysis by PHE. In particular, the important principles of justification, optimisation and radiation dose limitation should be addressed. In addition compliance with the Euratom BSS and UK legislation should be clear.

When considering the radiological impact of routine discharges of radionuclides to the environment PHE would, as part of the EIA process, expect to see a full radiation dose assessment considering both individual and collective (population) doses for the public and, where necessary, workers. For individual doses, consideration should be given to those members of the public who are likely to receive the highest exposures (referred to as the representative person, which is equivalent to the previous term, critical group).

Different age groups should be considered as appropriate and should normally include adults, 1 year old and 10 year old children. In particular situations doses to the fetus should also be calculated²⁰.

The estimated doses to the representative person should be compared to the appropriate radiation dose criteria (dose constraints and dose limits), taking account of other releases of radionuclides from nearby locations as appropriate. Collective doses should also be considered for the UK, European and world populations where appropriate.

The methods for assessing individual and collective radiation doses should follow the guidance given in 'Principles for the Assessment of Prospective Public Doses arising from Authorised Discharges of Radioactive Waste to the Environment August 2012'²¹

It is important that the methods used in any radiological dose assessment are clear and that key parameter values and assumptions are given (for example, the location of the representative persons, habit data and models used in the assessment).

Any radiological impact assessment, undertaken as part of the EIA, should also consider the possibility of short-term planned releases and the potential for accidental releases of radionuclides to the environment. This can be done by referring to compliance with the Ionising Radiation Regulations and other relevant legislation and guidance.

The radiological impact of any solid waste storage and disposal should also be addressed in the assessment to ensure that this complies with UK practice and legislation; information should be provided on the category of waste involved (e.g. very low level waste, VLLW). It is also important that the radiological impact associated with the decommissioning of the site is addressed.

Of relevance here is PHE advice on radiological criteria and assessments for land-based solid waste disposal facilities²². PHE advises that assessments of radiological impact during the

¹⁹ Council Directive 96/29/EURATOM laying down basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionising radiation.

²⁰ HPA (2008) Guidance on the application of dose coefficients for the embryo, fetus and breastfed infant in dose assessments for members of the public. Doc HPA, RCE-5, 1-78, available at <https://www.gov.uk/government/publications/embryo-fetus-and-breastfed-infant-application-of-dose-coefficients>

²¹ The Environment Agency (EA), Scottish Environment Protection Agency (SEPA), Northern Ireland Environment Agency, Health Protection Agency and the Food Standards Agency (FSA).

Principles for the Assessment of Prospective Public Doses arising from Authorised Discharges of Radioactive Waste to the Environment August 2012.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296390/geho1202bklh-e-e.pdf

operational phase should be performed in the same way as for any site authorised to discharge radioactive waste. PHE also advises that assessments of radiological impact during the post operational phase of the facility should consider long timescales (possibly in excess of 10,000 years) that are appropriate to the long-lived nature of the radionuclides in the waste, some of which may have half-lives of millions of years.

The radiological assessment should consider exposure of members of hypothetical representative groups for a number of scenarios including the expected migration of radionuclides from the facility, and inadvertent intrusion into the facility once institutional control has ceased.

For scenarios where the probability of occurrence can be estimated, both doses and health risks should be presented, where the health risk is the product of the probability that the scenario occurs, the dose if the scenario occurs and the health risk corresponding to unit dose.

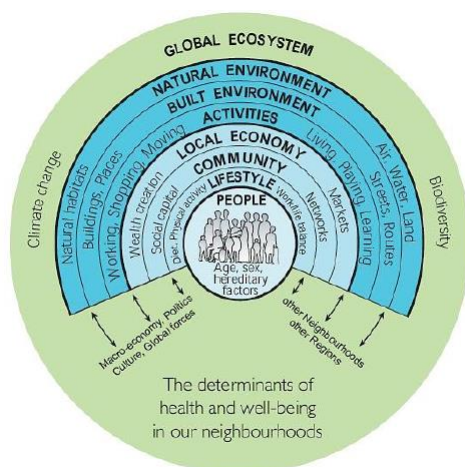
For inadvertent intrusion, the dose if the intrusion occurs should be presented. It is recommended that the post-closure phase be considered as a series of timescales, with the approach changing from more quantitative to more qualitative as times further in the future are considered.

The level of detail and sophistication in the modelling should also reflect the level of hazard presented by the waste. The uncertainty due to the long timescales means that the concept of collective dose has very limited use, although estimates of collective dose from the 'expected' migration scenario can be used to compare the relatively early impacts from some disposal options if required.

Wider Determinants of Health

World Health Organization (WHO's) defines health as "a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity" (WHO, 1948).

The health of an individual or a population is the result of a complex interaction of a wide range of different determinants of health, from an individual's genetic make-up, to lifestyles and behaviours, and the communities, local economy, built and natural environments to global ecosystem trends. All developments will have some effect on the determinants of health, which in turn will influence the health and wellbeing of the general population, vulnerable groups and individual people.



Barton and Grant²³

²² HPA RCE-8, Radiological Protection Objectives for the Land-based Disposal of Solid Radioactive Wastes, February 2009

²³ Barton H, Grant M. A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health 2006; 126(6): 252-3.

PHE recognises that evaluating an NSIP's impacts on health through the wider determinants is more complex than assessing a project's direct impacts against clearly defined regulatory protections (e.g. protected species). However, this does not mean that their assessment should be side-lined; with the 2017 EIA Regulations clarifying that the likely significant effects of a development proposal on human health must be assessed.

We accept that the relevance of these topics and associated impacts will vary depending on the nature of the proposed development and in order to assist applicants PHE has focused its approach on scoping determinants of health and wellbeing under four themes, which have been derived from an analysis of the wider determinants of health mentioned in the National Policy Statements. PHE has developed a list of 21 determinants of health and wellbeing under four broad themes, which have been derived from an analysis of the wider determinants of health mentioned in the National Policy Statements (NPS). If the applicant proposes to scope any areas out of the assessment, they should provide clear reasoning and justification.

The four themes are:

- Access
- Traffic and Transport
- Socioeconomic
- Land Use

Methodology

PHE will expect assessments to set out the methodology used to assess each determinant included in the scope of the assessment. In some instances, the methodologies described may be established and refer to existing standards and/or guidance. In other instances, there may be no pre-defined methodology, which can often be the case for the wider determinants of health; as such there should be an application of a logical impact assessment method that:

- identifies effected populations vulnerable to impacts from the relevant determinant
- establishes the current baseline situation
- identifies the NSIP's potential direct and indirect impacts on each population
- if impacts are identified, evaluates whether the potential impact is significant in relation to the affected population
- identifies appropriate mitigation to minimise impacts or the subsequent effects on health
- identifies opportunities to achieve benefits from the scheme
- identifies appropriate monitoring programmes

Currently there is no standard methodology for assessing the population and human health effects of infrastructure projects, but a number of guides exist, including:

- Institute of Environmental Management and Assessment, 2017: Health in Environmental Assessment, a primer for a proportionate approach;
- NHS London Healthy Urban Development Unit (HUDU), 2015. Healthy Urban Planning Checklist and Rapid Health Impact Assessment Tool;
- Wales Health Impact Assessment Unit, 2012: HIA a practical guide;
- National Mental Wellbeing Impact Assessment Development Unit 2011: Mental Wellbeing Impact Assessment Toolkit;

Determining significant effects

Neither the EIA regulations nor the National Policy Statements provide a definition of what constitutes a 'significant' effect, and so PHE have derived a list of factors which it will take into consideration in the assessment of significance of effects, as outlined below. these list of factors should be read in conjunction with guidance from the above guides.

1. Sensitivity:

Is the population exposed to the NSIP at particular risk from effects on this determinant due to pre-existing vulnerabilities or inequalities (for example, are there high numbers in the local population of

people who are young, older, with disabilities or long-term conditions, or on a low income)? Will the NSIP widen existing inequalities or introduce new inequalities in relation to this determinant?

2. Magnitude:

How likely is the impact on this determinant to occur? If likely, will the impact affect a large number of people / Will the impact affect a large geographic extent? Will the effects be frequent or continuous? Will the effects be temporary or permanent and irreversible?

3. Cumulative effects:

Will the NSIP's impacts on this determinant combine with effects from other existing or proposed NSIPs or large-scale developments in the area, resulting in an overall cumulative effect different to that of the project alone?

What are the cumulative effects of the impacts of the scheme on communities or populations. Individual impacts individually may not be significant but in combination may produce an overall significant effect.

4. Importance:

Is there evidence for the NSIP's effect on this determinant on health? Is the impact on this determinant important in the context of national, regional or local policy?

5. Acceptability:

What is the local community's level of acceptance of the NSIP in relation to this determinant? Do the local community have confidence that the applicants will promote positive health impacts and mitigate against negative health effects?

6. Opportunity for mitigation:

If this determinant is included in the scope for the EIA is there an opportunity to enhance any positive health impacts and/or mitigate any negative health impacts?

Scoping

The scoping report may determine that some of the wider determinants considered under human and population health can be scoped out of the EIA. If that, should be the case, detailed rationale and supporting evidence for any such exclusions must be provided. PHE will expect an assessment to have considered all of the determinants listed in Table1 of Appendix 1 as a minimum.

Vulnerable groups

Certain parts of the population may experience disproportionate negative health effects as a result of a development. Vulnerable populations can be identified through research literature, local population health data or from the identification of pre-existing health conditions that increase vulnerability.

The on health and wellbeing and health inequalities of the scheme will have particular effect on vulnerable or disadvantaged populations, including those that fall within the list of protected characteristics. Some protected groups are more likely to have elevated vulnerability associated with social and economic disadvantages. Consideration should be given to language or lifestyles that influence how certain populations are affected by impacts of the proposal, for example non-English speakers may face barriers to accessing information about the works or expressing their concerns.

Equality Impact Assessments (EqIA) are used to identify disproportionate effects on Protected Groups (defined by the Equality Act, 2010), including health effects. The assessments and findings of the Environmental Statement and the EqIA should be cross reference between the two documents, particularly to ensure the assessment of potential impacts for health and inequalities and that resulting mitigation measures are mutually supportive.

The Wales Health Impact Assessment Support Unit (WHIASU), provides a suggested list of vulnerable groups

Age related groups

- Children and young people
- Older people

Income related groups

- People on low income
- Economically inactive
- Unemployed/workless
- People who are unable to work due to ill health

Groups who suffer discrimination or other social disadvantage

- People with physical or learning disabilities/difficulties
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay and transgender people
- Black and minority ethnic groups
- Religious groups

Geographical groups

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated/over-populated areas
- People unable to access services and facilities

Mental health

PHE supports the use of the broad definition of health proposed by the World Health Organisation (WHO). Mental well-being is fundamental to achieving a healthy, resilient and thriving population. It underpins healthy lifestyles, physical health, educational attainment, employment and productivity, relationships, community safety and cohesion and quality of life. NSIP schemes can be of such scale and nature that will impact on the over-arching protective factors, which are:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation and promoting inclusion.

There should be parity between mental and physical health, and any assessment of health impact should include the appreciation of both. A systematic approach to the assessment of the impacts on mental health, including suicide, is required. The **Mental Well-being Impact Assessment (MWIA)** could be used as a methodology. The assessment should identify vulnerable populations and provide clear mitigation strategies that are adequately linked to any local services or assets

Perceptions about the proposed scheme may increase the risk of anxiety or health effects by perceived effects. “Estimation of community anxiety and stress should be included as part of every risk or impact assessment of proposed plans that involve a potential environmental hazard.

Evidence base and baseline data

An assessment should be evidence based, using published literature to identify determinants and likely health effects. The strength of evidence identifying health effects can vary, but where the evidence for an association is weak it should not automatically be discounted.

There will be a range of publicly available health data including:

- National datasets such as those from the Office of National Statistics,
- Public Health England (PHE), including the fingertips data sets,
- Non-governmental organisations,

- Local public health reports, such as the Joint Strategic Needs Assessment, Health and Wellbeing Strategies;
- Consultation with local authorities, including local authority public health teams;
- Information received through public consultations

Mitigation

If the assessment has identified that significant negative effects are likely to occur with respect to the wider determinants of health, the assessment should include a description of planned mitigation measures the applicant will implement to avoid or prevent effects on the population.

Mitigation and/or monitoring proposals should be logical, feasible and have a clear governance and accountability framework indicating who will be responsible for implementation and how this will be secured during the construction and/or operation of the NSIP.

Positive benefits from the scheme

The scale of many NSIP developments will generate the potential for positive impacts on health and wellbeing; however, delivering such positive health outcomes often requires specific enabling or enhancement measures. For example, the construction of a new road network to access an NSIP site may provide an opportunity to improve the active transport infrastructure for the local community. PHE expects developments to consider and report on the opportunity and feasibility of positive impacts. These may be stand alone or be considered as part of the mitigation measures.

Monitoring

PHE expects an assessment to include consideration of the need for monitoring. It may be appropriate to undertake monitoring where:

- Critical assumptions have been made
- There is uncertainty about whether negative impacts are likely to occur as it may be appropriate to include planned monitoring measures to track whether impacts do occur.
- There is uncertainty about the potential success of mitigation measures
- It is necessary to track the nature of the impact and provide useful and timely feedback that would allow action to be taken should negative impacts occur

How to contact PHE

If you wish to contact us regarding an existing or potential NSIP application please email: nsipconsultations@phe.gov.uk

[Appendix 1](#)

[Table 1 – Wider determinants of health and wellbeing](#)

Health and wellbeing themes			
Access	Traffic and Transport	Socioeconomic	Land Use
Wider determinants of health and wellbeing			
<p>Access to :</p> <ul style="list-style-type: none"> • local public and key services and facilities. • Good quality affordable housing. • Healthy affordable food. • The natural environment. • The natural environment within the urban environment. • Leisure, recreation and physical activities within the urban and natural environments. 	<ul style="list-style-type: none"> • Accessibility. • Access to/by public transport. • Opportunities for access by cycling and walking. • Links between communities. • Community severance. • Connections to jobs. • Connections to services, facilities and leisure opportunities. 	<ul style="list-style-type: none"> • Employment opportunities, including training opportunities. • Local business activity. • Regeneration. • Tourism and leisure industries. • Community/social cohesions and access to social networks. • Community engagement. 	<ul style="list-style-type: none"> • Land use in urban and/or /rural settings. • Quality of Urban and natural environments

1) **Access**

a. Access to local, public and key services and facilities

Access to local facilities can increase mobility and social participation. Body mass index is significantly associated with access to facilities, including factors such as the mix and density of facilities in the area. The distance to facilities has no or only a small effect on walking and other physical activities. Access to recreational facilities can increase physical activity, especially walking for recreation, reduce body weight, reduce the risk of high blood pressure, and reduce the number of vehicle trips, the distances travelled and greenhouse gas emissions.

Local services include health and social care, education, employment, and leisure and recreation. Local facilities include community centres, shops, banks/credit unions and Post Offices. Services and facilities can be operated by the public, private and/or voluntary sectors. Access to services and facilities is important to both physical and mental health and wellbeing. Access is affected by factors such as availability,

proximity to people's place of residence, existence of transport services or active travel infrastructure to the location of services and facilities, and the quality of services and facilities.

The construction or operation of an NSIP can affect access adversely: it may increase demand and therefore reduce availability for the existing community; during construction, physical accessibility may be reduced due to increased traffic and/or the blockage of or changes to certain travel routes. It is also possible that some local services and facilities are lost due to the land-take needed for the NSIP.

Conversely if new routes are built or new services or facilities provided the NSIP may increase access. NSIPs relating to utilities such as energy and water can maintain, secure or increase access to those utilities, and thereby support health and wellbeing.

b. Access to good-quality affordable housing

Housing refurbishment can lead to an improvement in general health and reduce health inequalities. Housing improvements may also benefit mental health. The provision of diverse forms and types of housing is associated with increased physical activity. The provision of affordable housing is strongly associated with improved safety perceptions in the neighbourhood, particularly among people from low-income groups. For vulnerable groups, the provision of affordable housing can lead to improvements in social, behavioural and health related outcomes. For some people with long term conditions, the provision of secure and affordable housing can increase engagement with healthcare services, which can lead to improved health-related outcomes. The provision of secure and affordable housing can also reduce engagement in risky health-related behaviours. For people who are homeless, the provision of affordable housing increases engagement with healthcare services, improves quality of life and increases employment, and contributes to improving mental health.

Access to housing meets a basic human need, although housing of itself is not necessarily sufficient to support health and wellbeing: it is also important that the housing is of good quality and affordable. Factors affecting the quality of housing include energy efficiency (eg effective heating, insulation), sanitation and hygiene (eg toilet and bathroom), indoor air quality including ventilation and the presence of damp and/or mould, resilience to climate change, and overcrowding. The affordability of housing is important because for many people, especially people on a low income, housing will be the largest monthly expense; if the cost of housing is high, people may not be able to meet other needs such as the need for heating in winter or food. Some proposals for NSIPs include the provision of housing, which could be beneficial for the health and wellbeing of the local population. It is also possible that some housing will be subject to a compulsory purchase order due to the land-take needed for an NSIP.

c. Access to affordable healthy food

Access to healthy food is related to the provision of public and active transport infrastructure and the location and proximity of outlets selling healthier food such as fruit and vegetables. For the general population, increased access to healthy, affordable food through a variety of outlets (shops, supermarkets, farmers' markets and community gardens) is associated with improved dietary behaviours, including attitudes towards healthy eating and food purchasing behaviour, and improved adult weight. Increased access to unhealthier food retail outlets is associated with increased weight in the general population and increased obesity and unhealthy eating behaviours among children living in low-income areas. Urban agriculture can improve attitudes towards healthier food and increase fruit and vegetable consumption.

Factors affecting access to healthy affordable food include whether it is readily available from local shops, supermarkets, markets or delivery schemes and/or there are opportunities to grow food in local allotments or community gardens. People in environments where there is a high proportion of fast food outlets may not have easy access to healthy affordable food.

d. Access to the natural environment

Availability of and access to safe open green space is associated with increased physical activity across a variety of behaviours, social connectedness, childhood development, reduced risk of overweight and obesity and improved physical and mental health outcomes. While the quantity of green space in a neighbourhood helps to promote physical activity and is beneficial to physical health, eg lower rates of mortality from cardiovascular disease and respiratory disease in men, the availability of green environments is likely to contribute more to mental health than to physical health: the prevalence of some disease clusters, particularly anxiety and depression, is lower in living environments which have more green space within a 1-km radius.

The proximity, size, type, quality, distribution, density and context of green space are also important factors. Quality of green space may be a better predictor of health than quantity, and any type of green space in a neighbourhood does not necessarily act as a venue for, or will encourage, physical activity. 'Walkable' green environments are important for better health, and streetscape greenery is as strongly related to self-reported health as green areas. Residents in deprived areas are more likely to perceive access to green space as difficult, to report poorer safety, to visit the green space less frequently and to have lower levels of physical activity. The benefits to health and wellbeing of blue space include lower psychological distress.

The natural environment includes the landscape, waterscape and seascape. Factors affecting access include the proximity of the natural environment to people's place of residence, the existence of public transport services or active travel infrastructure to the natural environment, the quality of the natural environment and feelings of safety in the natural environment. The construction of an NSIP may be an opportunity to provide green and/or blue infrastructure in the local area. It is also possible that green or blue infrastructure will be lost due to the land-take needed for the NSIP.

e. Access to the natural environment within the urban environment

Public open spaces are key elements of the built environment. Ecosystem services through the provision of green infrastructure are as important as other types of urban infrastructure, supporting physical, psychological and social health, although the quality and accessibility of green space affects its use, C19, ethnicity and perceptions of safety. Safe parks may be particularly important for promoting physical activity among urban adolescents. Proximity to urban green space and an increased proportion of green space are associated with decreased treatment of anxiety/mood disorders, the benefits deriving from both participation in usable green space near to home and observable green space in the neighbourhood. Urban agriculture may increase opportunities for physical activity and social connections.

A view of 'greenery' or of the sea moderates the annoyance response to noise. Water is associated with positive perceptive experiences in urban environments, with benefits for health such as enhanced contemplation, emotional bonding, participation and physical activity. Increasing biodiversity in urban environments, however, may promote the introduction of vector or host organisms for infectious pathogens, eg green connectivity may potentiate the role of rats and ticks in the spread of disease, and bodies of water may provide habitats for mosquitoes. Owing to economic growth,

population size and urban and industrial expansion in the EU, to maintain ecosystem services at 2010 levels, for every additional percentage increase in the proportion of 'artificial' land, there needs to be a 2.2% increase in green infrastructure.

The natural environment within the urban environment includes the provision of green space and blue space in towns and cities. Factors involved in access include the proximity of the green and/or blue space to people's place of residence, the existence of transport services or active travel infrastructure to the green and/or blue space, the quality of the green and/or blue space and feelings of safety when using the green and/or blue space. The construction of an NSIP may be an opportunity to provide green and/or blue infrastructure in the local urban environment. It is also possible that green or blue infrastructure in the urban environment will be lost due to the land-take needed for the NSIP.

- f. Access to leisure, recreation and physical activity opportunities within the urban and natural environments.

Access to recreational opportunities, facilities and services is associated with risk factors for long-term disease; it can increase physical activity, especially walking for recreation, reduce body mass index and overweight and obesity, reduce the risk of high blood pressure, and reduce the number of vehicle trips, the distances travelled and greenhouse gas emissions. It can also enhance social connectedness. Children tend to play on light-traffic streets, whereas outdoor activities are less common on high-traffic streets. A perception of air pollution can be a barrier to participating in outdoor physical activity. There is a positive association between urban agriculture and increased opportunities for physical activity and social connectivity. Gardening in an allotment setting can result in many positive physical and mental health-related outcomes. Exercising in the natural environment can have a positive effect on mental wellbeing when compared with exercising indoors.

Leisure and recreation opportunities include opportunities that are both formal, such as belonging to a sports club, and informal, such as walking in the local park or wood. Physical activity opportunities include routine activity as part of daily life, such as walking or cycling to work, and activity as part of leisure or recreation, such as playing football. The construction of an NSIP may enhance the opportunities available for leisure and recreation and physical activity through the provision of new or improved travel routes, community infrastructure and/or green or blue space. Conversely, construction may reduce access through the disruption of travel routes to leisure, recreation and physical activity opportunities.

2) **Traffic and Transport**

- a. Accessibility

Walkability, regional accessibility, pavements and bike facilities are positively associated with physical activity and negatively related to body weight and high blood pressure, and reduce the number of vehicle trips, the distances travelled and greenhouse gas emissions. Body mass index is associated with street network accessibility and slope variability.

Accessibility in relation to transport and travel has several aspects including whether potential users can gain physical access to the infrastructure and access to the services the infrastructure provides. The design and operation of transport infrastructure and the associated services should take account of the travel needs of all potential users including people with limited mobility. People whose specific needs should be considered include pregnant women, older people, children and young

people and people with a disability. Other aspects of transport infrastructure affecting accessibility include safety and affordability, both of which will affect people's ability to travel to places of employment and/or key local services and facilities and/or access their social networks.

b. Access to / by public transport

Provision of high-quality public transport is associated with higher levels of active travel among children and among people commuting to work, with a decrease in the use of private cars. Combining public transport with other forms of active travel can improve cardiovascular fitness. Innovative or new public transport interventions may need to be marketed and promoted differently to different groups of transport users, eg by emphasising novelty to car users while ensuring that the new system is seen by existing users as coherently integrated with existing services.

Transport facilitates access to other services, facilities and amenities important to health and wellbeing. Public transport is any transport open to members of the public including bus, rail and taxi services operated by the public, private or community sectors. For people who do not have access to private transport, access to public transport is important as the main agency of travel especially for journeys >1 mile. Access to public transport is not sufficient, however, and access by public transport needs to be taken into account: public transport services should link places where people live with the destinations they need or want to visit such as places of employment, education and healthcare, shops, banks and leisure facilities. Other aspects of access to public transport include affordability, safety, frequency and reliability of services.

c. Opportunities for / access by cycling & walking

Walking and cycling infrastructure can enhance street connectivity, helping to reduce perceptions of long-distance trips and providing alternative routes for active travel. Prioritising pedestrians and cyclists through changes in physical infrastructure can have positive behavioural and health outcomes, such as physical activity, mobility and cardiovascular outcomes. The provision and proximity of active transport infrastructure is also related to other long-term disease risk factors, such as access to healthy food, social connectedness and air quality. The perception of air pollution, however, appears to be a barrier to participating in active travel.

Perceived or objective danger may also have an adverse effect on cycling and walking, both of which activities decrease with increasing traffic volume and speed, and cycling for leisure decreases as local traffic density increases. Health gains from active travel policies outweigh the adverse effects of road traffic incidents. New infrastructure to promote cycling, walking and the use of public transport can increase the time spent cycling on the commute to work, and the overall time spent commuting among the least-active people. Active travel to work or school can be associated with body mass index and weight, and may reduce cardiovascular risk factors and improve cardiovascular outcomes. The distance of services from cycle paths can have an adverse effect on cycling behaviour, whereas mixed land use, higher densities and reduced distances to non-residential destinations promote transportation walking.

d. Links between communities

Social connectedness can be enhanced by the provision of public and active transport infrastructure and the location of employment, amenities, facilities and services.

e. Community severance

In neighbourhoods with high volumes of traffic, the likelihood of people knowing and trusting neighbours is reduced.

f. Connections to jobs

The location of employment opportunities and the provision of public and active transportation infrastructure are associated with risk factors for long-term disease such as physical activity. Good pedestrian and cycling infrastructure can promote commuting physical activity. Improved transport infrastructure has the potential to shift the population distribution of physical activity in relation to commuting, although a prerequisite may be a supportive social environment. Mixed land use, higher densities and reduced distances to non-residential destinations promote transportation walking.

The ease of access to employment, shops and services including the provision of public and active transport are important considerations and schemes should take any opportunity to improve infrastructure to promote cycling, walking and the use of public transport

g. Connections to services, facilities and leisure opportunities

Mixed land use, higher densities and reduced distances to non-residential destinations promote transportation walking. Access to recreational opportunities and the location of shops and services are associated with risk factors for long-term disease such as physical activity, access to healthy food and social connectedness. Increased distance of services from cycle paths can have an adverse effect on cycling behaviour.

3) **Socio Economic**

a. Employment opportunities including training opportunities

Employment is generally good for physical and mental health and well-being, and worklessness is associated with poorer physical and mental health and well-being. Work can be therapeutic and can reverse the adverse health effects of unemployment for healthy people of working age, many disabled people, most people with common health problems and social security beneficiaries. Account must be taken of the nature and quality of work and its social context and jobs should be safe and accommodating. Overall, the beneficial effects of work outweigh the risks of work and are greater than the harmful effects of long-term unemployment or prolonged sickness absence. Employment has a protective effect on depression and general mental health.

Transitions from unemployment to paid employment can reduce the risk of distress and improve mental health, whereas transitions into unemployment are psychologically distressing and detrimental to mental health. The mental health benefits of becoming employed are also dependent on the psychosocial quality of the job, including level of control, demands, complexity, job insecurity and level of pay: transition from unemployment to a high-quality job is good for mental health, whereas transition from unemployment to a low-quality job is worse for mental health than being unemployed. For people receiving social benefits, entry into paid employment can improve quality of life and self-rated health (physical, mental, social) within a short time-frame. For people receiving disability benefits, transition into employment can improve mental and physical health. For people with mental health needs, entry into employment reduces the use of mental health services.

For vocational rehabilitation of people with severe mental illness (SMI), Supported Employment is more effective than Pre-vocational Training in helping clients obtain

competitive employment; moreover, clients in Supported Employment earn more and work more hours per month than those in Pre-vocational Training.

b. Local Business Activity

It is important to demonstrate how a proposed development will contribute to ensuring the vitality of town centres. Schemes should consider the impact on local employment, promote beneficial competition within and between town centres, and create attractive, diverse places where people want to live, visit and work

In rural areas the applicant should assess the impact of the proposals on a prosperous rural economy, demonstrate how they will support the sustainable growth and expansion of all types of business and enterprise in rural areas, promoting the development and diversification of agricultural and other land based rural businesses.

c. Regeneration

Following rebuilding and housing improvements in deprived neighbourhoods, better housing conditions are associated with better health behaviours; allowing people to remain in their neighbourhood during demolition and rebuilding is more likely to stimulate life-changing improvements in health behaviour than in people who are relocated. The partial demolition of neighbourhoods does not appear to affect residents' physical or mental health. Mega-events, such as the Olympic Games, often promoted on the basis of their potential legacy for regeneration, appear to have only a short-term impact on mental health.

d. Tourism and Leisure Industries

The applicant should assess the impact of the proposed development on retail, leisure, commercial, office, tourism, cultural, community and residential development needed in town centres. In rural locations assessment and evaluation of potential impacts on sustainable rural tourism and leisure developments that benefit businesses in rural areas, communities and visitors should be undertaken.

e. Community / social cohesion and access to social networks

The location of employment, shops and services, provision of public and active transport infrastructure and access to open space and recreational opportunities are associated with social connectedness. Access to local amenities can increase social participation. Neighbourhoods that are more walkable can increase social capital. Urban agriculture can increase opportunities for social connectivity. Infrastructure developments, however, can affect the quality of life of communities living in the vicinity, mediated by substantial community change, including feelings of threat and anxiety, which can lead to psychosocial stress and intra-community conflict.

f. Community engagement

Public participation can improve environmental impact assessments, thereby increasing the total welfare of different interest groups in the community. Infrastructure development may be more acceptable to communities if it involves substantial public participation.

4) **Land Use**

a. Land use in urban and / or rural settings

Land-use mix including infrastructure:

Land use affects health not only by shaping the built environment, but also through the balance of various types of infrastructure including transport. Vulnerable groups in the population are disproportionately affected by decisions about land use, transport and the built environment. Land use and transport policies can result in negative health impacts due to low physical activity levels, sedentary behaviours, road traffic incidents, social isolation, air pollution, noise and heat. Mixed land use can increase both active travel and physical activity. Transportation walking is related to land-use mix, density and distance to non-residential destinations; recreational walking is related to density and mixed use. Using modelling, if land-use density and diversity are increased, there is a shift from motorised transport to cycling, walking and the use of public transport with consequent health gain from a reduction in long-term conditions including diabetes, cardiovascular disease and respiratory disease.

Proximity to infrastructure:

Energy resource activities relating to oil, gas and coal production and nuclear power can have a range of negative effects on children and young people. Residing in proximity to motorway infrastructure can reduce physical activity. For residents in proximity to rail infrastructure, annoyance is mediated by concern about damage to their property and future levels of vibration. Rural communities have concerns about competing with unconventional gas mining for land and water for both the local population and their livestock."

b. Quality of urban and natural environments

Long-term conditions such as cardiovascular disease, diabetes, obesity, asthma and depression can be moderated by the built environment. People in neighbourhoods characterised by high 'walkability' walk more than people in neighbourhoods with low 'walkability' irrespective of the land-use mix. In neighbourhoods associated with high 'walkability' there is an increase in physical activity and social capital, a reduction in overweight and blood pressure, and fewer reports of depression and of alcohol abuse. The presence of walkable land uses, rather than their equal mixture, relates to a healthy weight. Transportation walking is at its highest levels in neighbourhoods where the land-use mix includes residential, retail, office, health, welfare and community, and entertainment, culture and recreation land uses; recreational walking is at its highest levels when the land-use mix includes public open space, sporting infrastructure and primary and rural land uses. Reduced levels of pollution and street connectivity increase participation in physical activity.

Good-quality street lighting and traffic calming can increase pedestrian activity, while traffic calming reduces the risk of pedestrian injury. 20-mph zones and limits are effective at reducing the incidence of road traffic incidents and injuries, while good-quality street lighting may prevent them. Public open spaces within neighbourhoods encourage physical activity, although the physical activity is dependent on different aspects of open space, such as proximity, size and quality. Improving the quality of urban green spaces and parks can increase visitation and physical activity levels.

Living in a neighbourhood overlooking public areas can improve mental health, and residential greenness can reduce the risk of cardiovascular mortality. Crime and safety issues in a neighbourhood affect both health status and mental health. Despite the complexity of the relationship, the presence of green space has a positive effect on crime, and general environmental improvements may reduce the fear of crime. Trees can have a cooling effect on the environment – an urban park is cooler than a non-green site. Linking road infrastructure planning and green infrastructure planning can produce improved outcomes for both, including meeting local communities' landscape sustainability objectives.