

From: [Kieran Somers](#)
To: [Wylfa Newydd](#); [Kay Sully](#); [KJ Johansson](#)
Cc: [Aaron.Buckley@jacobs.com](#); [David Palmer \(Contractor\)](#); [Iwan.Williams@cyfoethnaturiolcymru.gov.uk](#); [Aron.Henry](#); [energyisland@cyfoethnaturiolcymru.gov.uk](#); [James.Hooker@gov.wales](#); [Dylan Williams](#); [PMO](#); [Neil Burke](#)
Subject: FW: Email 1 of 8 [NOT PROTECTIVELY MARKED]
Date: 17 December 2018 18:02:14
Attachments: [07 Horizon's Response to Written Representation - Brynawran Cymunedol Ltd .pdf](#)
[08 Horizon's Response to Written Representation - Cemaes Bay History Group .pdf](#)
[09 Horizon's Response to Written Representation - Conwy County Borough Council .pdf](#)
[10 Horizon's Response to Written Representation - Dafydd Griffiths .pdf](#)
[11 Horizon's Response to Written Representation - Greenpeace .pdf](#)
[12 Horizon's Response to Written Representation - Gwynedd Council .pdf](#)
[13 Horizon's Response to Written Representation - Magnox Ltd .pdf](#)
[14 Horizon's Response to Written Representation - Michael Cominetti .pdf](#)
[15 Horizon's Response to Written Representation - Nuclear Free Local Authorities .pdf](#)
[0 Deadline 3 Cover Letter.pdf](#)
[01 1.3 Guide to the Application.pdf](#)
[02 1.3 Guide to the Application \(Rev 4.0\) Welsh Language.pdf](#)
[03 Horizon's Response to IACC's Local Impact Report.pdf](#)
[04 Horizons response to Interested Parties responses to the ExA First Round Written Questions.pdf](#)
[05 Horizon's Response to Written Representation - Arthur Wyn Owen .pdf](#)
[06 Horizon's Response to Written Representation - Betsi Cadwaladr University Health Board .pdf](#)

Good Evening

This is the first in a series of 8 e-mails for the Wylfa Newydd DCO Examination Deadline 3 deliverables.

The list below provides a complete list of all documents attached to this e-mail and we will also be delivering 2x USB pen drives containing all of our Deadline 3 submission to your offices at 10:00 tomorrow (Tuesday 18th December).

Our covering letter in support of the submissions is also attached.

0 Deadline 3 Cover Letter.pdf
01 1.3 Guide to the Application.pdf
02 1.3 Guide to the Application (Rev 4.0) Welsh Language.pdf
03 Horizon's Response to IACC's Local Impact Report.pdf
04 Horizons response to Interested Parties responses to the ExA First Round Written Questions.pdf
05 Horizon's Response to Written Representation - Arthur Wyn Owen .pdf
06 Horizon's Response to Written Representation - Betsi Cadwaladr University Health Board .pdf
07 Horizon's Response to Written Representation - Brynawran Cymunedol Ltd .pdf
08 Horizon's Response to Written Representation - Cemaes Bay History Group .pdf
09 Horizon's Response to Written Representation - Conwy County Borough Council .pdf
10 Horizon's Response to Written Representation - Dafydd Griffiths .pdf
11 Horizon's Response to Written Representation - Greenpeace .pdf
12 Horizon's Response to Written Representation - Gwynedd Council .pdf
13 Horizon's Response to Written Representation - Magnox Ltd .pdf
14 Horizon's Response to Written Representation - Michael Cominetti .pdf
15 Horizon's Response to Written Representation - Nuclear Free Local Authorities .pdf

Kind Regards

Kieran Somers
Head of Planning
Pennaeth Cynllunio

HORIZON NUCLEAR POWER
Sunrise House
1420 Charlton Court
Gloucester Business Park
Gloucester
GL3 4AE

Tel: +44 (0) 1242 507 681
Mobile: [REDACTED]
kieran.somers@Horizonnuclearpower.com

NOT PROTECTIVELY MARKED

This email was classified on 17 December 2018 17:59:46.

Disclaimer Notice - This message and any attachments are confidential and should only be read by those to whom they are addressed. If you are not the intended recipient, please contact us immediately by emailing or telephoning the sender, delete the message from your computer and destroy any copies. Any distribution or copying without our prior permission is prohibited. For the avoidance of doubt the contents of this email are subject to contract and will not constitute a legally binding contract, unless specifically stated otherwise. Internet communications are not always secure and therefore Horizon Nuclear Power Limited and its affiliates do not accept legal responsibility for this message. The recipient is responsible for verifying its authenticity before acting on the contents. Any views or opinions presented are solely those of the author and do not necessarily represent those of Horizon Nuclear Power Limited or any of its affiliates.

Horizon Nuclear Power Limited is registered in England and Wales with company number 06660388 and its registered office is at Sunrise House, 1420 Charlton Court, Gloucester Business Park, Gloucester, GL3 4AE. Horizon Nuclear Power Oldbury Limited (registered in England and Wales with company number 06811995), Horizon Nuclear Power Wylfa Limited (registered in England and Wales with company number 06811987), Horizon Nuclear Power Wylfa Holdings Limited (registered in England and Wales with company number 09641958) and Horizon Nuclear Power Services Limited (registered in England and Wales with company number 06812099) are all affiliates of Horizon Nuclear Power Limited and have the same registered office as that company. For further information about Horizon Nuclear Power Limited and its affiliates, please see our website at www.horizonnuclearpower.com.

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>



Wylfa Newydd Project

Horizon's Response to Written Representation – Betsi Cadwaladr University Health Board

PINS Reference Number: EN010007

18 December 2018

Revision 1.0

Examination Deadline 3

Planning Act 2008

Infrastructure Planning (Applications: Prescribed Forms and Procedure) Regulations 2009

[This page is intentionally blank]

Contents

1	Horizon's Response to Betsi Cadwaladr University Health Board Written Representation	1
1.1	Introduction	1
1.2	Background.....	1
1.3	Health Impact Assessment (HIA)	2
1.4	Temporary Workers.....	5
1.5	Impact on NHS Services	7
1.6	Mitigation Measures	15
1.7	Conclusion.....	17

[This page is intentionally blank]

1 Horizon's Response to Betsi Cadwaladr University Health Board Written Representation

1.1 Introduction

- 1.1.1 This report provides Horizon's response to the Written Representation submitted by Betsi Cadwaladr University Health Board ("BCUHB") at Deadline 2 (4 December 2018). For ease, cross-references are provided (where appropriate and feasible) and the response generally follows the structure and sequence of the Written Representation received. Horizon has endeavoured to respond to the key matters raised in this Written Representation. Where Horizon has not responded to a particular point or issue raised by an Interested Party, this should not necessarily be taken as agreement with that point.

1.2 Background

BCUHB state: Currently primary, community and secondary health care services in North Wales face significant challenges in terms of service pressure, clinical staff recruitment and retention, demographic changes, physical estate capacity and finance. In this context a sudden and sustained increase in the population of a relatively small geographic area will have a significant impact on service provision unless appropriate mitigation measures are planned and implemented.

- 1.2.1 In response to BCUHB, Horizon refers to the positions recorded within the draft SOCG with BCUHB submitted at Deadline 2 (4 December 2018) ("BCUHB SOCG"). It is noted that productive discussions are ongoing with BCUHB.
- 1.2.2 In short and as recorded in the SOCG, Horizon and BCUHB agree that the construction workforce could create additional demand on health service capacity on the Isle of Anglesey and the mainland.
- 1.2.3 Horizon has committed through the Draft DCO s106 Agreement Status Note [REP1-010] and the Workforce Management Strategy [APP-413] to making appropriate healthcare provision or contributions to meet the medical and healthcare needs of the construction workforce, including at a Site Campus Medical Centre. Horizon would require construction workers to register with, and, prioritise the use of these on-site medical and healthcare services rather than using the community NHS services. The parties have agreed that further discussion is required to confirm the scope of healthcare services which will be needed and the demand that may arise. It is agreed that work is in progress, with BCUHB, to define a specification for health services to the construction workforce and on the approach to providing financial contributions associated with use of NHS services.
- 1.2.4 Horizon has also committed to providing funding to BCUHB pursuant to the Draft DCO s106 Agreement Status Note [REF1-010] to further address the potential impact of the Wylfa Newydd DCO Project on NHS services.

BCUHB state: The resource allocation formula in Wales does not take account of the impact of temporary residents in allocating resources, and therefore the increase in the population of around 7,000 will require additional resources to meet the health needs of these people, where they are not directly provided for by HNP.

1.2.5 Horizon appreciates BCUHB's concerns about the resource allocation formula in Wales which are reflected in the BCUHB SOCG.

1.2.6 It is agreed that work is in progress, with BCUHB, to define a specification for health services to the construction workforce and on the approach to providing financial contributions associated with use of NHS services.

BCUHB state: We are of the opinion that all additional costs associated with the development should be funded by Horizon and we aim to secure a commitment to this as part of the Draft DCO process.

1.2.7 Horizon notes BCUHB's comments regarding the additional costs associated with the development; these were recorded in the BCUBH SOCG.

1.2.8 As set out in the Health Impact Assessment Report [APP-429] the DCO application commits to healthcare provision during construction including:

- On site health care (based around a Construction Site Clinic);
- A Site Campus Medical Centre; and
- Financial contributions to meet the medical and healthcare needs of the construction workforce to be secured by the draft DCO s106 agreement.

1.2.9 The scope and quantum of the proposed financial contributions are subject to ongoing discussions with BCUHB but they will in effect mitigate against the impacts of the Wylfa Newydd DCO Project on NHS services including referrals, use (before and after provision of the site campus medical facility), and dependent's use; pharmacy contributions (see the Draft DCO s106 Agreement Status Note submitted at Deadline 2 (4 December 2018) [REF1-010]).

1.2.10 A general health contingency fund is also proposed which will be made available in the event that health monitoring data collected in accordance with the Draft DCO s106 Agreement Status Note [REP1-010] indicates a significant additional demand or forecasts trends which indicate a significant additional demand local health services. This fund will be administered by the WNMPOP following recommendations from the Health and Well-being sub-group of which BCUHB is expected to be a member.

1.3 Health Impact Assessment (HIA)

BCUHB state: BCUHB'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 BCUHB and Horizon disagree and this has been documented in the draft SOCG document. BCUHB, 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.

- 1.3.1 Horizon appreciates BCUHB's comments regarding the HIA Report [APP-429] not reflecting the Workforce Accommodation Strategy (WAS) [APP-412] as recorded in the BUCHB SOCG.
- 1.3.2 However, Horizon considers that the HIA Report covers everything in the HIA Scoping Report which, as BCUHB recognises was prepared in consultation with the HIA Steering Group, and which represents an appropriate and comprehensive scope covering the entire Wylfa Newydd DCO Project. Horizon's position is that the scope of the HIA Report, as updated, assesses the final Workforce Accommodation Strategy and specifically the inclusion of the Site Campus.
- 1.3.3 Specifically, the HIA Report at paragraph A.1.31 states that the Site Campus (an Associated Development of the Wylfa Newydd DCO Project) has been assessed in this comprehensive HIA Report as a component of the activities at the Wylfa Newydd Development Area (the reader is directed to volumes C and D of the HIA Report).
- 1.3.4 The Site Campus is not the subject of a separate rapid HIA (as is the case for other Associated Developments) on the basis that the Site Campus is an integrated element of the comprehensive HIA. This approach was taken in recognition of the fact that the potential health and well-being effects associated with the Wylfa Newydd DCO Project's construction workforce (including the location of their accommodation) are relevant across many aspects of the HIA scope. The inclusion of the Site Campus within the comprehensive assessment reflects the need for detailed assessment of this element of the Wylfa Newydd DCO Project.
- 1.3.5 Section O.1 explains "The Site Campus (an Associated Development of the Wylfa Newydd DCO Project) has been assessed in the HIA Report as a component of the activities at the Wylfa Newydd Development Area (see volumes C and D). This prominence is due to the potential health and well-being effects associated with the Wylfa Newydd DCO Project's construction workforce (including the location of their accommodation) having a cross-cutting relevance to the scope of the HIA. For this reason the Site Campus is not the subject of a separate rapid HIA."
- 1.3.6 The issue of whether a separate rapid HIA of the Site Campus was needed was discussed at the final HIA Steering Group Meeting on 24 January 2018. Following a discussion based on feedback on the draft HIA Report, it was agreed that signposting to the Site Campus should be improved within the comprehensive HIA. Additional signposting was therefore provided in HIA Report. Specific sections that comprise an appropriate assessment of the Site Campus are as follows:
- Section A.3 provides details of the Site Campus.
 - Section B.5.10 discusses the Site Campus role in relation to vehicle movements.
 - Section B.6.12 introduces the role of the medical centre at the Site Campus.

- Section C.6. discusses healthcare needs and proposed provision for the Site Campus. This includes: linking the Site Campus population to healthcare service demand; discussing specific medical service mitigation at the Site Campus; and discussing the Site Campus in relation to communicable infections.
- Section C.7 discusses the Site Campus influence on community behaviour. This includes: health promotion at the Site Campus; linking the Site Campus population to lifestyle and behaviour effects; noting how the Site Campus may influence community sensitivity; and discussing significance of effects in relation to the Site Campus context.
- Section C.8 discusses the Site Campus influence on social networks and culture. This includes: noting the Site Campus as an influence on local community context; noting the benefits from an isolated and self-contained Site Campus; discussing how the provision of services at the Site Campus would limit community interaction; and the role of Community Involvement Officers in promoting social networks and culture near the Site Campus.
- Section C.9 discusses the Site Campus influence on the local economy. This includes noting the self-contained nature of the Site Campus reduces adverse social effects, but also reduces local economic opportunities to provide goods and services. It also notes the opportunity for the local supply chain to provide services directly to the Site Campus.
- Section D.2 discusses the Site Campus as a receptor population for air quality. This includes: identifying workers accommodated at the Site Campus as a vulnerable group; relating non-threshold health effects of some pollutants to the Site Campus population; and the inclusion of the Site Campus population in the discussion of reducing air pollutant concentrations to as low as reasonably practicable.
- Section D.3 discusses the Site Campus as a receptor population for noise. This includes: noting specific acoustic building design measures for the Site Campus; the inclusion of workers accommodated at the Site Campus as a vulnerable group; and the inclusion of the Site Campus population in the discussion of reducing noise levels to as low as reasonably practicable.
- Section D.4 discusses the Site Campus influence on local context and identity. This includes noting views of the Site Campus are likely to make a relatively small contribution to visual change on the Wylfa Newydd Development Area.
- Section I.2 and Table I-1 discuss the Site Campus's contribution to intra-project cumulative effects.
- Section J discusses mitigation commitments for the Site Campus medical centre and relevant to the workforce who would be accommodated at the Site Campus.

- Section N.2 discusses consultation comments on the Site Campus, including the scoping of Site Campus related waste management and water quality issues.
- 1.3.7 For the reasons outlined above, Horizon does not agree with BCUHB that the HIA has been submitted based on previous accommodation proposals. Paragraphs A.3.12 to A.3.16, A.3.42 and A.3.45 of the HIA Report describe the Site Campus and the workforce that would use it. Paragraph A.3.13 of the HIA Report states that the Site Campus would consist of accommodation for circa 4,000 workers in 'campus' style modular form.
- 1.3.8 For details about the Site Campus, please see ES Chapter D1- Proposed Development [APP-120] and the Design and Access Statement - Volume 3 [APP-409].
- 1.3.9 Further, the HIA Report at paragraph B.8.6 explains the current assessment basis for the Site Campus in comparison to previous proposals for temporary workers accommodation at other locations.

1.4 Temporary Workers

BCUHB state: There is currently no detailed information or agreement about the range of health services and functions that the workers may need to access. The Health Impact Assessment document states that occupational healthcare, occupational hygiene, GP services, minor injuries and initial trauma care facilities will be provided on site. No estimates have been provided to date on the activity that will access this onsite service or how many workers will access primary care services off site.

- 1.4.1 Horizon notes BCUBH's comments regarding temporary workers as recorded in the BCUHB SOCG.
- 1.4.2 In response, and as set out in the BCUHB SOCG, Horizon confirms that on site medical facilities would include Occupational Health and Hygiene, Primary Care and Minor Injuries and trauma. Horizon has developed a specification with their contractor showing how health care for construction workers would operate on site. This would form the basis for developing the service (in conjunction with the NHS or by appointing a private provider). The current resource estimates for integration with NHS services are set out at Table 2-1 of the 'Health Services for the Construction Workforce: Discussion Document' that was shared with BCUHB on 20 August 2018)
- 1.4.3 During the initial earthworks and marine stage of construction first aid/ medical room would be manned by a nurse practitioner plus a level 1 EMT. Whilst the nurse would do occupational health and some primary care there will be some onward referral to local NHS services.
- 1.4.4 For the start of main construction works the Construction Site Clinic would be fully operational. Nurse practitioners, higher level EMTs on both working shifts with occupational health and physical support. There would not be a Site Campus Medical Centre at this time though GP services could potentially commence at this time. Full services would be provided at around 3,000 construction workers through to peak.

- 1.4.5 Horizon agrees that the final position will be assurance that arrangements for health services for the construction workforce are robust; meet required professional, clinical and statutory requirements; and minimise unintended consequences for local NHS services through unanticipated demand. These matters are under discussion with BCUHB.

- 1.4.6 The provision of funding to BCUHB secured through the draft DCO s106 agreement which is discussed in more above will also assist to mitigate the impact of the Wylfa Newydd DCO Project particularly during the early years of construction when the Site Campus Medical Centre is not operational.

BCUHB state: A lack of detail about how on-site services will link in with the wider NHS in terms of accessing and getting reports on a number of diagnostic services which normal primary care has to use to manage patients effectively.

BCUHB state: There will undoubtedly be workers who will seek to access health services in GP practices or hospitals in their immediate communities, which will impact on these services in terms of demand and finances as well as an effect on services off site to include a range of community, mental health, and hospital and out of hour's services.

- 1.4.7 Horizon notes BCUHB's comments regarding workers seeking to access GP practices; these are recorded in the BCUHB SOCG.

- 1.4.8 Horizon and BCUHB have agreed to work together to identify the potential demands that might be placed upon local NHS services from the start of construction to opening of Site Campus Medical Centre and where appropriate Horizon will provide the necessary support and enhancements to local services to mitigate any foreseeable negative impacts in advance of commencement. This commitment is secured by the draft DCO s106 agreement which, as detailed above, provides for various payments to be made to BCUHB to mitigate the impact of the Wylfa Newydd Project on NHS services (see [REF1-010]).

- 1.4.9 In terms of directing the workforce to use onsite healthcare services, the Workforce Management Strategy (WMS) [APP-413] directs all personnel (not just those residing on the Site Campus) to use the Site Campus Medical Centre in the first instance, before seeking to use community healthcare services. This measure will be reflected in the Wylfa Newydd Code of Conduct which is to be developed in accordance with the principles in the WMS, and that all workforce will be required to comply with it. This commitment is an integral component of Horizon's undertaking to minimise potential adverse impacts on local community health and welfare services and resources used by local residents.

- 1.4.10 Nevertheless, BCUHB and Horizon recognise, the WMS notwithstanding, that not all workers will access all health services on site and that some will choose to access primary care services off site and some may need to access community, mental health and hospital services provided by the NHS. All parties agree that it is beneficial to minimise these impacts but recognise the need to mitigate based on a reasonable estimate of the actual demand and to monitor on an ongoing basis.

- 1.4.11 BCUHB and Horizon agree it is necessary to develop and agree a number of care pathways by the start of construction to provide clarity on who is responsible for the provision of safe and effective health services and how patients are transferred safely from one provider to another.

1.5 Impact on NHS Services

Primary Care Services

BCUHB state: BCUHB note that it has an overall ratio of 1 full time GP to 1,607 patients. Horizon in the HIA has quoted a ratio of 1: 1,333; we believe this is based on the GP headcount rather than full time equivalent which overestimates the available GP capacity.

- 1.5.1 BCUHB has raised a query regarding GP to patient ratio that Horizon used in its HIA Report. The following responds to this point.
- 1.5.2 Horizon note the HIA Report paragraph L.3.134: The NHS primary healthcare planning standard is 1,800 patients per FTE GP. This figure is used by London's Healthy Urban Development Unit Planning Contributions Model. The Healthy Urban Development Unit uses the 1,800 people per GP as a default benchmark, based on guidance from the Royal College of GPs.
- 1.5.3 HIA Report paragraph L.3.135: For Wales, the average number of registered patients per GP in 2014 was 1,582. For BCUHB, the average was 1,581.
- 1.5.4 HIA Report paragraph L.3.121: GP surgery capacity data for Anglesey and Arfon show a net surplus of fulltime equivalent GPs on the Isle of Anglesey. However, the surplus is located away from the north and west areas of Anglesey mostly likely to experience increases in demand from the Wylfa Newydd DCO Project. The primary care baseline for the purposes of assessment is therefore of no current capacity [Betsi Cadwaladr University Health Board. (2016) Full-time equivalent GP cluster data].

BCUHB state: The second highest ratio, 1:2,112, is the Amlwch practice which ... will be affected for the initial three year period when Horizon are not planning to have the full on-site provision up and running. The practice is already dealing with increased demand for services and has limited or no scope to expand the physical space available to provide for this additional demand. (There are also recruitment difficulties and the practice currently has 1 GP partner vacancy).

- 1.5.5 Horizon notes the Health Impact Assessment Report paragraph L.3.122: Recruitment of GPs (and other healthcare staff) on the Isle of Anglesey and in north Wales generally is a noted challenge, particularly if there is a requirement for GPs to speak Welsh.
- 1.5.6 In recognition of this and the potential impact that the Wylfa Newydd DCO Project will have on existing NHS services in the area, the Draft DCO s106 Agreement Status Note [REP1-010] Schedule 8 secures the following payment by Horizon to support local NHS services (these are supported by provisions for monitoring and a contingency fund):

- A Health (First NHS Workforce Use) Payment will be paid by Horizon to BCUHB towards the cost of non-homebased Workforce personnel registration with or use of off-Site GP services in Years 1 to 3 of the Construction Period;
- A Health (Second NHS Workforce Use) Payment will be paid by Horizon to BCUHB upon the Site Campus medical facility becoming operational towards the cost of non-homebased Workforce personnel registration with or use of off-Site GP services for the duration of the Construction Period following delivery of the Site Campus medical facility;
- A Health (NHS Referral) Payment towards the cost of referrals to NHS services of non-home-based Workforce personnel during the Construction Period.

BCUHB state: There will be an increased demand from workers and their families across the island and beyond for access to core primary care services, that will impact on access to services by the resident population.

- 1.5.7 Horizon notes BCUHB's concerns about the likely increased demand from workers and their families on core primary care services in the area. These concerns are recorded in the BCUHB SOCG.
- 1.5.8 Horizon proposes a contribution to BCUHB to bridge any lag in NHS funding to meet the needs of non-home based construction workers partners and dependants. The cost estimate per capita is set out in the 'Health Services for the Construction Workforce: Discussion Document (20.8.18)'. The estimate of 285 partners has been doubled for the purposes of these calculations to allow for 285 non home based construction workers to register at the same practice as their partner.
- 1.5.9 The Draft DCO s106 Agreement Status Note [REP1-010] Schedule 8 includes the following payment mechanism to support local NHS services (this would be supported by provisions for monitoring and a contingency fund):
- 1.5.10 A Health (NHS Dependants Use) Payment will be paid by Horizon to BCUHB for the cost of partners and children of the non-homebased Workforce personnel registering with and/or using off-Site GP services during the Construction Period.

BCUHB state: There is a concern that if temporary workers access local dental services it will crowd out services to the local population. We understand that by way of mitigation, Horizon may seek to contract directly with a local dental service through a private contractual arrangement; however this is yet to be confirmed.

- 1.5.11 Horizon has committed to fund off-site dental service provision for construction workers. A dental services proposal (general including emergency) is set out in the Draft DCO s.106 Agreement Status Note [REP1-010]. There would be no dentistry provision through the Site Campus Health Centre.
- 1.5.12 The Draft DCO s106 Agreement Status Note [REP1-010] states that the Dental Services Proposal means the proposal demonstrating how Horizon will

have adequate dentistry provision in place from time to time (including emergency dentistry care) for the non-homebased Workforce from Implementation for the duration of the Construction Period which may include: provision of private dentistry facilities; or funding or other operational agreements with local dentistry practices.

1.5.13 The Draft DCO s106 Agreement Status Note [REP1-010] Schedule 8 clauses 2 and 3 currently provides that:

- Prior to Implementation Horizon will provide the Council with the Dental Services Proposal for the Council's written approval. Horizon will thereafter implement the approved Dental Services Proposal (or updated or replacement proposal) for the duration of the Construction Period and shall adhere to and comply with its provisions.

1.5.14 This commitment is recognised in the BCUHB SOCG which provides that an arrangement will be reached with a local dental practice to run clinics for the construction workforce for emergency dental treatment. Routine dental treatment for non-home based construction workers would take place with the workers' dentists at their place of residence. On this basis no NHS contribution is expected.

BCUHB state: Prescriptions are free of charge in Wales and therefore unless robust free prescription arrangements can be provided by Horizon and mandated for workers on the campus, there is a significant risk of potential financial impact on the Health Board.

1.5.15 Horizon can confirm that the free prescriptions cost will be covered for the construction workforce.

1.5.16 An estimated demand and a means of monitoring prescription arrangements will be set up through the Health and Well-being Engagement Sub-group (Item 0097 Mitigation Route Map) [APP-422] secured through the Draft DCO s.106 Agreement Status Note [REF1-010].

1.5.17 The Draft DCO s.106 Agreement Status Note [REP1-010] Schedule 8 clauses 2 and 3 currently provides that:

- Prior to Implementation Horizon will submit to the Council the Pharmacy Services Proposal. Horizon will thereafter implement the approved Pharmacy Services Proposal (or updated or replacement proposal) for the duration of the Construction Period and shall adhere to and comply with its provisions.

BCUHB state: The HIA does not assess the factor or take into account the effect of the turnover of the workforce which does create more pressure on health and care services in terms of initial assessments, new treatment plans etc which impacts on the potential skill mix and number of health staff required.

1.5.18 In response to BCUHB's comments regarding worker turnover, Horizon notes HIA Report paragraph C.6.3 which provides: The turnover in the workforce (due to the assumed average contract length of 18 months) means that the number of individuals involved with the Wylfa Newydd DCO Project would be

higher than the overall workforce size. This has implications in terms of initial assessments and new treatment plans, which in turn effects the required skill mix and number of health staff required. This issue is being taken into consideration as part of the healthcare service planning for the Wylfa Newydd DCO Project , which will conclude after the submission of this HIA Report.

- 1.5.19 Horizon's approach as recorded in the BCUHB SOCG is to provide a high standard of on-site healthcare commensurate with the reasonable expectation of a very low NHS referral rate. The actual referral rate to NHS services would be monitored with payments adjusted accordingly and secured via legal agreement through a Health (NHS Referral) Payment.
- 1.5.20 As detailed throughout the responses above, Horizon proposes to provide resources, secured via the Draft DCO s106 Agreement Status Note [REP1-010], to BCUHB to provide primary care to meet the needs of non-home based construction workers prior to the opening of the Site Campus Medical Centre.

Secondary Care Services

BCUHB state: Based on PHW analysis there would be 1,672 (1,793) attendances at accident and emergency department and 440 (446) emergency, 100 (103) non-emergency attendances and 4,282 (4,340) outpatient appointments at the peak construction stage.

- 1.5.21 Horizon welcomes the analysis provided to BCUHB by PHW. Horizon notes that this is the first time it has been provided with the calculations contained in the working draft of the demand modelling. Horizon does not accept the findings of these calculation in full but states that it looks forward to discussing these further with BCUHB. In response to BCUHB's comments regarding secondary care services, Horizon's approach, as recorded in the BCUHC SOCG, is to provide a high standard of on-site healthcare commensurate with the reasonable expectation of a very low NHS referral rate. The actual referral rate to NHS services would be monitored with payments adjusted accordingly and secured via the Draft DCO s106 Agreement Status Note [REP1-010] through a Health (NHS Referral) Payment.
- 1.5.22 The Draft DCO s106 Agreement Status Note [REP1-010] Schedule 8 includes the following payment mechanism to support local NHS services (this would be supported by provisions for monitoring and a contingency fund):
- A Health (NHS Dependants Use) Payment will be paid by Horizon to BCUHB for the cost of partners and children of the non-homebased Workforce personnel registering with and/or using off-Site GP services during the Construction Period.

Other Issues

BCUHB state: The Health Board has concerns about the impact the significant increase in road traffic will have on a range of issues including increased road traffic accidents and delays for emergency and routine travel to health care facilities both on and off the island for patients, emergency services and staff.

- 1.5.23 In response to BCUHB's comments regarding the potential relating to road traffic, Horizon notes that the Wylfa Newydd DCO Project includes a series of embedded mitigation measures to address potential effects on traffic and transport including congestion. These are set out in the Transport Assessment of the Environmental Statement [APP-068, APP-089 and APP-107] and secured through the Phasing Strategy [APP-447]. The conclusions of the Transport Assessment are that there is no additional mitigation required in addition to the embedded mitigation. This would reduce the potential for road congestion that could affect health trip journey times (e.g. to a hospital) during construction. This would reduce the potential for road congestion that could affect emergency response times during construction (in addition to the priority given by other traffic to blue-light journeys).
- 1.5.24 Related to this, the HIA Report includes an assessment of the effects of the Wylfa Newydd DCO Project specifically on health trip journey times (e.g. to a hospital) during construction (see paragraphs C.5.19 to C.5.26). The following summarises the key findings of this assessment.
- 1.5.25 This notes that construction traffic associated with the Wylfa Newydd DCO Project may affect journey times, including journeys to healthcare services both on the Isle of Anglesey and on the mainland. For example, the use of road ambulances to access A&E and other hospital-based services that are not available on the Isle of Anglesey could be affected by congestion on Britannia Bridge.
- 1.5.26 Paragraph C.5.20 states that the modelling undertaken as part of the Chapter C2 – Traffic and Transport of the Environmental Statement [APP-089] suggests a minimal effect on journey times. The modelling and transport planning has specifically responded to the potential for delays associated with Menai crossings during busy times of day. Paragraph C.5.21 states that the potential effect on routine or non-emergency access to medical and healthcare facilities is therefore expected to be limited, as construction traffic would be managed, workforce travel plans would be in place and the A5025 would be improved.
- 1.5.27 Paragraph C.5.22 states that the effect on emergency service response times is expected to follow a similar trend. The priority given by other traffic to blue-light journeys would limit (but not avoid) any increase in journey time (the baseline situation already being of below average ambulance response times in rural areas compared to Wales and of queuing traffic at some locations on the local road network during busy times of day).
- 1.5.28 Paragraph C.5.23 states that the potential health effect from increased journey time relates to time-critical receipt of health care. This is expected to be predominantly emergency trips, which would be blue-light journeys. Any increase in emergency response and journey times should be of concern for health. Any increase in traffic may also discourage people from seeking treatment or cause people to miss appointment times. This may also affect health outcomes (and NHS staff working hours). Paragraph C.5.26 finds that the unmitigated effect has the potential to be moderate adverse. To ensure that this moderate adverse effect does not occur various mitigation has been put in place. Paragraph C.5.27 states that the HIA Report has informed, and

it has taken into consideration, relevant mitigation as described in the Wylfa Newydd CoCP [APP-414], relevant sub-Codes of Construction Practice [APP-415 to APP-420] and the Environmental Statement. For example, Horizon would comply with the Construction Traffic Management Strategy and the Traffic Incident Management Strategy in the Wylfa Newydd CoCP [APP-414]. This would reduce the potential for road congestion that could affect health trip journey times (e.g. to a hospital) during construction.

- 1.5.29 The Health and Well-being engagement sub-group will be implemented in addition to the mitigation above. This group is set out in item 0097 of the Mitigation Route Map [APP-422] and is secured through the Draft DCO s106 Agreement Status Note [REF1-010]. A set of key topics and indicators for the Health and Well-being Sub-group will be agreed but it is expected these will include access to community healthcare services and Accident hotspots.
- 1.5.30 In light of the above, paragraph C.5.35 of the HIA Report states that the residual significance of potential health and well-being effects is considered to be negligible for the general population (the majority of people) on the Isle of Anglesey. Paragraph C.5.36 states that particularly sensitive groups within the population could experience up to a minor adverse effect. For emergency journeys, this reflects the fact that blue light ambulance journeys are highly time sensitive, and whilst they are less likely to be affected due to the priority given to them by other traffic, any delay (particularly in arriving at an incident and providing initial treatment) should be of concern. For non-emergency journeys by vulnerable groups, this reflects that, whilst some people could miss appointment times or be deterred from travelling at certain times of day, people can be expected to adapt to the changes in traffic conditions. Effects on population health outcomes during the period of adaptation are likely to be limited.

BCUHB state: 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.

- 1.5.31 Horizon acknowledges that the design of the Wylfa Newydd DCO Project evolved to a greater use of the Site Campus but disagrees that there has been a change to the model for housing workers (which has always included a large component of campus style accommodation). In response to BCUHB's comments regarding the risk of communicable diseases, Horizon notes, as recorded in the BCUHB SOCG, that surveillance systems will be set up as part of occupational health and these will keep the probability of communicable disease outbreaks very low. The residual significance of potential health and wellbeing effects is considered to be negligible for the general population (the majority of people) of Anglesey and north Wales.
- 1.5.32 For particularly sensitive groups within the affected population, the residual effect would be expected to range from negligible to minor adverse. The Site Campus will enable Horizon to accommodate workers in fewer places and help with the management of worker behaviour and impacts on local

communities. Health surveillance would be conducted across the workforce. This would include employees who are identified as requiring regular health checks as well as workers who are, or may be, exposed to hazardous substances or activities that may cause them harm. This would enable Horizon to check for early signs of work-related ill-health. Records would be maintained so as to enable statistical information to be supplied from the surveillance. The Site Campus as a concentration of people has the potential to facilitate transmission of communicable infections (e.g. influenza or norovirus). However, this risk is inherent to any population congregation.

- 1.5.33 As the construction workforce would congregate on the Wylfa Newydd Development Area irrespective of accommodation arrangements, the Site Campus is not considered to pose any additional communicable illness risk to local communities [APP-429, paragraph C.6.50]. If anything, the relatively isolated and self-contained nature of the Site Campus may limit transmission to or from communities. The Site Campus also offers the opportunity for early detection and health promotion. It is in Horizon's interests to avoid workforce illness.

BCUHB state: Housing large numbers of workers in blocks together increases the risk of outbreaks of disease such as influenza and GI illness. The implications of such outbreaks need to be considered and whilst some of this may be managed by the in-house medical team, there are statutory duties outlined in the Public Health (Control of Disease) Act and the Health Protection (Wales) Regulations 2010 that will mean further action is required by both the local authority and PHW in the health protection team.

- 1.5.34 In response to BCUHB's similar concerns about the risk of outbreaks of disease such as influenza and GI illness, Horizon refers to the section C.6 of the HIA Report [APP-429] the health service provider, that is appointed by Horizon, would collect data on the incidence of communicable disease among the workforce and links with established reporting systems would enable the identification and management of changes in prevalence. The mitigation measures set out in table C-6 of the HIA Report would ensure that healthcare services are provided appropriately and unmitigated demand on NHS community services by the construction workforce is avoided.

- 1.5.35 Horizon is obliged under the Draft DCO s106 Agreement Status Note [REF1-010] to establish an external stakeholder group (hereafter Health and Well-being engagement sub-group) in accordance with the terms of the Draft DCO s106 Agreement Status Note [REF1-010]. If appropriate this sub-group will discuss the need for additional mitigation or follow-up investigation following receipt of monitoring data pursuant to the Draft DCO s106 Agreement Status Note [REF1-010]. To facilitate this process, a set of key topics and indicators will be agreed. The topics will be expected to include 'access to community healthcare services'.

BCUHB state: New and novel strains cause illness when introduced into an immunologically naïve population (i.e. people who migrate into an area bring with them strains of disease that the native population have

not been exposed to previously and therefore have no natural immunity to).

- 1.5.36 The HIA Report paragraph C.6.43 discusses population mixing in the context of childhood leukaemia. The wider point made in that discussion about whether the Anglesey population is 'immunologically naïve' is noted. By ONS classification, Anglesey is considered remote rural yet the population on the Isle of Anglesey has regular surges in population through tourism and, to a more local extent, through the activities of the RAF base at Valley and the Existing Power Station. The population near the Wylfa Newydd Development Area would not be considered to have a greater susceptibility to illnesses than populations in other areas in the UK.

BCUHB state: The Health Board has noted its wish to understand more regarding the potential risk of air quality deterioration, how Horizon will ensure risks are mitigated, and how impacts on air quality (short or long term) will be monitored. We note that this aspect will be covered in the impact assessments of partner organisations.

- 1.5.37 The HIA considers air quality in relation to: 'Emissions from vehicles transporting materials and people on the local road network during construction' (see HIA section C.2): 'Vehicle and machinery emissions on the Wylfa Newydd Development Area during construction (see HIA section D.2) and 'Dust generated by construction activities, excavation and earth movements during construction'(see HIA section D.2).
- 1.5.38 The predicted changes to air quality as a result of the Wylfa Newydd DCO Project are predominantly negligible or small, within UK Air Quality Objectives and as low as reasonably practicable.
- 1.5.39 This conclusion takes account of further mitigation commitments by Horizon since the DCO application submission in relation to the use of newer, lower emitting construction plant, machinery and marine vessels (which further reduces the concentrations of nitrogen dioxide, which was an area of concern in the HIA). Details of the air quality changes (before the application of the additional mitigation described above) are set out in the Chapter D5 - Air quality (excluding emissions from traffic) [APP-124]. The further commitments on mitigation and adaptive air quality monitoring (including measurement, validation and evaluation, as well as triggers and actions) have been recorded through the SOCG process with the Isle of Anglesey County Council and will be included in the Main Power Station Site sub-Code of Construction Practice [APP-415].
- 1.5.40 As noted elsewhere, a Health and Well-being engagement sub-group will be established pursuant to the terms of the Draft DCO s106 Agreement Status Note [REP1-010] in accordance with item 0097 of the Mitigation Route Map [APP-422]. A set of key topics and indicators will be agreed and are expected to include respiratory health.

BCUHB state: We note that Horizon is developing a Community Safety strategy in response to concerns raised by a number of organisations with regard to safeguarding of children and vulnerable adults, the potential for increase rates of prostitution or trafficking. Without sight

of any details of the Community Safety Strategy we cannot confirm that the controls and mitigation proposed are adequate.

- 1.5.41 Requirement PW11 of the Draft DCO [REF1-005] provides that except for SPC Works, no construction of the authorised development may commence until a Community Safety Management Strategy prepared in accordance with the principles set out in the Wylfa Newydd CoCP [APP-414] has been submitted to IACC for approval.
- 1.5.42 In accordance with this Requirement, Horizon will work with IACC and other relevant partners including BCUHB and emergency services to ensure that safeguarding matters are appropriately addressed in the Community Safety Management Strategy (CSMS).
- 1.5.43 The CSMS will set out how Horizon will work with existing public bodies, including IACC and the health services, and will include a framework of communication routes and ways of working to mitigate any potential impact of the construction workforce within the community.

BCUHB state: We support the proposal to establish a Health and Wellbeing monitoring group but believe that this should be established and chaired by either the Health Board or PHW to provide more assurance to the local residents.

- 1.5.44 Horizon's Approach to the WNMPOP and sub-groups is set out in the Wylfa Newydd CoCP submitted at Deadline 2 (4 December 2018) [REP2-031]. Draft terms of reference for the WNMPOP were shared with Welsh Government and IACC on 12 November 2018 and Horizon is awaiting comments. Once it has received these, Horizon will share and discuss with other stakeholders through the Team Wales group.
- 1.5.45 Membership of the sub-group is still to be agreed, but the Chair of each group does not necessarily need to be Horizon. Horizon consider that the Chair and final Membership of the sub-groups would be agreed by the WNMPOP, on recommendation of the sub-group as appropriate.
- 1.5.46 The reference to Horizon chairing the sub-group will be removed from the version of the draft DCO s.106 agreement to be submitted at Deadline 4 (17 January 2019).
- 1.5.47 It is not considered that the group needs to be established by BCUHB or PHW for it to be properly accountable. The group will be subject to scrutiny through the WNMPOP which would be a representative body comprised of IACC, Welsh Government, Horizon, and a community representative, although final membership is still to be agreed.

1.6 Mitigation Measures

BCUHB state: We wish to see the development of an effective onsite health service to meet as many of the needs of the workforce as possible to reduce demand on local services. We are concerned about the potential delay in establishing the full service of up to three years and would ask that Horizon reconsider this timescale.

1.6.1 Horizon acknowledges BCUHB's concerns about the potential delay in establishing full on-site health services. Considering this, Horizon and BCUHB have agreed to work jointly on a Memorandum of Understanding, where it adds value, and a work programme to give both parties confidence that appropriate steps will be taken to establish the operational arrangements to deliver healthcare for the construction workforce across the whole Wylfa Newydd DCO Project. This will also give both parties assurance that arrangements for health services are robust; meet required professional, clinical and statutory requirements; and minimise unintended consequences for local NHS services through unanticipated demand.

1.6.2 Horizon also notes, as detailed elsewhere in this response, that a variety of financial contributions will be secured by the Draft DCO s.106 Agreement Status Note [REP1-010] that are designed to mitigate the impact of the Wylfa Newydd DCO Project on NHS services particularly until such time as the Site Campus Medical Centre is operative.

BCUHB state: We are aware that Horizon is considering options for dental and pharmacy services that reduce the impact on the Health Board and we are supportive of such approaches, but reserve the right to seek funding where this does not fully meet the needs of the workforce.

1.6.3 Horizon acknowledges the comments made by BCUHB and has nothing further to add.

BCUHB state: We believe there will be workers and their families that will access the broad range of NHS services in the area and we will seek financial support to ensure the services can meet the needs of the local population and the temporary workers.

1.6.4 The Draft DCO s.106 Agreement Status Note [REP1-010] Schedule 8 includes the following payment mechanisms to support local NHS services (these are supported by provisions for monitoring and a contingency fund):

- A Health (First NHS Workforce Use) Payment will be paid by Horizon to BCUHB towards the cost of non-homebased Workforce personnel registration with or use of off-Site GP services in years 1 to 3 of the Construction Period;
- A Health (Second NHS Workforce Use) Payment will be paid by Horizon to BCUHB upon the Site Campus medical facility becoming operational towards the cost of non-homebased Workforce personnel registration with or use of off-Site GP services for the duration of the Construction Period following delivery of the Site Campus medical facility;
- A Health (NHS Referral) Payment towards the cost of referrals to NHS services of non-home-based Workforce personnel during the Construction Period;
- A Health (NHS Dependants Use) Payment will be paid by Horizon to BCUHB for the cost of partners and children of the non-homebased

Workforce personnel registering with and/or using off-Site GP services during the Construction Period.

BCUHB state: Horizon has proposed an overall formula based approach which we do not support and we are actively working on building up a more sophisticated model that looks at the impact on key sectors of health services.

- 1.6.5 Horizon acknowledges BCUHB's concerns about Horizon's proposed of a formula-based approach to quantifying financial contributions under the Draft DCO s106 Agreement Status Note [REP1-010] and will continue to explore these concerns with BCUHB through the SOCG process.

1.7 Conclusion

BCUHB state: The Health Board has not yet completed its modelling of the potential effects, nor does it fully understand Horizon's plans for the provision of services on site and the extent to which these will reduce or increase demand elsewhere in the health system. We are engaged in discussion with Horizon and are confident that we can arrive at an agreed position and mitigation strategy by the February 19th, deadline.

- 1.7.1 As recorded in the BCUHB SOCG, Horizon and BCUHB agree that work is in progress, with BCUHB, to define a specification for health services to the construction workforce and on the approach to providing financial contributions associated with use of NHS services.

[This page is intentionally blank]