LATE SCOPING CONSULTATION RESPONSES

Consultation bodies have 28 days to respond with any comments, stating either the information that they consider should be included in the ES or that they do not have any comments.

Any responses received after the deadline will not be considered within the scoping opinion but are forwarded to the applicant for consideration in accordance with the policy set out in Advice Note 7: Environmental Impact Assessment, Screening and Scoping.

The following EIA scoping consultation responses were received after the consultation deadline specified under legislation and therefore did not form part of the Secretary of State's scoping opinion.

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Mr Richard Kent
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Your Ref: TR10025-000031
Our Ref: CIRIS 40473

22nd November 2017

Dear Mr Kent

Re: Scoping Consultation
Application for an Order Granting Development Consent for the proposed A303 Stonehenge – Amesbury to Berwick Down

Thank you for including Public Health England (PHE) in the scoping consultation phase of the above application. Our response focuses on health protection issues relating to chemicals and radiation. Advice offered by PHE is impartial and independent.

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). We believe however that the summation of relevant public health 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 (NPS) and relevant guidance and standards should also be highlighted.

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. 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 promoters should fully explain and justify their rationale in the submitted documentation.

It is noted that the current proposals do not appear to consider possible public health impacts of Electric and Magnetic Fields (EMF). The proposer should confirm either that the proposed development does include or impact upon any potential sources of

EMF; or ensure that an adequate assessment of the possible impacts is undertaken and included in the ES.

The attached appendix outlines generic areas that should be addressed by all promoters when preparing ES for inclusion with an NSIP submission. We are happy to assist and discuss proposals further in the light of this advice.

Yours sincerely,

Allister Gittins
Environmental Public Health Scientist

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

Appendix: PHE recommendations regarding the scoping document

General approach

The EIA should give consideration to best practice guidance such as the Government's Good Practice Guide for EIA[1]. It is important that the EIA identifies and assesses the potential public health impacts of the activities at, and emissions from, the installation. Assessment should consider the development, operational, and decommissioning phases.

It is not PHE's role to undertake these assessments on behalf of promoters as this would conflict with PHE's role as an impartial and independent body.

Consideration of alternatives (including alternative sites, choice of process, and the phasing of construction) is widely regarded as good practice. Ideally, EIA should start at the stage of site and process 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 ES[2].

The following text covers a range of issues that PHE would expect to be addressed by the promoter. However this list is not exhaustive and the onus is on the promoter to ensure that the relevant public health issues are identified and addressed. PHE's advice and recommendations carry no statutory weight and constitute non-binding guidance.

Receptors

The ES 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. 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 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 promoter to follow best practice guidance during all phases from construction to decommissioning to ensure appropriate measures are in place

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[1] Environmental Impact Assessment: A guide to good practice and procedures - A consultation paper; 2006; Department for Communities and Local Government. Available from: http://webarchive.nationalarchives.gov.uk/20100410180038/http:/communities.gov.uk/planningandbuilding/planning/sustainabilityenvironmental/environmentalimpactassessment/

[2] DCLG guidance, 1999 http://www.communities.gov.uk/documents/planningandbuilding/pdf/155958.pdf

to mitigate any potential impact on health from emissions (point source, fugitive and traffic-related). An effective Construction Environmental Management Plan (CEMP) (and Decommissioning Environmental Management Plan (DEMP)) will help provide reassurance that activities are well managed. The promoter should ensure that there are robust mechanisms in place to respond to any complaints of traffic-related pollution, during construction, operation, and decommissioning of the facility.

Emissions to air and water

Significant impacts are unlikely to arise from 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 emissions in order that the EIA 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
- should encompass all pollutants which may be emitted by the installation in combination with all pollutants arising from associated development and transport, ideally these should be considered in a single holistic assessment
- should consider the construction, operational, and decommissioning phases
- should 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
- should fully account for fugitive emissions
- should include appropriate estimates of background levels
- should identify cumulative and incremental impacts (i.e. 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 (i.e. rail, sea, and air)
- should include consideration of local authority, Environment Agency, Defra national network, and any other local site-specific sources of monitoring data
- should compare predicted environmental concentrations to the applicable standard or guideline value for the affected medium (such as UK Air Quality Standards and Objectives and Environmental Assessment Levels)
    - If no standard or guideline value exists, the predicted exposure to humans should be estimated and compared to an appropriate health-based value (a Tolerable Daily Intake or equivalent). Further guidance is provided in Annex 1
    - This should consider all applicable routes of exposure e.g. include consideration of aspects such as the deposition of chemicals emitted to air and their uptake via ingestion
- should 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 (e.g. 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 EIA 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.

Additional points specific to emissions to air
When considering a baseline (of existing air quality) and in 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)
- should include modelling using appropriate meteorological data (i.e. come from the nearest suitable meteorological station and include a range of years and worst case conditions)
- should include modelling taking into account local topography

Additional points specific to emissions to water
When considering a baseline (of existing water quality) and in the assessment and future monitoring of impacts these:

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

Land quality
We would expect the promoter to provide details of any hazardous contamination present on site (including ground gas) as part of the 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 assessed[3] and the potential impact on nearby receptors and control and mitigation measures should be outlined.

[3] 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)

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

For wastes arising from the installation the EIA should consider:

- 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

Other aspects

Within the EIA PHE would expect to see information about how the promoter 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.

The EIA should include consideration of 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 2009: both in terms of their applicability to the installation itself, and the installation's potential to impact on, or be impacted by, any nearby installations themselves subject to the 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 report[4], jointly published by Liverpool John Moores University and the 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 EIAs as good practice.

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

Electromagnetic fields (EMF)

This statement is intended to support planning proposals involving 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 in the following link:

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

There is a potential health impact associated with the electric and magnetic fields around substations, and power lines and cables. The field strength tends 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

The Department of Energy and Climate Change has published a voluntary code of practice which sets out key principles for complying with the ICNIRP guidelines:

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

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:

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

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

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 was published by one of PHE's predecessor organisations (NRPB) in 2004 based on an accompanying comprehensive review of the scientific evidence:-

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

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 in line with the terms of the 1999 EU Council Recommendation on limiting exposure of the general public (1999/519/EC):

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

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 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 the field. 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 the 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)

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:

http://www.emfs.info/policy/sage/

SAGE issued its First Interim Assessment in 2007, making several recommendations concerning high voltage power lines. Government supported the implantation of low cost options such as optimal phasing to reduce exposure; however it did not support not support the option of creating corridors around power lines 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 here:

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

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

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 Protection[5] (ICRP) are followed. PHE provides advice on the application of these recommendations in the UK. The ICRP recommendations are implemented in the Euratom Basic Safety Standards[6] (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.

PHE expects promoters 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 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

[5] These recommendations are given in publications of the ICRP notably publications 90 and 103 see the website at http://www.icrp.org/

[6] 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.

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 calculated[7]. 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 [8].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 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 facilities[9]. PHE advises that assessments of radiological impact during the 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.

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[7] 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

[8] 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

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

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.

Annex 1

Human health risk assessment (chemical pollutants)

The points below are cross-cutting and should be considered when undertaking a human health risk assessment:

- The promoter should consider including Chemical Abstract Service (CAS) numbers alongside chemical names, where referenced in the ES
- Where available, the most recent United Kingdom standards for the appropriate media (e.g. 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, those recommended by the European Union or World Health Organisation can be used
- When assessing the human health risk of a chemical emitted from a facility or operation, the background exposure to the chemical from other sources should be taken into account
- 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) approach[10] is used

[10] Benford D et al. 2010. Application of the margin of exposure approach to substances in food that are genotoxic and carcinogenic. Food Chem Toxicol 48 Suppl 1: S2-24