



National Public Health
Service for Wales

Gwasanaeth Iechyd Cyhoeddus
Cenedlaethol Cymru

NPHS consultation response to the Strategic Health Impact Assessment (HIA) on Wales Regional Waste Plan Reviews

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Relevant Previous Documents: Briefing on Regional Waste Plan Reviews HIA, 14th September 2007, Dr Angela Tinkler.

N/A

Sponsor: Andrew Jones, Regional Director of Public Health, North Wales

Purpose and Summary of Document:

To provide a formal consultation response to the Welsh Assembly Government sponsored Strategic Health Impact Assessment (consultation) of Wales first 3 Regional Waste Plan Reviews.

- **Publication/Distribution:**
- Formal response to WAG
- Link from NPHS e-Bulletin
- Link from Stakeholder e-Newsletter

1. Background

The Welsh Assembly Government has commissioned a review of Regional Waste Plans and this review involves a Strategic Environmental Assessment (SEA) and a Strategic Health Impact Assessment (HIA). The NPHS was approached in April 2007 to provide input to the production of the HIA, with a view to providing a corporate response once the HIA was subject to a formal consultation process. The formal consultation process is taking place between October and December 2007. This document represents the NPHS response to the HIA consultation document. This response is presented in two distinct sections: the first section deals with some general high level comments on the Strategic HIA whilst the second section presents a more detailed section/page specific response. Appendix 1 contains a list of typographical amendments.

2. General comments

The NPHS welcomes such a comprehensive approach to the strategic HIA. In particular it supports the importance attached to the need to avoid creating further inequalities and disadvantage in health and the wider determinants, by ensuring that deprivation and socio-economic circumstances are significant considerations that need to be factored into the decision-making process. The NPHS also concurs with the emphasis placed on identifying the appropriate local siting of waste management facilities and the observation that effective site management and regulation are paramount to preventing any potential adverse effects on the health of the population.

The difficulty in gaining a consensus on the debate about geographic fairness versus pollution reduction that could be achieved by the proximity principle is highlighted but this is something that warrants further discussion and the document would benefit from featuring this more explicitly throughout, in order to help inform local decision making.

Regarding the various methods of waste management there seems to be a general lack of evidence quoted as to any risks to human health. Table C2 summarises risks from pollutants, but does not relate these to likely emissions from the different methods of disposal. For example, it would be useful see a summary table which lists emissions from the various processes in their likely proportions, how this compares with levels currently considered acceptable, and the likely effect on human health. Acceptable levels are constantly being revised downwards and there remains variation in the consensus on exposure levels considered safe for human health.

The health impacts of the Strategic Waste Management and Spatial Options (section 5) are termed as minor, moderate and/or major in the non-technical summary with no associated definitions being given for this term. The authors have provided clarity around this in the main report, but it may be better to quantify these terms in the summary document. In addition there are no weightings related to health impacts and we feel it is important that this should form part of the health impact assessment process and be agreed with consulted stakeholders, otherwise reliance on the use of

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minor, moderate and/or major is likely to dilute/over-simplify what is a complex decision making process.

Whilst it is important to consider deprivation this does not always have the same distribution as health inequalities, which is ultimately the more important. For example, Powys is deprived in terms of access to services and amenities but its population has much better health than other parts of Wales.

With regard to health impacts, the HIA lists the usual nuisances but a reference to the unknown and more controversial suggested negative impacts, eg. reproductive health, increased risk of a small excess of congenital anomalies, cancers and low birth-weight, should perhaps be acknowledged although we accept a cause effect relationship is yet to be proven.

Though this health impact assessment is useful, site specific HIAs will be necessary. This is a general problem with HIAs of wide ranging plans and strategies which usually turn out to be relatively positive, because the devil is in the detail. Agreeing on specific sites is likely to be much more difficult and this is where issues of health inequalities/disadvantage, risk perception will be crucial as will gaining a consensus on geographical fairness versus the advantages of proximity.

3. Specific comments

The specific comments will either be presented as a bullet point and/or a brief commentary on an issue identified in the text that warranted a suggested change or would benefit from being more explicit in the issue being considered/described.

Section 1 – Health Impact Assessment

- Page 2, 1.1.9, in the last sentence it would be preferable to use the word 'address' rather than 'reduce'.
- Page 5, Fig 2.2, yellow boxes

As these boxes are all determinants of health, it seems inappropriate to include inequalities with social capital and social cohesion, as they can be very different issues. Inequalities are a separate determinant, as identified in the Whitehall Studies (sense of unfairness), Brunner (physiological effects of social hierarchies) and Wilkinson (unequal societies).

In addition, with an aging population and the anticipated increase in chronic conditions and dementia in the older population there will be an increase in the number of informal carers in the population. It would be helpful to highlight this accordingly.

- Page 6, final bullet

Unsure what 'it' refers to in the sense of this point. In the context of what has gone before, it must be either poverty of unemployment but needs clarification.

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- Page 6/7

On the topic of employment, there is a possibility that opportunities could decline as businesses may not wish to locate near a waste facility, either from the point of view of attracting employees or by the nature of business, e.g. food related.

- Page 7, 2.2.3

We would challenge the statement that housing is “not directly relevant to waste issues”. As stated later, construction work is likely to be an issue but factors such as indoor and immediate outdoor environment should be considered, including particulate pollution, spores from waste/processing, odours, noise, etc. all of which have a direct effect on an individuals housing: for example, householders may be unable to open windows or use their garden.

3rd bullet - Include “*people with chronic conditions such as cardiovascular or respiratory disease*”

- Page 8, 2.3.5, there needs to be a reference to the potential health effect of noise from increased traffic, and to the possible increase in traffic-related injuries, with the inclusion of safe pedestrian crossing sites as a mitigating factor.

- Page 9, 2.3.6 Crime & safety

3rd bullet – another pathway is neighbourhood blight, whereby those who are most able move out of an undesirable neighbourhood, properties become difficult to sell/rent and the population becomes destabilised and lacking in social cohesion.

4th bullet – Mitigation should also involve measures that encourage established communities to remain.

- Page 10, 2.3.8: suggest the title is changed to ‘Social capital and *community* cohesion’, as this better summarises the ‘quality of social relationships and social networks’ referred to. This would also mean amendments to the same phrase throughout the document
- Page 10, 2.3.9.Environment

Insert extra points as follows:

- > Households without a car may suffer disproportionately, as they are less able to leave the waste management vicinity for recreation
- > A development which is seen as unpleasant results in people leaving the area, lower property prices, and a more transient population who take less care of the neighbourhood, resulting in a downward spiral.

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Section 2 - Methodology

- Page 13, 3.2.7

3rd bullet – insert “*black and minority ethnic people*” and lesbian, gay “*bisexual and transgender*” people. In addition we would support emphasis also being placed on Carers as a key population group in its own right. Alternatively the wording could be re-phrased as follows: ‘people experiencing or at risk of discrimination, dis-advantage or particular vulnerability’.

- Page 14

1st bullet – better to use physical *activity*, as this includes active lifestyle rather than exercise *per se*.

3.2.8 Last bullet point needs to make reference to the impact of Climate Change.

3.2.9 In addition to considering the cumulative effects of co-location, the HIA also needs to consider cumulative effects on the area of other polluting industries, for example open-cast mining or steelworks in the vicinity.

Section 6 – Health Impacts of Waste, SWMOs and Waste Facilities

- Page 29, 6.2.6

The statement that both are valid approaches has been superseded by events, where processes and emissions previously thought to be safe have been shown to endanger human health or where permitted emission levels have been revised downwards.

It would therefore be better to lose the first part of the sentence and begin with “It becomes the responsibility”

- Page 30, 6.3.3

The statements in this paragraph do not appear to be consistent with those in 3.2.16 (page 16) which suggested that that the researchers ‘used existing literature reviews ...and where necessary undertook additional literature searches to ensure that the evidence base used to inform the assessment was up-to-date’.

- Page 40 and onwards

We would query the distinction between some direct and indirect negative impacts, for example odour (why a different category from gaseous emissions?), noise, fire and explosion (why a different category from adverse incident?) as they seem to be direct impacts.

This seems to be an Environmental Impact Assessment approach where easily measured emissions such as bio aerosols and soil deposits are given higher priority

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than noise, odour and nuisance, which can also have damaging impacts, especially on mental health and wellbeing. This probably needs further discussion.

- Page 51, 6.17.3

The 9th bullet – health is not a separate concern but something that will be impacted upon by all other bullets points. It would therefore be better to remove health as a bullet point and change the first sentence as follows: “...that communities have about the *health and wellbeing impacts* of waste treatment facilities are:”

- Page 52, 6.17.5

The 1st bullet - To say that “Communities tend to see themselves as less powerful” seems to be putting rather an unfair perspective on the issue. Communities *are* less powerful because they don’t have the finances or professional resources of large organisations.

The 2nd bullet – The sentence “Communities see...as key values.” seems rather misleading. Surely these should be key values for *everyone*, not just in the community’s opinion.

3rd bullet – Similar point – why perceived

4th bullet – ‘*At a social and cultural level waste is inherently seen as a negative and something that should be avoided*’ – whilst it is certainly the case that waste should be avoided where possible (‘reduce’), it is ‘waste materials’ that are ‘inherently negative’. This sentence needs to be clarified.

- Page 54

In general we observed no specific public health references quoted for various risk exposures.

6.18.5 “...children *seem to* face a significant...” – Delete *seem to*.

It would be more accurate to refer to road traffic injuries rather than collisions, as collisions implies vehicles colliding with each other, whereas children are at greatest risk as pedestrians.

6.18.6 Aesthetics, quality of life, sense of place and economic impacts are all health determinants.

Positive impacts – employment. Forecasts of employment are often over estimates and jobs for local people are more likely to be unskilled.

- Page 55, 6.19.1

Add to the end of the sentence (after ‘management’): compared with a ‘do nothing scenario’

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- Page 57, 6.19.10

Line 5 – After “used to collect and transport waste” insert “*potential for road traffic injuries*”

- Page 57, 6.19.12 –To say “little or no negative impacts” may be over optimistic. Why not fewer?
- Page 57, 6.19.13 – second sentence – amend to ‘Waste operations are monitored to ensure that they operate within the current legislative and regulatory guidelines with respect to human health and environmental issues.’

Page 69, 7.2.35

Line 4 – These are major *types of injury* rather than “causes of injuries”.

Page 72, 7.3.5

Line 9 – “...heart disease in Neath Port Talbot.” Add “*where the rate is higher.*”

“Premature deaths from road traffic injuries...” Delete “premature”, as by their nature, RTA deaths are not classified as premature and non-premature.

Line 11 – “... in Neath Port Talbot and Swansea.” Add “*where rates are higher.*”

Section 9 – Health Impacts of the Strategic Waste Management Options 0 – 4.

This section needs to show how the assessments of minor, moderate and major have been arrived at for each option, or at the very least a summary table. Otherwise readers could view these assessments as value judgements by the authors. The use of the word ‘therefore’ also needs to be considered.

- Page 90, 9.2.3 – the potential for increased rents (from providing accommodation to construction workers) may mean that ‘local people’ find themselves unable to afford accommodation in their own area.
- Page 93, 9.2.13 – suggest amending the heading to ‘social capital and community cohesion effects’

There may be some positive effect on social capital in *bonding* as residents combine to express concerns regarding a proposed site. There could also be increases in *linking* social capital as communities develop skills in dealing with local authorities, developers and other organisations.

- Page 99

9.4.1 - This paragraph states that the HIA does not consider what development may follow decommissioning. This is absolutely crucial to community values: for example land use by another ‘dirty’ industry would have largely negative impacts, whereas decontamination and re-use for housing or leisure would be seen as positive. This

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has implications for the whole section on decommissioning, which cannot really provide any useful assessment if potential future use is not considered.

9.4.2 Cleaning the site and improving the land on decommissioning should not be classified as a positive health and wellbeing impact as it is probably only restoring the *status quo ante*, i.e. it is restoring the land to its status before the waste development and could best be regarded as only neutral.

- Page 100, 9.4.8 - Negative impacts

These effects will only occur if subsequent land use does not generate employment. Decommissioning itself could have a positive impact on the local economy as it could attract developments which would have not occurred in the vicinity of a waste management facility.

Section 11 – Mitigation and Enhancement Measures

In general the statements in this chapter are ‘recommendations’ rather than ‘measures’.

- Page 115, 11.1.4 – It is unclear as to who made the ‘expert judgement’
- Page 115, 11.2.3 – The usefulness of developing a waste facility as a community or neighbourhood resource, particularly for access by children, is significantly compromised if it not ‘in their back yard’, as transport access may create a major barrier to the uptake of any facilities, however desirable. This ‘enhancement opportunity’ may be over optimistic.
- Page 118, 11.3.4.9 - Is voluntary siting a realistic option and on whose behalf would it be voluntary? A local authority may volunteer to take a facility, but the local community may still object.
- Page 119, 11.4.2.1 – The statement regarding the recruitment of local workers to ‘reduce pressure on local housing’ is at odds with the potential for ‘increased rents from providing accommodation to the construction workers who come from outside the local area of the site of a waste facility’ that was cited in 9.2.3 (page 90) as a ‘likely positive potential health impact’

Screening

Some of the possible impacts mentioned at the screening stage have not been mentioned in the main report, notably the potential for developing waterways which could decrease pollution and open up facilities for leisure use.

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Appendix 1

Typographical amendments/suggestions

- Page 2, 1.1.9, in the last sentence it would be preferable to use the word 'address' rather than 'reduce'
- Page 5, 1.1.9, fourth line down insert 'to' after 'Secondly'
- Page 9, 2.3.6 Crime & safety, 2nd bullet – add “*and older people*”
- Page 11, 3.1.5, makes reference to a list of members in chapter 8 – there is no list in this chapter; should it refer to Table 8.1, on page 20? (see also note below)
- Page 15, Heading for Table 3.2 – capital C for 'Wales Centre for Health'
- Page 15, 3.2.11 – add 'for Wales' after National Public Health Service
- Page 15, 3.2.12 - amend 'local Directors of Public Health' to 'local Public Health Directors'
- Page 16, 3.2.12 – Chapter 8 does not appear to contain this feedback. However, it is referred to in 4.4.
- Page 16, 3.2.15 – amend 'National Office of Statistics' to 'Office for National Statistics'
- Page 12, 3.2.4, last sentence insert 'and what' after the word 'collect'
- Page 15, 3.2.10, replace 'provided' with 'provides'
- Page 20, 4.3.6 - amend 'local Directors of Public Health' to 'local Public Health Directors'
- Page 20 – The Table is numbered '8.1' – should this be 4.1?
- Page 23, 5.2.9 – delete 'how'.
- Page 30 – footnote 19 spans two pages
- Page 31, 6.4.2 – 'types' not 'typos'
- Page 32 – 6.5.1 – 'levels' not level
- Page 33. 6.5.1, final bullet point – 'are', not 'is'
- Page 33 – in footnote 34, which way up is an 'upside down triangle'?

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- Page 34, 6.6.2 – insert ‘direct’, and link to footnote 39
- Page 41, 6.11.2 – the details of reference 61 are to be missing in the footnote
- Page 42, last line – add full stop after ‘recyclables’.
- Page 51, 6.17.3 – ninth bullet point – ‘especially’ should be in full
- Page 53, 6.18.2 – the details of reference 103 appear in a footnote on page 54
- Page 86, footnote 129 is in a larger font than the others
- Page 96, 9.3.8 – ‘transport and community effects’ should be underlined
- Page 97, 9.3.9 – ‘lifestyle and daily routine effects’ should be underlined
- Page 97, 9.3.11.1 – delete ‘Again, what about the front end’
- Page 98, 9.3.12 – insert ‘which’ between ‘after’ and ‘any’
- Page 103, top line –replace ‘at’ with ‘by’
- Page 109, 10.4.4 – the first sentence appears incomplete
- Page 115, 11.2.1 insert ‘enhance’ between ‘they’ and ‘the’
- Page 116, 11.2.5, ‘criterion’ not ‘criteria’
- Page 121 11.4.7.2 – Final sentence, add *(c) new green spaces should be as accessible as those that they replace.*
- 11.5.3.1 – Insert *“Safe Routes to School should be protected.”*

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Appendix – Equality & Diversity Impact Assessment

Background

When contemplating a new project, or significant changes to existing policies or services, the planning process should take into account health determinants, especially their effect on disadvantaged groups. Services and amenities should be targeted according to need. This means that those who are most disadvantaged should be prioritised and protected from negative health impacts.

This checklist focuses on vulnerable groups and completing it at an early stage of the planning process will assist planners to address these issues. Many negative responses in section 2 may indicate the need for a more detailed assessment.

Section 1

Whose needs is this paper designed to address? (e.g. whole administrative area, a named, prioritised group)	All Wales but with a focus on people who might in future have a waste facility sited in close proximity to their home
What is the paper designed to achieve?	To improve the Health Impact Assessment of the Wales Waste Plan by highlighting risks to disadvantaged communities.
Will people whom the paper could potentially benefit be subject to access problems? Please consider matters such as location, gender of practitioner, medium and language.	Not applicable

Section 2

Please consider the following issues and briefly describe in the appropriate box the paper's potential impacts.

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Population Characteristic	Potential Impact on Health		
	Positive	Negative	No Change
Material disadvantage (e.g. low income, no car, poor housing, unemployment, homelessness)	Amendments seek to protect people who may be materially disadvantaged or living in an area already exposed to pollution.		Majority of people in this category are unlikely to suffer direct impact from waste sites, but the whole population would benefit from a sound Waste Management Plan
Minority culture or ethnic group (e.g. those who find communication in English difficult, cultural and religious beliefs)	Amendment unnecessary: disproportionate impact unlikely, due to inner city concentration of BME communities.		As above
Families with children (e.g. pregnant women, babies, children and teenagers)	Amendments highlight the vulnerability of children and advocate the precautionary principle		As above
Physical or mental frailty (e.g. advanced age, learning difficulties, physical disability, carers)	HIA already mentions people with existing chronic disease and older people: these references have been emphasised..		As above
Gender or sexuality (e.g. access to services, issues of prejudice)	Not applicable		

How will the impact of this paper on health in general and vulnerable groups in particular be monitored?	The team will examine the final HIA to determine which amendments were accepted. Local Public Health Directors can monitor the use of the final HIA in site specific impact assessments
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