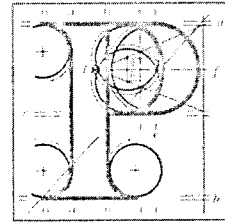


**Our Case Number: ABP-318802-24**

**Planning Authority Reference Number:**



**An  
Coimisiún  
Pleanála**

Kate O'Neill  
86 The Spires  
Cobh  
Co. Cork  
P24YF85

**Date:** 24 November 2025

**Re:** Proposed development of a resource recovery centre (including waste-to-energy facility)  
in Ringaskiddy, County Cork.

Dear Sir / Madam,

An Coimisiún Pleanála has received your recent submission in relation to the above mentioned proposed development and will take it into consideration in its determination of the matter. Please accept this letter as a receipt for the fee of €50 that you have paid.

The Commission will revert to you in due course with regard to the matter.

Please be advised that copies of all submissions / observations received in relation to the application will be made available for public inspection at the offices of the local authority and at the offices of An Coimisiún Pleanála when they have been processed by the Commission.

More detailed information in relation to strategic infrastructure development can be viewed on the Commission's website: [www.pleanala.ie](http://www.pleanala.ie).

If you have any queries in the meantime please contact the undersigned officer of the Commission. Please quote the above mentioned An Coimisiún Pleanála reference number in any correspondence or telephone contact with the Commission.

Yours faithfully,

*Kevin McGettigan*

Kevin McGettigan  
Executive Officer  
Direct Line: 01-8737263

PA04

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Kate O'Neill  
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15.11.2025

OBSERVATION ON SID APPLICATION - Case reference: PA04.318802, Ringaskiddy Co  
Cork

Proposed development of a resource recovery centre (including waste-to-energy  
facility) by Indaver NV t/a Indaver Ireland

By all 3 Bord Pleanala Inspectors, the Environmental Impact Statement (EIS) was found to be deficient in substance even where found legally adequate in form. The information as submitted to the Board is therefore insufficient to enable the Board to carry out an EIS in an appropriate manner, and to form a basis for an informed decision on the application (Daly, 2017). Despite revisions, the updated EIS material continues to repeat earlier conclusions and provide assertions without evidence. In particular, I want to raise concerns about the scientific integrity of the Population and Human Health assessment in Chapter 6 of the EIS.

Overall, the assessment makes multiple unsubstantiated claims, is of poor scientific rigour, and therefore cannot be used to make an informed decision on the population and human health impacts of the proposed development.

Firstly, much of the guidance used to prepare this assessment outlined in 6.2.1.2 are significantly outdated and do not reflect the most recent guidelines in this area. A number of the guidance cited are over 20 years old. For instance, the Institute of Public Health have published extensively on Health Impact Assessment (HIA) since the cited 2009 guidance – see most recent guidelines published in 2021 (Pyper et al., 2021). In November 2021, the Institute launched the fourth edition of HIA Guidance for Ireland and Northern Ireland, incorporating the most recent developments and best practice in the field. The updated HIA Guidance is endorsed by the International Association for Impact Assessment and by the European Public Health Association.

The methodology section provided in chapter 6 of the EIS is inadequate. It focuses on justifying the reasons for not conducting a stand-alone HIA and does not provide any clear methodology for the sections to follow in this EIS. The explanation on why a HIA is not justified is somewhat obsolete here as the stages of an HIA are common to health in environmental assessment. In fact, as stated by the Institute of Public Health if good practice is followed environmental assessments should not require a separate standalone HIA. Furthermore, it includes inaccurate statements such as “*no specific guidance on the assessment of human health in the context of EIA has been issued*”. Guidance on addressing Human Health in Environmental Impact Assessment As per EU Directive 2011/92/EU amended by 2014/52/EU has been published and lays out best practice (Cave et al., 2020).

A key stage outlined in the guidance is scoping, however, there is no evidence or mention of scoping to identify the potential health effects to be explored in this assessment. This raises concerns about the transparency of the methodologies used here. As outlined in recent guidance, good practice action by the developer in scoping is to seek input from those with public health knowledge in an EIS context.

Furthermore, the guidance outlines the requirement for technical competencies required for preparing the human health assessment within an EIS. It is clear from reviewing the profiles of those involved in this EIS that no member identified in Table 1.2 had the necessary technical competencies. It is very clear that the expertise in public health and epidemiology is lacking and this is reflected in the poor scientific quality of the presented assessment. For instance, the section on psychological impacts does not include one single reference to any evidence and includes a number of untrue statements. For instance, “overall psychological well-being...difficult matter to assess as there are no direct measures to one can use” is inaccurate. There is a large body of evidence on the measurement of psychological well-being in populations. Of the utmost concern, however, is the poor scientific quality of the literature review, a key component of this assessment. No informed decision can be based on this review. No evidence of any quality appraisal of the studies or how they were deemed eligible for inclusion is provided. There is no consideration of emerging evidence since the last systematic review. The narrative summary of findings is of poor scientific rigour and does not meet best practice standards. The conclusions are not fully supported by the evidence presented. Given the lack of transparency and rigorous methodology, I have concerns about selective reporting and inaccurate interpretation.

In relation to health improvements, a number of extremely vague claims are made without any reference to evidence. For instance, “potential for improvements in social health with a reduction in unemployment”. It is not clear what social health refers to or how a proposed reduction in unemployment locally would contribute to this.

There is little evidence of any stakeholder engagement – HSE are mentioned among the bodies with which Indaver engaged but no details are provided. It is not clear whether stakeholder engagement with the community addressed the issues pertinent to the population health impact assessment. In particular, in relation to baseline health data there are other data sources available that would provide for instance area-level hospitalisation rates or mortality rates for particular conditions.

In conclusion, I do not believe that the population and human health assessment is complete and of a high enough quality to be used in decision making regarding this proposal. I wish to request an Oral Hearing to continue full public participation in this application.

Yours sincerely,

Dr Kate O'Neill, BSc Public Health, MPhil Epidemiology, PhD

Lecturer in Public Health, Research Fellow in Epidemiology

University College Cork

**References:**

Pyper, R., Cave, B., Purdy, J. and McAvoy, H. (2021). Health Impact Assessment Guidance: A Manual. Standalone Health Impact Assessment and health in environmental assessment. Institute of Public Health. Dublin and Belfast.

Cave, B., Claßen, T., Fischer-Bonde, B., Humboldt-Dachroeden, S., Martín-Olmedo, P., Mekel, O., Pyper, R., Silva, F., Viliani, F., Xiao, Y. 2020. Human health: Ensuring a high level of protection. A reference paper on addressing Human Health in Environmental Impact Assessment. As per EU Directive 2011/92/EU amended by 2014/52/EU. International Association for Impact Assessment and European Public Health Association