



The Sizewell C Project

9.10.15 Statement of Common Ground - Ipswich and East Suffolk Clinical Commissioning Group

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1 INTRODUCTION

1.1 Status of the SOCG

1.1.1 This Statement of Common Ground ('SoCG') has been prepared in respect of the application for a development consent order ('DCO') to the Planning Inspectorate ('PINS') under the Planning Act 2008 ('the Application') for the proposed Sizewell C Project.

1.1.2 This SoCG version 02 has been prepared by NNB Generation Company (SZC) Limited ('SZC Co.') as the Applicant and Ipswich and East Suffolk Clinical Commissioning Group (CCG) on behalf of the Suffolk and North East Essex CCG's governing bodies (hereafter referred to as the "CCGs", and agreed on 23 July 2021.

1.1.3 This SoCG has evolved through a programme of engagement and series of versions as detailed in Section 2.

1.1.4 For the avoidance of doubt, the CCGs note that this document seeks to represent the named bodies and other relevant bodies including the Integrated Care System (ICS) and their successor bodies.

1.2 Purpose of this document

1.2.1 The purpose of this SoCG is to set out the position of the parties on health and wellbeing issues, so far as they relate to the remit of the CCGs, arising from the application for development consent for the construction and operation of the Sizewell C nuclear power station and together with the proposed associated development (hereafter referred to as 'the Sizewell C Project').

1.2.2 This SoCG has been prepared in accordance with the 'Guidance for the examination of applications for development consent' published in March 2015 by the Department of Communities and Local Government (hereafter referred to as 'DCLG guidance').

1.2.3 Paragraph 58 of the DCLG Guidance states:

"A statement of common ground is a written statement prepared jointly by the applicant and another party or parties, setting out any matters on which they agree. As well as identifying matters which are not in real dispute, it is also useful if a statement identifies those areas where agreement has not been reached. The statement should include references to show where those

matters are dealt with in the written representations or other documentary evidence”

- 1.2.4 The aim of this SoCG is therefore to inform the Examining Authority and provide a clear position of the state and extent of discussions and agreement between SZC Co. and the CCGs on matters relating to the Sizewell C Project.
- 1.2.5 This SoCG does not seek to replicate information which is available elsewhere within the DCO application documents. All documents are available on the Planning Inspectorate website <https://infrastructure.planninginspectorate.gov.uk/projects/eastern/the-sizewell-c-project/>).

2 POSITION OF THE PARTIES

- 2.1.1 **Table 2.1** provides an overview of the position of the parties and any further actions planned.

Table 2.1 Summary of Position of the Parties

Ref.	Matter	Book ref.	Position	Next steps	Agreed / Not Agreed / In Progress
HWa	The scope and methodology for the health and wellbeing assessment.	Vol 2, Ch 28 of the ES [APP-346]	<ul style="list-style-type: none"> No issues outstanding / under discussion. 	None.	Agreed.
HWb	The health and wellbeing baseline.	Vol 2, Ch 28 of the ES [APP-346]	<ul style="list-style-type: none"> The CCG raised concerns about historic baseline data utilised (specifically, GP patient List sizes), however this has been provided for context, rather than to infer spare capacity. CCG now content with baseline noting that it has not been used to infer spare capacity and that all communities and healthcare services are considered sensitive. 	None.	Agreed.
HWc	The assessment of health and wellbeing impacts.	Vol 2, Ch 28 of the ES [APP-346]	<ul style="list-style-type: none"> Where the Health and Wellbeing assessment draws on data which is being considered by technical experts within other organisations, specifically noise / air quality (East Suffolk Council (ESC)), transport (Suffolk County Council (SCC)), socio-economics (ESC and SCC), radiological (Environment Agency and Public Health England), the CCGs will rely on the scrutiny and findings of those technical experts. In terms of assessment of impacts on healthcare capacity impacts, the Parties agree that HPC provides useful context in terms of - for example, workforce demographics and families - but there may need to be flexibility in the Deed of Obligation to allow for any differences in host community, and changing nature of public health. 	<p>No further action.</p> <p>To be dealt with on discussions on mitigation.</p>	<p>Agreed.</p> <p>In progress.</p>
HWd	The approach to mitigation - occupational health.	Appendix 28A [APP-347]	<ul style="list-style-type: none"> Principle of occupational health service is agreed to internalise as much demand as is possible from the non-home-based workforce, with complementary care from the home-based workforce. CCG have reviewed Appendix 28A and additional information provided by the health working group at HPC. The Parties have agreed that SZC Co. will work collaboratively with the CCG to inform the design and procurement of service. Ongoing collaboration will then take place through the Health Working Group. 	Agreed as far as it can be for the purposes of the Examination.	No further action for the Examination.
HWe	The approach to mitigation - residual healthcare contribution.	Appendix 28B [APP-347]	<ul style="list-style-type: none"> Principle that there should be a residual healthcare contribution is agreed. CCGs (and Councils) requested additional funds for multi-agency use to reflect the practicalities of working within an integrated care system. The principle of this has been agreed and will sit in the Public Services Resilience Fund - Local Community Safety and Community Health Measures. Quantum / scope / governance for both to be agreed. 	<p>CCGs to provide further detail on their methodology for population health management to inform discussions on mitigation.</p> <p>Parties to consider need / mechanism for contingency.</p>	In progress.
HWf	The approach to mitigation - other.	Book 6, Vol 2, Ch 28 [APP-346]	<ul style="list-style-type: none"> Where the Health and Wellbeing assessment draws on mitigation which is being considered by technical experts within other organisations (as for assessment above), the CCGs will rely on the mitigation agreed by those technical experts. The same will apply to any requirements or Deed of Obligation wording for these topics. 	Agreed.	In progress.
HWg	Deed of Obligation and Governance	Deed of Obligation (Doc Ref. 8.17(E))	<ul style="list-style-type: none"> Principle of a working group involving health stakeholders agreed. CCG preference for it to be called "health and wellbeing" rather than "health". Terms of reference under discussion - more detail required, including on how the HWG governance relates to the Social Review Group and Delivery Steering Group. 	<p>Work is ongoing to further refine and agree the Terms of Reference of the Health & Wellbeing Group.</p> <p>SZC Co. to provide detail on wider governance model to ensure the HWG can make a</p>	In progress.

NOT PROTECTIVELY MARKED

Ref.	Matter	Book ref.	Position	Next steps	Agreed / Not Agreed / In Progress
			<ul style="list-style-type: none"> Discussion held on whether this should be more integrated with some or all of the functions of the Community Safety Working Group, particularly in light of the fact that the CCG function is anticipated to be pulled into SCC as part of the integrated care system. 	<p>judgement on where else health needs to be represented within the overall governance structure.</p> <p>SZC Co. has provided a list of KPIs / monitoring data proposed to be collected by the Project - this is based on what is provided and HPC and needs to be discussed further.</p>	

2.1.2 **Table 2.2** sets out the previous relevant representations and is provided as further context to the summary provided above, and to highlight the progress and agreement achieved.

Table 2.2 Position of the Parties - SZC Co. and the CCGs

Ref.	Matter	Book ref.	CCGs Position - from relevant rep	SZC Co. Position	CCG Response / Further Action	Agreed / Not Agreed / In Progress ¹
HEALTH AND WELLBEING (VOLUME 2, CHAPTER 28 OF THE ES)						
HW1	The methodology for the assessment of significance of health and wellbeing effects as set out in section 28.3 , with additional detail in Volume 1, Appendix 6Y of the ES .	6.2 / 6.3	No Comment provided	No Comment Provided	N/A	N/A
HW2	The baseline environment as set out in section 28.4 .	6.3	<p>i. RR 6. The assumptions within this document use historical data about healthcare provision, health infrastructure and population health objectives, which we would seek to redress through further negotiation both with Sizewell C Co and regional and national government commitments.</p> <p>ii. Clarification on the general practice data set in 28.4.7 and Table 28.4 - as an example the figure below shows The Peninsula Practice as having 953 patients per GP however the actual figure as of 1st January 2020 shows 1349 patients per GP which is a significant jump from those figures shown within the Health and Wellbeing assessment. Therefore, the CCG would need to be assured that the whole dataset is re-worked based on data provided and validated by the CCG for these purposes.</p> <p>iii. The CCG would challenge the data as listed in sections 28.4.10 – 28.4.16 – can clarification be provided as to data from the latest JSNA.</p> <p>iv. 28.4.8 – The CCG challenge this statement as there is no relevance for these sites being listed as these sites can only be accessed via referral only from either primary care or acute services (secondary care).</p>	<p><u>Response to i</u></p> <p>The demographic, health and health care data were collated from the Office for National Statistics, NOMIS, the Department for Communities and Local Government alongside key statistics derived from the PHE Health Profile tool, NHS Digital, and the PHE Mental Health and Wellbeing JSNA Health profiles. The data was applied to inform the various assessment protocols within the health and wellbeing chapter, and to further explore community/ health circumstance to inform more health conscious planning, and facilitate the delivery of local health priorities and objectives where possible within the occupational health service.</p> <p>By nature, all recorded data is historic, which is why trend data has been applied to establish the direction of key health indicators (be they improving or worsening), why the assessment protocols apply a consistently conservative approach (assuming the highest burden of poor health as a uniform constant), and why all residential receptors and health care services are considered highly sensitive for the purposes of the assessment of significance.</p> <p>On the above basis, the data applied was appropriate and sufficient to inform the planning process, including facilitation of more health conscious planning sympathetic to, and supportive of current public health</p>		Agreed

¹ This column does not need to be filled out in the initial stages, the principal purpose at this stage is to set out the position of the parties

Ref.	Matter	Book ref.	CCGs Position - from relevant rep	SZC Co. Position	CCG Response / Further Action	Agreed / Not Agreed / In Progress ¹
				<p>objectives. The baseline data applied within the assessment protocols (i.e. changes in exposure to noise and emissions to air) were also appropriate and robust, and further reinforced through the precautionary approach to assessing significance.</p> <p><u>Response to ii</u></p> <p>Please note that section 28.4.6 on local healthcare services was intended to provide a snapshot of and context to local health care services. The individual GP Surgery patient lists were not applied in any assessment per se, but set the rationale as to why all healthcare facilities have been considered high value and sensitive to any change in demand within the assessment (para 28.4.16).</p> <p><u>Response to iii</u></p> <p>It is not necessary to rework the data, as this would not change this conclusion, nor would we seek to downgrade the sensitivity applied in the significance criteria, and it has no bearing on the mitigation applied, as the residual impacts on local health care quantified assume no spare capacity.</p> <p>The health baseline is detailed in full at Appendix 28C. This provides a snapshot of demographic, health, and health care data at the time of the assessment. Trend data has been considered where appropriate to gauge the direction of community and health circumstance, and the commentary in Chapter 28 offers a summary of key observations and local health priorities. The data applied was appropriate and sufficient to inform the planning process, including facilitation of more health-conscious planning sympathetic to, and supportive of current public health objectives. The baseline data applied within the assessment protocols (i.e. changes in exposure to noise and emissions to air) were also appropriate and robust, and further reinforced through the precautionary approach to assessing significance.</p> <p><u>Response to iv</u></p> <p>Para 28.4.8 is intended to set out local health care context, of which there are two A&E hospitals and 11</p>		<p>Agreed</p> <p>Agreed</p>

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				community hospitals within the immediate study area. The purpose of listing them was to ensure the health assessment team consider them when exploring potential health pathways that might affect them. This point is reinforced in the baseline conclusion that explicitly states that all healthcare facilities have been considered high value and sensitive to any change in demand within the assessment (para 28.4.16).		
HW3	The approach to mitigation set out in section 28.5 a) primary mitigation i) public health .	6.3	<p>i. RR 7. The mitigation modelling for both this project and its directly linked road and rail changes, do not go far enough. The health and well-being challenges for the population and the delivery of healthcare services faced in respect to travel, community severance and cohesion, noise impacts, access and accessibility to public amenities and infrastructure has not been effectively mitigated.</p> <p>ii. RR 9. Whilst we support the proposed road changes and believe that the infrastructure will leave an improved road network legacy for the people of Suffolk, we are not assured by the mitigations on noise, dust and journey times. Our concerns are largely related to the impact of a road focused strategy upon health and social care infrastructure, capacity and resilience to deliver services at the same levels of efficiency. For example, Community Services provision will be impacted with the likely impact on travel, noise and general disruption the work will bring the crucial home visits by health and care staff to support vulnerable people in their own homes is likely to be disrupted. These services operate with very small margins to absorb disruptions to travel times, with district nursing and care visits carefully planned to ensure maximum efficiency. Any disruption to that is likely to need more capacity at increased cost to be put in place to make sure we continue to meet the needs of the people that need community based health and care support, without which their health and wellbeing could be jeopardised.</p> <p>iii. The CCG cannot as yet see any mitigation for impact on journey times in the early stages of road infrastructure development. Sizewell C Co have referenced 9 months for the Yoxford roundabout to be completed and 2 years for the 2 village bypass to be completed. There is no mitigation for</p>	<p><u>Response to I</u> The assessment of health and wellbeing effects associated with severance, access and accessibility, and pedestrian fear and intimidation are all addressed within Volume 2, Chapter 10 of the ES. Proposed mitigation measures are also set out within this chapter.</p> <p><u>Response to ii and iii</u> The key mitigation for journey times is the associated development, including, the Sizewell link road, the two village bypass, Yoxford roundabout and other highway improvements. Use of rail and sea for freight, as well as an on-site accommodation campus, use of park and rides and bussing will also keep traffic off the roads. Associated developments have been designed to be built off-line so even if something has a say 9 month or 2-year construction programme, the vast majority of that time construction will be in fields and not affect the highway network. Tie ins will be a few weeks only and timings will be agreed through the Transport Review Group. The modelling of journey time data has been revisited with additional information provided as part of the ES Addendum (Doc Ref. 6.14). Modelling suggests minimal journey time delays which do not require mitigation both in early years and at peak. SCC is currently reviewing SZC Co.'s journey time modelling and will respond formally in due course. As currently set out, SZC Co. do not believe that there will be an adverse effect on drive times / congestion leading to effects on health or other services. With regard to community health home visits, emergency response and similar services; during construction these will not be materially impacted upon during any one trip, or cumulatively throughout the day,</p>	<p>The CCG defer to the Local Authorities expertise to manage the concerns relating to the concerns raised within the RR. In particular points i. RR 7, ii. RR 9 iii</p> <p>It is understood that SCC continue to raise concerns regarding the modelling and impact along with the associated severance.</p> <p>iv the CCG are satisfied that there are sufficient measures in place to monitor the impact as described and will fully participate in the Health Working Group moving forward. The CCG have provided input to TOR's for the Health Working Group.</p>	<p>In progress</p> <p>In progress</p>

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			<p>the impact in these early years on the journey times of our local Community service providers, District nurses, GP visiting times, domiciliary care support workers. The number of AILs during this period is also increased and so further understanding of mitigation is sought for these early years until the road infrastructure is fully established.</p> <p>iv. RR 10. We also do not see sufficient evidence or mitigation regarding the direct impacts of road capacity and strain on the health and well-being of the population. Specifically, we do not see equity assessments for the vulnerable populations identified in Suffolk, or those with specific health conditions which will be adversely affected by dust and noise pollution (e.g. COPD and asthma, mental health, frailty and dementia). We believe there is a further opportunity to improve the lives of the directly impacted population through an enhanced rail and transport legacy, including a focus on "most active county" objectives and equity adjustments for the older and younger generations where direct and indirect health risks require statutory body capacity and resilience for mitigation.</p>	<p>where the delay per trip is measured in seconds. Conversely, once operational, the improved road infrastructure offers enduring road safety and flow improvements over current provision.</p> <p>In terms of specific incidents on the network, these will be managed through the transport management plans which will be agreed with SCC and the Highways Authority, following consultation with Suffolk Constabulary. The drafts of these are set out in Doc Ref 8.6 (TIMP), Doc Ref. 8.7 (CTMP) and Doc Ref. 8.8 (CWTP). The CTMP will include protocols for AIL movements with Suffolk Constabulary support provided where required.</p> <p><u>Response to iv</u> With regard to any disproportionate risk from changes in exposure to noise and air emissions, these are primarily addressed through threshold based environmental standards that are protective of the environment and health, including the most vulnerable members of our society. However, these have been further tested within the Health and Wellbeing assessment, that considers local health circumstance and absolute change to quantify any potential outcome or disproportionate effect. As an example, in reference to air quality, the change in concentration and exposure remains orders of magnitude lower than is required to quantify any manifest health outcome during the construction and operation of the main development site, and any of the associated developments.</p> <p>With regard to maximising health improvement opportunities, these have been explored and enhanced where possible, and where within the influence of the project. Subject to consent, we would seek to continue engagement with the CCG through the health working group and continue to align with local health improvement campaigns and opportunities.</p> <p><u>Response to iv</u> The Equality Statement (Doc Ref. 5.14) considers the potential effects on equality of the construction and operation of the proposed Sizewell C power station and construction, operation, and removal and reinstatement (where relevant) of the associated development. The purpose of the Equality Statement is to highlight where</p>		

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				there is potential for effects with equality implications, so that these can be considered, and where possible alleviated or minimised.		
HW4	The approach to mitigation set out in section 28.5 a) primary mitigation ii) occupational health provision.	6.3	<p>i. RR 2. We accept that an occupational health unit for the directly employed workforce providing health screening, health monitoring, subacute primary care and some emergency care may mitigate some negative impacts created by a large influx of a transient workforce on the effects of the health care need of local population.</p> <p>ii. RR 3. We believe there is the opportunity to work collaboratively on the strengths of the occupational health unit to build on the benefits for the health and welfare of the workforce, with alignment to public health promotion and prevention campaigns.</p> <p>iii. 28.5.10 – The CCG need to understand more about what is included in the pre-employment health screening process and the ongoing health employing screen and to understand whether they are periodically assessed.</p> <p>iv. 28.5.16 – Has there been any cross reference of data in relation to health inequalities in the area?</p>	<p><u>Response to i</u> Noted.</p> <p><u>Response to ii and iii</u> Further detail on pre-employment and ongoing screening is set out in Appendix 28A and this confirms that (paras 1.1.5-6): <i>“it is essential to retain a level of flexibility within the provision itself, partly to account for any unforeseen occupational healthcare requirements, but also to better align and compliment any change to local public healthcare structure, capacity, initiatives and priorities over the construction period. To ensure this is the case, the Section 106 agreement will also set the Terms of Reference for the Sizewell C Health Working Group (SHWG) during the construction phase, such that it is maintained to observe the effectiveness of mitigation; inform any refinement where needed; and to help the Sizewell C Project align with local healthcare campaigns.”</i></p> <p><u>Response to iv</u> The health and wellbeing promotional activities and programmes will be primarily designed around the specific requirements of the workforce, which is likely to form a similar demographic composition to that of Hinkley Point C (see Volume 2, Chapter 9, Appendix 9B for further detail). This demographic composition will present common health conditions to screen, treat and manage. A proportion of the workforce will be home- based, which is why the health baseline has probed local health circumstance, priorities and need, and why, subject to consent, the Health Working Group will be maintained. In so doing, it is possible to both inform and enhance the health and wellbeing promotional activities and programmes to the changing needs of the workforce, thereby minimising residual impacts while accounting</p>	The CCG will help inform the procurement of the OH service, and remain engaged through the Health Working Group to discuss and refine service provision alongside the coordination of health promotion opportunities and initiatives.	In progress

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				for seasonal hazard variation, and complimenting local health campaigns supporting the delivery of local health and inequality objectives.		
HW5	The approach to mitigation set out in section 28.5 b) tertiary mitigation.	6.3	<p>i. Direct mitigation is required within the socio-economic plan to address how changes to the demographics total load upon infrastructure will impact equality, travel, amenities, community cohesion and health infrastructure in respect to Suffolk stated medium and long-term objectives.</p> <p>ii. We welcome commitments to education, social mobility, affordable homes, welfare and benefits enablement and would want to see these translated into a set of legacy proposals and plans.</p>	<p><u>Response to i</u></p> <p>Table 5.1 of the Community Safety Management Plan (Doc Ref. 8.16) provides a summary of the socio-economic and health and wellbeing mitigation proposed and signposts to where further information may be found on each of the measures. More widely, the mitigation route map signposts the mitigation measures proposed across the whole scheme (Doc Ref. 8.12).</p> <p><u>Response to ii</u></p> <p>Legacy will remain in the form of improved road and rail infrastructure, skills and long-term employment and economic benefits of the Sizewell C Project (see Economic Statement, Doc Ref. 8.9). The Sizewell C Project will provide 900 long-term operational jobs once the power station is built. In addition, upskilling during the construction phase will focus on ‘legacy’ roles (as determined by the Council’s research base) that the region and the project both need for the long term.</p> <p>The Housing Fund will deliver permanent improvements in the quantity and quality of accommodation, focusing on parts of the private rental market that is most important to support people on lower incomes and with housing or other support needs. Local residents, landlords and other accommodation providers will be able to access grants, loans and other support to improve existing homes and bring more supply to the market, people will be supported to move from unsuitable housing, empty homes will be revitalised and brought to the market, and part of the Housing Fund will be reserved for providing additional resilience to the Council’s housing services – providing new temporary and emergency accommodation and supporting existing staff and services to respond to any additional housing need and prevent homelessness.</p>	<p>The mitigation proposed only provides the detail for the directly employed and does not address the specific issues impact equality, travel, amenities, community cohesion and health infrastructure in respect to Suffolk stated medium and long-term objectives.</p> <p>It is understood that these can be addressed through the Health Working Groups ToR, and renaming to the Health and Wellbeing Working Group</p>	In progress

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HW6a	The assessment of potential health and wellbeing effects from changes in emissions to air, construction dust and PM ₁₀ as set out in section 28.6 b) i (for construction phase of Sizewell C).	6.3	28.6.15 – Concerns related to measuring of Air Quality – what measures are going to be in place to monitor peak concentrations? Air quality analysis showing peaks and troughs.	The Code of Construction Practice(Doc Ref. 8.11) sets out proposed air quality monitoring arrangements, as well as control measures to mitigate air quality impacts (Tables 4.1 and 4.3 in Part B and Part C). The scope of air quality monitoring including on the construction routes will be agreed through the CoCP and the air quality working group, seeking to use existing monitoring locations where possible.	The CCG are not responsible for this matter, this is an area for the district council (ESC) to comment upon.	N/A
HW6b	Updates to the above in the ES Addendum.	6.14	No comment provided	No comment provided	N/A	N/A
HW7a	The assessment of potential health and wellbeing effects from additional transport movements as set out in section 28.6 b) ii (for construction phase of Sizewell C).	6.3	No comment provided	No comment provided	N/A	N/A
HW7b	Updates to the above in the ES Addendum	6.14	No comment provided	No comment provided	N/A	N/A
HW8a	The assessment of potential health and wellbeing effects from changes in noise exposure as set out in section 28.6 b) iii (for construction phase of Sizewell C).	6.3	<ul style="list-style-type: none"> i. 28.6.37 – significant challenge to the term of daytime timings of 0700 – 2300hrs. In the health economy daytime with extended hours goes to 2000hrs. ii. 28.6.66 – Noise mitigation scheme. Significant impact - no known mitigation. The CCG would like to understand the scale and scope of this plan. iii. 28.6.80 -The CCG would like to raise that there is no evidence that sufficient review of the impact in the surrounding area has been ascertained. There are 2 care homes - 70+ beds dementia residential homes and high numbers of elderly residents who are housebound. Access to these vulnerable members of the community during the construction period of the Yoxford roundabout and link roads will be compromised and therefore it is proposed that 	<p><u>Response to i</u></p> <p>A daytime period of 07:00-23:00 is applied by convention in noise assessments. For construction noise, this daytime period is broken down into shorter periods, with different criteria applied according to the sensitivity of that time of day; separate criteria are applied to the periods 07:00 to 08:00, 08:00 to 18:00, 18:00 to 19:00 and 19:00 to 23:00. This is as set out in British Standard 5228: 2009+A1: 2014. The timings are for the purpose of noise assessment, and have no bearing on the health economy.</p> <p><u>Response to ii</u></p> <p>SZC Co. has established a voluntary Noise Mitigation Scheme which seeks to mitigate residual significant adverse effects on health and quality of life on</p>	i and ii) The CCG will defer to colleagues in East Suffolk Council to manage and monitor noise concerns.	Agreed

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			<p>visiting times and journey times will need to be closely monitored to ensure there is not a negative impact on healthcare visits. This recording should start with a baseline recording prior to construction.</p> <p>iv. AIL (Abnormal Indivisible Loads), as per the statements in both the SCC and East Suffolk Coast representations, there is a need to understand more on the ongoing monitoring of the AIL's on the general traffic and in particular the emergency vehicle response times and a contingency fund should be set aside to enable a draw down to address such impacts. The assessment has failed to pick up the impacts of the delays associated with AILs, both on general traffic and on emergency response times.</p>	<p>properties from construction or operation of the proposed development, subject to eligibility criteria. Further detail is set out in Volume 2, Appendix 11H of the ES but in summary, where specified noise criteria is exceeded, noise insulation or temporary rehousing may be provided. SZC Co. will undertake further assessment and engage with stakeholders to further understand the affected receptors and their use.</p> <p>SZC Co. is currently engaged with East Suffolk Council on the terms and content of the mitigation scheme, and it is currently expected that ESC will provide oversight for the assessment element of the scheme.</p> <p><u>Response to iii and iv</u></p> <p>Please see HW3 above for response on journey times. And AILs, No significant effects are predicted and no mitigation (over and above what is already proposed) is required. Action: more detailed response addressing journey times / congestion will be provided in due course, taking into consideration the position agreed with SCC and the contingency element of the transport mitigation.</p>	<p>III and IV – The CCG do not have the overall control or expertise to manage this area of concern. The CCG defer to colleagues at SCC/ESC. However we do continue to have a concern regarding the overall impact on the care home which has a high dependency. Note reference to SZC comment regarding assessment of transport modelling.</p>	Agreed
HW8b	Updates to the above in the ES Addendum.	6.14	No comment provided	No comment provided	N/A	N/A
HW9	The assessment of potential health and wellbeing effects associated with the introduction of a temporary non-home-based construction workforce as set out in section 28.6 b) iv (for construction phase of Sizewell C).	6.3	<p>i. RR 4. We continue to have concerns related to increased local housing turnover and the potential impact that this has on healthcare provision.</p> <p>ii. RR 5. An unstable population creates increased healthcare infrastructure demands beyond direct GP registrations; therefore, we do not accept the mitigation calculations and impact assumptions which limit adjustments and minimise impacts on equity, access and population health.</p>	<p><u>Response to i and ii</u></p> <p>Population and household turnover will increase in the early years of the project up to peak, but this does not necessarily translate into increased, demand for healthcare services given that the non-home-based workers will utilise the occupational health service on site and the lack of additionality (where workers take homes that would otherwise be occupied). Nonetheless, through engagement with SCC and local/regional statutory health and social care providers, we recognise that there is a risk of differential demand for social and public health services, which we also recognise are</p>	<p>The CCG do not agree with the response provided as there could be a significant turnover of occupied housing, the density of population will increase and there is the potential of multi-occupied homes where more than one family could potential reside.</p>	<p>In progress</p> <p>In progress</p>

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			<p>iii. 28.6.102 – what evidence is used to ascertain the statement within this section “It is anticipated that workers who bring families are most likely to be on long-term contracts and would buy properties or take private rented sector accommodation during this time. As such, they would not represent a net addition to the existing number of council tax paying households/population, and there would be little to no material change in net healthcare demand”</p> <p>iv. 28.6.103 “Overall, the magnitude of impact on health and wellbeing would be low. In the context of a uniformly high sensitivity receptor and highly valued asset, the resultant effect is considered minor adverse, which is not significant.” The CCG strongly challenge this statement and request evidence to support this.</p>	<p>inextricably linked. As such, we have developed a Public Services Resilience Fund which will be made available to SCC and ESC to fund multi-agency preventative and resilience activities to minimise the risk of additional effects related to community safety and wellbeing, mental wellbeing, safeguarding and reducing risk for vulnerable people.</p> <p><u>Response to iii</u></p> <p>Experience from Sizewell B and Hinkley Point C suggests that workers with longer contract roles are more likely to bring their families to the area.</p> <p>The Accommodation Strategy (Doc Ref. 8.10) notes that for management and professional staff, and operational staff (some of whom would be on-site during the peak of construction), there would be a higher propensity to buy property in the local area. The majority of workers would be either in civil or mechanical, electrical, and heating roles. These roles are more likely to be shorter term and transient, with skills required for specific packages within the build meaning contracts may last from a few months to a few years. As such, these workers would be more likely to move to the area for shorter periods, requiring greater flexibility of accommodation, and would be more likely to return to their permanent homes between working periods/shift cycles than bring their families and settle in the area.</p> <p>On the basis that those moving their families are likely to be in longer term roles, this is expected to preclude use of tourist accommodation (due to price and licencing restrictions on continuous occupation). Families will not be allowed to use project accommodation (campus/caravan site). As such – and based on evidence from pre-peak Hinkley Point C workforce surveys – workers bringing families are likely to buy or rent homes.</p> <p>The Sizewell C Project will not be building new housing directly, though will be providing a Housing Fund to boost the supply of accommodation in sectors most relied upon by those at risk of homelessness and housing need.</p>	<p>More understanding of how the Public Services Resilience fund will work is required.</p>	

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				<p>As such, most workers and their families are not considered to be net additional to the local population, as they would be occupying otherwise occupied housing, and any change in stock would be accompanied by Council Tax collections.</p> <p>Appendix 28B, section 1.2 c) provides more detail on estimated breakdown of families, drawing on evidence from Book 6, Volume 2, Appendix 9B (Demographic benchmarks and Workforce Characteristics).</p> <p>Appendix 28B also notes that while effects of families are not predicted to be significant, it is recognised that local public health services are stressed and therefore a planning contribution for dependants is proposed as part of the residual healthcare contribution in the Section 106 (see also Doc Ref. 8.4).</p> <p><u>Response to iv</u></p> <p>As detailed in Chapter 28, Table 28.6, following the provision of the proposed Sizewell C occupational health service, with its own nurses, GPs and pharmacy, the residual referral to local GPs would be minor, with an annual average of 4 referrals per annum. The most significant change would be hospital referrals, of which when combining referral to Minor Injury Units (MIU) to A&E hospital referrals (as there is no local MIU), would result in an annual average of 101 referrals. Please note, that this does not include any net offset from home based staff using the Sizewell C health service, which will reduce demand on local health care.</p> <p>In the context of the regulatory planning process, and specifically the EIA significance criteria applied, a low impact upon what is considered a highly sensitive community asset, is considered a minor impact. This does not diminish the mitigation proposed to manage this issue - the proposed residual healthcare contribution - which will be secured by the Section 106.</p>	Clarification required on the data in 28.6.89 and the subsequent table 28.6	<p>In progress</p> <p>in progress</p>
HW10	The assessment of potential health and wellbeing effects associated with the socio-economic factors	6.3	i. RR 1. The CCG understands the broadly positive impact of the potential socio-economic growth created by Sizewell C and the linked and associated national, regional and local infrastructure developments.	<p><u>Response to i</u></p> <p>Noted.</p> <p><u>Response to ii</u></p>		

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	as set out in section 28.6 b) v (for construction phase of Sizewell C).		<p>ii. RR 11. In respect to socio-economics, Suffolk is a net importer of over 65's and therefore has an accelerating ageing population profile. This has some predictable impacts on health and care infrastructure over the lifespan of the Sizewell C project. Within the equity and socio-economic modelling there is a failure to demonstrate methods which improve well-being for this continued demographic change. Furthermore, there is inadequate mitigation for the demographic shifts related to the projected economic local and regional economic benefits.</p> <p>iii. 28.6.117 – The CCG would require confidence in the figures provided for employment supporting the impact on the local economy and an evidence baseline to support this statement. The para reads: <i>Gross value added (GVA) measures the contribution to an economy of an individual producer, industry, sector or region. As stated in Chapter 9 of this volume of the ES, the construction industry accounts for over £1bn of output in Suffolk which equates to approximately 7% of total output in the county. On the basis that GVA per construction worker in Suffolk FTE is approximately £60,000, Sizewell C would contribute approximately £2.5bn GVA over the course of the construction phase, which is again considered to present a moderate beneficial socio-economic health effect which is significant at the regional level.</i></p> <p>iv. 28.6.118 – The CCG would like to see a more supportive statement of understanding for employment opportunities for members of the community who have a known mental health or learning disability.</p>	<p>Volume 2, Chapter 9 (Socio-economics) sets out the future baseline for population changes and household projections (paras 9.5.112-9.5.115). Based on ONS data it reports: <i>Above retirement age (aged 65 and over) – numbers are expected to increase by 38,220 or 20.2% in the immediate districts between 2016 and 2026. This is slightly above the projected rate in the East of England (20.0%) and England as a whole (19.4%). In East Suffolk the increase is expected to be 18.6% (12,080 residents).</i> This has therefore been taken into account in the assessment and mitigation proposed. While it is acknowledged that the over-65s are less likely to benefit directly from the employment and supply chain opportunities provided by the project, members of their family may (including young people remaining in Suffolk rather than moving elsewhere to seek employment). All age groups may benefit from improved road infrastructure, rights of way improvements and the Community Fund.</p> <p><u>Response to iii</u> Volume 2, Chapter 9 sets out the economic assessment and this paragraph draws directly from para 9.7.15 of that chapter. The £1bn, 7% and £60,000 figures are sourced from the ONS (publicly available national statistics). The £2.5bn is calculated from the £60,000 applied to years of construction employment in the workforce profile (just over 40,000).</p> <p><u>Response to iv</u> SZC Co. is committed to diversity and inclusion and will look to build on the initiatives underway at HPC to ensure as many people as possible can benefit from the opportunities offered by the project: At HPC, this includes the Supported Traineeship programme aimed at providing a tailored route into work experience for young people with additional learning difficulties. This has been undertaken in collaboration with Somerset County Council and contactors such as HOST, Bylor and G4S. Some of the participants are now in sustainable employment across the project. HPC is currently liaising with MENCAP to help progress participants onto suitable apprenticeship programmes</p>	<p>Noted</p> <p>Noted</p> <p>Noted and will look to be involved in future discussions as part of the monitoring through the Health Working Group. The CCG would expect to see reference to this within the TORS.</p>	<p>Agreed</p> <p>in progress</p> <p>Agreed</p>

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				<p>that will further support their technical and social development. 2 have been delivered to date with a 3rd planned this year (Covid-permitting).</p> <p>Sizewell C will look to replicate the excellent mental health support provided at HPC, which won an industry 'Health and Safety 2019 Award'. The judges described the efforts at site as "a new benchmark for the industry" with an "innovative step-change of approach to mental health and well-being". This includes mental health awareness training for managers and supervisors to create a supportive environment and help identify potential signs to allow early intervention, trained mental health buddies from a range of occupations, ages and experience, so anyone should feel comfortable talking about their concerns, a programme of support for apprentices, including advice on gambling, money management, healthy eating and life skills. 'Time to Talk' rooms are available around the site, encouraging conversations and offering additional help. For those with a known mental health condition, the occupational health service will be able to provide a bespoke support package (should the person want this) - this is in place for a number of people at HPC.</p>	No further comment	
HW11	The assessment of general stress and anxiety impacting upon quality of life as set out in section 28.6 b) vi (for construction phase of Sizewell C).	6.3	28.6.119 – The CCG would like to see the development of, and agree the methodology of ongoing impact monitoring for mental health, job centre plus, active lives, social isolation; including independent metrics to support the quality of life for local people.	<p>It is not considered practical or necessary (effects are not predicted to be significant) to monitor e.g. mental health or social isolation as it would not be possible to separate out project effects from other issues such as the effects of Covid-19 or issues in their personal or working lives.</p> <p>Para 28.6.120 sets out that there are a number of factors which influence an individual's quality of life, which include emotions such as stress and anxiety. The tangible aspects associated with the proposed development which underlie local community risk perception have been investigated and addressed within the chapter which provides a robust assessment supported by an appropriate scientific evidence base for a range of health pathways.</p> <p>SZC Co. will however monitor the number of local people securing roles on the project, noting that employment and associated income generation is</p>	The CCG has no further comment regarding this statement.	Agreed

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				<p>predicted to be a moderate beneficial effect of the project.</p> <p>SZC Co. will also provide a Community Fund to ensure that residual in-combination effects of the Sizewell C Project may be addressed and to enable communities to maximise the opportunities offered by the Sizewell C Project. This would fund local schemes, measures, and projects which promote the economic, social, or environmental wellbeing of the communities affected by the Sizewell C Project, enhancing their quality of life.</p>		
HW12	The assessment of potential health and wellbeing effects from changes in radiological exposure during operation of the proposed development, as set out in section 28.6 c) i.	6.3	No comment provided	No comment provided	N/A	N/A
HW13	The assessment of potential health and wellbeing effects from changes in in electromagnetic field exposure during operation of the proposed development, as set out in section 28.6 c) ii.	6.3	No comment provided	No comment provided	N/A	N/A
HW14	The assessment of potential health and wellbeing effects from changes in emissions to air during operation of the proposed development, as set out in section 28.6 c) iii.	6.3	28.6.151 – The CCG believe it would be beneficial to install a specialist Weather station to monitor air quality and noise on the main routes and in the towns, and for this data to be frequently reported through the Health Working Group.	<p>No air quality or weather monitoring is considered necessary for the operational phase of the power station based on the predicted air quality effects.</p> <p>Please note that it is proposed the Health Working Group is in place for the construction phase of the Sizewell C Project only.</p> <p>Beyond potential commissioning monitoring, it is not envisaged that there will be long-term noise monitoring of the operational power station. Once complete and</p>	The CCG has no further comment to make in relation to this statement	Agreed

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				commissioned, the operational noise levels are unlikely to vary on a day-to-day basis and noise monitoring is not considered necessary.		
HW15	The assessment of potential health and wellbeing effects from additional transport movements during operation of the proposed development, as set out in section 28.6 c) iv.	6.3	No comment provided	No comment provided	N/A	N/A
HW16	The assessment of potential health and wellbeing effects from changes in noise exposure during operation of the proposed development, as set out in section 28.6 c) v.	6.3	No comment provided	No comment provided	N/A	N/A
HW17	The assessment of potential health and wellbeing effects associated with socioeconomic factors during operation of the proposed development, as set out in section 28.6 c) vi.	6.3	No comment provided	No comment provided	N/A	N/A
HW18	The assessment of potential health and wellbeing effects associated with general stress and anxiety impacting upon quality of life during operation of the proposed development, as set out in section 28.6 c) vii.	6.3	No comment provided	No comment provided	N/A	N/A

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HW19	The approach to secondary mitigation set out in section 28.7 i) residual health care contribution.	6.3	No comment provided	No comment provided	N/A	N/A
HW20	The approach to secondary mitigation set out in section 28.7 ii) community fund.	6.3	No comment provided	No comment provided	N/A	N/A
HW21	The approach to secondary mitigation set out in section 28.7 iii) monitoring and governance.	6.3	No comment provided	No comment provided	N/A	N/A
HW22	The approach to secondary mitigation set out in section 28.7 ii) community fund.	6.3	No comment provided	No comment provided	N/A	N/A
HW23	The approach to Health and Wellbeing set out in the draft S106 Heads of Terms (Doc Ref. 8.4, Appendix J).	8.4	<p>i. Book 8.8.4 Planning statement S106 Heads of terms. The references to health need to be expanded to provide a more detailed understanding of the mitigation on offer. With reference to monitoring through the Health Working Group, the CCG requests mitigation for a dedicated individual who could be a Health or Council representative to support the monitoring of the effects of the development and chair the Health Working Group moving forward. Therefore, In order to ensure collaborative working and monitoring during the construction phase suitable mitigation for 0.5WTE - professional at a Band 8, dedicated to overseeing and supporting the health economy impact and proactively working with EDF for the duration of the construction period including chairing the Health Working Group. This post would be of great benefit to all services and EDF moving forward and would be a welcome addition to ensure full collaboration in approaches through public sector organisations.</p> <p>ii. The way health and care is being delivered is evolving, partly due to advances in digital technology and workforce challenges. Infrastructure changes and funds received as a result of this development may incorporate not only extensions, refurbishments, reconfigurations or new</p>	<p><u>Response to i</u> In line with the other working groups, we anticipate that ESC or SCC will chair the Health Working Group.</p> <p><u>Response to ii</u> Mitigation needs to be related and proportionate to the effects of the project. SZC Co. has noted the CCGs and SCC's (public health and social care) comments on the interdependencies of service provision and as a result has indicated to SCC that we would be willing to consider a multi-agency contribution as part of the public services resilience fund. However, this is subject to SCC / the CCGs providing a clear proposal on scope / governance / quantum of any contribution.</p> <p><u>Response to iii</u> There is no evidence to suggest that any of the issues listed are as a result of the legacy of Sizewell B. Sizewell C is not proposing to build any housing and nor did Sizewell B. The relatively lower cost of housing and many of the issues listed are due to a combination of other factors, not least the town's historical reliance on the Garrett's works which closed permanently in</p>	<p>i. The CCG do not believe the response answers the issue relating to a dedicated officer to oversee the monitoring and working as a joint post to support in raising and ensuring that the relevant evidence is provided through the term of the construction period feeding into the governance process of the Health Working Group. The CCG strongly believe this should be funded through the mitigation of the Section 106.</p> <p>ii. The CCG and SCC will continue to seek mitigation through the S106 agreement and the monitoring of both will be</p>	<p>In progress</p> <p>In Progress</p>

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			<p>buildings but will also look to address workforce issues, allow for future digital innovations and support initiatives that prevent poor health and improve health and wellbeing. Suffolk and North East Essex's integrated care strategy defines the objectives for the forward view for this region. Sizewell C is a potential enabler to meet the challenges and the changes that the Joint Strategic Needs Assessment outlines. The planning process outlines structures and systems for negotiating mitigation of impact as defined by Sizewell C co. From our perspective, the interdependencies of service provision across our alliance of providers within this infrastructure is poorly served by the artificial divisions defined throughout the provided documentation and into the 106 suggestions.</p> <p>iii. Many of the reasons that Sizewell is an ideal place to build nuclear power stations, are the self-same reasons why the legacy of socio-economic boom leads to enhanced risks of widening health inequalities, poverty and social stagnation. Our current health needs assessments outline the challenges faced by the population directly impacted by the Sizewell C proposals. The legacy of Sizewell B remains tangible in our health Informatics. It is a significantly deprived population, with higher levels of childhood obesity, tooth decay and smoking. There is no social mobility and the community remains isolated by poor road links and inadequate transport infrastructure. This impacts on mental and physical health. Cheap housing following socio economic boom leads to wider health inequalities and an area which continues to import a community of 65 and over. This perceptibly skews health needs and health demands. Plans for Sizewell C need to identify a legacy for this community which redresses their needs in partnership with the statutory providers, both locally and nationally.</p> <p>iv. The legacy of nuclear power generation on the Suffolk coast needs to focus on achieving a connected, healthy and resilient population supported by infrastructure that meets and enhances the community resources and opportunities for both young and old, as identified in the JSNA. Post development, rural Suffolk will return to an agricultural economy supported by tourism and challenged by the needs of retirees. Plans are required to ensure that this strategic endpoint is part of the core project objectives.</p>	<p>1981, and the closure of the passenger service to Leiston in 1966 by British Rail.</p> <p>SZC Co. is committed to supporting social mobility and has already joined forces with Inspire Suffolk and Access Community Trust to ensure people in the Leiston, Saxmundham, Ipswich and Lowestoft areas can access the thousands of jobs and skills/training/education opportunities during the construction of the planned power station.</p> <p>SZC Co. is working with regional stakeholders to ensure our approach to providing sustainable employment and training opportunities extend beyond the Sizewell C Project to help meet the wider, long-term regional need in terms of the labour market and supply chain, in order to reduce risks of 'boom and bust'.</p> <p>The Sizewell C Project will also work closely with the Councils and Emergency Services to pro-actively reduce the risk on areas and people most sensitive to change, through a focussed Housing Fund, and approach to mitigation of potential demand for public services for community safety, education and social care.</p> <p>Additionally, SZC Co. recognises that as a result of the Sizewell C Project, some areas closer to the main development site and where workers are more likely to live in the community will experience more change, and we are proposing to support Suffolk Community Trust to deliver a raft of local projects and programmes in those areas for the benefit of existing communities via the Community Fund. This will ensure a tangible, long-term legacy benefit for those communities.</p> <p><u>Response to iv</u></p> <p>The purpose of the power station is to generate low carbon electricity to support the UK's net zero ambition. Legacy will remain in the form of improved road and rail infrastructure, skills and long-term employment and economic benefits of the Sizewell C Project (see</p>	<p>subject to an agreed governance process through the Health Working Group.</p> <p>iii. The CCG has no further comment.</p> <p>iv. Noted</p>	<p>Agreed</p> <p>Agreed</p>

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				Economic Statement , Doc Ref. 8.9). Also see response to iii and HW5 above.		
HW24	The residual effects conclusions for the construction phase as set out in Table 28.9 .	6.3	No comment provided	No comment provided	N/A	N/A
HW25	The residual effects conclusions for the operational phase as set out in Table 28.10 .	6.3	No comment provided	No comment provided	N/A	N/A
HEALTH AND WELLBEING APPENDICES (TO VOLUME 2, CHAPTER 28 OF THE ES)						
HW26	Appendix 28A: Health Technical Note 1: Sizewell Occupational Health Care Service Description	6.3	<p>i. Subsequent concerns were raised through NHS England who commission Dentistry services in the area as to their strategy to support the increase in population due to the influx of construction workers. The feedback received has been as follows; We are currently looking to procure additional dental services, as we are aware of the lack of access to general dentistry in the area for the current population. Should the additional non-home-based workers, described below, require access to dental services after we have completed the procurement described above this will have a detrimental impact on access in the area. We would then need to determine if additional NHS provision is required in the area and even if it were, current providers may / or may not be able to provide this. It would be a commissioning decision through our internal governance structure, to determine what finances were available, which would take some time. Even if it were determined that additional NHS dental activity is required and if it went to procurement this would take 9 – 12 months to commence. All new services are funded through NHS England and NHS Improvement – East of England, with no assistance from Section 106, therefore it is unlikely that the acquired additional funding for this would be approved. Nationally there is also a shortage of dentists so it may be also difficult to recruit to this area, which will create further access issues.</p> <p>ii. Appendix A – HTN 1 - in Ipswich and East CCG, primary care provision is provided on TPP SystmOne – If consideration could be made that TPP SystmOne is the IT</p>	<p><u>Response to i</u> Dentistry provision is not incorporated provision into the occupational health service at Sizewell C (nor was it at HPC). This is because we would expect that non-home-based workers would retain and return to their own dentist for all non-essential work. For emergency work, they could either return home or book an emergency appointment with local providers but this would have to be paid for as a private appointment so availability would be market and capacity driven. Should there not be any availability locally, the workers would have to travel home for treatment. If anyone moves to the area permanently they would have to find an NHS dentist with space or join a waiting list and pay privately in the meantime so this should not create any capacity issues.</p> <p><u>Response to ii</u> Noted. This will depend on the occupational health provider selected (which will likely be by competitive tender) but we can ask this question at that stage.</p> <p><u>Response iii</u> The Sizewell C occupational health service will be designed to be flexible enough to deal with any future epidemic / pandemic. HPC has demonstrated how this is possible and a technical note summarising measures undertaken will be shared with the CCGs (noting that this information is also published on the HPC website so the whole community is able to see how the site is</p>	<p>i The CCG recognise that SZC could not be expected to provided mitigation in support of the non-home based workers and their families to support the dentistry requirements, whilst recognising that there is currently no existing provision in the area. However, is there an opportunity to work in partnership to improve.</p> <p>ii. Noted the CCG requests this is part of the scope in the competitive tender exercise and are actively involved in the tender process.</p> <p>iii. The CGG are content with this response.</p>	<p>Agreed</p> <p>In progress</p> <p>Agreed</p>

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			<p>platform of choice for the Occupational Health Service this would be mutually beneficial. We appreciate that there are GPDR issues that need to be overcome to support referrals into the health service.</p> <p>iii. As a general statement the CCG would like to understand what future outbreak management will be in place to combat COVID-19 and other public health emergency situations, which could include future proofing of facilities and access to OH services? What has taken place at Hinkley to support the safe access to facilities and assurance of learning to ensure that what OH services are created at Sizewell C to support social distancing and infection control requirements.</p>	<p>responding.) SZC Co. will not be specifically planning for a repeat of Covid-19 at Sizewell C because there are too many variables in terms of predicting what might happen, including because:</p> <ul style="list-style-type: none"> A future epidemic or pandemic may have different transmission vectors and require different management measures – this may change the number of people we could safely have on site / how the project responds to the situation. It may occur at a different point in the construction programme which may elicit a different response from the project. There will likely be a more formal response from the construction industry / unions to any future event which may also affect how the project is able to respond. The technical note is therefore not to help us plan for Covid-19 at Sizewell C but to demonstrate that the occupational health care provision and project itself is capable of internalising the response to such an unforeseen event to avoid effects on workers and the community. It also shows how the presence of a major infrastructure project can be a support to the local community, including through providing PPE, provision of meals and food, volunteering and fundraising. 		
HW27	Appendix 28B: Health Technical Note 2: Residual Health Care Forecast	6.3	No comment provided	No comment provided	N/A	N/A
HW28	Appendix 28C: Health Baseline	6.3	No comment provided	No comment provided	N/A	N/A
HEALTH AND WELLBEING CUMULATIVE (VOLUME 10, CHAPTER 4 OF THE ES)						
HW29	Section 4.21 of Book 6, Volume 10, Chapter 4 setting out the cumulative effects assessment for health and wellbeing.	6.11	i. RR 8. The lack of effective cumulative impact of the different energy generating projects related to wind farms, wind farm infrastructure (e.g. cabling) and the Port of Felixstowe changes. We disagree with the explicit exclusion of any cumulative assessments and mitigations of the housing and associated infrastructure developments.	<u>Response to i</u> SZC Co.'s assessment of cumulative effects is based on a long-list and short-list of other projects within the planning system and within the Zone of Influence for relevant effects. SZC Co. recognises that this doesn't include all potential projects that may be delivered in	I. The CCG has no further comment.	N/A

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			<p>We require further discussion and support in assessing the full impact on Suffolk lives of all proposed local and regional planned developments and the cumulative impacts for the Suffolk and East Anglia population during the lifetime of the Sizewell C project.</p> <p>ii. Within the Consultation report section there is a summary relating to the de-commissioning of Sizewell A, the CCG feels there is a lack of schedules for decommissioning, directly relating to transport and the impact on the construction of Sizewell C.</p>	<p>the region. Chapter 1 of Volume 10 of the ES sets out the selection criteria for inclusion of projects, including the consultation process to agree these. Nonetheless, SZC Co. recognises that the region is preparing for a large number of projects both in planning and further down the pipeline, and has had regard to that demand when considering enhancement and mitigation proposals related to the labour market and supply chain, and is keen to work within SCC's principle of promoting legacy skills that benefit both the Sizewell C Project and the region in the future.</p> <p><u>Response to ii</u> As set out in Volume 10, Chapter 1 of the ES, Sizewell A decommissioning has not been considered as a cumulative scheme as the works are ongoing; it has been assessed as part of the baseline.</p>	<p>ii. The CCG has no further comment</p>	<p>N/A</p>
COMMUNITY SAFETY MANAGEMENT PLAN (DOC REF. 8.16)						
HW30	The Community Safety Management Plan (CSMP) (Doc Ref. 8.16) which considers the potential effect on community safety that the construction of the Sizewell C Project may have and sets the strategy for mitigating any negative impacts through monitoring and management, making use of the most appropriate resources.	8.16	<p>i. The CCG would support the call from East Suffolk Council in their own representation 1.112 to ensure there is an agreement for mitigation, monitoring, prevention of;</p> <ul style="list-style-type: none"> Potential effects related to cultural differences between NHB workers and residents; Potential increased spread of County Lines to Leiston (where illegal drugs are transported from one area to another); Hate crime (including against workers); Community cohesion and integration issues; and Increased provision of Police Community Support Officers in Leiston and surrounding area. <p>ii. Community Safety Working Group – We would welcome this group to be jointly run with council colleagues to ensure monitoring and mitigation is managed real time for any issues that are identified with dedicated representation to work with SZC to gather the relevant evidence with data collection and patient and public engagement to ensure that decisions are made for the effective use of the community fund.</p>	<p><u>Response to i</u> Measures to address these issues are set out in the CSMP and will be supported by Section 106 funding to the Councils (public services resilience fund) and the emergency services (community safety).</p> <p><u>Response to ii</u> A proposed governance structure for the community safety working group has been provided to the Councils and is under discussion. The Community Fund will be managed separately by the Suffolk Community Foundation.</p> <p><u>Response to iii and iv and vi</u> Noted and these will be matters for the community safety management group, supported by S106 funding as set out in the response to i above.</p> <p><u>Response to v</u> Vetting comprises a Valid Baseline Personnel Security Standard (BPSS) and DBS (Disclosure & Barring Service) check. To secure a site pass, workers will also</p>	<p>i. The CCG reserves the right to work alongside public sector colleagues in ensuring appropriate measures are in place through the CSMP. Whilst the CCG is not a direct member of this group the potential impacts should mitigation, monitoring and prevention not be sufficiently in place would impact on the local primary care services as well as the general wellbeing of the community.</p> <p>ii. As above</p> <p>iii and iv and Vi as above</p>	<p>In progress</p> <p>In progress</p> <p>In progress</p>

Ref.	Matter	Book ref.	CCGs Position - from relevant rep	SZC Co. Position	CCG Response / Further Action	Agreed / Not Agreed / In Progress ¹
			<p>iii. Upon discussion with the safeguarding leads, the main areas of concern are mitigation to support the impact on sex workers – potential popup brothels and the shift in these operations being managed online alongside the seasonal sex workers at key times i.e. Christmas which tend to be non-traceable opportunists. Whilst there are no clear identifiable mitigation assumptions there is a duty of care to ensure a strong link with safeguarding professionals to work in a collaborative manner in support of this vulnerable group. It would also be of benefit to understand what safeguards there will be in place against modern slavery and country lines.</p> <p>iv. There are specific safeguarding concerns relating to the north of county relating to the High level of individuals with learning disabilities within the community with a limited amount of support. There should also be an acknowledgement of Pregnancy in 'care leavers' who turn to seeking relationships with people they don't know and the sexual exploitation of young men leaving care who tend to reach to older men for relationships. What is EDF policy on managing these issues?</p> <p>v. What are the DBS check process that EDF carry out for their workforce and sub-contractors, in support of the safeguarding issues raised?</p> <p>vi. It should be noted that Exploitation is the greatest concern relating to Safeguarding.</p>	need a valid drug and alcohol test, to have completed the SZC project introduction (including signature of the Worker Code of Conduct), pre-placement medical questionnaire (including safety critical medical where required). This is in addition to the technical qualifications they will need to confirm they are competent and qualified to complete their working roles.	v. The CCG offer no further comment	n/a
HW31	The approach to Community Safety set out in the draft S106 Heads of Terms (Doc Ref. 8.4, Appendix J).	8.4	No comment provided	No comment provided	N/A	N/A
EQUALITY STATEMENT (DOC REF. 5.14)						
HW32	The Equality Statement	5.14	With specific reference to equity, health recognises the relative dearth of both current data collection and collation. Moreover, there is a failure within health, care and beyond to provide relevant and robust information that would form the basis of the need related outcome focus for those with protected characteristics. We	While there are uncertainties relating to the impact assessment and subsequent mitigation with respect to differential and disproportionate needs relating to people with protected characteristics (as with any impact assessment), the approach to mitigation and	The CCG has no further comment to make	N/A

Ref.	Matter	Book ref.	CCGs Position - from relevant rep	SZC Co. Position	CCG Response / Further Action	Agreed / Not Agreed / In Progress ¹
			recognise that as a result of this, this planning application cannot anticipate or predict the mitigations needed in reference to the Sizewell C project or the cumulative effects related to other planned and future developments in the Suffolk and East Anglia infrastructure projects. Before moving forward, we need an assurance that this will be fully mitigated via the section 106 process, including but not limited to, specific risk group assessments and population level data collection designed to seek out the direct and unintended consequences of Sizewell C via independent and novel metrics.	<p>monitoring to be secured via the S106 Agreement has taken account of this by ensuring robust data collection for the workforce (via workforce surveys) and flexible, preventative and sector-led approaches to mitigation that are adaptable over the course of the construction phase, with regard to public services and social care, health, housing and community.</p> <p>SZC Co. has sought to understand ahead of time how the effects of the Sizewell C Project may differentially or disproportionately affect people with protected characteristics, and to provide a statement on how those people have been engaged with, to support the Secretary of State's decision making which will need to have regard to the public sector duty for equality impact assessment under the Equality Act.</p> <p>A commitment has been made to ongoing engagement with key stakeholders to review and refine mitigation that both removes and manages potential risks and effects, and also supports the delivery of local statutory community and health objectives and priorities, which inherently include an assessment of equality under the public sector duty defined by the Equality Act..</p>		

APPENDIX A: ENGAGEMENT ON THE SOCG

- A.1.1. The preparation of this SoCG has been informed by a programme of discussions between SZC Co. and the CCGs. The relevant meetings are summarised in **Table 2.3.**

Table 2.3 Meetings

Date	Details of the Meeting
1/3/21, 12.30pm-1.30pm	First draft issued and brief introduction provided
18/3/21	Health Working Group meeting - overarching discussion on application
13/4/21	Health Working Group meeting - focus on S106 funds, structure, governance. Separate chat with CCG lead on SoCG - simplified front end issued 14/4/21.
28/5/21	Final run through for deadline 2 following receipt of written comments from CCG.
5/7/21	Discuss changes to the SoCG for deadline 5.
7/7/21	SoCG / ToR / mitigation discussion.