Lower Thames Crossing

Thurrock Council Local Impact Report

Appendix E – Independent Review HEqIA Review Recommendations and Response (received 8 June 2023)

Appendix S: Health Independent Review Recommendations and LTC Response Received 8th June 2023 with Thurrock Replies for LIR

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Links between local health priorities and the assessment should be made clear. Where the local priorities identify topics or sensitive groups, these should be considered in the assessment (including in consideration of enhancement measures).	Local health and equalities priorities have been set out within Appendix A of the HEqIA [**Application Document** APP-539]. Appendix A was updated between the 2020 and 2022 versions of the HEqIA in line with updated priority and strategy documents produced by individual local authorities. A new section has been included within each of the assessment topics of the HEqIA itself [**Application Document** APP-539], setting out which of the local health and equalities priorities are relevant for that topic, together with findings from consultation and from baseline data. Paragraph 3.6.13 of the HEqIA [**Application Document** APP-539] sets out the factors which have been taken into account when assessing population health effects that may arise as a result of the Project, including the relationship with the health policy context and/or local health priorities. The assessment tables for each topic in Section 7 of the HEqIA include reference to the relevance / importance of local health and equalities priorities for each assessment topic.	***(SoCG Issue ref 2.1.209***). Whilst the sections within the HEqIA under each topic contains a section entitled 'review of themes from local health and equalities strategies' which is welcomed, the assessment does not address if the proposed enhancement or mitigation measures in Tables 8.1 and 8.2 enable local priorities to be met. Additionally, it is not clear if Thurrock's Health and Wellbeing priorities have been correctly referenced within each topic assessment and how this has been weighted in the consideration of the health outcome identified.
Further information should be provided on construction phasing as part of the HEqIA (when available) and indication of how this may influence assessment and an explanation of how the HEqIA has been planned and timed to inform decision making.	Further detail relating to construction phasing was presented and discussed at a CIPHAG meeting in June 2021. The HEqIA [**Application Document** APP-539] includes a new section on Project construction phases and timelines (Section 4.3), providing further detail on construction activities across the four construction sections, information relating to individual construction compounds, and estimated timelines for construction in each section. Information relating to construction activities which may potentially impact individual assessment topics is included within the assessment sections as relevant. This includes information relating to the length of time construction activities	***(SoCG Issue ref 2.1.210)*** Information has been provided on construction phasing within the HEqIA (Section 4.3, TR010032/APP/7.10 Health and Equalities Impact Assessment). Within the assessment of intra project effects, where the impact of different health determinants may be brought together and discussed across the project there is not clear consideration of when and where intra-projects impacts might occur in relation to construction phases. Consideration of duration of effects has been included in individual topic assessments, and is particularly important when considering cumulative construction impacts when assessing different sensitive populations and Protected Characteristics (for example care homes and schools which are within receptors identified for environmental impacts) The Independent Review recommended the LTC report to indicate how construction phasing may

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	are anticipated to last as well as construction phasing.	influence the HEqIA's assessment i.e., to discuss this prior to the assessment section. LTC have instead stated that they considered this within the assessment section itself for individual topics. In the assessment tables for each topic, the duration of impact is considered, however, are not attributed to specific phases or activities during construction, nor are different construction phases effects discussed in relation to vulnerable groups. The Independent Review recommends "an explanation of how the HEqIA has been planned and timed to inform decision making." This has not been found in the HEqIA, and is particularly relevant to demonstrating due regard being shown to protected characteristic groups.
Further commentary and evidence should be provided to understand how the scope of the HIA was identified and agreed. This could include provision of further information on the outcomes of discussions on scoping that were undertaken with the Community Impacts and Public Health (CIPH) advisory group.	Further commentary and evidence around outcomes of discussions with CIPHAG concerning the scope of the HEqIA has been included within the HEqIA [**Application Document** APP-539]. Section 3.4 of the HEqIA [**Application Document** APP-539] covers screening and scoping. Table 3.1 summarises scoping discussions held as part of CIPHAG meetings between 2018 and 2021. The findings from the Independent Review and subsequent discussions with CIPHAG stakeholders included further information relating to the scoping and assessment of individual topics within the HEqIA. Paragraph 3.4.5 of the HEqIA [**Application Document** APP-539] includes a summary of the changes made to the original scope of the HEqIA as a result of subsequent discussions with stakeholders. Table 5.2 of the HEqIA [**Application Document** APP-539] details the CIPHAG meetings which have taken place between 2018 and 2022 (of which there were more than 20) and summarises the matters discussed at each meeting and outcomes of those discussions where relevant.	***(SoCG Issue ref 2.1.211)*** Table 3.1 is not a sufficient summary of the scoping discussions. Table 5.2 (TR010032/APP/7.10 Health and Equalities Impact Assessment) does not answer the recommendation – the only meeting that appears to have included scoping discussions was the November 2018 meeting, of which only this information is provided: "Initial list of HEqIA topics agreed", but does not state which ones, and how they were agreed upon, and by what criteria or framework health topics were presented to CIPHAG and selected or excluded (or how if and how equalities groups were discussed and scoped). It is noted that the scope was agreed after the Independent Review in 2021.

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Further information should be provided on the outcomes of stakeholder engagement exercises and how this has meaningfully informed the HEqIA and the LTC project. This includes providing further details of what was agreed at the CIPH advisory group and methods of engagement and issues raised at the focus groups and how these comments were addressed. Information should also be included on measures used to reach hard to reach groups. Wider concerns have also been raised regarding the consultation activities which should be addressed as part of the wider consultation strategy.	Section 5 of the HEqIA [**Application Document APP-539**] sets out the approach taken to consultation and engagement for the Project and how this has fed into / informed the HEqIA assessment. The section summarises activities and headline information from both non-statutory and statutory consultation, including the supplementary consultation, design refinement consultation, community impacts consultation and local refinement public consultation events. Following feedback from stakeholders including that received as part of the Independent Review, the Community Impacts Consultation included a comprehensive 'You Said, We Did' document, setting out how the Applicant has addressed issues and suggestions received at each of the previous consultations. Section 5.4 of the HEqIA [**Application Document APP-539**] sets out the Applicant's approach to consultation and engagement with hard-to-reach groups (more favourably referred to as under-represented groups). At a CIPHAG meeting held in June 2021 the Applicant's approach to engagement with under-represented groups was discussed with stakeholders; this included research undertaken by the Applicant into the presence of hard to reach communities along the route of the Project, which typically include older people, those with disabilities, those who may not be able to read, and those for whom English is not their first language. The findings from this meeting helped to inform the approach to engagement during the Community Impacts Consultation. In relation to the focus groups held during 2019, the Applicant reiterates the view that these formed just one part of engagement with vulnerable groups and that wider conclusions were not been drawn from this sample. This is explicitly stated in paragraph 5.4.6 of the HEqIA [**Application Document APP-539**]. The individual topic assessments contained in Section 7 of the HEqIA	***(SoCG Issue ref 2.1.212)*** Section 5 (TR010032/APP/7.10 Health and Equalities Impact Assessment) does not detail further information on the specific outcomes that arose because of the engagement discussions, but instead presents summaries of topics discussed. Consequently, a lack of presentation on the outcomes means that there is no specific text to indicate how the HEqIA has been informed by the engagement. Paragraph 3.6.13 does not answer the recommendation for LTC to set out how the engagement has informed the HEqIA – it notes that stakeholder engagement has been taken into account when assessing population health effects (note this contradicts information discussed under SOCG issue re 2.1.227), but this does not mean that it was taken into account for the approach towards incorporating findings from the HEqIA process into the project design. Additionally, there is a lack of description of the methods of engagement used for focus groups, besides those who cannot access digital resources. Section 5.4.1 states that "the Applicant researched and considered the presence of hard to reach communities" however the process between this research and putting together the focus groups in Table 5.1 is not clear. Additionally, there is no description of issues raised at focus groups, particularly for hard-to-reach groups. Furthermore, it is noted that a hard to reach strategy was going to be included as part of the DCOv2 submission but this has not been seen.

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	[**Application Document** APP-539]include a section summarising relevant findings to have arisen from consultation and engagement. The assessment methodology described in paragraph 3.6.13 of the HEqIA sets out the various factors which have informed the individual assessments; these include the extent to which stakeholders are concerned about particular determinants of health or health outcomes.	
Clarify how ward sensitivity has been determined through clear links to the baseline.	The approach to defining ward sensitivity was discussed and agreed with stakeholders at the CIPHAG meeting held in September 2021. The methodology for determining ward sensitivity is subsequently described in section 3.6 of the HEqIA [**Application Document** APP-539]. The sensitivity of individual wards has been identified as high, medium or low based on the range of indicators identified. Draft ward sensitivity data and information was distributed to CIPHAG attendees; this information was subsequently included in the DCO submission in 2022. The assessment of sensitivity by ward is summarised in Table 3.3 of the HEqIA; data informing this assessment is set out in Appendix 6.3 of the Environmental Assessment (Chapter 13 Population and Human Health) [**Application Document** APP-151].	***(SoCG Issue ref: 2.1.213)*** The NH response to comments received from Thurrock Council on clarifying how 'ward sensitivity has been determined through clear links to the baseline' suggests that amendments have been provided in TR010032/App 6.3 Environmental Statement Appendices Appendix 13.2 Ward Sensitivities. Appendix 13.2 contains no reference to which data has been amended to provide additional ward sensitivity information. Additionally, as noted under **issue ref 2.1.208** it is unclear how the information on ward sensitivity has been used to inform the overall health outcome within the HEqIA (TR010032/APP/7.10 Health and Equalities Impact Assessment.) Furthermore, it is also not clear how the ward sensitivity, which is based on health data (and income deprivation) informs the equalities assessment. It is unclear how the ward sensitivity designations and the assessment interact with the Tables 3.4 and Tables 3.5 (TR010032/APP/7.10 Health and Equalities Impact Assessment) which outline sensitive populations identified in the WHIASU checklist and sensitive populations by assessment topic.

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Justification / methodology for aggregating impacts at general population / ward level should be provided. Use of GIS mapping for baseline and assessment information would enable a clearer understanding of specific impacts including effects on health inequalities.	The Assumptions and Limitations section of the HEqIA [**Application Document APP-539**] set out in paragraph 3.6.18 states that for all topics, the assessment has been aggregated to ward level unless otherwise specified.	As outlined in **issue ref 2.1.208 i**t is recognised that discussion of human health and equalities outcomes need to be aggregated in order to make a proportionate assessment. However, it is not clear within the HEqIA where specific baseline data making wards more or less sensitive based on either health or equalities trends are influencing the assessment. In Appendix C various GIS maps have been provided to highlight baseline information.
Further information should be included about the duration of effects anticipated beyond if they are temporary or permanent. This is particularly relevant to the health outcomes identified during the construction phase as this phase is anticipated to last six years. Further information should be included on if effects are considered to be short term, medium term or long term and a definition provided which outlines what each of these terms mean (e.g. short term = 1-2 years).	Paragraph 3.6.9 of the HEqIA [**Application Document APP-539**] sets out the temporal scope for the assessment. This describes the duration of potential effects as being short, medium or long-term (with durations as appropriate) or permanent. This enables a more granular assessment to that provided at DCO 1.0, where effects were simply described as temporary or permanent; this is as a direct result of discussions with stakeholders as part of CIPHAG meetings (as described in paragraph 3.6.11 of the HEqIA). The assessment methodology described in paragraph 3.6.13 of the HEqIA sets out the various factors which have informed the individual assessments; these include the duration of effect as described above.	***(SoCG Issue ref 2.1.215)*** Definitions on impact duration have now been provided. Although, as under Issue ref 2.1.208 it is unclear how this has been considered as a criteria for significance.

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The assessment should provide information on the severity and likelihood of the health outcomes. At present it is just stated whether a health outcome is considered to be positive, negative or neutral, however the assessment would benefit from further information being provided on the severity of the effect (e.g. minor, moderate or major positive/ negative) to help provide a more balanced assessment and increase understanding of the level of health outcomes anticipated.	The methodology for assigning impacts on health outcomes is set out in DMRB LA 112, which states that health outcomes should be described as positive, negative, neutral or uncertain. Whilst LA 112 states that 'it is not possible to quantify the severity or extent of the effects which give rise to these outcomes', the guidance also states that information should be presented relating to changes to health determinants as a result of a scheme or project, together with evidence provided to support conclusions. The HEqIA [**Application Document APP-539**]provides information around the plausibility of health outcomes as part of the review of evidence for each assessment topic. Further evidence has been presented in relation to the individual assessments to help increase understanding of the level of health outcomes anticipated. The assessment methodology described in paragraph 3.6.13 of the HEqIA sets out the various factors which have informed the individual assessments; these include an assessment of the severity of health outcome, for example whether this relates to changes in mortality/morbidity or whether the change may be more related to wellbeing or quality of life. The HEqIA [**Application Document APP-539**]submitted as part of DCO 2.0 in 2022 also identifies where health effects are likely to be significant; the guidance document 'Human health: ensuring a high level of protection. A reference paper on addressing human health in Environmental Impact Assessment' (International Association of Impact Assessment and European Public Health Association, 2020) has been used to inform an approach to identifying significance, taking into account multiple criteria, including severity of health outcome as described above. This has enabled the identification of significant effects within Section 7 of the HEqIA [**Application Document APP-539**].	**(this has not been covered in the SoCG)** The latest response received from NH (07/06/23- Independent Review Recommendations and Response) regarding this comment suggests that as the methodology from the DMRB LA 112 states that 'it is not possible to quantify the severity or extent of the effects which give rise to these outcomes', thus a severity or significance is not assigned to health outcomes, but instead the likely health outcome is identified once the community sensitivity is reported and likely changes to health determinants are discussed qualitatively. However, the response also suggests that further evidence has been supplied in the HEqIA to inform an assessment of severity and significance, and that the IAIA and European Public Health Association Paper from 2020 'Human health: ensuring a high level of protection. A reference paper on addressing human health in Environmental Impact Assessment' has been used to inform criteria to identify significant effects. As noted in issue ref. 2.1.208 it is unclear how these criteria have been consistently applied to create a judgement on severity and a significance outcome.
There are some concerns identified with the technical data sources used to	A number of technical concerns were raised in Appendix A of the Independent Review relating to a variety of other documents and assessments produced as	***(SoCG Issue ref: 2.1.217)*** This will remain an ongoing issue and will require updates to the HEqIA and the ES Population and Human Health Chapter dependent on amendments to

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inform the HEqIA (e.g. transport, air quality and noise assessments). Technical concerns should be addressed and updated accordingly in the HEqIA as these may have implications for the health outcomes identified. Clarification should also be provided on how the level of effect identified in the source assessment has been translated into the effect identified in the HEqIA (including how this has been aggregated to general population / ward level).	part of the submission at DCO 1.0. These primarily related to the transport, air quality and noise methodologies and assessments. Assessment documents were updated for inclusion in the submission in 2022. We have been reviewing these comments in line with our technical teams. Where appropriate, technical documents may be updated and amended accordingly, however there will be instances where agreement has not yet been reached and these areas will be described within the Statements of Common Ground prepared for each local authority.	other technical assessments. Where the HEqIA relies on other technical chapters for its assessment (primarily transport, air quality and noise) clear demonstration will need to be shown that both the HEqIA and subsequently the ES Population and Human Health Chapter has been updated accordingly. Additionally, within the Relevant Representation particular issues have been raised regarding the adequacy of the air quality assessment and the noise modelling. If these are addressed and updated, subsequent changes will need to be made to the HEqIA and the Population and Human Health Chapter.
The HEqIA should provide further information regarding effectiveness of mitigation / enhancement measures. This could include providing a conclusion on the residual health outcome anticipated after mitigation measures is implemented.	Section 4.4 of the HEqIA [**Application Document APP-539**] presents the approach taken to the provision of mitigation and enhancement measures, including the categories within which mitigation falls and the locations where mitigation measures are secured within the DCO. For each assessment topic in Section 7 of the HEqIA, mitigation measures are described within relevant sections relating to construction and operation. The assessment conclusions relate to residual health outcomes after mitigation measures have been implemented.	***(SoCG Issue ref: 2.1.218)*** The recommendation has not been addressed. The response received from NH on 08/06/23 states that Section 4.4 of the HEqIA (TR010032/APP/7.10 Health and Equalities Impact Assessment) outlines the approach taken to the provision of mitigation and enhancement, that specific mitigations are discussed in the assessment, and that the assessment conclusions relate to residual health outcomes after mitigation measures have been implemented. However, it is not clear within the assessment summary and the overall assessment which mitigation has been agreed or is still under discussion and how this impacts the residual health and equalities outcomes.
Further information to be included on monitoring (impacts, mitigation, and enhancement – to be clearly specified), how this will be secured and anticipated timelines. This could be included as a separate section within the report.	Monitoring has been an area of specific interest to stakeholders and discussed at a number of CIPHAG meetings over the course of Project development (for example an exceedance framework and various potential approaches to health monitoring were discussed at the CIPHAG meeting in May 2021, as referenced within the HEqIA [**Application Document APP-539**]. Further, more detailed information on monitoring has been included where relevant in the HEqIA, including in relation	**(This has not been covered in the SoCG but was included as part of the Independent Review recommendations).** As laid out in NH's response) monitoring approaches are detailed in the chapter across a number of topics for both construction and operation (including air quality, noise, transport, housing and services, pollution and flood risk). However, this does not address specific concerns regarding monitoring health or equalities outcomes and the role that monitoring could play in enhancing legacy benefits.

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	to both construction and operational phases of the Project. For construction: a. air quality and baseline dust monitoring during construction – contractors shall determine the level of any dust and particulate monitoring carried out on Project construction sites by means of a risk based approach. If required, further commitments are included in the Register of Environmental Actions and Commitments (REAC) which can be found in the Environmental Statement - Appendix 2.2 - Code of Construction Practice, First Iteration of Environmental Management Plan [**Application Document APP-336**] in relation to actions that would be taken in cases of air quality monitoring exceedances a. noise monitoring at agreed sensitive receptors (to be defined through development of the Code of Construction Practice (CoCP) [**Application Document APP-336**] and Noise and Vibration Management Plan) to ensure that the mitigation measures suggested are working effectively. Monitoring would be undertaken at locations identified in consultation with the relevant Environmental Health Officers before works start. The REAC [**Application Document APP-336**] includes measures relating to noise and vibration monitoring during the construction phase (REAC Ref. NV009), including the identification of a framework should noise exceedances occur (REAC Ref. NV015). b. In relation to workforce accommodation, a monitoring framework is proposed to be established (and is secured by S106 agreement within the DCO) to ensure that the proposed accommodation helpdesk is effective. During operation: a. traffic impact monitoring during the operational phase of the Project would identify changes in performance on the surrounding road network. Information	

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	setting out how this would be implemented is contained in the Wider Network Impacts Management and Monitoring Plan [**Application Document APP-545**]. b. the findings of ES Chapter 12: Noise and Vibration [**Application Document APP-150**] concluded that there would be some significant effects as a result of the Project. Post-construction monitoring and evaluation would therefore be undertaken for the Project as set out in DMRB LA 111 (Highways England, 2020c).	
An assessment of cumulative effects (in relation to inter project effects) should be included in the HEqIA instead of cross referencing the ES to see that cumulative effects on vulnerable groups are appropriately considered.	Section 7.17 of the HEqIA [**Application Document APP-539**] contains an assessment of cumulative effects. The section covers both intra-project effects (impacts that can occur as a result of interrelationships between different assessment topics); and inter-project effects (due to the Project in combination with other existing and/or approved developments). The assessment of cumulative effects undertaken within the HEqIA is consistent with that included within the Environmental Statement [**Application Document APP-154**], for example using the same short-list of projects identified for inclusion in the assessment of inter-project effects (as set out in ES Appendix 16.2: Cumulative Effects Assessment [**Application Document APP-330**]).	***(SoCG Issue ref: 2.1.220)*** There is some general description provided of inter-project effects from Sections 7.17.9-7.17.12 (TR010032/APP/7.10 Health and Equalities Impact Assessment) but does not consider the specific effects on vulnerable groups. Additionally, it is unclear how the cumulative effects outlined in Table 7.55 (Summary of intra-project affairs – construction) and Table 7.56 (Summary of intra-project effects operation) (TR010032/APP/7.10 Health and Equalities Impact Assessment) should be taken into account when considering the health and equalities impacts. Significant negative impacts have been identified for communities in close proximity to the site. This is particularly concerning as Section 7.17.3 notes that this assessment takes into account mitigation. As Appendix C outlines multiple areas within Thurrock and the baseline that are already deprived this needs to be taken into account when considering meeting the scheme objectives.
The HEqIA should include a limitations sections to clearly outline any limitation or constraints of the assessment.	A series of assumptions and limitations are included at paragraph 3.6.18 of the HEqIA [**Application Document APP-539**], clearly outlininmg limitations or constraints of the assessment.	***(SoCG Issue ref: 2.1.221)*** A limitations section has been provided in the report (Section 3.6.18) (TR010032/APP/7.10 Health and Equalities Impact Assessment.).
EqIA Recommendations		

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The overall document lacks specificity, with individual incidences being highlighted in the tabulated analysis of the EqIA. It is important to be specific about the rationale behind decisions when evidencing that they meet the requirements of the Equality Act 2010 and the Public Sector Equality Duty. Lack of specificity in the EqIA leads to an assumption that some things have been missed, when it is possible this work has been done.	The EqIA [**Application Document APP-541**] is incorporated into the wider Health and Equalities Assessment, but also included as a standalone document at Appendix B of the Health and Equalities Assessment. This appendix has been prepared in line with the Applicant's approach and utilising the standard reporting template used by National Highways for this purpose. A thorough review of the document was undertaken between DCO 1.0 and the recent submission in 2022. Further detail was incorporated into the EqIA to ensure that the requirements of the Equality Act 2010 and the Public Sector Equality Duty were met.	***(SoCG Issue ref: 2.1.222)*** NH suggests that TR010032/APP/7.10 Health and Equalities Impact Assessment Appendix B - National Highways EQIA Screening Template of the HEqIA has been expanded to respond to concerns raised regarding evidencing that they have met the Public Sector Equality Duty. It is unclear from this document where this has been expanded to demonstrate meeting this duty. Additionally, there is limited response to the issues raised in Table 4.2 of the 2021 Independent Review of the HEqIA which highlighted areas where the due regard was not evidenced within the HEqIA through a RAG system. The remaining red issues include: • *Hard to Reach Groups*: NH suggested that a Hard-to-Reach Strategy (2021) regarding engagement was being prepared to inform the 2021 consultation. This is not referenced or described in the HEqIA (aside from being noted as being presented to the CIPHAG group in June 2021 regarding approach); • *Diversity monitoring:* it was noted at this stage that there was an underrepresentation of female respondents during the consultation. NH responding suggested that the Hard-to-Reach Strategy would consider barriers to participation. This is not evident within the HEqIA. • *Consultation responses relating to equality issues:* - Concerns were raised about engagement with the Traveller community. NH responds that further detail on engagement with this group is outlined in the TR010032/APP/7.10 Health and Equalities Impact Assessment Appendix B - National Highways EqIA Screening Template. However, it is still difficult to tell if this was adequate or not as there is no reference to numbers of participants or outcomes of the engagement. Additionally, Traveller communities have been included in the qualitative description of the assessment for

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		housing, services and noise but are not mentioned in other key topics such as air quality (see issue ref 2.1.229 for further information); - TR010032/APP/7.10 Health and Equalities Impact Assessment Appendix B - National Highways EqIA Screening Template outlines detail of engagement with disability and mobility groups and this is referenced in paragraph 5.3.13 of the HEqIA. However, it is not clear what the key outcomes of these meetings were. - A concern was raised in the Independent review regarding how consultation with WCH groups have been incorporated into the assessment, although it is noted that extensive consultation with WCH groups has been undertaken no specific detail is given regarding WCH therefore making it hard to tell whether the updated work is proportionate or how the consultation fed into scheme design and mitigation regarding equalities. - Section 5.4 on engagement with hard-to-reach groups (TR010032/APP/7.10 Health and Equalities Impact Assessment) does not provide a rationale for the groups selected and why certain geographic locations were chosen for different groups. • *Table of Equality Group Information:* - Sex: it is unclear why this is designated as neutral within the National Highways EqIA Screening Template. - Religion & Belief: it is unclear why this protected characteristic has been scoped out. It is noted that NH has suggested that access to faith and religious facilities is not relevant to the assessment but no justification of this is provided. - Age: no reference to changes to commuting patterns due to working from home is included in the report. - Race: whilst vulnerability of ethnic minority populations to certain health and equalities impacts is referenced in the assessment, and 'individuals from ethnic minority backgrounds' are referenced as a 'hard to reach group' engaged during the consultation

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		process, it is unclear how race and ethnicity is considered in the report (aside from the consideration of the Traveller community under noise and housing). - Pregnancy/Maternity: the alternative active travel provision described in the active travel assessment for construction and operation does not mention impacts on the protected characteristic of pregnancy and maternity. Mitigations proposed and alternative routes are described theoretically but have not been agreed, and design for accessibility is not referenced. Information regarding the consultation process and how this included some protected characteristic groups has been provided. However, it remains unclear how the information from the consultation has been incorporated into the equalities assessment or how the mitigations and enhancements referenced as reducing impact on protected characteristic groups will help meet the Public Sector Equalities Duty. The analysis within the HEqIA under each topic regarding equalities is limited.
The document lacks important context, such as study area demographic breakdowns. Providing this would give a clearer picture as to whether resources /consultation efforts have been correctly apportioned. Where shortfalls are identified, analysis of possible reasons for this and reasonable mitigations should be included.	The EqIA [**Application Document APP-541**] is informed by the comprehensive baseline set out in Appendix C of the HEqIA [**Application Document APP-542**], which includes information relating to all protected characteristics within the study area for the HEqIA. This information has not been replicated in the EqIA itself. The EqIA identifies for each protected characteristic whether people may have different levels of access, and whether there are social or physical barriers to participation, such as language, format or physical access. When preparing for non-statutory consultation, the Applicant developed a strategy for engaging effectively with the stakeholders and communities it had identified as its target audience. In developing this strategy, the Applicant researched and considered the presence of hard to reach communities, which typically include older people, those with disabilities, those who may not be	***(SoCG Issue ref: 2.1.223)*** Whilst demographic breakdown of the study area is provided in TR010032/APP/7.10 Health and Equalities Impact Assessment Appendix C - Baseline of the HEqIA, this is not consistently summarised in the HEqIA to provide context for each topic considered, particularly regarding highlighting key wards affected by the scheme and trends within these wards regarding both health data and equalities characteristics. Furthermore, Section 6.2.5-6.2.9 of TR010032/APP/7.10 Health and Equalities Impact Assessment has the potential to include a summary of the study area demographic breakdowns from Appendix C, but only provides some description of key health issues amongst demographics, missing potential equalities concerns. Additionally, the TR010032/APP7.16 Community Impact Report provides a breakdown by ward regarding key baseline information, construction and operation timeline and potential outcomes

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	able to read, and those for whom English is not their first language. The Consultation Report [**Application Document APP-046**] provides a full description of the consultation activities undertaken, including the Project response to the feedback received. The Statement of Engagement [**Application Document APP-091**] describes the extensive engagement with stakeholders throughout the pre-application stage of the Project. Ongoing engagement has helped stakeholders shape the Project and has facilitated continuous improvement to its design, providing a deeper understanding of local issues and enabling information to be gathered to support decision making.	based on the information in the ES chapters. This report should be cross referenced to enable better understanding of how the construction, operation and mitigation affects specific ward areas.
There is a large disparity between numbers of male and female consultees. This is of particular concern as gender plays an important role in travel patterns, and women may have less time to take part in consultation activities then men.	Consultation response forms from each of the consultation events allowed people to record gender identity as part of their response. Although there may have been a recorded disparity between male and female consultees at a number of events, this is not considered to impact the robustness of the assessment itself. The EqIA [**Application Document APP-541**] includes evidence from literature reviews in relation to various of the assessment topics covered in the document; this includes the role that gender plays in travel patterns (for example public transport may be more commonly used by women).	**(this has not been covered in the SoCG)** It is not agreed that the disparity between men and women's participation does not undermine the robustness of the consultation. It is well documented that gender has a significant impact on travel patterns, work patterns and accessing and using public spaces. Therefore, where consultation is relied on to inform conclusions this needs to be taken into account and could be addressed through further enhancement and legacy benefit considerations. Additionally, the scheme has been recorded as having a 'neutral' impact on Sex and Religion & Belief as protected characteristic groups. It is recommended this is reviewed and consultation with representatives of these groups evidenced and reconsidered. Given that women are identified as a sensitive group within the following topics in the report: accessibility, active travel, air quality and noise, the assessment in TR010032/APP/7.10 Health and Equalities Impact Assessment Appendix B – National Highways EqIA Screening Template seems to contradict a neutral impact designation.
Additionally, the scheme has been recorded as having a 'neutral' impact on Sex and Religion or Belief characteristic groups. It is recommended this is reviewed and	The EqIA [**Application Document APP-541**] was reviewed between DCO 1.0 and the final submission in 2022. The submitted EqIA records a neutral impact on both Sex and Religion or Belief characteristic groups. Supporting text in relation to the Sex characteristic group references the fact that *'women are more likely to be users of public transport than*	**(This has not been covered in the SoCG)** No rationale for a neutral designation has been provided.

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consultation with representatives of these groups evidenced and reconsidered.	*men and may be affected by temporary changes in bus travel during the construction period, although it is noted that changes in journey times are small'*. Full analysis and assessment of the changes in journey time for each construction phase are provided in the HEqIA [**Application Document APP-539**].	
COVID-19 should be considered more comprehensively in the EqIA as it affects groups differently and is impacting upon and shaping travel habits and consultation efforts.	The submitted HEqIA [**Application Document APP-539**] includes baseline data in relation to deaths involving COVID-19 by local authority area (Office for Health Improvement and Disparities) in addition to available information relating to populations considered to be clinically extremely vulnerable and therefore advised to shield during the pandemic. The HEqIA describes the measures taken to overcome restrictions to consultation that were in place due to the COVID-19 pandemic and the measures which were put in place during times when these restrictions had eased but not people felt able to join in traditional face-to-face engagement. These measures are described in Section 5.3 of the HEqIA. Impacts of the pandemic on travel and behavioural patterns have been incorporated into the assessment where relevant – for example in relation to the impacts of COVID-19 on levels of exercise, usage of green space and the link between nature and wellbeing (described in Section 7.4 of the HEqIA) and in relation to work and training (described in Section 7.10 of the HEqIA [**Application Document APP-539**]).	**(This has not been covered in the SoCG)** The HEqIA lacks a clear consideration of COVID-19 and how it has impacted upon travel habits (such as uptake of walking and cycling or reliance on private vehicles) and how this might particularly effect vulnerable and protected characteristic groups. Section 5 (Consultation and engagement) does describe how consultation efforts were refined in light of COVID-19 by using digital methods to collect responses. The HEqIA states that 'statistics relating to the impacts of COVID-19 on the local population have been drawn from relevant sources (e.g. ONS data)' but it is unclear how this information (the limitation of which are discussed under issue ref 2.1.22) is used in the report.
Intersectional characteristics (i.e., Religion and Gender, Age and Disability) appear not to have been considered. This can be of specific use in identifying hard-to-reach groups who may have more complex considerations, and in providing important context.	The submitted EqIA [**Application Document APP-541**] includes a section on intersectional effects, highlighting that multiple social identities can mean that individuals experience overlapping systems of potential discrimination or disadvantage. The assessment identifies two groups considers to have more complex considerations particularly, notably older women, and older people with disabilities. The assessment notes that no additional mitigation or intervention is considered necessary in relation to intersectional	**(SoCG Issue ref: 2.1.227)** Intersectional characteristics are not considered adequately in the HEqIA. NH's response states, "The submitted EqIA [**Application Document APP-541**] (referring to the TR010032/APP/7.10 Health and Equalities Impact Assessment - Appendix B - National Highways EqIA Screening Template) includes a section on intersectional effects, highlighting that multiple social identities can mean that individuals experience overlapping systems of potential discrimination or disadvantage. However, the HEqIA chapter does not include a section or analysis within topics of intersectional

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	effects than that already proposed and that ongoing stakeholder engagement will continue to inform detailed Project design.	effects and does not identify these intersectionalities. Additionally, NH have suggested in response to this comment that 'the cumulative assessment within the HEqIA has been revisited and strengthened as part of DCO submission, including intra-project effects'. Within the cumulative effects (both intra and inter project) no specific sensitive, vulnerable or intersectional groups are mentioned in the assessments. Although the assessment of construction and operational intra project effects (Table 7.55 and Table 7.56) identify negative and positive significant effects for general and sensitive populations, it is unclear how this relates to the overall health outcomes identified in the assessment. The inter-projects assessment (paragraph 7.17.5 -7.17.12) identified negative inter-projects effects on human health (paragraph 7.17.10) but does not discuss any particular populations or intersectional considerations. NH have indicated in Section 5.4.6 that the intersectional characteristics (hard-to-reach/focus groups) that were considered in engagement, are not relied upon for topic assessments. Whilst the limitation of focus groups not being fully representative is acknowledged, given the limitations of quantitative data it would be expected that evidence from the consultation is incorporated into the assessment where relevant.
The baseline occasionally missed an opportunity to use more recent or relevant data than the 2011 Census. It is recommended that alternatives are researched where indicated. If better data does not exist then it is recommended this is stated in the report so that reviewers are aware.	The baseline (Appendix C of the HEqIA [**Application Document** APP-542]) was reviewed and updated as relevant prior to submission in 2022. The most up-to-date data sources were used where relevant, including data available at the time from the 2021 Census. The HEqIA [**Application Document** APP-539] includes a section on limitations to the assessment, which references the fact that some of the baseline data used to inform ward sensitivities and the topic assessments themselves is based on the 2011 Census and is dated.	***(SoCG Issue ref: 2.1.228)*** TR010032/APP/7.10 Health and Equalities Impact Assessment Appendix C Baseline includes more data post-2011 Census, including from Office of National Statistics (such as the Mid-Year Population Estimates 2020) Annual Population Survey 2019, Office for Health Improvement and Disparities, Public Health England and the 2021 Census. It is noted that at the time of drafting not all 2021 Census data may have been available at a ward or small area level. However, it should be noted in sections, such as age, which rely on 2011 Census data, that this may be an out-of-date source. Table 4.1 in the Independent Review outlines key points to address during the baseline. The

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		below outlines the comments from Table 4.1 and if they have been resolved in the DCOv2 HEqIA.
		
		• *Overview of community networks: inclusion of scheme map*
		  ○ Not included
		• *Demographic profile: limitation of use of Census data to be included in HEqIA*
		  ○ Updated in HEqIA
		• *Working population: Recommend referring to the population as being 'aged 18-65 ('working-aged' population)' instead of the current 'working population', as this section considers an age-based characteristic and not an economic one, making this a potentially misleading term*.
		  ○ Updated (except for Plate 4.3)
		• *Ethnicity: use of term 'ethnic minority' instead of BAME, in line with Commission on Race and Ethnic Disparities recommendation*
		  ○ Updated
		• *Gender: establish whether data is available that might indicate that a particular gender has greater/lesser access to consultation*
		  ○ Not established and no discussion around gender disparity in consultation in either baseline or HEqIA
		• *Faith: inclusion of map indicating distribution of places of worship across study area*
		  ○ Not included – it is noted that NH suggests that religion and belief is not part of the assessment but there is no justification provided for this.
		• *Sexual orientation: incorporate most up-to-date ONS release (Sexual Orientation 2018)*
		  ○ Sexual orientation data now updated for 2019 edition
		• *Same-sex Civil Partnerships: same-sex marriage became legal in 2014, but HEqIA only refers to 2011 Census data. Update figures for both civil partnership and marriage, and if this data cannot be found, this should be acknowledged in text*
		  ○ Figures not updated and shows same-sex civil partnership

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		(rather than same-sex civil partnership AND same-sex marriage). Data comes from 2011 Census • *Economic overview: consider data from an intersectional point of view (e.g., educational attainment by race/gender)* o Not considered • *Deprivation: consider Income Deprivation Affecting Children and Deprivation Affecting Older People in Deprivation section, as these groups have been highlighted in demographic profile section* o Now included in baseline • *Health Baseline: overly reliant on 2011 Census data and therefore likely to be outdated; no mention of COVID-19 – whilst data may still be emerging, COVID-19's impact on particular communities and access to consultation should be acknowledged* o Some of the health baseline has been updated to account for more recent data, except Sections 6.2 (self-reported health), 6.3 (disability) and 6.4 (unpaid care). o COVID-19 is mentioned in baseline in reference to mortality information and referenced as part of information provided by Thurrock on clinically vulnerable people (paragraph 6.6.6). Information could be provided discussing the impact of COVID-19 on mental health data and travel patterns, recognising that some of the more up to date baseline data could be impacted by wider trends related to the pandemic. • *Unpaid care* o Table 6.8 shows the level of provision of unpaid care by gender. This data comes from the 2011 Census so may be limited, as recognised within the report. • *Life expectancy and mortality rates: data not provided by intersectional characteristics except by gender. If this*

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		data doesn't exist, this should be specified; no mention of DALY, QALY, HLE or DfLE o No changes or updates made in response to comment except for consideration of deprivation in life expectancy inequalities (Section 6.5.7). • *Mental wellbeing: intersectional data should be provided to account for disparities amongst protected characteristics* o No changes or updates made in response to comment • *Travel behaviour and accessibility: reliance on 2011 Census – was any local authority data considered for inclusion?; intersectional data could be included for context* o No changes or updates made in response to comment except for more recent data in Sections 7.2 and Table 7.12. • *Tables 1.53 and 1.54: It would be helpful if these statistics were provided for pedestrian, cyclist, and motorcyclist groups (most vulnerable) as well as other vehicles.* o In DCOv2 there are no tables 1.53 and 1.54, and it is unclear what data this comment is referring to, therefore we cannot comment on its status. • *Plate 1.20 and 1.21 (it is assumed that this refers to Plates 7.2 Walking Accessibility and Plate 7.3 Cycling Accessibility in DCOv2): No definition given to 'walking accessibility' and 'cycling accessibility'.* o NH note that a definition will be provided but it has not. • *Crime and fear of crime: intersectionality not considered for statistics provided as some groups experience greater involvement in crime and are less likely to report crime* o Sections 8.3.3-8.3.5 break down crime by age, gender, disability and sexual orientation, but not by deprivation or race and ethnicity.

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		• *Environmental baseline: consideration of demographic make-up of people living in AQMAs and noise study areas* ○ Not considered. • *Future baseline: no mention of future health trends arising from ageing population* No changes or updates made in response to comment.