



Lower Thames Crossing

9.44 Final Agreed Statement of Common Ground between (1) National Highways and (2) NHS North East London Integrated Care Board (Tracked changes version)

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Version	Date	Submitted at
1.0	18 July 2023	Deadline 1
<u>2.0</u>	<u>15 December 2023</u>	<u>Deadline 9A</u>

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Status of the Statement of Common Ground

This is the ~~Final~~ **Agreed Statement of Common Ground** between (1) National Highways (the Applicant) and (2) the NHS North East London Integrated Care Board.

~~Both parties have reached agreement on the position of the status of all five matters. Of the five matters contained within, all five matters are agreed.~~

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On behalf of the Applicant

Name	[REDACTED]
Position	[REDACTED]
Organisation	National Highways
Signature	[REDACTED]

On behalf of the NHS North East London Integrated Care Board

Name	[REDACTED]
Position	[REDACTED]
Organisation	NHS North East London
Signature	[REDACTED]

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A high-level overview of the engagement undertaken since the DCO Application was submitted on 31 October 2022 is summarised in Table A.1.
Page Break

List of contents

	Page number
1 Introduction	1
1.1 Purpose of the Statement of Common Ground	1
1.2 Principal Areas of Disagreement	1
1.3 Terminology	1
2 Matters	2
Appendix A Engagement activity	10
Appendix B Glossary	11

List of tables

	Page number
Table 2.1 Final position on matters	3
Table A.1 Engagement activities between the Applicant and the NHS North East London Integrated Care Board	10

Deleted: 1 Introduction 1
1.1 Purpose of the Statement of Common Ground 1
1.2 Principal Areas of Disagreement 1
1.3 Terminology 1
2 Matters 2
2.1 Movement of outstanding matters 2
Appendix A Engagement activity 6
Appendix B Glossary 7

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Table A.1 Engagement activities between the Applicant and the NHS North East London Integrated Care Board

1 Introduction

1.1 Purpose of the Statement of Common Ground

- 1.1.1 This Statement of Common Ground (SoCG) has been prepared in respect of the Development Consent Order (DCO) application for the proposed A122 Lower Thames Crossing (the Project) made by National Highways Limited (the Applicant) to the Secretary of State for Transport (Secretary of State) under section 37 of the Planning Act 2008 on 31 October 2022.
- 1.1.2 A request for a SoCG between the Applicant and the NHS North East London Integrated Care Board was made by the Examining Authority in the notification of Preliminary Meeting (Rule 6 Letter) [PD-013].
- 1.1.3 The SoCG has been produced to confirm to the Examining Authority where agreement has been reached and where agreement has not been reached.
- 1.1.4 This final version of the SoCG has been submitted at Examination Deadline 9A.

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1.2 Principal Areas of Disagreement

- 1.2.1 On 19 December 2022, the Examining Authority made some early procedural decisions to assist the Applicant, potential Interested Parties and themselves to prepare for the Examination of the application.
- 1.2.2 One such procedural decision was to use a tracker recording Principal Areas of Disagreement in Summary (PADS). This tracker is known as the PADS Tracker.
- 1.2.3 The PADS Tracker provides a record of principal matters of disagreement emerging from the SoCG and will be updated alongside the SoCG as appropriate throughout the examination with the expectation that a revised PADS Tracker should be submitted at every Examination deadline.
- 1.2.4 The NHS North East London Integrated Care Board do not have a PADS Tracker and all matters are now agreed, and are reflected in Table 2.1.

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1.3 Terminology

- 1.3.1 In the 'Final position on matters' table in Section 2 of this SoCG, "Matter Agreed" indicates where the issue has now been resolved.

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2 Matters

- 2.1.1 ~~Final position of matters,~~
- 2.1.2 ~~A summary of engagement undertaken between the Applicant and NHS North East London Integrated Care Board is summarised in Appendix A.~~
- 2.1.3 ~~The outcomes of discussions to date are presented in Table 2.1 which details and presents the matters which have been agreed or not agreed between (1) the Applicant and (2) the NHS North East London Integrated Care Board.~~
- 2.1.4 In the 'Item No.' column in Table 2.1, 'Rule 6' indicates a matter entered in the SoCG as a result of a request in the Rule 6 letter, and 'DLX' indicates a new matter added during examination at/around that deadline.
- 2.1.5 ~~Since version 1 of this SoCG was submitted at Deadline 1, one additional matter has been added under the heading: 'Population and Human Health', 'Emergency Care'.~~
- 2.1.6 ~~The following matters moved from 'Matter Under Discussion' to 'Matter Agreed':~~
- a. ~~2.1.1 'Population and Human Health', 'Construction workforce impacts on health services'~~
 - b. ~~2.1.2 'Population and Human Health', 'Construction-related illnesses'~~
 - c. ~~2.1.3 'Population and Human Health', 'Impact of traffic flow on air quality'~~
 - d. ~~2.1.4 'Population and Human Health', 'Impact of traffic flow – noise and vibration'~~
- 2.1.7 ~~At Examination Deadline 9A, there are five matters in total of which five are agreed.~~
- 2.1.8 ~~This is the final version of the Statement of Common Ground between the Applicant and the NHS North East London Integrated Care Board.~~

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Matters ¶
Matters ¶
Movement of outstanding matters¶

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Table 2.1 Final position on Matters

Topic	Item No.	NHS North East London Integrated Care Board Comment	<u>The Applicant's</u> Response	Application Document Reference	Status
Population and Human Health					
Construction workforce impacts on health services	2.1.1 (Rule 6)	<p><u>The Integrated Care Board (ICB) is concerned about the impact of a large construction workforce and their families on local health services and on available capacity within our services.</u></p> <p><u>The ICB requests that the Applicant considers an update to REAC Commitment PH002 'Worker healthcare' to ensure that the Integrated Care Boards have a consultation and approval role in agreeing the range of medical and occupational healthcare services required to meet the physical and mental health needs of the construction workforce.</u></p> <p><u>Although the Applicant has not secured an approval role for the ICB, the ICB does now consider this REAC commitment, which includes six-monthly reporting to the ICB, to be acceptable.</u></p>	<p>The Project's Assessment of Human Health aims to reduce the impacts of both construction and operation on local communities.</p> <p>Construction workforce numbers are estimated to peak at 4,514 in 2027 (total for area to the north and south of the Thames). Assumptions indicate that 35% of the workforce will live at home, meaning approximately 1,580 workers are likely to be currently registered with local GP practices. The remaining 2,934 construction workers are likely to be additional to the area and may require access to primary healthcare services.</p> <p>The Workers Accommodation Report makes assumptions regarding where workers will be accommodated – this is based on 60-minute commute time catchment areas by car and public transport.</p> <p>Welfare facilities will be in place at all main construction compounds. Comprehensive healthcare requirements are to be included in contracts for Delivery Partners.</p>	<p>Environmental Statement (ES) Chapter 13: Population and Human Health [APP-151]</p> <p>Health and Equalities Impact Assessment [REP7-144]</p> <p>Workers Accommodation Report [APP-551]</p> <p>Framework Construction Travel Plan [Document Reference 7.13 (6)]</p> <p>ES Appendix 2.2: Code of Construction Practice (CoCP) [Document Reference 6.3 ES Appendix 2.2 (9)].</p>	Matter Agreed

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Topic	Item No.	NHS North East London Integrated Care Board Comment	<u>The Applicant's</u> Response	Application Document Reference	Status
			<p>Contractors will be expected to provide an appropriate range of medical and occupational healthcare services to meet the physical and mental health needs of the construction workforce. The range of services will be agreed with <u>the Secretary of State</u>, following engagement with <u>the</u> Integrated Care <u>Boards</u>.</p> <p><u>The Applicant has agreed to an amendment to Register of Environmental Actions and Commitments (REAC) commitment PH002 which now states:</u></p> <p><u>'The Contractor will provide an appropriate range of medical and occupational healthcare services (including on-site facilities) to meet the physical and mental health needs of the construction workforce. The range of services will be agreed with the Secretary of State, following engagement with and having regard for the views of the Integrated Care Boards. The Contractor will share information relating to uptake of services by the construction workforce and relevant incident data with ICBs on a six-monthly basis.'</u></p>		

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Topic	Item No.	NHS North East London Integrated Care Board Comment	The Applicant's Response	Application Document Reference	Status
Construction-related illnesses	2.1.2 (Rule 6)	<p>The <u>ICB is</u> concerned about the impact of construction related illnesses, (both physical and mental), on health services across the home areas of the workforce, their <u>families' health services</u> and the existing population within North East London.</p> <p><u>The ICB considers this matter to be agreed in light of the updated REAC commitment PH002.</u></p>	<p><u>The assessment reported in Environmental Statement (ES) Chapter 13: Population and Human Health follows the methodology set out in the Design Manual for Roads and Bridges (DMRB) LA 112 Population and Human Health (Highways England, 2020b). Healthcare services have been defined as a 'community resource' and the impacts on such services have been assessed in accordance with the approach set out in LA 112. This includes understanding impacts on the resource in relation to quality, integrity and key characteristics.</u></p> <p><u>The Applicant's Commitments</u>, relating to the provision of a range of medical and occupational healthcare services (including onsite facilities) for the construction workforce <u>are confirmed in the REAC.</u></p> <p><u>As noted in 2.1.1 The Applicant has agreed to an amendment to the REAC commitment PH002 which now states: 'The Contractor will provide an appropriate range of medical and occupational healthcare services (including on-site facilities) to meet the physical and mental health needs of the construction workforce. The range</u></p>	<p>ES Appendix 2.2: Code of Construction Practice (CoCP) [Document Reference 6.3 ES Appendix 2.2 (9)]</p>	<p>Matter Agreed</p>

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Topic	Item No.	NHS North East London Integrated Care Board Comment	The Applicant's Response	Application Document Reference	Status
			<i>of services will be agreed with the Secretary of State, following engagement with and having regard for the views of the Integrated Care Boards. The Contractor will share information relating to uptake of services by the construction workforce and relevant incident data with ICBs on a six-monthly basis.</i>		
Impact of traffic flow on air quality	2.1.3 (Rule 6)	The <u>ICB is</u> concerned about the impact of the proposal during construction and operation on the environment and the impact on the existing infrastructure and population. <u>The ICB does however accept that the assessment of environmental effects has been undertaken appropriately in line with relevant guidance.</u>	<u>The assessment reported in ES Chapter 13: Population and Human Health follows the methodology set out in the Design Manual for Roads and Bridges (DMRB) LA 112 Population and Human Health (Highways England, 2020b). Healthcare services have been defined as a 'community resource' and the impacts on such services have been assessed in accordance with the approach set out in LA 112. This includes understanding impacts on the resource in relation to quality, integrity and key characteristics. As detailed in Section 13.5 of Chapter 13, the Applicant has ensured that mitigation has been developed in order to reduce significant environmental effects wherever <u>practicable</u>,</u>	ES Appendix 2.2: Code of Construction Practice [Document Reference 6.3 ES Appendix 2.2 (9)] , Draft Development Consent Order [Document Reference 3.1 (11)] ES Chapter 13: Population and Human Health [APP-151] ,	Matter Agreed

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Topic	Item No.	NHS North East London Integrated Care Board Comment	The Applicant's Response	Application Document Reference	Status
			<u>This mitigation (in the form of Control Plans, CoCP, Design Principles and Requirements of the DCO itself) is legally secured via the draft DCO.</u>		
Impact of traffic flow – noise and vibration	2.1.4 <u>(Rule 6)</u>	The <u>ICB is</u> concerned about the health impacts of the new traffic flow during construction and operation <u>and considers that there should not be any worsening of health outcomes resulting from the Project. However, the ICB does accept that the assessment of environmental effects has been undertaken appropriately in line with relevant guidance.</u>	The Health and Equalities Impact Assessment (<u>HEqIA</u>) provides a Project-level assessment of environmental effects on different health determinants relating to the construction and operational effects of the Project and the proposed mitigation. <u>The Applicant</u> has been working with Community Impacts Public Health Advisory Group to share and develop this assessment during the pre-application stage. The Environmental Statement notes that it has been reasonably concluded that the significant adverse impacts on health and quality of life would be avoided through the implementation of the specific mitigation measures identified above and secured through the REAC commitments. <u>More information on this can be found in Section 7.9 of the HEqIA, which includes an assessment of noise and vibration. Paragraph 7.9.22 specifically assesses the impact of traffic noise during construction.</u>	Health and Equalities Impact Assessment <u>[REP7-144]</u> ES Appendix 2.2: Code of Construction Practice <u>[Document Reference 6.3 ES Appendix 2.2 (9)]</u> , <u>ES Chapter 13: Population and Human Health [APP-151]</u> ,	Matter <u>Agreed</u>

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Topic	Item No.	NHS North East London Integrated Care Board Comment	<u>The Applicant's Response</u>	Application Document Reference	Status
			<p><u>Paragraph 7.9.43 assesses noise impacts and mitigation during operation which concludes significant beneficial and adverse noise effects. These effects, and mitigation, as well as monitoring have been considered against DMRB LA 111 (Highways England, 2020a) and the National Policy Statement for National Networks (Department for Transport, 2014).</u></p> <p><u>Information on the HEqIA assessment methodology, which has been undertaken in compliance with DMRB LA 112, and supported by a review of relevant national and regional policies can be found in Section 1.2 of the HEqIA.</u></p> <p><u>The Applicant met with the ICB on 16 November 2023 to discuss this further.</u></p>		

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Topic	Item No.	NHS North East London Integrated Care Board Comment	The Applicant's Response	Application Document Reference	Status
Emergency Care	2.1.5 (DL9)	<p>The ICB requires Urgent and Emergency Care to be considered within the Applicant's DCO application.</p> <p>The ICB is satisfied that Section 6.9.1 of the CoCP requires the contractor to produce emergency procedures in consultation with the ICB.</p>	<p>Section 6.9 'Emergency Preparedness' of the CoCP addresses the scope and parameters of the Emergency Preparedness Procedures. Paragraph 6.9.1 of the CoCP has been updated to ensure that 'The emergency procedures will be produced in consultation with the emergency services, Kent Resilience Forum and Essex Resilience Forum, and other relevant stakeholders including relevant local highway authorities and the Integrated Care Boards'.</p> <p>In relation to emergency incidents, the Applicant will develop a multi-agency Emergency Response Plan alongside the detailed design and construction of the Project ready for testing and implementation prior to opening.</p>	ES Appendix 2.2: Code of Construction Practice [Document Reference 6.3 ES Appendix 2.2 (9)]	Matter Agreed

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Appendix A Engagement activity

Table A.1 Engagement activities between the Applicant and the NHS North East London Integrated Care Board

Date	Overview of Engagement Activities
06 June 2023	Meeting to discuss the Rule 6 Letter and timings for the DCO process, including examination, and how NHS North East London Integrated Care Board can take part.
03 July 2023	Meeting to finalise the draft SoCG for Examination Deadline 1.
<u>20 September 2023</u>	<u>Joint meeting with North-East London ICB to discuss the SoCG.</u>
<u>27 September 2023</u>	<u>Meeting with North-East London ICB to discuss progress with the SoCG.</u>
<u>25 October 2023</u>	<u>Meeting to discuss applicant response to SoCG items and arrange meeting to discuss traffic flows and air quality concerns.</u>
<u>16 November 2023</u>	<u>Meeting to discuss air quality and traffic issues.</u>

Appendix B Glossary

Term	Abbreviation	Explanation
Code of Construction Practice	CoCP	Contains control measures and standards to be implemented by the Project, including those to avoid or reduce environmental effects.
Development Consent Order	DCO	Means of obtaining permission for developments categorised as Nationally Significant Infrastructure Projects (NSIP) under the Planning Act 2008.
<u>Environmental Statement</u>	<u>ES</u>	<u>A document produced to support an application for development consent that is subject to Environmental Impact Assessment (EIA), which sets out the likely impacts on the environment arising from the proposed development.</u>
<u>Health and Equalities Impact Assessment</u>	<u>HEqIA</u>	<u>A systematic process used to identify the potential health and equalities impacts arising from policies, plans, programmes and projects, to identify the distribution of those effects amongst the population and to identify mitigation measures to address these effects, thereby minimising adverse effects on the local population</u>
<u>Integrated Care Board</u>	<u>ICB</u>	<u>Integrated Care Board</u>
Register of Environmental Actions and Commitments	REAC	The REAC identifies the environmental commitments that would be implemented during the construction and operational phases of the Project if the Development Consent Order is granted, and forms part of the Code of Construction Practice (ES Appendix 2.2).

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