

**Lower Thames Crossing
9.121 Final Agreed Statement
of Common Ground
between (1) National Highways
and (2) NHS Mid and South
Essex Integrated Care Board
(Clean version)**

Infrastructure Planning (Examination
Procedure) Rules 2010

Volume 9

**DATE: December 2023
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VERSION: 2.0

Revision history

Version	Date	Submitted at
1.0	3 October 2023	Deadline 5
2.0	15 December 2023	Deadline 9A

Status of the Statement of Common Ground

This is the Final Statement of Common Ground between (1) National Highways (the Applicant) and (2) NHS Mid and South Essex Integrated Care Board.

Both parties have reached agreement on the position of the status of the single matter contained within. The matter is not agreed, leaving no matters outstanding.

On behalf of the Applicant

Name		
Position		
Organisation		
Signature		

On behalf of the NHS Mid and South Essex Integrated Care Board

Name		
Position		
Organisation		
Signature		

Lower Thames Crossing

9.121 Final Agreed Statement of Common Ground between (1) National Highways and (2) NHS Mid and South Essex Integrated Care Board (Clean version)

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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 Mid and South Essex 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.

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 Mid and South Essex Integrated Care Board elected not to produce a PADS Tracker given the small number of matters.

1.3 Terminology

- 1.3.1 In the final position on matters table in Section 2 of this SoCG, “Matter Not Agreed” indicates agreement on the matter could not be reached following significant engagement.

2 Matters

2.1 Final position on matters

- 2.1.1 A summary of engagement undertaken between the Applicant and NHS Mid and South Essex Integrated Care Board is summarised in Appendix A.
- 2.1.2 The outcome of discussions to date is 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 Mid and South Essex Integrated Care Board.
- 2.1.3 In the 'Item No.' column in Table 2.1, 'DLX' indicates a new matter added during examination at/around that deadline.
- 2.1.4 Since version 1 of this SoCG was submitted at Deadline 5, matter 2.1.1, 'Construction workforce impacts on health services' has moved from 'Matter Under Discussion; to 'Matter Not Agreed'.
- 2.1.5 At Examination Deadline 9A the single matter contained in this SoCG is not agreed.
- 2.1.6 This is the final Statement of Common Ground between the Applicant and NHS Mid and South Essex Integrated Care Board.

Table 2.1 Final position on matters

Topic	Item No.	NHS Mid & South Essex integrated Care Board Comment	The Applicant’s Response	Application Document Reference	Status
Population and Human Health					
Construction workforce impacts on health services	2.1.1 (DL5)	<p>The Mid & South Essex ICB are concerned about the impact of a large construction workforce and their families on local health services and on available capacity within our services. This includes primary, community and acute services some, but not all of which, could be mitigated on site.</p> <p>Although the ICB welcomes the Applicant’s amendment to REAC commitment PH002 and Section 6.9.1 of the CoCP, they remain concerned that as the provision of medical and healthcare services to be provided on site will not be known until a later date, and it will not be possible to provide some healthcare services onsite, further mitigation may be required, and therefore this matter is not agreed.</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>Contractors will be expected to provide an appropriate range of medical and occupational healthcare services to meet the</p>	<p>Environmental Statement 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 Not Agreed

Topic	Item No.	NHS Mid & South Essex integrated Care Board Comment	The Applicant’s Response	Application Document Reference	Status
			<p>physical and mental health needs of the construction workforce. The range of services will be agreed with the Secretary of State, following engagement with the Integrated Care Boards.</p> <p>The Applicant has further agreed to amend Register of Environmental Actions and Commitments (REAC) commitment PH002 which now states:</p> <p><i>‘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 (ICBs). 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></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 <i>‘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</i></p>		

Topic	Item No.	NHS Mid & South Essex integrated Care Board Comment	The Applicant’s Response	Application Document Reference	Status
			<p><i>local highway authorities and the Integrated Care Boards’.</i></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> <p>In response to the ICB’s concern that further mitigation may be required as healthcare services will not be agreed until a later date, REAC commitment PH002 refers to a ‘<i>range of medical and healthcare services</i>’ that will be agreed with the Secretary of State, following engagement with and having regard for the views of the ICBs. Therefore, if the ICB does not agree that provision of services proposed by the Applicant is sufficient, they would have the opportunity to make representations in this regard to the Secretary of State.</p>		

Appendix A Engagement activity

Table A.1 Engagement activities between the Applicant and the NHS Mid & South Essex Integrated Care Board

Date	Overview of Engagement Activities
08.06.2023 – 24.07.2023	E-mail correspondence to discuss the possibility of drafting a SoCG with the ICB.
09.08.2023	Meeting with the ICB to discuss the DCO Application material, the examination process and the SoCG.
20.09.2023	Meeting with the ICB to discuss authoring of the SoCG.
26.09.2023	Catch-up call to discuss progress with the SoCG and to discuss the ICB's request for an update to REAC commitment PH002.
24.11.2023	Catch-up call to discuss progress with the SoCG.

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.
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.
Integrated Care Board	ICB	Integrated Care Board

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