

LTC Task Force Paper

Lower Thames Crossing Task Force – Health Impacts Update (2)

1. Introduction

1.1. This Paper covers the following matters:

1. **Where we are in the process to date** – in terms of consultations, draft technical documents received from Highways England and the Community Impacts and Public Health Advisory Group (CIPHAG).
2. **Summary of Council's concerns** – what concerns have been raised by the Council's Public Health Team in response to the LTC consultations so far and draft technical documents.
3. **Next steps** – including the review of Highways England's response to the Public Health Team's concerns regarding the draft Health and Equalities Impact Assessment (HEqIA) and the review of the HEqIA submitted with DCOV1 in October.

2. Where we are in the process to date

Public LTC consultations

2.1. A summary of the Public Health Team's responses to the Statutory, Supplementary and Design Refinement consultations was provided in the Health Update Paper presented to the LTC Task Force on 12 October 2020. These comments have therefore not been repeated in this Paper.

Technical documents for the LTC Development Consent Order

- 2.2. As part of its technical engagement relating to the LTC Development Consent Order (DCOV1), Highways England issued approximately 39 draft technical documents to the Council for their comments prior to the submission of the LTC DCOV1 in October 2020.
- 2.3. Highways England provided a working draft of the HEqIA to the Council on 3 August 2020. The Council's Public Health Team reviewed the working draft of the HEqIA and provided feedback to Highways England on 1 October 2020, highlighting any concerns that the Team had and any information that was still missing. The response to Highways England was caveated with the fact that the comments served as initial feedback on the assessment, as a detailed review with input from all relevant professionals was not possible at the time due to the pressure on Council services from Covid-19. It stated that the Council reserved the right to undertake a detailed Quality Assurance (QA) review of the draft report at later stages and/ or when it was completed for the DCO submission, at that point in time.
- 2.4. The Public Health Team's comments on the LTC draft technical documents, including the working draft of the HEqIA are summarised in Section three of this Paper.
- 2.5. In February 2021 Highways England provided a response to the issues and concerns raised in the Public Health Team's response to the draft HEqIA in October, prior to the DCOV1 document. Highways England has provided a response in the following way:
 - If the comment is a matter of clarification, which has now been provided.
 - If/how the comment has already been addressed in DCOV1 (including signposting).
 - If/how the comment will be addressed in DCOV2. If a Project position is not yet available a direction of thinking has been provided.
 - If the comment is under discussion, i.e. is already in the SoCG logs.
 - If the comment should be added to the SoCG logs for further discussion.
 - Additional commentary on how a comment has been addressed as well as additional signposting has also been included throughout.
- 2.6. The Public Health Team are currently reviewing Highways England's response to determine whether each issue raised has been dealt with appropriately.

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The Community Impacts and Public Health Advisory Group

- 2.7. The Community Impacts and Public Health Advisory Group (CIPHAG) was established in 2018 by Highways England for the LTC and comprised: an external chairperson; members of the LTC team; representatives from each of the local authorities potentially affected by the LTC scheme; and, Public Health England. The purpose of this group was to meet regularly to discuss topics which include community, health and equalities.
- 2.8. Nine CIPHAG meetings have been held since November 2018 and the last CIPHAG meeting was on 21 July 2020. During this time, very limited information was shared with members on the baseline, impacts identified and how this shaped the scheme or informed mitigation. Highways England has recently proposed to reconvene the CIPHAG and reform it with greater transparency and opportunities for feedback and discussion. Highways England have confirmed that the CIPHAG is to reconvene and a number of meetings will be held prior to the resubmission of the LTC DCO later in 2021. The Council is still in discussion with Highways England over its form, content and frequency.

3. Concerns raised by the Council's Public Health Team in response to the LTC draft technical documents (including the HEqIA)

- 3.1. The following concerns have been raised by the Public Health Team during the course of the CIPHAG meetings and in response to the working draft HEqIA and the early draft Environmental Statement chapter on Population and Human Health that were shared with the Council prior to the submission of DCOV1 in July 2020:

General comment

- The Council raised concerns to Highways England's with regards to the programme, the adequacy of technical engagement to date, the time available to enable a period of meaningful technical review and engagement to address stakeholder comments and explore and agree appropriate mitigation, prior to the submission of the DCO application on 23 October 2020. These concerns were exacerbated by the challenges experienced by the Council, and other public bodies, in relation to the Covid-19 pandemic.

HEqIA reporting

- Clarification of roles, responsibilities, funding and governance of the HEqIA.
- The draft HEqIA was issued without the associated appendices and a number of documents referenced, which presented further challenges to the Council in reviewing the draft HEqIA.
- A non-technical or executive summary should have been included in the HEqIA.

Baseline data

- Detailed baseline data was not shared with the CIPHAG to enable an iterative discussion and agreement on the baseline conditions that were used for the HEqIA.

Assessment of impacts

- Stakeholders attending the CIPHAG were not been invited to be included in discussions on the assessment of impacts, very limited information has been shared with members on the impacts identified and how this has shaped the LTC scheme or informed mitigation. This stakeholder engagement is fundamental to meaningfully identifying impacts and shaping associated mitigation.
- For the evidence base in each section the search strategy needed to be made clear, the methods and sources used and their relevance to the project. It should have been demonstrated that the evidence presented was sufficient to inform the assessment of the likely impacts.
- The strengths and sources of evidence and how each impact identified was supported by the evidence gathered, lacks clarity. The Welsh Health Impact Assessment Support Unit (WHIASU) QA review recommends presenting this as a table format with the key impacts identified alongside which type of evidence supports each finding: community health profile, evidence review, stakeholder's views or a combination of these.

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- There was no reference to the timescales and/or duration of impacts for some of the topics in the HEqIA.
- The HEqIA needed to consider the magnitude, severity and likelihood of the various relevant health and equalities impacts, which the assessment did not undertake and it should.
- Assessments in the HEqIA should have been broken down by geographical area and for vulnerable/sensitive populations identified for clarity of reporting and to enable specific mitigation to be developed and specific consideration should have been given for groups with protected characteristics.
- How will health impact be assessed for unforeseen live changes that may occur during the various construction stages? The HEqIA should have at least acknowledged that the proposal may be subject to ongoing construction variances and therefore HEqIA implications would require modification, as appropriate.
- The HEqIA appeared to under report on opportunities (or lack specifics) in areas such as green infrastructure and the report lacked clarity as to what is actually proposed. Non-specific terms were used such as greening, woodlands, landscaping; but quality, scale and magnitude of improvements were not made clear at that stage.

Mitigation and monitoring

- There was no section for monitoring and evaluation of impacts or details of how the information would be used.
- The HEqIA lacked clear recommendations against the impacts identified to either:
 - a. Prevent or mitigate potential negative impacts/unintended consequences.
 - b. Maximise the benefits and opportunities for positive impacts.
- There should have been a proposed plan for monitoring the implementation of the recommendations identified.
- There was an over-reliance on signposting to other environmental assessments for mitigation. It needed to be clear how the health impacts identified and assessed would be specifically mitigated.
- There was no summary of how mitigation might be guaranteed (unless included within the project design) or secured within the DCO within Tables 8-1 and 8-2 or elsewhere. Furthermore, where monitoring was referred to, how would it be undertaken and secured, this should have been covered.
- Good practice and essential mitigation are to be included in the Code of Construction Practice (CoCP). A working draft of the CoCP and Register of Environmental Actions and Commitments (REAC) was received on 18 August 2020. Initial comments were that the CoCP did not provide any details of the mitigation measures proposed, and the REAC, which forms a critical part of the CoCP in understanding the propose mitigation, was limited in information.

3.2. We have highlighted below four key specific issues of concern to the Council and which were set out in detail in our comments in early October 2020, prior to the submission of the DCOV1. Also, it should be noted that some of the following issues may be resolved and further issues added over the coming months during ongoing technical discussions.

Accessibility and Severance

- Impacts for Thurrock residents were not clear, particularly which residents may be impacted by access to what facilities, assets or employment. If accessibility impacts last for years then it should have been considered as impeded access and so mitigated.
- It is necessary to consider access to all key facilities – education, employment, healthcare, public transport hubs and shopping facilities, all are important to be covered in the assessment.
- Severance was identified for small parts of Thurrock with particular negative impacts identified for vulnerable groups. This was unmitigated and supporting documents were missing to be able to review in more detail.

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- Adverse severance impacts were identified for elderly populations during the operational phase at one location in Thurrock. The report goes on to say that the severance identified is not considered to be significant 'due to other factors such as the presence of existing pedestrian refuges and traffic controlled crossings at relevant locations.' Further maps/information were not included to support this assumption. The Council requested further verification here to ensure that elderly groups are not being inadvertently isolated within this specific location.
- Visual severance from noise barriers was not considered and should have been included.

Access to Open Space and Nature

- There were likely to be some losses around Tilbury/East Tilbury with a perceived loss of access to nature that needed to be included in the assessment and mitigated.
- The assessment needed to include people on low incomes and deprived areas and with long-term conditions with the sensitive communities.
- Overall, the assessment of open space needed to consider/assess the quantity, quality, accessibility and value of open space and replacement land and within its consideration of impacts/effects.
- Generally, mitigation or replacement open space needed to be high quality and be delivered early to benefit local residents, especially in relation to the replacement of the Ron Evans Memorial Park at Blackshots.
- The 'so-called' temporary closures/diversions of footpaths/cycleways needed further thought and mitigation, so as to support the Council in delivering increased usage.

Air quality

- The Council has raised previous concerns to the consultation regarding the baseline monitoring and the limited PM¹⁰ baseline monitoring issue has not been resolved, i.e. not covering PM^{2.5}.
- Assessment summary of the A13 and surrounding roads did not consider cumulative impacts (widening of A13) and this area was highlighted as of particular concern.
- The draft Air Quality ES Chapter stated that no operational monitoring was proposed, as it was not considered to be required, however, some monitoring would provide reassurance as to impacts, especially in relation to public anxiety.
- The HEqIA relied on the identified significance of the air quality impacts on the Air Quality Objectives (AQOs) defined in the EU Directive. The assessment of air quality in the HEqIA was therefore considered to have the following limitations:
 1. the HEqIA consideration of air quality impacts failed to account for the fact that the health effects of the pollutants concerned are 'non-threshold' (particularly in the case of PM^{2.5}) and adverse health effects occur well below the AQOs.
 2. relying solely on the assessment of significance of the Air Quality Chapter, which was predicated to the risk of exceeding the annual average AQOs, was therefore not considered an appropriate approach and did not account for health effects due to increase concentration of pollutant that remain below the AQO.
 3. the equality assessment of construction was limited to a single sentence that did not seem to be proportionate given the scale of activities.
 4. the Distributional Impact Assessment (not provided) identified that the air quality impact on the most deprived quintile is greater than for the total population, but concluded there is no differential impact. It was unclear how this conclusion was reached.

Noise and vibration

- The evidence base section did not appear to acknowledge cumulative impacts from other noise sources.

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- Essential mitigation identified for the operation phase of the Project included a low noise/thin surfacing system surface being laid on all new and altered roads making up the Project. The draft Noise and Vibration ES Chapter stated that this provided a reduction in road traffic noise of 3.5 dB(A). What would the acoustic performance be after 5 or 10 years? If it is not the same, then the assessment needed to cover impacts without the noise reduction applied to the surface.
- Essential mitigation for the operation phase also included noise barriers. Little information is provided; therefore, the Council was seeking details from Highways England to determine the likely efficacy as well as potential visual impacts of the barriers on those communities that will be directly affected.
- The Council was concerned with the one-way communication proposed for informing residents of noisy works, particularly noisy work such as percussive piling. There was no attempt to resolve the adverse impact. Further details should be provided in an updated REAC.

3.3. As noted in Section two above, the Public Health Team are currently reviewing Highways England's response to the issues and concerns raised regarding the draft HEqIA submitted as part of DCOV1, in order to determine whether the issue has been dealt with appropriately.

4. Next steps

- The Council will discuss the CIPHAG meeting timetable with Highways England in order to build in adequate time for the Authorities to undertake a proposed joint QA review of the HEqIA, yet to be coordinated, and provide feedback to Highways England prior to the next CIPHAG meeting.
- The Public Health Team will complete their review of Highways England's response to the Council's comments on the draft HEqIA received in February 2021.
- To progress the issues raised on the draft HEqIA, the Public Health Team will then need to review the final HEqIA as submitted at DCOV1 (October 2020) to be able to validate the response issued by Highways England and determine the appropriateness of the response.
- The Public Health Team will propose to undertake a joint QA review with the other Authorities of the final HEqIA submitted at DCOV1.
- It is likely that there will be outstanding issues and further comments as a result of the review of the final HEqIA submitted at DCOV1 and to be submitted at DCOV2. Further discussions are likely to be required, which will need to be captured in the CIPHAG meetings.