

LTC Task Force Paper

Lower Thames Crossing Task Force – HEqIA Review Update

1. Introduction

- 1.1. This paper has been prepared to provide an update to the LTC Task Force on an independent review of the Health and Equalities Impact Assessment (HEqIA) associated with the Lower Thames Crossing (LTC) project. This note covers the review process; the review conclusions and recommendations and next steps.

2. The Review Process

- 2.1 Stantec UK was appointed by Thurrock Council, Southend-on-Sea Borough Council, Medway Council, Gravesham Borough Council, Essex County Council, Havering Borough Council, Kent County Council, Dartford Borough Council and Brentwood Borough Council (the 'commissioning authorities') to undertake an independent quality assurance (QA) review of the DCOv1 HEqIA report (the HEqIA) prepared by Highways England for the LTC. Objectives for the review were identified by the commissioning authorities through a Brief. Conclusions are provided against the Brief Objectives in Section 3 of this note.
- 2.2 Key elements of the approach to the review were agreed with the commissioning authorities and included the following:
 - Review of the HEqIA against the Wales Health Impact Assessment Support Unit (WHIASU) Quality Assurance Review Framework for Health Impact Assessment (HIA). The framework is based on the extensive experience of the WHIASU, literature, and engagement and experience of professionals in the wider HIA community. The outcome of the completion of the framework is to enable the reviewer to understand the level of trust and confidence they can place in the content of the HIA, its findings and process and give clear feedback. Each criteria of the framework is graded from Good to Inadequate.
 - Review of the Equalities Impact Assessment (EqIA) element of the HEqIA through consideration of whether 'due regard' (as enshrined in the Equality Act 2010) has been achieved. This considered robustness of baseline data selection against Equality Act 2010 and Public Sector Equality Duty (PSED), robustness of consultation against Equality Act 2010 and PSED and review of the application of baseline data against the characteristics protected.
 - Review of Health and Wellbeing Strategies and equality objectives of the commissioning authorities to understand priorities identified for these areas. These have been reviewed against the HEqIA to help understand if the assessment has sufficiently considered local priorities for health, wellbeing and equality.
 - Engagement with technical experts who have reviewed the assessments and reports which have informed the HEqIA to understand if there are any technical deficiencies/ concerns that would have an impact on the conclusions stated in the HEqIA. This has included discussions with technical experts in relation to: air quality, noise and vibration, transport, stakeholder consultation, climate change, land contamination and flood risk and drainage. All other assessments and reports referenced within the HEqIA were checked to see that the conclusions have been appropriately incorporated into the HEqIA. A full technical review of these documents has not been undertaken.

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- 2.3 Initial outcomes of the review were discussed with commissioning authorities and an agreed version of the review report was issued to the LTC team and discussed at a Community Impacts and Public Health advisory group (CIPHAG) meeting on 16 June 2021. This was attended by the LTC team, representatives from the commissioning authorities and Stantec. The LTC team noted that the report was a useful document and subsequently provided a response to the recommendations which is provided in Table 1 (Section 4).

3. The Review Conclusions

- 3.1 The HEqIA was predominantly undertaken to accord with Highways England's Design Manual for Roads and Bridges guidance (DMRB Volume 11, Section 3, Part 6, LA 112 Population and Human Health) and Highways England's EqIA, Screening Analysis and Monitoring template. However, it also makes reference to the use of WHIASU guidance. Based on the review undertaken, it is considered that the HEqIA does not fully meet the best practice requirements of the WHIASU HIA guidance. The following conclusions were made, against the commissioning authorities Brief Objectives:

1. To determine if the evidence used to inform decisions on health impact are sufficiently robust and inclusive.

- 3.2 A number of concerns have been raised with the source documents, e.g. Transport Assessment. Ongoing discussions are being undertaken between technical reviewers and Highways England. Concerns have also been raised regarding the consultation and stakeholder engagement activities undertaken, including how hard to reach groups have been engaged and how comments and concerns raised by stakeholders have been addressed. This is not made clear in the HEqIA,

2. To determine if the LTC project is proportionately mitigating the negative health impacts and is also delivering health benefits and improved quality of life to the population. As part of this, for negative health impacts explicitly highlighted, whether these can be mitigated against or not.

- 3.3 Limited information is provided on residual effects anticipated once mitigation measures are implemented and if these measures are effective. There is also limited information regarding proposed monitoring, the differentiation between mitigation and enhancement (measures to improve quality of life) and how these will be secured.

3. To determine if the LTC project is giving sufficient attention to Health Inequalities and that health, wellbeing and inequalities have been considered in a systematic and robust manner. Adequate consideration should be given to findings at a ward, Borough/District and project level in order to determine this.

- 3.4 The baseline data is predominantly reported at the local authority and ward level, with deprivation data shown at the Lower Super Output Areas (LSOA) level. This data has been used to determine the sensitivity of wards. However, it is unclear how the different sensitivities have been determined, how this has been considered in assessment and how localised effects on specific communities (within wards) have been considered.

4. To consider the HEqIA in relation to local Health and Wellbeing Strategies.

- 3.5 The HEqIA identifies local health and wellbeing strategies. The links between these and assessment have not been made explicitly clear and there is a lack of detail/documentation about how and why the topics and sensitive groups were scoped in, or which were considered and scoped out.

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5. To determine if local residents have had sufficient opportunity to participate in decisions which affect their health and well-being through the HEqIA.

- 3.6 There are concerns regarding the statutory consultation that has been undertaken, including the accessibility of the consultation events and material, including the impact of COVID-19. There is a lack of detail provided in relation to how vulnerable and hard to reach groups have been engaged and the outcomes of discussions which makes it unclear if all groups have had sufficient opportunity to comment.

4. The Review Recommendations

- 4.1 Several areas in the review were identified as requiring clarification, in particular with regard to setting out the context of the LTC project, the HIA approach and the evidence base. Recommendations for areas identified as requiring strengthening or inadequate are provided in Table 1 and were predominantly in relation to the process and outcomes of stakeholder engagement and the appraisal, assessment and the identification of impacts. Responses provided by LTC to the recommendations, as received on 1 July 2021, are noted.

Table 1: Review Recommendations and LTC Response

Recommendations	LTC Response
HIA	
Provision of further information on construction phasing, how this may influence assessment and an explanation of how HEqIA has been planned and timed to inform decision making.	Agreed. Construction phasing has been presented and discussed at the June CIPHAG meeting and will be incorporated within the revised HEqIA for DCOv2.
Provision of further commentary and evidence to understand how the scope of the HEqIA was identified and agreed.	Noted. Further commentary and evidence around outcomes of discussions with CIPHAG concerning the scope of the HEqIA will be included in DCOv2. Discussions regarding scope have been held over the course of the past two years in CIPHAG meetings. Recent discussions have suggested that the scope of the HEqIA has now been agreed following the preparation of the Independent Review.
Provision of further information on how stakeholders were engaged and how this influenced assessment including the CIPHAG, focus groups and hard to reach groups.	Partially agreed. Further discussions have related to how information from stakeholder engagement can be incorporated into the revised HEqIA for DCOv2, together with measures used to reach hard to reach groups. There are ongoing discussions around what has been agreed across all CIPHAG meetings. Ongoing discussions around the focus groups which were held – LTC position is that these have formed just one part of engagement with sensitive groups and that wider conclusions have not been drawn from this sample.
Clarification of methodology including how ward sensitivity has been determined, through clear links to the baseline.	Agreed. Further detail around how ward sensitivity has been assessed will be included in the revised HEqIA for DCOv2.

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<p>Justification /provision of methodology for aggregating impacts at general population / ward level. Use of GIS mapping for baseline and assessment information would enable a clearer understanding of the baseline and specific impacts, including effects on health inequalities.</p>	<p>Agreed. More detail around impacts at local level to be provided within revised HEqIA for DCOv2.</p>
<p>Provision of further information about the duration of effects and severity and likelihood of the health outcomes.</p>	<p>Partially agreed. It is noted within the Limitations section of the Independent Review that WHIASU guidance on undertaking HIA is regarded as best practice, but that the use of this guidance is not a statutory requirement. It is also noted that the review does not assess the HEqIA against other guidance and standards which may have been used, such as the Design Manual for Roads and Bridges (DMRB) assessment criteria. This is a fundamental point to raise in that the HEqIA has been prepared taking into account a <i>range</i> of guidance, including:</p> <ul style="list-style-type: none"> • DMRB LA 112 Population and Human Health, which requires a qualitative assessment of health to be undertaken, identifying changes to health determinants; • WHIASU guidance, particularly in relation to checklists of health and wellbeing determinants and vulnerable / disadvantaged groups; and • guidance provided by the Mental Health and Wellbeing Impact Assessment Toolkit (National Mental Health Development Unit, 2011). <p>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 <i>'it is not possible to quantify the severity or extent of the effects which give rise to these outcomes'</i>, 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 currently provides information around the plausibility of health outcomes as part of the review of evidence for each assessment topic. Whilst an assessment of severity as requested in the Independent Review is not proposed to be undertaken for each assessment topic, the provision of further evidence around the assessment made will increase understanding of the level of health outcomes anticipated.</p>
<p>Some concerns were identified with the technical data sources used to inform the HEqIA these should be considered. Clarification should be provided on how the</p>	<p>Noted. The technical concerns raised in Appendix A of the Independent Review relate to a variety of other documents and assessments produced as part of DCOv1. We</p>

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level of effect identified in the source assessment has been translated into the effect identified in the HEqIA.	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.
Provision of further information regarding effectiveness of mitigation / enhancement measures e.g. a conclusion on the residual health outcome anticipated after mitigation measures is implemented.	Agreed. Further information will be provided regarding the effectiveness of mitigation / enhancement measures, based on professional judgment.
Provision of further information on monitoring (impacts, mitigation, and enhancement – to be clearly specified), how this will be secured and anticipated timelines.	Noted. This is an area currently being explored within the wider LTC Team and with the CIPHAG group.
Provision of an assessment of cumulative effects (in relation to inter project effects) to see that cumulative effects on vulnerable groups are appropriately considered.	Agreed. An assessment of cumulative effects will be provided in the revised HEqIA for DCOv2.
Provision of a limitations sections to clearly outline any limitation or constraints of the assessment.	Agreed.
In addition to the review against the WHIASU framework, the review against local priorities concluded that the links between local health priorities and the assessment should be made clear in the HEqIA. Where the local priorities include specific topics (determinants – e.g. community cohesion, education including schools as receptors) or sensitive groups, (e.g. parents with young children, those with dementia), these should be clearly scoped out with justification or considered in the assessment.	Agreed. The revised HEqIA for DCOv2 will incorporate a new section within each assessment topic setting out the links with local health priorities and how these have helped to inform the assessment.
EqIA	
A need for further specificity about the rationale behind decisions when evidencing that they meet the requirements of the Equality Act 2010 and the Public Sector Equality Duty.	Agreed. A review of the EqIA document (Appendix B of the HEqIA) has been undertaken to ensure that sufficient information/detail is provided.
Providing important context, to 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.	Agreed. The revised EqIA for DCOv2 will include further detail relating to context and consultation undertaken, including potential barriers to involvement and how these have been overcome. A member of the Consultation Team has attended a CIPHAG meeting to outline those barriers to involvement which have been identified and the mitigation in place to overcome these barriers.

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<p>There is a large disparity between numbers of male and female consultees. Gender plays an important role in travel patterns and this should be considered.</p>	<p>Noted. The revised EqIA for DCOv2 will include further detail relating to consultation undertaken, including potential barriers to involvement and how these have been overcome.</p>
<p>The reported 'neutral' impact on Sex and Religion or Belief characteristic groups should be reviewed and consultation with representatives of these groups evidenced and reconsidered.</p>	<p>Noted. The assessment will be reviewed as part of the work in advance of DCOv2.</p>
<p>Effects of Covid-19 in relation to travel habits and consultation efforts should be considered more comprehensively</p>	<p>Agreed. The revised HEqIA for DCOv2 includes further consideration of Covid-19 and the associated impacts this may have on local people, including protected characteristics. The revised EqIA for DCOv2 will include further detail relating to consultation undertaken, including potential barriers to involvement and how these have been overcome.</p>
<p>Intersectional characteristics (i.e., Religion and Gender, Age and Disability) should be considered in identifying hard-to-reach groups and providing important context.</p>	<p>Noted. The revised EqIA for DCOv2 will include further detail relating to potential barriers to involvement and how these have been overcome.</p>
<p>Alternatives to the use of 2011 census data should be researched in some instances, with acknowledgement if no better data is available.</p>	<p>Agreed. A review of the baseline (Appendix C of the HEqIA) has been undertaken to update information and use new data sources where appropriate / relevant.</p>

5. Next steps

- 5.1 It is anticipated that there will be additional discussion and agreement via separate CIPHAG meetings with HE and between the nine local authorities in other meetings, prior to the drafting and issue of DCOv2 HEqIA and/or the Environmental Statement, Chapter 13 (Population and Human Health).