

Lower Thames Crossing

9.151 Final Agreed Statement of Common Ground between (1) National Highways and (2) NHS Kent and Medway Integrated Care Board (Clean version)

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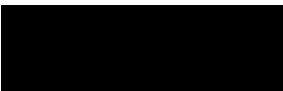

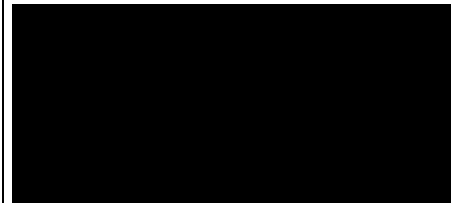
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Status of the Statement of Common Ground

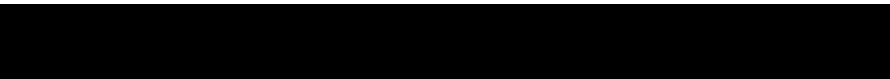
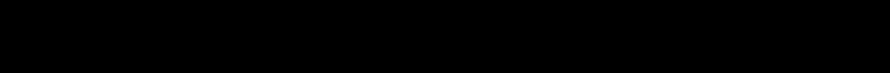
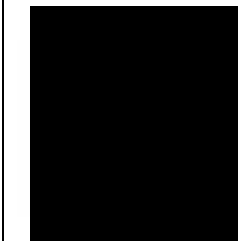
This is the Final Agreed Statement of Common Ground between (1) National Highways (the Applicant) and (2) NHS Kent and Medway Integrated Care Board.

Both parties have reached agreement on the position of the status of all six matters. Of the six matters contained within, six matters are agreed, leaving no matters outstanding.

On behalf of the Applicant

Name	
Position	
Organisation	National Highways
Signature	

On behalf of NHS Kent and Medway Integrated Care Board

Name	
Position	
Organisation	NHS Kent and Medway ICB
Signature	

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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 Kent and Medway 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 Kent and Medway Integrated Care Board (ICB) do not have a PADS Tracker.

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. “Matter Agreed” indicates where the issue has now been resolved.

2 Matters

2.1 Final position on matters

- 2.1.1 A summary of engagement undertaken between the Applicant and NHS Kent and Medway ICB is summarised in Table A.1 in Appendix A.
- 2.1.2 The outcome 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) NHS Kent and Medway ICB.
- 2.1.3 In the column 'Item No' in Table 2.1, DL6 indicates these matters were into the SoCG during examination at/around that deadline.
- 2.1.4 At Examination Deadline 9A there are six matters in total, of which all six are agreed. There are no matters not agreed.
- 2.1.5 The following matters moved from 'Matter Under Discussion' to 'Matter Agreed' since the last submission:
- a. 2.1.1 - Construction workforce impacts on health services
 - b. 2.1.2 - Construction-related illnesses
 - c. 2.1.3 - Impact of traffic flow on air quality
 - d. 2.1.4 - Impact of traffic flow – noise and vibration
 - e. 2.1.5 - Impact of a major incident during construction
 - f. 2.1.6 - Impact on health services due to easier access across the river
- 2.1.6 This is the final Statement of Common Ground between the Applicant and NHS Kent and Medway ICB.

Table 2.1 Final position on matters

Topic	Item No.	NHS Kent & Medway 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 DL6	<p>The Kent & Medway 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 their services.</p> <p>The ICB requests that the Applicant considers an update to REAC Commitment PH002 ‘Worker healthcare’ to ensure that the Integrated Care Partnerships 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. Should the Applicant agree to this change, this matter would be agreed.</p>	<p>The Applicant’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 physical and mental health needs of the construction</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> <p>Draft Development Consent Order (DCO) [Document Reference 3.1 (11)]</p>	Matter Agreed

Topic	Item No.	NHS Kent & Medway Integrated Care Board Comment	The Applicant’s Response	Application Document Reference	Status
			<p>workforce. The range of services will be agreed with the Applicant, following engagement with Integrated Care Board.</p> <p>The Applicant has agreed to an amendment to the 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. 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>		
Construction-related illnesses	2.1.2 DL6	The ICB is concerned about the impact of construction related illnesses (both physical and mental) on health services across the LTC workforce whilst they are at work and where they are residing during construction. These impacts may also affect their families’ health services and the	<p>The Applicant’s Commitments for Emergency Preparedness are included in the Project’s CoCP, relating to the provision of a range of medical and occupational healthcare services (including onsite facilities) for the construction workforce.</p> <p>As noted in item 2.1.1 the Applicant has agreed to an amendment to the REAC commitment PH002 which now states:</p> <p><i>“The Contractor will provide an appropriate range of medical and occupational healthcare</i></p>	ES Appendix 2.2: Code of Construction Practice [Document Reference 6.3 ES Appendix 2.2 (9)] Health and Equalities Impact Assessment [REP7-144]	Matter Agreed

Topic	Item No.	NHS Kent & Medway Integrated Care Board Comment	The Applicant's Response	Application Document Reference	Status
		existing population within Kent & Medway.	<i>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."</i>		
Impact of traffic flow on air quality	2.1.3 DL6	The ICB is concerned about the impact of the proposal during construction and operation on the environment and the impact on the existing infrastructure and population during construction and post completion.	<p>ES Chapter 5: Air Quality describes construction phase good practice measures for air quality. These are outlined in the REAC and include measures to reduce the air quality effects associated with construction dust as well as emissions from non-road mobile machinery (NRMM) and construction vehicles. Construction phase traffic and associated traffic management is not considered to result in significant air quality effects at human health receptors.</p> <p>The road network which forms the study area for the air quality assessment is known as the affected road network (ARN). Representative Receptors are modelled along the ARN to determine the Project's impacts. The air quality assessment assesses the impact of the Project on roads that trigger the traffic criteria change in DMRB LA 105 (Highways England, 2020). The methodology and results of the modelling</p>	<p>ES Appendix 2.2: Code of Construction Practice [Document Reference 6.3 ES Appendix 2.2 (9)] Draft DCO [Document Reference 3.1 (11)] ES Chapter 5: Air Quality [APP-143]</p>	Matter Agreed

Topic	Item No.	NHS Kent & Medway Integrated Care Board Comment	The Applicant’s Response	Application Document Reference	Status
			<p>is included in ES Chapter 5: Air Quality, which also describes mitigation measures where appropriate. The air quality assessment contained in ES Chapter 5: Air Quality has concluded there are no significant air quality effects during the operational stage of the Project.</p> <p>Mitigation (in the form of Control Plans, CoCP, Design Principles and Requirements of the DCO itself) is legally secured via the draft DCO and therefore where funding is required this is considered secured.</p>		
Impact of traffic flow – noise and vibration	2.1.4 DL6	The ICB is concerned about the health impacts of the new traffic flow during construction and operation.	<p>The Health and Equalities Impact Assessment 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.</p> <p>More information is provided in Section 7.9 of the Health and Equalities Impact Assessment which covers noise and vibration, including section 7.9.22 which covers traffic during construction. Section 7.9.43 covers noise impacts and mitigation during operation where both worsening and improvements are outlined.</p> <p>ES Chapter 12: Noise and Vibration contains the detailed assessment of effects in terms of noise arising from traffic flow during construction and operation. The chapter</p>	<p>Health and Equalities Impact Assessment [REP7-144]</p> <p>ES Appendix 2.2: Code of Construction Practice [Document Reference 6.3 ES Appendix 2.2 (9)]</p> <p>ES Chapter 12: Noise and Vibration [APP-150]</p>	Matter Agreed

Topic	Item No.	NHS Kent & Medway Integrated Care Board Comment	The Applicant's Response	Application Document Reference	Status
			identifies relevant mitigation measures which would be secured through REAC commitments. The Applicant met with the ICB on 16 November 2023 to discuss this further.		
Impact of a major incident during construction	2.1.5 DL6	The ICB is concerned of the impact on local acute health services in the event of a major incident during the construction of the scheme.	Section 6.9 of the CoCP addresses the scope and parameters of the Emergency Preparedness Procedures, this has now been amended to include the ICB. The emergency procedures will be produced with engagement with the ICB, emergency services, Kent Resilience Forum and Essex Resilience Forum, and other relevant stakeholders including relevant local highway authorities. 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.	Draft DCO [Document Reference 3.1 (11)] ES Appendix 2.2: Code of Construction Practice [Document Reference 6.3 ES Appendix 2.2 (9)]	Matter Agreed
Impact on health services due to easier access across the river	2.1.6 DL6	The ICB are concerned of the impact on health services as a result of Essex population having greater / easier access to north Kent services (although also recognising that some north Kent residents may choose to go north to Essex).	The Applicant notes the ICB's comments. The Health and Equalities Impact Assessment provides an assessment of the effects of the Project in relation to accessibility during the operational phase. Paragraph 7.2.28 of the document describes how accessibility by private vehicle has been measured to a range of destination types including healthcare facilities (for example hospitals and medical practices). Plate 7.3 shows changes in access	Health and Equalities Impact Assessment [REP7-144]	Matter Agreed

Topic	Item No.	NHS Kent & Medway Integrated Care Board Comment	The Applicant’s Response	Application Document Reference	Status
			<p>to healthcare opportunities, with the darker green areas highlighting those wards which will see greatest increases in terms of access to healthcare opportunities.</p> <p>The assessment has also incorporated a distance decay function, i.e., the longer the distance to travel to a particular type of destination, the less likely people are to travel. Whilst some cross-river travel for healthcare purposes is possible, the analysis does not show that this is likely to be in one particular direction (south to north or north to south). As such the impact of the Project on health services as a result of cross-river travel is considered to be negligible.</p>		

Appendix A Engagement activity

Table A.1 Engagement activities between the Applicant and the NHS Kent and Medway Integrated Care Board

Date	Overview of engagement activities
08 June 2023 – 24 July 2023	Email correspondence to discuss the possibility of drafting a SoCG with the ICB.
08 September 2023	Introductory meeting with the ICB.
13 September 2023	Meeting to discuss SoCG matters and explain the DCO deadline process
29 September 2023	Catch-up on the issues raised in the SoCG and the Applicant's response to the points raised.
16 November 2023	Meeting with ICB, alongside North East London ICB with LTCs technical lead to run through HEqIA.
17 November 2023	Meeting with ICB to discuss final submission of 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 (ES Appendix 2.2).
Integrated Care Board	ICB	Integrated Care Board

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