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NSW Legislative Council Inquiry into Westconnex: Questions on Notice by Dr Patrick Harris taken during the hearing on Tuesday October 9 2018

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Dear Chair,

Below is a response to the questions taken on notice at the recent inquiry into Westconnex:

1.

The Hon. DANIEL MOOKHEY: Would you describe any of the secretary's approval conditions when she or he gave planning approval—I am not sure which secretary it was—as establishing any enforceable commitments from WestConnex in respect to health that would put your association at ease?

Dr HARRIS: No.

The Hon. DANIEL MOOKHEY: Will the WestConnex make me healthier?

Dr HARRIS: No.

The Hon. DANIEL MOOKHEY: Will it make me unhealthier? If so, please explain how.

Dr HARRIS: Potentially—I do not want to get caught in the technicalities, as I said, so I can take that on notice and refer to some of my colleagues who are more expert in this area.

This question concerns the final conditions given to proponents following the Environmental Assessments. These are the final point in the planning process and occur very late once the type of project (here a road tunnel), project design, location, size etc has been set. The PHAAs focus for this inquiry as laid out in the terms of reference was the cost benefit analysis at the early point of developing project options, rather than this late process for mitigating the impacts of the option that was chosen. Future

projects we feel need health issues to be central across the planning cycle. This may include the types of issues that are raised in these EAs but at a much earlier point and considered in a more strategic manner (for the city) rather than a project phase by project phase manner (for locally impacted communities) which EA is currently focussed on.

The responsible Secretary is a delegate for the NSW Minister for Planning.

As mentioned these Environmental Assessments tend to focus on air quality and noise when health is considered (although this is not legislated). There are currently 16 applications with approvals issued, which have been required under legislation to undertake a Environmental Assessment (on which the conditions are based). Health matters, specifically related to soil contamination and air quality, are mentioned, although not always tied to health. Other issues of concern are also raised, but rarely tied to human health. As the committee would be aware the conditions are approval are available on line at:

http://majorprojects.planning.nsw.gov.au/index.pl?action=view_job&job_id=7485

2.

Ms CATE FAEHRMANN: Going back to your submission, particularly in relation to measuring health impacts within a cost-benefit analysis, you say on page 5 that there are legislated requirements to consider a wide range of impacts and they were not sufficiently met, specifically in relation to the cost-benefit analysis. Please point the Committee in the direction of what those legislative requirements are. You can take this question on notice.

Dr HARRIS: Yes, I will take that on notice, thanks.

Health is not required to be considered under legislation for major projects, either Environmental Assessments or Cost Benefit Analysis. Legislation does require Environmental Assessments to be undertaken and the Department of Planning to issue guidance to proponents about issues to consider. The submission refers to research we have undertaken that demonstrates health was under-considered in Environmental Assessment of the M4 East section in terms of the breadth of issues to consider (the tendency is to consider air and noise risks using quantitative risk assessments not other forms of impact assessment methodologies), the community was not fully engaged about the full impacts of the project (only about specific risks to air which were seen by the community as contentious because they were based on existing traffic modelling predictions), and there was limited primary health impact evidence and data used. Overall we concluded that these Environmental Assessments and resulting impact statement were 'insufficient' from a human health perspective. We also showed that early decisions that influenced the planning of the project in terms of options mean that the Environmental Impact Statement occurs very late and contains specific information that cannot account for the full range of potential issues to consider earlier in planning, for instance cost benefit analysis.

3.

as schools and what have you. Unfortunately, he had bladder cancer, which he spoke about. As a doctor, do you have concerns about four stacks in residential areas? Are you aware of the fact that in New South Wales we do not filter ventilation stacks from motorways? Does that concern you?

Dr HARRIS: Unfortunately, I am not a medical doctor.

The Hon. DANIEL MOOKHEY: I am now far less interested!

Dr HARRIS: I am the original type of doctor, a doctor of philosophy. I cannot answer that question because I do not have the expertise, but I can take it on notice.

This is a medical issue which I am not qualified to answer. EISs tend to go great lengths to explain that stacks will have no net risks to population health, so I refer the committee to those documents.

4.

cost-benefit analysis. What would you have preferred to have seen the consultant who did the cost-benefit analysis had done to measure all of the costs of this motorway?

Dr HARRIS: The challenge with the cost benefit as it is currently practised in New South Wales, particularly for transport projects, is that there is a real emphasis on travel time saving. That is because that can be costed fairly efficiently, I suspect. What we are concerned about as an association is the range of impacts that we have articulated in our submission. Whether or not the cost-benefit analysis is ultimately the right tool to include those things should be questioned; however—and I can take this on notice to get more detail—my understanding from health economists is that the cost-benefit analysis does not necessarily have to be as narrowly applied as it is. It can incorporate a much wider range of impacts, which is really, as we have listed at the front of our submission, the range of things we think should be considered. Going back to the previous question about equity, these types of impacts are differentially distributed across the population—in this case, particularly the disadvantaged in the west of Sydney, maybe, and also the locally impacted communities. Those should be considered better as well.

Our original submission (page 5, final para) explains how the CBA approach can be used to include a fuller range of issues.

Ms CATE FAEHRMANN: That leads to my next question, which you can also take on notice, because it is a request for world's best practice cost-benefit analysis of similar transport projects that have taken into account the public health impacts.

Dr HARRIS: I will take that on notice, but at the same time I say that I am a researcher and I am investigating that line of inquiry myself. I think there is real benefit if that kind of research was to happen to understand best practice internationally.

No research has been undertaken into world's best practice cost benefit analysis related to health impacts of major transport projects.

5.

Are you aware that the Government will not approve the motorway tunnel project until the New South Wales Chief Health Officer releases a statement on the potential health impact of the project?

Dr HARRIS: I will take that on notice.

The Department of Health has no statutory responsibilities concerning major projects. The Department of Planning and Environment issues the final approval and is not required to consider statements by the Chief Health Officer.

I thank the Committee for the opportunity to input into the inquiry.

Yours sincerely,

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