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# London Luton Airport Expansion

Planning Inspectorate Scheme Ref: TR020001

Volume 8 Additional Submissions (Examination)

## **8.12 Statement of Common Ground between London Luton Airport Limited and the UK Health Security Agency**

Infrastructure Planning (Examination Procedure) Rules 2010

Application Document Ref: TR020001/APP/8.12

**The Planning Act 2008**

**The Infrastructure Planning (Examination Procedure) Rules 2010**

**London Luton Airport Expansion Development Consent  
Order 202x**

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**8.12 STATEMENT OF COMMON GROUND BETWEEN LONDON  
LUTON AIRPORT LIMITED (TRADING AS LUTON RISING) AND THE  
UK HEALTH SECURITY AGENCY**

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## **STATEMENT OF COMMON GROUND**

**This Statement of Common Ground has been prepared and agreed by (1) London Luton Airport Limited (trading as Luton Rising) and (2) the UK Health Security Agency and Office for Health Improvement and Disparities.**

Signed on Behalf of LONDON LUTON AIRPORT LIMITED (TRADING AS LUTON RISING)

Signature:

Name:

Position:

Date:

Signed on Behalf of the UK HEALTH SECURITY AGENCY and OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES

Signature:

Name:

Position:

Date:

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# 1 INTRODUCTION AND PURPOSE

## 1.1 Purpose of Statement of Common Ground

- 1.1.1 This Statement of Common Ground (SoCG) relates to an application made by London Luton Airport Limited, trading as Luton Rising (“the Applicant”), to the Secretary of State for Transport under section 37 of the Planning Act 2008 (“the Act”).
- 1.1.2 The application is for an order granting development consent, known as a Development Consent Order (DCO). The draft DCO is referred to as the London Luton Airport (Expansion) Development Consent Order. The DCO, if granted, would authorise an increase of the permitted capacity of London Luton Airport (“the airport”) to 32 million passengers per annum (mppa) (“the Proposed Development”).
- 1.1.3 This SoCG has been prepared by the Applicant and the UK Health Security Agency and Office for Health Improvement and Disparities in respect of the Proposed Development. In particular, this SoCG focuses on:
- a. The noise assessment approach, including baseline sound surveys, study area, sensitive receptors, LOAELs and SOAELs, significant effects, assumptions and limitations, and combined effects (**Chapter 16 Noise and vibration of the Environmental Statement (ES) [AS-080]**). Other aspects related to noise including the Noise Envelope, mitigation, monitoring and the health impact assessment are also covered.
  - b. The health and community assessment methodology, scope, baseline and monitoring (**Chapter 13 Health and Community [APP-039] of the Environmental Statement**)
  - c. The consideration of vulnerable populations within assessments and mitigation proposals, and the approach to community engagement.
  - d. Compliance with air quality objectives and limit values and population health outcomes (**Chapter 7 Air Quality [AS-076] of the Environmental Statement**).
  - e. Odour assessments (**Chapter 7 Air Quality [AS-076] of the Environmental Statement**).
  - f. Human Health and Ground Gases assessments (**Chapter 17 Soils and Geology [APP-043] of the Environmental Statement**).
- 1.1.4 The purpose and possible content of SoCGs is set out in paragraphs 58-65 of the Department for Communities and Local Government’s guidance entitled “Planning Act 2008: examination of applications for development consent” (26 March 2015). Paragraph 58 of that guidance explains the basic function of SoCGs:

*“A statement of common ground is a written statement prepared jointly by the applicant and another party or parties, setting out any matters on which*

*they agree. As well as identifying matters which are not in real dispute, it is also useful if a statement identifies those areas where agreement has not been reached. The statement should include references to show where those matters are dealt with in the written representations or other documentary evidence.”*

- 1.1.5 SoCGs are therefore a useful and established means of ensuring that the evidence at the DCO examination phase focuses on the material differences between the main parties, and so aim to help facilitate a more efficient examination process.

## **1.2 Parties to this SoCG**

- 1.2.1 The Applicant is the owner of the airport and is a private limited company wholly owned by Luton Borough Council (LBC). The airport is managed and operated by London Luton Airport Operations Ltd through a Concession Agreement with the Applicant and LBC. This agreement lasts until 2032.

- 1.2.2 In April 2021, Public Health England’s health protection functions were formally transferred into the UK Health Security Agency (UKHSA), while its health improvement functions were transferred to the Office for Health Improvement and Disparities (OHID). UKHSA is an executive agency responsible for protecting the UK’s population from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other threats. OHID is focused on improving the nation’s health and levelling up health disparities. It is listed as a prescribed consultee in Schedule 1 of the Infrastructure Planning (Applications: Prescribed Forms and Procedure) Regulations 2009 and so has been consulted throughout the course of the development of the Proposed Development.

- 1.2.3 The Applicant and the UKHSA and OHID are collectively referred to in this SoCG as ‘the parties’. The parties have been, and continue to be, in direct communication in respect of the Proposed Development.

## **1.3 Proposed Development description**

- 1.3.1 The Proposed Development builds on the current operational airport with the construction of a new passenger terminal and additional aircraft stands to the north east of the runway. This will take the overall passenger capacity from 18

mppa to 32 mppa<sup>1</sup>. In addition to the above and to support the initial increase in demand, the existing infrastructure and supporting facilities will be improved in line with the incremental growth in capacity of the airport.

### 1.3.2 Key elements of the Proposed Development include:

- a. extension and remodelling of the existing passenger terminal (Terminal 1) to increase the capacity;
- b. new passenger terminal building and boarding piers (Terminal 2);
- c. earthworks to create an extension to the current airfield platform; the vast majority of materials for these earthworks would be generated on site;
- d. airside facilities including new taxiways and aprons, together with relocated engine run-up bay and fire training facility;
- e. landside facilities, including buildings which support the operational, energy and servicing needs of the airport;
- f. enhancement of the existing surface access network, including a new dual carriageway road accessed via a new junction on the existing New Airport Way (A1081) to the new passenger terminal along with the provision of forecourt and car parking facilities;
- g. extension of the Luton Direct Air to Rail Transit (Luton DART) with a station serving the new passenger terminal;
- h. landscape and ecological improvements, including the replacement of existing open space; and
- i. further infrastructure enhancements and initiatives to support the target of achieving zero emission ground operations by 2040<sup>2</sup>, with interventions to support carbon neutrality being delivered sooner including facilities for greater public transport usage, improved thermal efficiency, electric vehicle charging, on-site energy generation and storage, new aircraft fuel pipeline connection and storage facilities and sustainable surface and foul water management installations.

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<sup>1</sup>On 1 December 2021, the local planning authority (Luton Borough Council) resolved to grant permission for the current airport operator (LLAOL) to grow the airport up to 19 mppa, from its previous permitted cap of 18 mppa. Since then, the application was called-in and referred to the Secretary of State for determination instead of being dealt with by the local planning authority. The inquiry to consider the called-in application opened on Tuesday 27 September 2022, and closed on Friday 18 November 2022. At the time of submission of the application for development consent the outcome of the inquiry was still unknown and, therefore, all of the assessment work to date has been undertaken using a “baseline” of 18 mppa. Nonetheless, in anticipation of LLAOL’s 19 mppa planning application, the Applicant’s environmental assessments included sensitivity analysis of the implications of the permitted cap increasing. As a result, the Applicant believes that the environmental assessments are sufficiently representative of the likely significant effects of expansion, whether the baseline is 18 mppa or 19 mppa. Where the change of the baseline does affect an assessment topic, in most cases it means that the “core” assessments (using an 18 mppa baseline) report a marginally greater change than would be the case with a 19 mppa baseline. The findings of the assessment are presented in the Environmental Statement submitted with the application for development consent.

<sup>2</sup> This is a Government target, for which the precise definition will be subject to further consultation following the *Jet Zero Strategy*, and which will require further mitigations beyond those secured under the DCO.

## 2 ENGAGEMENT WITH UK HEALTH SECURITY AGENCY AND OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES

### 2.1 Summary of engagement

2.1.1 The pre-application statutory consultation carried out by the Applicant, and the way in which it has informed the DCO application, is set out in full in the **Consultation Report [AS-048]**. As a statutory consultee, the UKHSA/OHID was consulted on the proposals in accordance with section 42 of the Act and submitted a formal response to the consultation carried out by the Applicant. The parties continue to be in direct communication in respect of the Proposed Development.

2.1.2 This SoCG between the parties is based on a programme of consultation and ongoing engagement which are summarised in Table 2-1. This sets out the meetings and substantive correspondence that took place and the topics discussed. Matters under discussion are set out in section 3.

Table 2-1: Engagement between the Applicant and UKHSA and OHID<sup>3</sup>

Date	Form of correspondence	Details
31 August 2018	Email/letter	Response submitted to the non-statutory consultation.
29 April 2019	Email/letter	Response submitted to the request for EIA Scoping Opinion.
16 December 2019	Email/letter	Response submitted to the 2019 statutory consultation.
24 November 2022	Meeting – MS Teams	Discussion regarding statutory consultation responses related to noise.
15 December 2020	Meeting – MS Teams	Engagement on Health and Community, Community Liaison, Air Quality, and Major Accidents and Disasters.
15 July 2021	Meeting – MS Teams	Health working group – engagement with health stakeholders on outstanding queries from 2019 statutory consultation.
4 April 2022	Email/letter	Response submitted to the 2022 statutory consultation.
4 July 2022	Meeting – MS Teams	Health technical working group meeting - engagement with health stakeholders on outstanding queries from 2022 statutory consultation.
13 December 2022	Meeting – MS Teams	Discussion on noise matters within first draft of UKHSA SoCG.

<sup>3</sup> Please note that any engagement prior to April 2021 was with Public Health England.



10 August 2023	Meeting – MS Teams	Meeting with UKHSA and OHID on the scope of the SoCG.
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### 3 MATTERS AGREED, ONGOING, OR NOT AGREED

Table 3-1: Summary of matters

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
<b>3.1</b>	<b>Air Quality</b>				
3.1.1	Air quality limits	<p>The Applicant should ensure compliance with, and go beyond, the appropriate air quality objectives and limit values.</p> <p>UKHSA agree the air quality methodology, emissions sources, spatial and temporal scope are all robust’.</p>	<p>Health impacts from air emissions have been assessed by modelling sensitive receptor locations (homes, schools, hospitals etc) within the study area and within 200m of the affected road network (ARN), following best practices detailed in <b>Chapter 7 Air Quality [AS-076]</b> of the ES. The assessment uses current UK government targets, as required through legislation, to determine significance. The air quality assessment follows the standard significance criteria from Environmental Protection UK (EPUK) and Institute of Air Quality Management (IAQM) guidance. The assessment found no significant impacts.</p> <p>A compliance risk assessment against the air quality standards has also been undertaken in <b>Chapter 7</b></p>	Meeting with UKHSA 10 <sup>th</sup> August 2023	Agreed

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
			<p><b>Air Quality [AS-076]</b> of the ES. following Design Manual for Roads and Bridges DMRB LA 105 methodology, and results found that the Proposed Development is not predicted to impact compliance with the air quality standards.</p> <p>The non-threshold nature of air quality impacts is recognised, and an operational air quality plan (AQP) has been developed to set out how measures to improve air quality and reduce emissions will be implemented and secured via the DCO process, which goes beyond what is required for compliance. The AQP is submitted in <b>Appendix 7.5 [APP-065]</b> in the ES.</p> <p>The <b>Green Controlled Growth (GCG) document [APP-218]</b> sets out the mechanism for monitoring air quality and the impacts from the Proposed Development.</p>		
3.1.2	Air quality and population health	The Applicant has undertaken a quantitative assessment of the effects of population health outcomes associated with changes	The health assessment reported in <b>ES Chapter 13 Health and Community [APP-039]</b> of the ES, calculated the effects of long-term	Meeting with UKHSA 10 <sup>th</sup> August 2023	Ongoing

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
		<p>in air pollution concentrations resulting from operational traffic, both on-airport and aircraft emissions. While the methodology used to assess long-term impacts is clearly set out, we recommend the applicant justifies the data and methodology used in prediction of the short-term impacts, including selection of short-term or long-term coefficients, for example, 1.008 used for PM10 attributable respiratory and cardiovascular hospital admissions is the correct short-term value. We expect use of the most up to date coefficient, for example a coefficient of 1.06 for PM2.5 attributable mortality has since been updated to 1.08 (95% CI: 1.06, 1.09) per 10 µg/m3 annual average PM2.5.</p> <p>Recommendation: The Applicant should review their assessment of the population health impacts using the appropriate coefficients.</p>	<p>and short-term exposure to air pollutants using concentration-response functions (CRFs) provided in <i>Air Quality damage cost update 2019, A Report for Defra</i>, which was the most up to date version of this report at the time of writing the Environmental Statement.</p> <p>The 2019 CRFs for mortality associated with long-term exposure to PM<sub>2.5</sub> and NO<sub>2</sub>, expressed as % change in health outcome per 10ugm<sup>3</sup> change in pollutant, were for 6% PM<sub>2.5</sub> and 2.3% for NO<sub>2</sub>. These were converted to relative risks (RR) of 1.06 and 1.023 respectively.</p> <p>The 2019 CRFs for rates of hospital admissions resulting from short-term exposure to PM<sub>10</sub> were 0.8% for both cardio-vascular and respiratory admissions, which were converted to RRs of 0.008.</p> <p>In 2023, after the completion of the ES, Defra published an updated report on Air Quality damage cost which included the following amendments to the above CRFs:</p>		

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
			<ul style="list-style-type: none"> <li>• Recommended CRF for mortality associated with long-term PM<sub>2.5</sub> exposure has changed from 6% to 8%.</li> <li>• Hospital admissions associated with particulate exposure are now based on PM<sub>2.5</sub> rather than PM<sub>10</sub>. The recommended CRFs for PM<sub>2.5</sub> are 0.96% for respiratory admissions and 0.90% for cardio-vascular admissions.</li> </ul> <p>The 2023 CRFs for mortality and hospital admissions associated with PM<sub>2.5</sub> have been applied to the air quality data. The results show that impacts on mortality remain lower for particulates than for NO<sub>2</sub>. The results presented in the ES were based on NO<sub>2</sub>, in line with the methodology, and therefore there is no change to the ES conclusions. The % changes in hospital admissions resulting from PM<sub>2.5</sub> are smaller in all cases than the ES results, which were based on 2019 CRFs for PM<sub>10</sub>.</p> <p>A full description of the data and methodology used in the calculation</p>		

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
			<p>of health effects of air pollution is provided in <b>Appendix 13.4: Methodology for Health and Community Assessment [AP-086]</b> of the ES.</p>		
3.1.3	Air quality and population	<p>The Applicant should also set out how they have converted the percentage variation (as set out by COMEAP here) to a correlation coefficient.</p> <p>The Applicant has determined the significance of potential air quality impacts through comparison with the current Air Quality Standards (AQS). The air quality assessment has predicted slight adverse impacts at two receptor locations for annual mean NO<sub>2</sub> concentrations (Phase 2a and Phase 2b), and the Applicant has concluded that this impact is not significant, as there is predicted to be sufficient headroom below the AQS. Evidence suggests that health effects can still occur below limit values for air pollutants under regulation. Our position is that pollutants associated with road</p>	<p>The air quality assessment (<b>Chapter 7 Air Quality of the ES [APP-034]</b>) has provided an assessment of air quality in line with national legislation. The commitment to continual improvement is clear with <b>Appendix 7.5 Outline Operational Air Quality Plan [APP-065]</b> of the ES, setting out the measures committed to via the DCO to reduce and control impacts on air quality arising from the Proposed Development.</p> <p>A separate assessment of effects on population health resulting from changes in exposure to NO<sub>2</sub> and particulates was undertaken and reported in <b>Chapter 13 Health and Community [AS-078]</b> of the ES. The assessment considered changes in exposure at all concentrations, including below the AQS level, in line with evidence to suggest that health</p>	Meeting with UKHSA 10 <sup>th</sup> August 2023	Ongoing

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
		<p>traffic or combustion, particularly particulate matter and oxides of nitrogen are non-threshold; i.e., an exposed population is likely to be subject to potential harm at any level and that reducing public exposures of non-threshold pollutants (such as particulate matter and nitrogen dioxide) below air quality standards will have potential public health benefits. We support approaches which minimise or mitigate public exposure to non-threshold air pollutants, address inequalities (in exposure), maximise co-benefits (such as physical exercise). We encourage their consideration during development design, environmental and health impact assessment, and development consent.</p> <p>Recommendation The applicant should review their assessment of the population health impacts using the appropriate coefficients.</p>	<p>effects occur below limit values. This assessment concluded that the Proposed Development would have no significant impact on population health during operation.</p> <p>A full description of the data and methodology used in the calculation of health effects is provided <b>Appendix 13.4: Methodology for Health and Community Assessment [AP-086]</b> of the ES.</p> <p>The Applicant has yet to provide a response to the UKHSA’s point on how the Applicant has converted the percentage variation (as set out by COMEAP here) to a correlation coefficient.</p>		

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
<b>3.2 Odour</b>					
3.2.1	Odour health impacts	UKHSA are in agreement with the qualitative odour assessment, in accordance with IAQM guidance, of operational scenarios within the ES.	Noted - the odour assessment carried out has been detailed in <b>Chapter 7 Air Quality [AS-076]</b> of the ES. The outcome was no significant effects.	Meeting with UKHSA 10 <sup>th</sup> August 2023	Agreed
<b>3.3 Soils and Geology</b>					
3.3.1	Potential risk for land contamination or ground gas to impact upon public health	UKHSA agree with the Detailed Quantitative Risk Assessment Report (DQRA): Human Health and Ground Gases in the PEIR.	Noted - the Generic Quantitative Risk assessment (GQRA), DQRA: Human Health and Ground Gas and DQRA: Controlled Waters has been provided as <b>Appendices 17.2 [APP-121], 17.3 [APP-123] and 17.4 [APP-124]</b> to the ES. The risk assessments were completed based on current guidance at the time and have concluded a low risk to the public from land contamination and ground gases. The impact assessment has concluded no significant effects on public health.  The Applicant seeks confirmation from the UKHSA if they are also in agreement with the assessment	Agreed upon review of SOCG	Agreed



SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
			presented in the ES, and notes that the DQRA has not changed since PEIR.		
<b>3.4</b>	<b>Noise</b>				
3.4.1	Engagement – noise assessment and noise envelope	UKHSA welcomes the Applicant’s engagement with various stakeholders on the assessment methodology and noise envelope.	The Applicant acknowledges this.	Relevant representations	Agreed
3.4.2	Assessment approach - presentation	<p>UKHSA welcomes the Applicant’s presentation of population exposure to air noise broken down by absolute exposure (between LOAEL and SOAEL and above SOAEL) and also by predicted increase from Do-Minimum to Do-Something.</p> <p>UKHSA welcomes the presentation of the population exposed to levels above 45 dB LAeq,16hr (day), which is more closely aligned to the threshold at which adverse effects of aviation noise are likely to start.</p>	The Applicant acknowledges this.	Relevant representations	Agreed

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
3.4.3	Assessment approach – noise and health context	UKHSA welcomes The Applicant’s acknowledgement of the strong link between transport noise and adverse health outcomes.	The Applicant acknowledges this.	Relevant representations	Agreed
3.4.4	Assessment approach – noise and health	UKHSA welcomes the Applicant’s quantification of health effects due to aviation noise, quantified as DALYs, and its assessment of noise-induced awakenings.	The Applicant acknowledges this.	Relevant representations	Agreed
3.4.5	Assessment approach – noise and health (sensitivity analyses)	The Applicant carried out the main health analyses for noise using published IGCB(N) guidance, which is based on evidence that is approximately 20 years old. UKHSA welcomes the sensitivity analyses and the awakenings assessment using more recent evidence.	The Applicant acknowledges this.	Relevant representations	Agreed
3.4.6	Assessment approach - LOAELs and SOAELs	Decisions on SOAELs and UAELs are largely based on legal precedent, rather than informed by the latest evidence on the health effects of noise. As noted in previous UKHSA responses, the Applicant should explain what it’s choices for LOAELs, SOAELs and	The Applicant’s justification on the LOAEL, SOAEL and UAEL assessment criteria are presented in <b>Section 16.5 of Chapter 16 Noise and vibration of the Environmental Statement (ES) [AS-080]</b> . The assessment criteria have been informed by relevant policy and	Relevant representations	Ongoing

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
		<p>UAELs mean in health terms, especially to a non-technical audience.</p>	<p>guidance as well as project precedent.</p> <p>The Applicant has quantified what the LOAELs, SOAELs and UAELs mean in health terms in Section 7 of Appendix 13.4 Methodology for Health and Community Assessment of the ES [AS-078].</p>		
3.4.7	Assessment approach - Significant effects	<p>In multiple locations the Applicant has chosen to make comparisons against the 2019 scenario. This can be misleading – the purpose of this application is to present the implications of the Proposed Development. Reductions in noise that will occur due to fleet modernisation are very welcome, however they are not due to the Proposed Development and should therefore not have been presented with such prominence.</p>	<p>The Applicant has undertaken an assessment of likely significant effects by comparing the situation with the Proposed Development (the Do-Something scenario) to the situation without the Proposed Development (the Do-Minimum scenario) in each assessment year in <b>Chapter 16 Noise and vibration of the Environmental Statement [AS-080]</b>.</p> <p>For aircraft air and ground noise the assessment also compares the Do-Something scenario in each year to the 2019 Actuals baseline. This comparison is to demonstrate how noise impacts will reduce over time, in line with the government policy objective to limit, and where possible</p>	Relevant representations	Ongoing

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
			<p>reduce, the total adverse impacts on health and quality of life from aviation noise.</p> <p>The Airports National Policy Statement (ANPS) provides clarity that this objective should be tested in relation to a historic baseline: <i>“The noise mitigation measures should ensure the impact of aircraft noise is limited and, where possible, reduced compared to the 2013 baseline assessed by the Airports Commission.”</i></p>		
3.4.8	Next-generation aircraft	<p>The Proposed Development briefly considers the potential implications of next generation aircraft (including electric or hydrogen powered) coming into service in the mid-2030s, and hence within the lifespan of the Proposed Development. The assessment of air noise effects for the Core Planning Case assumed that next generation aircraft would have a noise performance that is equivalent, and no better, than that of new generation aircraft. This was considered to be “a conservative</p>	<p>At this stage it is not possible to accurately predict the noise signature of new propulsion methods such that this could be directly accounted for.</p> <p>However, the Noise Envelope contains a mechanism for a Noise Limit Review as a result of International Civil Aviation Organization (ICAO) publishing a new ‘noise chapter’ for next-generation aircraft.</p> <p>This Noise Limit Review would test whether the Noise Limits can be</p>	Relevant representations	Ongoing

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
		<p>approach” representing “a reasonable worst case”. The Applicant should clarify that this is not necessarily true – new propulsion methods could result in next generation aircraft having noise signatures that are significantly different, and potentially more annoying, for the same A-weighted decibel level. UKHSA encourages the Applicant to introduce safeguards in its Green Controlled Growth Framework to protect from such an eventuality.</p>	<p>reduced due to next generation aircraft. This review must be undertaken in consultation with the Noise Technical Panel and submitted to the Environmental Scrutiny Group for determination.</p>		
3.4.9	Mitigation and noise envelope	<p>The Proposed Development relies heavily on the air noise insulation scheme to mitigate significant impacts. UKHSA welcomes noise insulation as a last resort mitigation measure. However, the Applicant should be transparent on the many limitations of such a mitigation measure, and on the significant uncertainties whether noise insulation will mitigate the adverse effects identified. For many decades large infrastructure projects in the UK have specified noise insulation</p>	<p>The Applicant confirms that noise insulation is the last resort in the mitigation hierarchy, as set out in <b>Section 2 of Appendix 16.2 Operational Noise Management (Explanatory Note) [APP-111]</b> of the Environmental Statement (ES). The hierarchy therefore starts with mitigation at source and mitigation by intervention (which benefit both indoor and outdoor exposure) before mitigation by compensation (noise insulation) is provided.</p>	Relevant representations	Ongoing

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
		<p>measures as a mitigation measure, however none of them have evaluated their effectiveness to protect health. As a result, we still have very little good quality evidence to confirm whether sound insulations schemes are effective to protect health, and the extent of unintended consequences. For example, sound insulation may reduce indoor noise levels at the expense of poorer indoor air quality and increased risk of overheating. Partially funded schemes, such as the ones proposed by the Applicant (Vol. 5 16.10.5) may widen health inequalities (see also Human Health and Wellbeing section). Noise insulation will also do nothing to mitigate outdoor exposure, including at private and public amenity space and places of relative tranquillity.</p>	<p>The noise insulation scheme (see <b>Draft Compensation Policies, Measures and Community First [AS-128]</b>) will provide a full package noise insulation where air noise exposure from the development exceeds the relevant SOAEL values. No likely significant effects have been identified below the air noise SOAEL. Therefore, the assessment only relies on noise insulation avoiding significant effects where a full package of noise insulation is provided.</p> <p>Whilst it is noted that there is little research on the effects of noise insulation schemes on health, this approach to avoiding significant effects on health and quality of life from noise using noise insulation (as a last resort) has been accepted in the decision making for several large infrastructure projects (e.g., HS2).</p> <p>The noise insulation packages will include suitable ventilation if required.</p>		

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
3.4.10	Noise envelope	On the noise envelope (Vol. 7.08), UKHSA is of the view that the Green Controlled Growth Framework is best discussed and agreed amongst local stakeholders, including local communities currently affected, and those that may be affected in the future due to airspace changes. The Applicant is ultimately responsible for communicating the latest evidence on the health effects of noise in these discussions.	Noted. The Applicant confirms that the Noise Envelope has been developed in consultation with local stakeholders and local communities through the Noise Envelope Design Group (see <b>Chapter 16 Noise and Vibration [AS-080]</b> of the Environmental Statement for further information).	Relevant representations	Agreed
3.4.11	Noise envelope	<p>UKHSA notes that the proposed Noise Envelope is defined in terms of the size of the 54 dB LAeq, day and 48 dB LAeq, night contours. The Applicant should communicate</p> <ul style="list-style-type: none"> <li>• that its choice of thresholds does not capture all adverse health effects attributable to noise;</li> <li>• who will be responsible for controlling population growth, and hence potential increases in population exposure within these areas.</li> </ul>	<p>As noted by UKHSA above, the Noise Envelope should be agreed with local stakeholders and local communities (the Noise Envelope Design Group).</p> <p>The choice of noise contour for the Noise Envelope Limits was defined by the Noise Envelope Design Group based on the current planning consent (which is based on 57dB<sub>LAeq,16h</sub> and 48dB<sub>LAeq,8h</sub> contours) and with reference to the SoNA study which notes that “<i>The same percentage of respondents said</i></p>	Relevant representations	Ongoing

SoCG ID	Matter	UKHSA and OHID position	The Applicant position	Source of agreement	Agreed / Ongoing / Not agreed
		<ul style="list-style-type: none"> <li>• how the distribution of the noise exposure within these areas, and the associated health effects, will be managed.</li> </ul>	<p><i>by ANIS to be highly annoyed at 57 dB LAeq, 16h now occurs at 54 dB.</i></p> <p>The Noise Envelope is a noise control mechanism, rather than a measurement of all adverse health effects attributable to noise.</p> <p>The Noise Envelope Design Group also agreed that the area of a defined contour should be the limiting value, rather than its shape or population exposure. Both the shape of the contour and the population exposed are influenced by factors outside of the airport’s control.</p> <p>For further details, see the Noise Envelope Design Group reports in <b>Annex A of Appendix 16.2 Noise and Vibration Information [AS-096]</b> of the Environmental Statement.</p>		
3.4.12	Assessment approach - significance	In parts of the assessment, significant adverse effects were predicted but their significance was somewhat watered down due to uncertainties in the prediction. For example, 16.3.21 states “As these effects are far into the future and	The mechanisms for the reassessment are described in <b>Draft Compensation Policies, Measures and Community First [AS-128]</b> and, as is set out in that document, will be	Relevant representations	Ongoing



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		<p>depend on forecast traffic data, the effects will be reassessed using more up to date traffic data nearer the time, and noise insulation will be provided to avoid the significant effects should the reassessment confirm that they are likely to occur.” The Applicant should clarify what legally binding mechanisms will be put in place to ensure such reassessments take place in the future.</p>	<p>secured via a Section 106 legal agreement.</p>		
3.4.13	Noise compensation	<p>OHID wish to make the following specific comments and recommendations: Noise Compensation Scheme and Support. The Report identifies the requirement for compensation or noise insulation grants, with existing schemes directed to property owners. Tenants of the private rented sector require landlord approval for noise insulation works. The preliminary environmental information report identified the presence of private rented sector housing in the local community, which varies from ward to ward. The</p>	<p>It is accepted that the Applicant will need the property owners’ consent prior to installing mitigation under the Noise Compensation Scheme</p> <p>Through the introduction of more generous measures, it is anticipated that more private sector landlords will be encouraged to take up the offer from the Applicant.</p> <p>The Applicant will also introduce a proactive roll out programme designed to encourage take up and avoid situations where tenants with poor health or who are vulnerable are</p>	Relevant representations	Ongoing

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		tenants of these properties may have poor health or be considered vulnerable.	potentially left without the mitigation on offer.		
3.4.14	Noise compensation	The ES identifies the role for community engagement but makes no mention of the potential for supporting tenants in understanding and utilising uptake for compensation and noise insulation. Recommendation The compensation and noise insulation scheme literature should confirm the eligibility, approach and support to tenanted property occupants.	<p>The Applicant will introduce a proactive programme to roll out the noise insulation scheme. This will involve delivering leaflets and knocking on doors, in particular to make sure tenants are aware of the need for landlord consent to benefit from the offer.</p> <p>In this way it is anticipated that the Applicant will learn about the specific circumstances of tenants, report back cases of concern and directly approach landlords to encourage programme uptake to improve circumstances for tenants</p>	Relevant representations	Ongoing
<h3>3.5 Accessibility of documents</h3>					
3.5.1	Accessibility of the PEIR and ES	UKHSA expects the Applicant to use best effective practice and best use of technology to ensure that the results from the PEIR and final ES are disseminated in a clear,	Noted. The EIA approach is described within <b>Chapter 5 Approach to the Assessment [AS-075]</b> of the ES, which is submitted as part of this application for		Ongoing

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		<p>accessible and meaningful way to all those who may be impacted by the Scheme. Concepts such as “likely significant effect” or “no significant effect” need careful explanation.</p> <p>Whilst a Non-technical Summary [APP-165] was included with the application to provide the general public with information in a more accessible format, there was no mention of the large number of people (tens of thousands) that will experience an increase in noise exposure during daytime and nighttime as a result of the Proposed Development, and informing the public where they can seek further information to check if their address may be impacted (without going through thousands of pages of technical information).</p>	<p>development consent. Assessment specific significance criteria are further described within each of the technical chapters of the ES, with clear definitions provided on which effects are considered to be significant and not significant within the context of the EIA Regulations.</p> <p>A <b>Non-technical summary [APP-165]</b> was included with the application to provide the general public with information in a more accessible format. The non-technical summary is, by definition, a summary and is not intended to repeat the detail of the assessment. Instead, section 16.3 of the <b>Non-technical Summary [APP-165]</b> of the ES provides a summary of the assessment conclusions in terms of significant adverse effects on health and quality of life and likely significant effects (the tens of thousands of people experiencing a noise increase as referenced do not experience adverse likely significant effects due to the minor impact of the noise change) with cross-referencing</p>		

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			provided for where further detail can be found.		
<p><b>3.6 Community, Human Health and Wellbeing</b></p>					
3.6.1	Assessment methodology and scope	UKHSA agrees with the scope and methodology for the health and community assessment.	Noted.	Health working group meeting 15 <sup>th</sup> July 2021	Agreed
3.6.2	Monitoring	<p>The Applicant states that 13.13.1 Monitoring of health outcomes is not proposed due to practical difficulties in obtaining accurate health data for the population in the study area and attributing any changes in observed health outcomes to the Proposed Development. Accurately identifying changes in the health status of a population resulting from a specific intervention requires a large-scale study that is not proportionate in the context of an EIA. However, precursors to health effects will be monitored, including air quality, noise, local employment and apprenticeships. These monitoring measures are described within the relevant aspect chapters in this ES.</p>	<p>The Applicant maintains the position set out in <b>paragraph 13.13.1 of Chapter 13 Health and Community [AS-078]</b> of the ES, which states that monitoring of health outcomes is not proposed due to practical difficulties in obtaining accurate health data for the population in the study area and attributing any changes in observed health outcomes to the Proposed Development.</p> <p>The level of monitoring suggested by UKHSA is not proportionate in the context of an EIA.</p> <p>Community insights and perceptions will be monitored through a review of any feedback and complaints received during construction as part</p>		Ongoing

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		<p>UKHSA does not agree with this statement. Given the scale of the adverse impacts attributable to noise, the uncertainties associated with the Applicant’s key mitigation strategy (noise insulation), and the ineffectiveness of this mitigation on noise exposure outdoors, UKHSA recommends that a commitment for monitoring the health and quality of life of local communities is made if the Application is granted. The scale of such monitoring, such as via social surveys, can be designed to be proportionate to the scale of negative environmental impacts and the predicted economic benefits.</p>	<p>of the procedures outlined around ‘enquiries and complaints’ in <b>Appendix 4.2 Code of Construction Practice [APP-049]</b> of this ES. These reviews will be used to inform the ongoing community engagement and any initiatives to address concerns identified.</p>		
3.6.3	Monitoring	<p>UKHSA believes that the scale of adverse noise impacts from the PD warrants a commitment to monitor the health and quality of life of affected communities.</p>	<p>The Applicant has committed to noise monitoring, control, and mitigation measures and maintains their position that the level of monitoring suggested is not proportionate. Please see the more detailed response 3.6.3 above.</p>		Ongoing
3.6.4	Vulnerable populations	<p>The list of vulnerable populations should be further refined to reflect any differential effects and variation</p>	<p>The assessment does include a qualitative statement about any differential effects and variation from</p>		Ongoing

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		<p>from the overall population level of significance and any resultant variation in planned mitigation measures and monitoring.</p>	<p>the overall population level of significance within the assessment of health effects both within <b>Chapter 13 Health and Community [AS-078]</b> of the ES, in <b>Section 13.9</b> and in <b>Table 13.15</b>.</p> <p>Where applicable, any variation in planned mitigation and monitoring measures in relation to vulnerable populations has been flagged.</p>		
3.6.5	Community engagement	<p>People operating any community engagement team should have sufficient competency in public health, including public mental health, in order to help support local communities. The aim would be to establish a workforce that is confident, competent and committed to promote good physical and mental health across the population, prevent mental illness and suicide and improve the quality and length of life of people living within effected communities. The ES should address the competencies and roles to be undertaken by community</p>	<p>It is understood this comment is in relation to the construction period.</p> <p><b>Appendix 4.2 Code of Construction Practice [APP-049]</b> of the ES makes the following commitments:</p> <p>The lead contractor will provide appropriately experienced community relations personnel to implement the plan, to provide appropriate information and to be the first point of contact to resolve community issues.</p> <p>The lead contractor will take reasonable steps to engage with the</p>		Ongoing

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		<p>engagement teams in relation to the promotion of public health, including public mental health. The Public mental health leadership and workforce development framework published by PHE offers a skills framework for the wider public health workforce. As well as the competences in this framework HEE have published a course content guide entitled Public Mental Health Content Guide For introductory courses or professional development in mental health and wellbeing.</p>	<p>community having due regard for wellbeing and mental health.</p>		
3.6.6	Community engagement	<p>The ES should address opportunities and proposed activity with partner agencies and local Voluntary, Community and Social Enterprise (VCSE) organisations, such as Citizens Advice, to engage and support local communities.</p>	<p>The Applicant fully agrees that stakeholder and community engagement is crucial for building a successful Employment and Training Strategy (ETS) that fulfils all of its goals, the future employment needs of the airport and the socio-economic aims of the local authorities. To this end the Applicant has been engaging regularly with all key stakeholders in the formulation of this Strategy.</p>		Ongoing

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3.6.7	Housing availability and affordability	The ES should report on the peak number of construction workforce, including non-home-based workers, against each phase in order to confirm no significant impact on local housing needs or health and social care service provision.	<b>Chapter 11 Economics and Employment [APP-037]</b> - in the ES reports on the number of 'person years of employment per annum' for construction at each assessment phase. In terms of the link to housing and healthcare need, <b>Chapter 13 Health and Community [AS-078]</b> of the ES, reports on the peak period of construction workers, as this is considered to be the worst-case scenario in terms of impact at any given time. With any other phases having a lesser impact.		Ongoing
3.6.8	Construction impacts on Health Care services	Local health care services are likely to experience additional demand from the influx of non-home-based workers, increased airport employment and in particular the increase in passenger numbers. The ES does not consider the impact on local primary health care, acute services and emergency responders from the significant increase in passenger numbers. The current demands are not	As outlined in <b>Chapter 13 Health and Community [AS-078]</b> of the ES, during construction, workers in rented housing will be accounted for in existing funding, based on population size. Any increase in population will be limited by the availability of additional accommodation such as B&Bs.		Ongoing



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		<p>quantified to establish a baseline and future demand is also not quantified. Whilst at the wider study area effects may be diluted, the ES must address any localised effects</p>	<p>Appropriate health surveillance will also be provided. Temporary workers are unlikely to register with local GPs.</p> <p>It is assumed that additional demand for A&amp;E and minor injury services will be reduced by occupational healthcare facilities either on-site or in appropriate locations, as set out in <b>Appendix 4.2 Code of Construction Practice [APP-049]</b> of this ES.</p> <p>Any increase in population, resulting from increase in the operational workforce, will be limited by the availability of housing. The development of new housing would be expected to look at impacts on healthcare services as a result.</p>		
3.6.9	Operational impact on healthcare services	<p>The increase in passenger movements, from 18 MPPA to 32 MPPA, will have a proportionate increase in service demand subject to changes in the proportion of international flights and border control procedures.</p> <p>Recommendation The ES should assess the current and future demand on health and social care</p>	<p>The immediate requirements of passengers at the airport will be managed by the airport on site services through existing practices and will plan operational capacity and resources as appropriate.</p>		Ongoing

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		services and the subsequent assessment of significance as a result of the DCO.			
3.6.10	Geographic scope of healthcare impact assessment	The geographic scope of the assessment should be broadened to include areas where health and social care facilities or services may experience additional demand as a result of the DCO.	The study area for the health and community assessment is based on the spatial distribution of the environmental, social and economic impacts of the Proposed Development and the location of sensitive receptors. See <b>section 13.3</b> 'Spatial Scope' in <b>Chapter 13 Health and Community [AS-078]</b> of the ES.		Ongoing
3.6.11	Engagement with key health stakeholders	The ES should report on the results of engagement with the local healthcare system and any proposed embedded or additional mitigation.	<p><b>Section 13.4</b>, and specifically <b>Table 13.7 of Chapter 13 Health and Community [AS-078]</b> of the ES, provides a summary of engagement with the local healthcare system through the health technical working group. This includes any proposed mitigation.</p> <p>The Applicant seeks agreement from the UKHSA that this has been adequately addressed in the ES.</p>		Ongoing

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3.6.12	Unaccompanied children	The ES does not identify specific issues related to unaccompanied children arriving at Luton. The Local Authority will have the statutory responsibility where they first present on entry to the UK. When unaccompanied children arrive on inbound flights the Local Authority has a duty to assess such children and provide support.	Paragraph 13.3.22 of <b>Chapter 13 Health and Community [AS-078]</b> of the ES addresses the potential issue of unaccompanied minors. It has been scoped out of the ES as the airport operator has confirmed that all airlines operating out of the airport do not accept unaccompanied minors on flights.	Meeting with UKHSA 10 <sup>th</sup> August 2023	Agreed