

## SLAE Written Representation D3 - Health & Community

LR = Luton Rising, LBC = Luton Borough Council, LLOAL = London Luton Airport Operations Limited

SLAE apologise for the length of their Health & Community Written Representation. SLAE have been quite disappointed with quality of the LR Health and Community and Open Spaces documents and our Written Representation asks numerous questions.

When comparing 'noise' and 'health' proposals it is clear that there is a big void in relevant content, knowledge and expertise.

SLAE find that throughout the topic document LR do not state levels of statistical significance. Where LR have used qualitative data (rather than quantitative data) that should have come from those in the local neighbourhood areas and not LR's assumption of the communities' feelings. We come to the conclusion that much of what is documented is supposition.

### ***Document 001108 TR020001 - Volume 5 Environmental Statement and Related Documents 5.01 Chapter 13 Health and Community, Application Document Ref: TR020001/APP/5.01APFP Regulation: 5(2)(a)***

A mixture of terminology is used that encourages the reader to make assumptions and brings confusion.

LR refer to the 'The Kings Fund (Nov 2018). A vision for population health: Towards a healthier future' documents and LR have chosen to use extracts that suit the narrative of the writer.

SLAE can provide other references from the document that would also support a no expansion narrative.

Numerous figures, numbers and data is not available and SLAE query why.

*13.5.9 The health baseline for the local neighbourhood areas and wider area has been based on the same indicators where possible. However, in some instances data for indicators at the two spatial scales was not available so different indicators have been used. For local neighbourhood baseline conditions, mental health data at ward level was not available; however, corresponding NHS and CCG data has been used to provide an overview of mental health baseline within the local neighbourhood area.*

If 'corresponding NHS and CCG data has been used to provide an overview of mental health baseline within the local neighbourhood area', it is too generic in sampling, LR have had 6 years to get mental health information from the authorities and census information, and LR would have known that they needed this information. Why have LR not done so?

Where has the corresponding NHS and CCG data come from? Ideally it should be from a local neighbourhood located next to an airport for realistic modelling, it's not data that can be used as it's not like for like.

*13.5.12 A series of surveys of open spaces and recreational routes have been undertaken to verify the baseline of community resources, and to ascertain quality and usage. Further details of the methodology for undertaking open space surveys and the results can be found in Appendices 13.1 and 13.2 of this ES [TR020001/APP/5.02].*

The methodology appears to be based upon surveys only. SLAE dispute the sizing and validity of the surveys samples and results (as submitted in SLAE's WR 20039680 WR for (Deadline 2) Open Spaces 21031).

13.6.3. How is it possible to gauge that the effects of the airport expansion would only have a temporary effect on mental wellbeing.

13.7.36, The fact that health in Luton is stated to be worse on average than England as a whole. In the face of this LR are planning to undertake a development that has the potential to lead to poorer air quality, noise, light pollution and reduction in local green space in Luton for mental relaxation (replacement green space is in Hertfordshire). This is then added to the fact that Luton GPs have a higher than average proportion of patients (13.7.37), and the document recognises that an increase in the airport workforce will require extra NHS resources (page112).

Won't this create a barrier to accessing health care and treatments?

*13.7.58 These improvements are expected to be implemented before the Proposed Development commences and are therefore part of the future baseline for assessing Wigmore Valley Park. They would be retained as part of the Proposed Development.*

Why does this not tally with the Phase 1 development (proposed development) timetable which states in numerous documents that work on T1 will start before work on the park?

*13.7.59 The proposed provision of replacement open space consented through the Green Horizons Park planning consent would no longer be provided and would instead be excavated and occupied by works consented through the Development Consent Order (DCO). Replacement open space would be provided as part of the Proposed Development to the east of the existing greenspace at Wigmore Valley Park and this will be implemented in assessment Phase 1, as described in Chapter 4 The Proposed Development of this ES [TR020001/APP/5.01]. Further details of this are discussed in Section 13.9.*

This paragraph implies that the open space as consented for the New Century Park (GHP) will no longer be a part of that planning application, which along with the re-sizing of GHP completely changes the New Century Park planning consent and surely cannot be considered? SLAE have referenced their concerns in previous Relevant Representations, Open Floor Hearing 1 and Written Representations.

Page 4, Chapter 13.8, States the effects of noise assessment in relation to noise being only quantitatively assessed. However particularly in regard to health and mental illness qualitative data is equally, if not more, important in forming a fair and just decision. Why hasn't qualitative data been used?

*13.9.22 Although the impact on Wigmore Valley Park is not deemed to result in a significant effect, this has been considered in this section as it represents an important community resource.*

SLAE estimate at least 16.5 million living creatures reside at the County Wildlife Site (CWS) at Wigmore Valley park (WVP) alone, this includes at least 30 different species of trees (with each tree supporting between 21 to 284 insect species). SLAE are at a loss as to how the impact on Wigmore Valley Park is deemed as not having a significant effect and in document 000719 Raynham Way is considered a significant risk?

SLAE question the credibility of the Health and Community and Open Spaces proposals.

13.9.14. It is stated that employment will be taken up by people whose health is currently compromised by unemployment, insecure employment, and low pay. However this is exactly the type of employment that will be on offer for this sector!

SLAE note that there are long term vacancies at the airport, whilst LR claim that employment is a health benefit, why can't these be filled?

*13.9.26 The replacement open space would focus on the establishment of natural habitats, delivering areas of meadow grassland, native shrub planting, broadleaf woodland, and mixed-species hedgerows with hedgerow trees, as well as several surfaced footpaths to upgrade connections to the surrounding rights of way network. The replacement open space would be located to be accessible to the adjoining communities it serves.*

This paragraph isn't true, it will be located further away from the housing estates located to the north west of the current park.

The term “replacement open park” is a misnomer. The area in question has always been accessible for the neighbourhood population as an open space and had paths around and across it when operating as a wheat field.

*13.9.45 The following baseline data on the relevant health outcomes has been obtained for the local authorities in the study area (see Appendix 13.4 of this ES [TR020001/APP/5.02] for details):*

*a. annual all-cause mortality rate per hundred thousand people;*

There are not a hundred thousand people in Wigmore, or South Luton or Crawley Wards? Or anywhere near the airport, so why use this figure? The ONS / Council can provide population information by ward. LR have had years to gain this information, so to use this figure is laziness.

Each time figures are stated as the wider the population a more diluted effect will occur.

Likewise no significance is used frequently without providing the statistical levels of significance that the conclusion has been measured upon.

Why not create Health contours similar to the noise contours, this would help provide clearer meaning?

*13.9.51 Changes in exposure would be experienced differently by individuals within the population and, while the total burden of disease can be calculated, the distribution of effects within the community cannot be determined. While the study area as a whole is considered to have medium sensitivity, it contains areas of high sensitivity, particularly in parts of Luton close to the Proposed Development. As concentrations of NO<sub>2</sub> and PM decrease steadily with distance from the source, the risk of adverse health outcomes reduces with increased distance from the airport and the affected road network (as defined in Chapter 7 of this ES [TR020001/APP/5.01]). Those who are more likely to experience adverse effects include children and young people, older people and people with existing poor health, particularly respiratory or cardiovascular conditions.*

Insufficient evidence provided by LR considering how long people have been living next to airports. The application has been going on for over five years, so there is no excuse for not being able to determine the distribution of effects. At the very worst LR can find studies in this area at other airports, both within this country and overseas.

*13.11.6 No mitigation required. Effects remain as minor beneficial, as reported in Section 13.9*

This statement is based upon humans only and discriminates against other living things. SLAE have already highlighted how many living things will die as a result of LR's plans to destroy the CWS. SLAE are sure that if these numbers were applied to humans, then the expansion would not happen. Why do LR believe that humans more sacred than other living things?

*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.*

This is not acceptable evidence. LR have had five years at least to start collecting data? Define the population? Is this an admission that health is not important, a priority? That it's not equal in value as to noise studies? Airports have been around a long time and LR need to try harder.

*13.13.5 The Green Controlled Growth Framework document submitted as part of the application for development consent [TR020001/APP/7.08] describes limits on key environmental effects such as air quality, noise and carbon. It will still however, not be possible to accurately identify changes in the health status of the populations arising from these changes.*

Why not?

Chapter 13 along with other application documents deliberately downplays the importance of Wigmore Valley Park in 13.9.28. It forgets to mention the CWS, and that the park has recently regional awards. At the risk of repeating ourselves, SLAE are disappointed that the proposals have not recognised the two best park in Bedfordshire awards that Wigmore Valley park won in 2019 and 2022 as voted by the users and residents of the park, and that the park was also a regional finalist for the East of England in both years. <https://www.fieldsintrust.org/ArchivedNews/celebrating-the-east-of-englands-best-parks-2019> (accessed 10/09/23). <https://www.fieldsintrust.org/favourite-parks/local-favourites#eastofengland> (accessed 10/09/23).

*Table 7.4. Health Baseline Data.*

SLAE ask why when using the tools LR have not broken down by Local Neighbourhood areas? When people are admitted to hospital, personal details are captured to enable this to happen. LR have had at least five years to collect this evidence.

This document doesn't touch on all aspects of health and wellbeing and is again is skewed by the noise agenda.

***Document 001064, 5.02 Environmental Statement Appendix 13.5 Evidence Review for Health Assessment Revision 1***

SLAE ask why national figures are used and not Luton's, or even local neighbourhood area figures?

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SLAE apologise for the length of this Written Representation. SLAE have been quite disappointed with quality of the LR Health and Community and Open Spaces documents and this Written Representation asks numerous questions.

It is apparent that the subject matter documents have been written by those who do not live in the local neighbourhood areas, are happy to impose health issues on others and won't suffer the possible health effects from airport expansion construction, operation, airline flights and aviation. The term 'nimby' (a well known term meaning 'not in my back yard'), comes to mind.

SLAE find that throughout the topic document LR do not state levels of statistical significance. Where LR have used qualitative data (rather than quantitative data) that should have come from individuals in the neighbourhoods, not LR's assumption of the communities' feelings. We come to the conclusion that Health is not a topic familiar with LR and much of what is documented is arrogant supposition.

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*13.1.1 This chapter presents the assessment of likely significant effects of the Proposed Development on population health and community.*

Please explain the meaning of 'likely' in the context of this document?

*13.1.2 The EIA Scoping Report set out the proposed scope for the assessment of health and community effects. The health and community assessment identifies effects on the health of the 'population' and on the lives of people within the local community,*

Population is used widely throughout the health related documents. Please define what is meant by 'population', estimated numbers are welcome and census information can also provide this? The wording of paragraph 13.1.2 suggests that 'population' is different from people within the local community.

Please identify what local community means, as 'local neighbourhood area' is used in this document to mean four adjoining or actual areas by the airport?

Is local community' different from a 'local neighbourhood area'?

It is noted that 'Local Neighbourhood areas' as defined in section 'Study area and zone of influence' 13.3.5 give a clear definition meaning those areas next to the airport, and SLAE state that this term is used in all other applicant expansion documents, to avoid ambiguity and give good meaning when reading those documents. Other words that SLAE suggest LR use, include actually naming the wards, or using "adjoining" etc.

13.1.14 Quotes major pollution incidents but does not define specifics – such as might arise from the disturbance of the unregulated landfill site amongst other possibilities.

13.2.4. Table 13.3. The Health assessment does NOT specifically consider the health effect of ground instability. Yet the release of methane gases, the already identified evidence of buried wartime ordnance requiring full hazardous substance clothing when drilling the Wigmore Park ground, leads me to suspect that ground instability could cause a key detrimental effect on the health of the local neighbourhood.

*13.3.21 States that, there is no available method for assessing the potential health outcomes of a major accident or disaster which, while potentially wide-ranging and severe, are unlikely to occur.*

Why, when there have clearly been major pollution incidents of all kinds worldwide previously so there will be evidence that could have been drawn upon and should be in scope?

*13.3.6 A figure of the wider study area has not been provided as it is defined by the location of impacts from other relevant topics and therefore varies with determinant.*

This is not acceptable as it suggests the boundary depends on subject matter or LR's choosing? 'How long is a piece of string?' We've seen in other documents that areas like Milton Keynes, Stevenage and Aylesbury can be considered as 'neighbours'.

*13.3.20 Health effects associated with increased flooding have been scoped out. A Flood Risk Assessment (FRA) is provided as Appendix 20.1 of this ES [TR020001/APP/5.02]. This sets out how legal and policy requirements relating to flood risk management would be met, including the requirements of the ANPS to 'Consider the risk of all forms of flooding arising from the development comprised in the preferred scheme, in addition to the risk of flooding to the project, and demonstrate how these risks will be managed and, where relevant, mitigated, so that the development remains safe throughout its lifetime'. On this basis it is considered that there will be no residual risk of flooding that could be potentially harmful to health.*

In the same document under 13.9.5 LR state the impacts of stress and other associated concerns. Do LR not consider flooding to cause these concerns, particularly in light of a history and recent occurrences of flooding at the airport, including both before and after the dual carriageway was put in under the taxi way? SLAE state that flooding need to be scoped in.

Why do LR not think that one death due to flooding would be harmful to human health?

*13.4.9 In addition, Luton Rising has undertaken an extensive suite of engagement events with the local community to ensure that seldom heard groups have been made aware of, and actively engaged in, the consultation processes for the Proposed Development. Information on which community groups have been engaged with can be found in the Consultation Report [TR020001/APP/6.01] and [TR020001/APP/6.02] and includes faith groups, youth groups, and community groups representing hard to reach/seldom heard communities*

SLAE's RR statement said that we had attended each consultation and after the first consultation were made to feel that our contributions were not valued, which can also be evidenced in the latest LR responses to the RR's, OFH's and WR'. We responded to each consultation, but felt if we attended events LR would turn this into a PR stunt to state that whilst opposing that SLAE had positively engaged in support of whatever was being proposed. We felt that the DCO examination was our best chance of being heard.

*13.5.2 The assessment identifies the impacts (beneficial and adverse, direct and indirect, during construction and operation) of the Proposed Development on health determinants, community resources and residential properties. The health and community effects resulting from these impacts of the Proposed Development are defined as follows:*

*a. Health effects have been identified when an environmental, social, or economic factor that influences health and wellbeing (a 'health determinant') is impacted, and the number of people exposed to this change is considered sufficient to cause a change in health at population level. Further information on population health is available in the document The Kings Fund (Nov 2018) (Ref. 13.45).*

LR refer to the 'The Kings Fund (Nov 2018). A vision for population health: Towards a healthier future' documents and LR have chosen to use extracts that suit the narrative of the writer, for example SLAE could quote, 'At national level, greater clarity is needed about the roles and responsibilities of NHS England and Public Health England in particular. Accountability for improving population health at local and regional levels is currently weak and confusing. Strategic bodies, such as HWBs, STPs, ICSs and political leaders such as elected mayors have important roles to play in ensuring that local actions are aligned with national goals. The NHS long-term plan, new five-year STPs to be developed in 2019 and the forthcoming Green Paper on prevention provide opportunities to clarify this.'

SLAE can provide other references from the document that would also support a no expansion narrative.

### *13.5.6 The health assessment assesses neighbourhood quality*

What does neighbourhood mean in this doc, a local neighbourhood area is described in 13.3.5, is a neighbourhood a ward, more than one ward? It really is not clear.

### *13.5.7 The community assessment contains an assessment of in-combination effects. The assessment of in-combination effects on community resources*

Again, what does 'community' mean in this context? A ward, more than one ward, Luton as a whole, or the four local neighbourhood areas?

*13.5.9 The health baseline for the local neighbourhood areas and wider area has been based on the same indicators where possible. However, in some instances data for indicators at the two spatial scales was not available so different indicators have been used. For local neighbourhood baseline conditions, mental health data at ward level was not available; however, corresponding NHS and CCG data has been used to provide an overview of mental health baseline within the local neighbourhood area.*

If 'corresponding NHS and CCG data has been used to provide an overview of mental health baseline within the local neighbourhood area', it is too generic in sampling, LR have had 6 years to get mental health information from the authorities and census information, and LR would have known that they needed this information. Why have LR not done so?

Where has the corresponding NHS and CCG data come from? Ideally it should be from a local neighbourhood located next to an airport for realistic modelling? If not then it's not data that can be used as it's not like for like. The source should be identified and imagine if it came from a peaceful village in the middle of the countryside nowhere near traffic or other man made noise.

### *13.5.10 The community assessment has considered effects arising from impacts on the following community resources and the receptors (people) that use them*

The proposal uses the term receptors to mean a component of the natural, created, or built environment, why not simply call it what it is, 'people'? Surely that makes it easier for Lutonians and others to understand.

### *13.5.11 The baseline of community resources has been identified from the following principal sources of data:*

#### *b. search engine mapping features;*

SLAE ask which search engine mapping features? Which local strategies and policies? Please reference all.

### *13.5.12 A series of surveys of open spaces and recreational routes have been undertaken to verify the baseline of community resources, and to ascertain quality and usage. Further details of the methodology for undertaking open space surveys and the results can be found in Appendices 13.1 and 13.2 of this ES [TR020001/APP/5.02].*

The methodology appears to be based upon surveys only. SLAE dispute the sizing and validity of the surveys samples and results (as submitted in SLAE's WR 20039680 WR for (Deadline 2) Open Spaces 21031).

The Appendices state 'quality assessment' yet there is no definition of what a 'quality assessment' means or is. It is a limited survey with minimal numbers. LR rely heavily on the survey to emphasis it's health and community and open spaces proposals, surely more is expected of a quality assessment?

13.6.3. How is it possible to gauge that the effects of the airport expansion would only have a temporary effect on mental wellbeing. Please explain your evidence?

Whilst stating that health effects have been qualitatively assessed where is the detail on how this has been determined? Or is it just a value judgement made by the applicant rather than the population being asked?

Who is the professional making this judgement?

*13.7.1 This section provides a description of the existing baseline for the health and community assessment. Existing baseline conditions for health and community are provided for the local neighbourhood and wider study areas. This section also identifies vulnerable groups prevalent within the wider study area. Future baseline conditions resulting from identified trends and developments in proximity to the airport are discussed. Figure 13.1 Health and Community Study Areas of this ES [TR020001/APP/5.03] shows the local neighbourhood areas included in the study area and may help visualise the existing conditions within this area.*

Why are no vulnerable groups identified in the local neighbourhood area?

Within each of the local neighbourhood areas, the physical land rises and dips and so SLAE challenge why only generalised results are used?

*13.7.5 Wigmore Valley Park is partly designated as a District Urban Park in the Luton Green Space Strategy Review (2014) (Ref. 13.50).*

No mention of the County Wildlife Park in this section, SLAE's understanding is that a CWS has more significance than a District Urban Park.

*13.7.21 The area further east of Wigmore Valley Park is accessed via Darley Road to the north and Winch Hill Lane, a rural road running through the area of Winch Hill to the east. A small number of residential properties are located within the area including in Kings Walden and Darleyhall which contains the Fox Inn public house*

The Fox pub closed on the 4th November 2021 and is now a residential dwelling. Was this not checked?

13.7.36, The fact that health in Luton is stated to be worse on average than England as a whole. In the face of this LR are planning to undertake a development that has the potential to lead to poorer air quality, noise, light pollution and reduction in local green space in Luton for mental relaxation (replacement green space is in Hertfordshire). This is then added to the fact that Luton GPs have a higher than average proportion of patients (13.7.37), and the document recognises that an increase in the airport workforce will require extra NHS resources (page112).

Won't this create a barrier to accessing health care and treatments?

Table 13.11. Vulnerable groups. Why are there no statistics regarding the 6 identified discrimination/social disadvantaged groups that are listed?

13.7.53. Future Population Projections predict that in Luton the largest group will be an increase in older people. Doesn't this have the effect of moving more people into the vulnerable group category – the people who are more likely to be adversely effected by pollution from the airports expansion.

*13.7.58 These improvements are expected to be implemented before the Proposed Development commences and are therefore part of the future baseline for assessing Wigmore Valley Park. They would be retained as part of the Proposed Development.*

Why does this not tally with the Phase 1 development (proposed development) timetable which states in numerous documents that work on T1 will start before work on the park?

*13.7.59 The proposed provision of replacement open space consented through the Green Horizons Park planning consent would no longer be provided and would instead be excavated and occupied by works consented through the Development Consent Order (DCO). Replacement open space would be provided as part of the Proposed Development to the east of the existing greenspace at Wigmore Valley Park and this will be implemented in assessment Phase 1, as described in Chapter 4 The Proposed Development of this ES [TR020001/APP/5.01]. Further details of this are discussed in Section 13.9.*



This paragraph implies that the open space as consented for the New Century Park (GHP) will no longer be a part of that planning application, which along with the re-sizing of GHP completely changes the New Century Park planning consent and surely cannot be considered? SLAE have referenced their concerns in previous Relevant Representations, Open Floor Hearing 1 and Written Representations.

Why have LR stated in many responses that GHP is the responsibility of LBC planning consent?

*13.8.3 Key measures particularly relevant to health and community effects are summarised below with the topic in which they are identified in brackets:*

*l. where practicable, the Proposed Development would be designed to avoid or reduce adverse effects on other road and public transport users through measures that are targeted at encouraging greater use of those modes of travel that have less environmental impact e.g. extending the Luton DART (this existing development is described in Chapter 2 of this ES [TR020001/APP/5.01]) to the new terminal (Chapter 18 Traffic and Transportation of this ES [TR020001/APP/5.01]).*

Not sure this is health and community related, For example would someone with children take the DART to go to the play area at WVP?

Page 4, Chapter 13.8, States the effects of noise assessment in relation to noise being only quantitatively assessed. However particularly in regard to health and mental illness qualitative data is equally, if not more, important in forming a fair and just decision. Why hasn't qualitative data been used?

13.9.3/4. This clearly identified the anxiety suffered by the local neighbourhoods who already at current levels of operation suffer adverse effects. 13.9.5 The assessment of "no significant effects" is NOT valid as SATNAV systems use the routes through local housing estate roads which are also clogged with airport passenger parking causing great anxiety and stress.

*13.9.5 An analysis of public consultation feedback received during both the 2019 and 2022 Statutory Consultation revealed concerns about the Proposed Development which may give rise to a range of feelings such as stress, worry and uncertainty including:*

*c. concerns over the potential health effects of air pollution (it is noted that the air quality assessment finds that the Proposed Development would have no significant impact on air quality during construction and operation);*

SLAE would prefer to have no air pollution rather than aviation air pollution that has no significant impact. SLAE note that there more than the additional ranges of feelings than stated, such as weariness, opposition fatigue and a tired acceptance 'that it will go ahead no matter what you do' (caused by the length of time that the entire DCO process is taking, start to finish), the amount of time that the planned expansion will take (from start of phase 1 to the completion of phase 2), the impact of aviation on climate change both in this country and abroad, with no responsibility taken by LR and LBC to stop the source of additional damage that will be caused by their activities.

SLAE understand that a property owner owns the airspace to about 50 meters above their property. Therefore any unauthorised air pollution, odours, particularly from airport operations could be open to trespass and nuisance claims.

*13.9.6 Ongoing engagement would provide information which may help to reduce uncertainty and stress relating to the potential effects of the Proposed Development. However, it is likely that people's mental wellbeing within the affected communities would continue to be impacted adversely by concerns related to the Proposed Development. This is considered to be an adverse impact of medium magnitude on a population of medium sensitivity, resulting in a moderate adverse temporary effect on mental wellbeing, which is significant. It is noted that the current evidence linking perception and uncertainty to health and wellbeing effects (see Appendix 13.5 of this ES [TR020001/APP/5.02]) is considered to be weak.*

SLAE note that Prince William warns against 'doom and gloom' in eco-debates, <https://www.bbc.co.uk/news/uk-66859080> (accessed 21/09/23). The BBC article is well meaning but doesn't touch on those opposed to the airport expansion and can see the airport facilitating the cause of health issues to the destinations it's airlines fly to.

*13.9.9 The Economics and Employment assessment presented in Chapter 11 Economics and Employment of this ES [TR020001/APP/5.01] reports that, based on the estimated labour requirements to construct the Proposed Development, it is anticipated that the total direct employment requirement during construction would be 6,280 person years of employment, equivalent to 628 full time permanent jobs provided over the course of the construction programme. These are likely to range from unskilled and low skilled jobs to technical and managerial roles. In addition to direct employment, a further estimated 3,140 person years of employment would be supported in industries supplying construction materials and services or benefitting from construction worker spend.*

What happens to these workers once the construction has completed. SLAE suggest that LR provide each construction worker with the means to improve their employment opportunities with training during construction work, and then offer them work at the airport, within LR, LBC or LLAOL, the statement might then be considered as true.

SLAE ask LR to guarantee that construction materials being supplied are climate change compliant and leaving a minimal climate change footprint, from source (i.e. ground, manufacture and supply,) until retirement.

*13.9.11 As noted in the ETS [TR020001/APP/7.05], skills and qualifications in Luton Borough are relatively low, with only 31% of Luton residents holding an NVQ4+ qualification compared to 42% on average across the whole ETS Study Area (Bedfordshire, Buckinghamshire and Hertfordshire). The ETS also notes that, based on ONS data (Ref. 13.78), salaries for people who work in Luton Borough are higher than salaries of the people who live in Luton Borough, suggesting that higher paid jobs in Luton tend to be filled by people who commute in from further afield. Based on this information, it is considered likely that the majority of skilled workers and managers will commute from across the 'wider area' including from across the Three Counties (Bedfordshire, Buckinghamshire and Hertfordshire).*

SLAE ask LR to make it mandatory that workers have to use the Dart and not commute by road transport.

*13.9.13 There is strong evidence (see Appendix 13.5 of this ES [TR020001/APP/5.02]) to suggest that improved employment status is linked to health and wellbeing benefits ranging from improved self-esteem and mental health to physical health benefits associated with access to healthier lifestyle choices.*

Is this true where jobs are short term in nature or where a job involves shifts? The connotations of lifestyle used in this paragraph suggests that jobs are long term in nature.

*13.9.22 Although the impact on Wigmore Valley Park is not deemed to result in a significant effect, this has been considered in this section as it represents an important community resource.*

SLAE estimate at least 16.5 million living creatures reside at the County Wildlife Site (CWS) at Wigmore Valley park (WVP) alone, this includes at least 30 different species of trees (with each tree supporting between 21 to 284 insect species). SLAE are at a loss as to how the impact on Wigmore Valley Park is deemed as not having a significant effect and in document 000719 Raynham Way is considered a significant risk?

SLAE question the credibility of the Health and Community and Open Spaces proposals.

13.9.14

It is stated that employment will be taken up by people whose health is currently compromised by unemployment, insecure employment, and low pay. However this is exactly the type of employment that will be on offer for this sector!

Page 109 points out that those working shift work may NOT experience positive health effects and much of airport work is shift work.

SLAE note that there are long term vacancies at the airport, whilst claim that employment is a health benefit, why can't these be filled?

*13.9.26 The replacement open space would focus on the establishment of natural habitats, delivering areas of meadow grassland, native shrub planting, broadleaf woodland, and mixed-species hedgerows with hedgerow trees, as well as several surfaced footpaths to upgrade connections to the surrounding rights of way network. The replacement open space would be located to be accessible to the adjoining communities it serves.*

This paragraph isn't true, it will be located further away from the housing estates located to the north west of the current park.

The term "replacement open park" is a misnomer. The area in question has always been accessible for the neighbourhood population as an open space and had paths around and across it when operating as a wheat field.

*13.9.27 It is anticipated that a range of users would make use of the replacement open space. These users have been identified through the open space surveys (further details can be found in Appendices 13.1 to 13.3 of this ES [TR020001/APP/5.02]) which provide information on the number and types of usage which includes but is not limited to: families, teenagers, school groups, the elderly, walkers, joggers, plane-spotters, cyclists, dog walkers, skaters and horse riders. The proposals would accommodate appropriate signage and facilities to help support these various user groups.*

SLAE look forward to seeing plan-spotters signage.

Also SLAE assume that skater refers to a roller skater and not a Ice / ice hockey skater?

*13.9.28 Once the replacement open space is open, part of the existing park would be taken for construction of the Proposed Development (as shown on Figure 14.12 of this ES [TR020001/APP/5.03]). Several features would be retained but some of the semi-improved grassland, tall ruderal herb and scrub vegetation in the west of the park would be lost.*

SLAE note the downplay of what will be lost in the west of the park, there is no mention of the loss or mitigation of the CWS, and by using the word, 'some' is an insult to those who highly value this area.

SLAE question the knowledge of the paragraph writer?

*13.9.29 Until the landscape matures it may not be as attractive for users (see Chapter 14 Landscape and Visual of this ES [TR020001/APP/5.01]) and users may be subject to visual impacts associated with the construction of the Proposed Development, although from a community perspective no significant in-combination effects have been identified.*

What does 'although from a community perspective no significant in-combination effects have been identified' mean? Paragraph 13.9.5 contradicts paragraph 13.9.29.

Recognition that until landscape matures it is not attractive to users. Why would that be termed NOT significant? This would be highly significant for park users and their ability to gain health benefits from the open space. Again no levels of statistical significance shown.

*13.9.30 In summary, the Proposed Development involves an enhancement of the parkland and open space with the provision of a larger area, which retains key facilities built as part of the extant Green Horizons Park planning consent to the north and would remain fully accessible to the public throughout the construction period. The replacement open space would be delivered in assessment Phase 1, prior to the loss of the existing open space. The impact of the closure and re-provision of part of Wigmore Valley Park represents a low magnitude beneficial impact on a receptor of medium sensitivity which will result in a minor beneficial permanent effect for users of the park, which is not significant.*

SLAE disagree with this statement, ask current users of the park if the park is going to be enhanced? Statements such as this may read well, but is a good case of LR marking their own homework with a tick. The closure and re-provision of Wigmore Park. Again this is highly significant for park users although the wording used by the applicant tries to disguise this fact.

*13.9.33 Discussions are taking place with the nursery to find a suitable site for relocation. Based on current supply and demand for nursery places, the loss of the nursery, prior to any mitigation, would represent an impact of high magnitude on a community resource with high sensitivity due to the lack of nearby comparable alternative facilities. Without mitigation, this would result in a major adverse community effect which is significant.*

Can LR detail how they got to this community effect?

*13.9.35 A significant health effect has been identified during the operation of the Proposed Development, across all assessment phases, in relation to the health determinant of 'Employment and income' (operational related employment).*

How can a job be seen as healthy when the majority of operational jobs require shifts, low income, travel issues getting to work at unsocial hours. Unsocialable hours is a deterrent as found in 13.9.7 & 13.9.40. A long commute time from staff car parks, via buses. Tedious work.

SLAE were unable to find staff turnover (churn) employment figures. To justify the significant health effects on staff, staff turnover figures should be provided.

*13.9.45 The following baseline data on the relevant health outcomes has been obtained for the local authorities in the study area (see Appendix 13.4 of this ES [TR020001/APP/5.02] for details):*

*a. annual all-cause mortality rate per hundred thousand people;*

There are not a hundred thousand people in Wigmore, or South Luton or Crawley Wards? Or anywhere near the airport, so why use this figure? The ONS / Council can provide population information by ward. LR have had years to gain this information, so to use this figure is laziness.

Also if the noise information is quite precise in numbers and detail, then why are we talking in such generic numbers for health?

Each time figures are stated as the wider the population a more diluted effect will occur.

Likewise no significance is used frequently without providing the statistical levels of significance that the conclusion has been measured upon.

Why not create Health contours similar to the noise contours, this would help provide clearer meaning?

*13.9.49 The results show very small increases in mortality resulting from emissions associated with the operation of the Proposed Development. Based on these small percentage increases the magnitude of change is assessed as low. The receptor population includes a wide range of communities with varying levels of social deprivation and health status and is assessed as having overall medium sensitivity, resulting in a minor adverse effect on health, which is not significant.*

Has LR gone to find and talk to surviving relatives of someone who has passed away due to airport emissions impacting their health? Explain to them that very small increases in mortality result from operational aviation emissions.

*13.9.51 Changes in exposure would be experienced differently by individuals within the population and, while the total burden of disease can be calculated, the distribution of effects within the community cannot be determined. While the study area as a whole is considered to have medium sensitivity, it contains areas of high sensitivity, particularly in parts of Luton close to the Proposed Development. As concentrations of NO<sub>2</sub> and PM decrease steadily with distance from the source, the risk of adverse health outcomes reduces with increased distance from the airport and the affected road network (as defined in Chapter 7 of this ES [TR020001/APP/5.01]). Those who are more likely to experience adverse effects include children and young*

*people, older people and people with existing poor health, particularly respiratory or cardiovascular conditions.*

Insufficient evidence provided by LR considering how long people have been living next to airports. Like noise there should be health contours, to identify the impacts for each distance. The application has been going on for over five years, so there is no excuse for not being able to determine the distribution of effects. At the very worst LR can find studies in this area at other airports, both within this country and overseas.

*13.9.58 The assessment has also identified that the Proposed Development in each individual assessment year results in an increase in DALYs lost for all health outcomes, when compared to the Do Minimum situation in the same year. This increase in DALYs lost demonstrates the potential for the Proposed Development to increase sleep disturbance, annoyance, AMI, stroke and dementia.*

The word 'potential' waters down the seriousness of the statement being made here. Why?

*13.9.67 In common with self-reported sleep disturbance, the assessment has identified that each assessment year shows an increase in DALYs lost compared to the Do Minimum situation in the same year. This increase in DALYs lost demonstrates the potential for the Proposed Development to increase annoyance. Between the years 2027 and 2043, approximately 537 additional DALYs are predicted to be lost in total due to the Proposed Development when compared to without it, which is equivalent to less than 1 additional day per person in the affected population. As aircraft noise decreases with distance from the source, the changes in DALYs lost across the population will be proportionally smaller with increasing distance from the airport.*

'Potential' is used again, LR could have completed a survey of those living in the local neighbour areas to get a good understanding on increased annoyance.

SLAE ask LR to create a compensation scheme for those who lose days lost due to DALYS and QALYS. If a noise compensation scheme can be put in place, why is there not a similar scheme for health? Seems to be a biased slant towards addressing noise in the DCO submissions.

SLAE suggest that LR encourage the local authority (LBC) to stipulate that all planning applications or Private Landlords that have to apply to LBC to register for the airport's noise compensation scheme.

There are two paragraphs numbered the same, 13.9.76 & 13.9.77.

*13.11.6 No mitigation required. Effects remain as minor beneficial, as reported in Section 13.9*

This statement is based upon humans only and discriminates against other living things. SLAE have already highlighted how many living things will die as a result of LR's plans to destroy the CWS. SLAE are sure that if these numbers were applied to humans, then the expansion would not happen. Why do LR believe that humans more sacred than other living things?

13.12.3 SLAE cover this paragraph in our Open Spaces WR submission.

*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.*

This is not acceptable evidence. LR have had five years at least to start collecting data? Define the population? Is this an admission that health is not important, a priority? That it's not equal in value as to noise studies? Airports have been around a long time and LR need to try harder.

*13.13.3 Community insights and perceptions will be monitored through a review of any feedback and complaints received during construction as part of the procedures outlined in the CoCP around 'enquiries and complaints' in Appendix 4.2 of this ES [TR020001/APP/5.02]. These reviews will be used to inform the ongoing community engagement and any initiatives to address concerns identified.*

LLAOL, LR and LBC do not have a good record on feedback and complaints, ignoring feedback to suit their own agenda, sending out template communications re noise, insisting that residents are wrong and they are right. The key word in this paragraph is, 'review', then delayed reaction, rather than immediate action. Reviews might sound 'good and dandy' but that shows a lack of appreciation of and concern to their adjoining neighbours (read SLAE's Good Neighbours WR submission). SLAE will respond to the Construction and CoCP for Deadline 4.

*13.13.5 The Green Controlled Growth Framework document submitted as part of the application for development consent [TR020001/APP/7.08] describes limits on key environmental effects such as air quality, noise and carbon. It will still however, not be possible to accurately identify changes in the health status of the populations arising from these changes.*

Why not?

Looks like a 'get out of Jail' card statement?

Does LR really care about the health elements of this application?

*Table 13.20: Health assessment summary, Planning, construction and operation*

*Page 94. Sensitivity is likely to be higher in the local/Luton area due to higher levels of deprivation and poorer health outcomes*

Can the difference between local/Luton be explained? In other areas of the DCO 'local' means whatever LR want it to mean including other towns, the Borough of Luton, it is all very confusing and not very clear at all. 'Local neighbourhood area' is used in other areas of this document and should be used.

Statements in other DCO application documents contradict that the Wigmore (if considered 'local') has high levels of deprivation and poorer health outcomes, why?

*Page 104. Impact: Increased traffic generated by the expanded airport and changes to highway network (Local neighbourhood area and Wider Area)*

*Impact on health determinant(s) Adverse impacts on 'Social capital' and 'Access to services' Increased journey times may deter people from travelling to access services and facilities, or to visit friends and family.*

SLAE suggest these scenarios

1. Heavily pregnant women about to go into labour, husband takes person to hospital by car as public transport too complex to use, how long would the journey be due to the increased traffic?
2. 999 emergency services called out, how long would increased journey times be? Minutes save lives.

*Page 108. Impact: Emissions of air pollutants from sources on and off the airport, including aircraft engines, ground support equipment and road traffic.*

*Residual Effect: All assessment phases: Minor adverse Not significant*

*(detailed assessment is provided in Section 13.9; paragraph 13.9.41- 13.9.51)*

The Residual Effect doesn't answer the statements LR have stated in these associated Impact columns

*Page 109. Impact: All assessment phases (2025-2041) 15,100 direct jobs by 2043. 16,200 indirect and induced jobs in Luton by 2043 22,700 indirect and induced jobs in the Three Counties by 2043*

There is no reference in any of the submissions that explains what happens if those jobs don't materialise?

*Page 110. Receptor Sensitivity: Very low (all assessment phases) as traffic is mainly routed away from the densely populated urban areas of Luton.*

SAT NAV proves otherwise, please read SLAE 20039680 WR - Wigmore Lane visit evidence submitted for deadline 1.

People will park in streets within a cheap taxi ride from the airport. Please refer to SLAE Written Representation, 20039680 WR D2 Traffic - Economics - Holiday parking

*Page 111. Impact All assessment Phases (2025-2041) Changes to the physical environment resulting from operation of the Proposed development (North of the Airport area).*

*Impact on health determinant(s) Impacts on 'Neighbourhood quality'. Potential changes to environmental conditions affecting the perceived quality of the living environment and sense of place.*

*Magnitude No impact Topic assessments for noise, air quality, landscape and visual, light, and traffic and transport have not identified a combination of two or more significant impacts on the physical environment.*

*Residual Effect No effect Not Significant*

SLAE disagree, the desk bound exercise may point LR towards this direction, however ask the residents of North of the airport area and the response will be different to those who don't live in the adjoining local neighbourhood areas.

Community Summary page 114, despite maintaining access to Wigmore Park during construction it doesn't point out that it will be a much longer walk to reach the replacement open space making this a barrier to vulnerable groups and those with mobility issues. Consequently this should be recognised as a "significant adverse effect".

SLAE ask why this is not recognised or covered in the document?

Chapter 13 along with other application documents deliberately downplays the importance of Wigmore Valley Park in 13.9.28. It forgets to mention the CWS, and that the park has recently regional awards. At the risk of repeating ourselves, SLAE are disappointed that the proposals have not recognised the two best park in Bedfordshire awards that Wigmore Valley park won in 2019 and 2022 as voted by the users and residents of the park, and that the park was also a regional finalist for the East of England in both years. <https://www.fieldsintrust.org/ArchivedNews/celebrating-the-east-of-englands-best-parks-2019> (accessed 10/09/23). <https://www.fieldsintrust.org/favourite-parks/local-favourites#eastofengland> (accessed 10/09/23).

*13.9.26 The replacement open space would focus on the establishment of natural habitats, delivering areas of meadow grassland, native shrub planting, broadleaf woodland, and mixed-species hedgerows with hedgerow trees, as well as several surfaced footpaths to upgrade connections to the surrounding rights of way network. The replacement open space would be located to be accessible to the adjoining communities it serves.*

SLAE ask LR to name those adjoining communities the open space serves?

## **000721 TR020001-000721-5.02 Environmental Statement Appendix 13.4 Methodology for Health and Community Assessment. 2.2 Populations and individuals**

*2.2.1 The assessment of health effects is provided at a 'population', rather than an 'individual' level. The new Institute of Environmental Management and Assessment (IEMA) Guidance on 'Determining Significance for Human Health in Environmental Impact Assessment' (Ref. 1) states that 'EIA analysis at the level of individuals would likely mean that all determinants of health conclusions, positive or negative, would be significant on all projects because of the effects to some particularly sensitive individuals*

Membership is required to login and access the IEMA web site. IEMA is the professional body for everyone working in environment and sustainability. SLAE can't vouch for the statements as made by IEMA on the health effects as we are unable to read the document and IEMA health credentials.

*3.1.2 The health and community assessment has been largely based on the significant and residual effects identified by the topics listed above. Residual effects are effects which remain after mitigation measures have been taken into account e.g. acoustic screening, landscape planting.*

SLAE feel that Health and Wellbeing is made up of more than the topics as identified in 3.1.1 and 3.1. 4. 3.1.5. and that the proposal is severely lacking in depth. Where LR state two or more or more residual significant effects, SLAE feel that it might be two to start with, but more are added if the two are not resolved. Examples are already given in response to 13.9.5 as well as holiday makers soon complain if building work spoils their holiday, though they do not consider those living under a flight path, that is an additional residual effect. Being opposed to an airport expansion and the many times comments are asked for is a weariness and fatigue residual effect, aviation pollution trespassing in the airspace up to 50 metres above a property is another.

Wording of Inset 3: In-combination effects for community assessment. 'Are there at least two effects', is not the same wording as two or more. why? Wording used to reduce the impacts?

*4.1.1 The health and community assessment has been completed in the following stages:*

*a. Population Profile means what in numbers?*

*c. Surveys:*

SLAE dispute the sample sizing of the surveys used in evidence by LR and ask the inspectorate to read the SLAE Open Spaces WR previously submitted.

*5.1.2 The health baseline for the local neighbourhood and wider study area has been based on the same indicators where possible. However, in some instances data for indicators at the two spatial scales was not available so different indicators have been used. For local neighbourhood baseline conditions, mental health data at ward level was not available; however, corresponding National Health Service (NHS) Clinical Commissioning Group (CCG) data has been used to provide an overview of mental health baseline within the local neighbourhood area.*

SLAE disagree and have responded to this paragraph in our response to 13.5.9

Does the Local neighbourhood mean the local neighbourhood area?

A number of the paragraphs in this document are repetitive and SLAE have already commented on them.

*5.2.3 A series of surveys of open spaces and recreational routes have been undertaken to verify the baseline of community resources, and to ascertain quality and usage. These were undertaken throughout 2019 (from April to November) prior to any changes in usage resulting from the Covid-19 lockdowns. Results of the open space surveys have been used to determine significance and in particular receptor sensitivity by providing further details on use of the space. Further details of the methodology for undertaking open space surveys and the results can be found in Appendices 13.1 and 13.2 of this ES [TR020001/APP/5.02].*

Please read SLAE's Open Spaces WR submission in response.

*5.3.1 Over the timescale of the Proposed Development's delivery, the profile of the affected communities is likely to change, influenced by wider economic and health policy, and demographic trends.*

SLAE ask LR to provide a report before each phase is started to determine how health and well being has / will change?

*6.3.2 For the community assessment, sensitivity of receptors (people using community resources) has been determined by the extent to which the individuals have the capacity to experience the effect without a substantial loss or gain.*



Is this the meaning of 'receptors' for the proposal?

What does capacity mean in this context?

*Table 7.4. Health Baseline Data.*

SLAE ask why when using the tools LR have not broken down by Local Neighbourhood areas? When people are admitted to hospital, personal details are captured to enable this to happen. LR have had at least five years to collect this evidence.

This document doesn't touch on all aspects of health and wellbeing and is again is skewed by the noise agenda.

**Document 001064, 5.02 Environmental Statement Appendix 13.5 Evidence Review for Health Assessment Revision 1**

SLAE ask why national figures are used and not Luton's, or even local neighbourhood area figures?

*3.3.7 A number of studies have identified the detrimental effects of shift work on health. Shift and/or night work generally decreases the time spent sleeping, and it disrupts the circadian time structure. In the long run, this desynchronisation is detrimental to health, as underscored by a large number of epidemiological studies that have uncovered elevated rates of several diseases, including cancer, diabetes, cardiovascular risks, obesity, mood disorders and age-related macular degeneration (Ref. 39, Ref. 40).*

SLAE ask what are LR going to do about this, as it's in their power to address?

*3.5.1 Neighbourhood quality is determined by the character and attractiveness of the public realm within a neighbourhood. This includes noise, air quality, landscape, visual and light and traffic and transport impacts. The neighbourhood quality section of the health assessment considers the mental wellbeing effects resulting from the impacts of the Proposed Development on the quality and amenity of the physical environment in which people live their day to day lives.*

LR are taking away the neighbourhood quality in more than two quality measures.

*3.5.10 A PHE review (Ref. 57) of interventions to improve outdoor air quality and public health found evidence that air pollution is the largest environmental risk to the health of the public in the UK. The review found that:*

*a. it is estimated that between 28,000 and 36,000 deaths each year are attributed to human-made air pollution;*

*b. there is a close association with cardiovascular and respiratory disease, including lung cancer;*

*c. there is emerging evidence that other organs may also be affected, with possible effects on dementia, low birth weight and diabetes; and,*

*d. it concluded that the most impactful interventions would be those that reduce emissions of air pollution at source.*

If LR is a good neighbour and such a caring airport then why are they and LBC prioritising economic growth to address findings of the review rather than addressing at source and not allowing the expansion to continue? It's comparable to 'closing the stable door after the horses have bolted', and then spending time and resources having to round them up.

The use of "not significant" on many occasions without stating the value used to calculate this each time it is used is deceiving. For example how many extra deaths in a neighbourhood population would be termed "significant" as a result of, for instance air pollution, as being a contributory cause of death?

Are both LR and LBC saying that they are happy with Luton Airport's contribution to between 28,000 to 36,000 deaths are attributed to human-made air pollution?

**Document 001122, 7.11-Equality-Impact-Assessment-Revision-1.**

7.2.9 During assessment Phase 2b, residential properties on Stony Lane between The White Horse and Darley Road are expected to experience significant adverse effects as a result of increases in surface access noise. Noise barriers on this section of the road are not feasible due to engineering constraints however Stony Lane has been identified as an area for potential traffic management which could help with noise levels from increased traffic. An increase in noise levels from surface access noise may have adverse differential or disproportionate effects on children under the age of 16. The health assessment (Chapter 13 of the ES [TR020001/APP/5.01]) identifies that the Proposed Development leads to an increase in Disability Adjusted Life Years (DALYs) lost as a result of aircraft noise which demonstrates the potential for the Proposed Development to increase sleep disturbance and annoyance. The assessment has identified an increase in adverse health outcomes attributable to the aircraft noise from the operation of the Proposed Development in all phases. Therefore, a moderate adverse permanent health effect is likely to occur, which is significant. Provision of additional compensatory measures in the form of noise insulation measures to qualifying properties could help reduce adverse health effects. This may have adverse differential or disproportionate effects on children under the age of 16.

The use of the word 'could' is not appropriate and LR either know this to be the case or not and should replace the word 'could' with 'will'. This would then leave residents in that area with the knowledge, rather than uncertainties.

### **Document 000693, 5.02 Environmental Statement Appendix 7.3 Air Quality Results**

2.2.2 There are sensitive receptors located both within and outside of the Proposed Development boundary. The receptors within the boundary such as locations where there is transient exposure such as visitors to the airport, footpaths and car parks would be considered to be low sensitivity receptors for dust soiling and human health. People will remain working on the airport site in offices and shops and in airport operational roles and they would be located there for the duration of the works and as such could be exposed to dust impacts which are relevant to the short term PM10 24hr standard, these receptors are considered to be medium sensitivity locations for dust soiling and human health. High sensitivity receptors on-site would include locations where dust would affect the business such as food catering facilities, car hire and long term parking locations. Due to the nature of the works occurring across the site on-site receptors (low-high sensitivity) could be located within 20m of works. High sensitivity receptors for dust soiling and human health are also located off-site with >100 homes being within 50m of the main application boundary.

SLAE state that this depends on the activity taking place that causes dust soiling. It could be that average dust impact monitoring hides a concentrated period of high dust soiling (like fog, smog, billows of dust) etc? Is this defined anywhere?

### **Document 000662, 5.01 Environmental Statement Chapter 7 Air Quality. Guidance, Table 7.5: Air quality guidance**

page 18. Guidance: World Health Organization (WHO) global air quality guidelines (Ref. 7.38). The 2021 guidelines update the previous 2006 edition with generally more stringent guidelines for pollutants. These guidelines take into account the latest body of evidence on the health impacts of different air pollutants. The overall objective of the updated global guidelines is to offer quantitative health-based recommendations for air quality management, expressed as long- or short-term concentrations. These guidelines are not legally binding standards.

How and where addressed in the ES: The World Health Organisation (WHO) global air quality guidelines are not currently part of UK legislation or policy, so the thresholds used to assess schemes remain those identified above. Until such thresholds are changed, which may or may not reflect the WHO Guidelines, then assessment is undertaken in accordance with current legislation which is consistent with policy standards. To determine the significance of air quality impacts the methodology detailed in Appendix 7.5 [TR020001/APP/5.02] has been used. However, the measures provided in Section 7.8, will reduce impacts, even at locations where the current legislated standards are not predicted to be exceeded. The Green Controlled Growth proposals [TR020001/APP/7.08] also provides an enforceable and ambitious mechanism for controlling air quality impacts as a result of the Proposed Development.

The airport expansion will enable more flights to more overseas destinations, so the WHO guidelines should be used as referenced points. Why not take responsibility for what you are inflicting on others and stop justifying / hiding behind the UK? If the additional flights were only going to UK destinations, then it could be seen as valid to use UK legislation or policy. It's like the tobacco industry, 'we make the tobacco, it's not our fault if the others smoke it!'

**Document 000664, 5.01 Environmental Statement Chapter 9 Climate Change Resilience**

*Table 9.27: ICCI embedded and good practice mitigation measures - operation*

*Page 49. Receptor: Health and community, (Chapter 13 [TR020001/APP/5.01])*

*Changes and effects: Climate change exacerbates the effect the Proposed Development has on health and community, particularly in relation to increased Summer temperatures and flooding*

*Embedded and good practice mitigation measure: New trees and planting in replacement open space to provide areas of shade and cooling. This is secured through the Outline LBMP (Appendix 8.2 of this ES [TR020001/APP/5.02]).*

The topic of new trees in replacement open space was covered in SLAE's Open Spaces WR response. LR stated that older people would not go to those areas with no shade.

*9.9.3 The effects of climate change may result in a range of short-term climate risks during the construction of the Proposed Development through the potential increase in the occurrence and/or magnitude of extreme weather events, including:*

*a. extreme weather events such as heat waves, heavy precipitation and increased snowfall/freezing disrupting construction timescales;*

*b. health risk to construction workers from heat waves and other extreme weather;*

*c. water availability causing disruption and delays during construction;*

*d. flooding may cause disruption to soil structures and increase rate of runoff; and*

*e. weather conditions can negatively impact the use of construction materials e.g. water evaporation can occur in hot weather, changing the water to cement ratio and decreasing compressive strength.*

Airport roads flooded in September 2023, this is not the first time that this has happened.

World is heating up, older population at risk of heat, airport will enable more aviation activities and heating and therefore contribute to more deaths from heat. <https://www.bbc.co.uk/news/uk-66890135>, Extreme weather: More than 4,500 deaths in England from 2022 heat (accessed 24/09/23)