

# RSP

RiverOak Strategic Partners

## **Letter from Public Health England with attached agreed Statement of Common Ground**

TR020002/D5/SOCG/PHE

Examination Document

|                             |   |
|-----------------------------|---|
| <b>Project Name:</b>        | Manston Airport Development Consent Order |
| <b>Application Ref:</b>     | TR020002                                  |
| <b>Submission Deadline:</b> | <b>5</b>                                  |
| <b>Date:</b>                | 29 March 2019                             |



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28<sup>th</sup> March 2019

Dear Ms Hobbs

### **Nationally Significant Infrastructure Project – Manston Airport Statement of Common Ground**

Thank you for drafting a statement of common ground (SoCG) relating to the above development. Where possible, Public Health England (PHE) prefers to provide comments in the form of a letter rather than a SoCG.

We replied to earlier consultations as listed below and this response should be read in conjunction with that earlier correspondence.

|   |                  |
|---|------------------|
| Request for Scoping Opinion             | 27 July 2016     |
| Public Consultation (Section 42)        | 14 August 2017   |
| Second Public Consultation (Section 42) | 14 February 2018 |
| Registration of Interest                | 5 October 2018   |

We discussed a draft SoCG at a teleconference on 1 March 2019 and have liaised by correspondence on further iterations of the document. Upon review of Version 5 of the draft (Document TR020002/D4/SOCC/PHE, dated 8 March 2019), which was shared with the Examining Authority at Deadline 4, we can confirm the following:

#### **1) Matters with which PHE is in agreement**

We can confirm that paragraphs 3.1.1 to 3.1.9 reflect the content of our response to the Registration of Interest consultation and that we are in agreement with them.

- **Selection of noise levels for Significant Observed Adverse Effect Level (SOAELs) and Unacceptable Adverse Effect Level (UAELs)**

We can confirm that paragraphs 3.1.10 and 3.1.11 reflect the discussions held with the Applicant and that we are in agreement with them.

## 2) Matters agreed in principle

We can confirm that paragraphs 4.1.1 to 4.1.8 reflect the content of our response to the Registration of Interest consultation and that we are in agreement with them.

- **HIA and engagement with local public health and healthcare system**  
Through recent liaison and information submitted by the applicant for Deadline 3, we understand that the Directors of Public Health and Clinical Commissioning Group have been engaged throughout the HIA process. Therefore, as outlined in 4.1.9 the parties agree the value for ongoing engagement with the local Director of Public Health and key health stakeholders. We note the applicants' commitment to seek to maintain engagement through the Airport Consultative Committee, and during any future airport planning or modification of airport operations.
- **Inclusion of Annoyance as a Health Outcome**  
We welcome the Applicant's commitment in 4.1.10 to carry out additional assessments which address annoyance as a health outcome; and quantify it in terms of Disability Adjusted Life Years (DALYs). This will enable meaningful comparisons to be made between different health outcomes and different risk factors. It will also broaden the accessibility of the results from the noise assessment to a wider audience.
- **Justification for Conclusions on Sleep Disturbance**  
We agree with the Applicant's approach of assessing sleep disturbance in terms of both the number of noise induced awakenings and the number of people highly sleep disturbed. We welcome the additional clarity provided by the Applicant in relation to the conclusions drawn for this assessment in points 4.1.11-4.1.14 and confirm that this reflects recent discussions between the parties.
- **Evidence for, and monitoring of, the efficacy of noise insulation measures**  
In terms of the assessment of impacts, PHE and the Applicant agree that carrying out separate assessments of noise induced awakenings for windows open and windows closed scenarios is a more appropriate approach than using an annual averaged approach. We welcome the additional clarity provided by the Applicant in relation to this assessment in 4.1.15 and confirm that this reflects recent discussions between the parties.

Regarding the efficacy of noise insulation measures, both parties agree that, if designed, installed, used and maintained properly, noise insulation measures will offer attenuation of exterior sound, and aid in reducing environmental noise within dwellings, but that there is currently little evidence on the effectiveness of noise mitigation as installed, in either acoustic or health terms. We welcome the Applicant's commitment in 4.1.19 to i) consider how best to monitor the in-situ performance and effectiveness of noise insulation in reducing adverse health impacts and ii) to update the Noise Mitigation Plan with their proposals.

In relation to noise insulation for schools and community buildings, we welcome the additional clarity provided by the Applicant in relation to this issue in 4.1.17 and 4.1.18, and the commitment to update the Noise Mitigation Plan to reflect this.

- **The effects of, and possible mitigation measures for, the effects of noise on green and private amenity spaces**

PHE and the Applicant agree that quiet urban areas can have both a direct beneficial health effect and can also help restore or compensate for the adverse health effects of noise in the residential environment. We note the additional clarity on funding for mitigation measures provided by the Applicant in 4.1.20 and the commitment to update the Noise Mitigation plan to reflect this.

- **The assessment of possible cumulative health effects**

We note the additional clarifications provided by the Applicant in 4.1.21.

### **3) Matters not agreed**

We can confirm that there are no matters not agreed between the parties.

Yours sincerely

On behalf of Public Health England

[nsipconsultations@phe.gov.uk](mailto:nsipconsultations@phe.gov.uk)

*Please mark any correspondence for the attention of National Infrastructure Planning Administration.*



**MANSTON AIRPORT DCO [2018]**

**Planning Inspectorate Reference:**

**Statement of Common Ground**

**Between**

**RIVEROAK STRATEGIC PARTNERS LIMITED**

**and**

**PUBLIC HEALTH ENGLAND**

**RSP**



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| 12.02.19                   | 1              | Draft  | Sent to Public Health England for comment     |
| 27.02.19                   | 2              | Draft  | Comments from Public Health England           |
| 05.03.19                   | 3              | Draft  | Updated version sent to Public Health England |
| 07.03.19                   | 4              | Draft  | Comments from Public Health England           |
| 07.03.19                   | 5              | Draft  | Updated version sent to Public Health England |

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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 to be made by RiverOak Strategic Partners Limited (“the Applicant”) to the Planning Inspectorate under sections 14 and 35(2)(ii) of the Planning Act 2008 (“Act”).
- 1.1.2 The application is for an order granting development consent (“DCO”). The draft DCO is referred to as the Manston Airport DCO. The DCO, if granted, would authorise the Applicant to re-open and operate an airport on the site of the former Manston airport in the district of Thanet in Kent and associated development (“Development”).
- 1.1.3 The Applicant submitted the DCO application to the Planning Inspectorate on 17 July 2018 and it was accepted for examination on 14 August 2018.
- 1.1.4 This SoCG has been prepared by the Applicant and Public Health England (“PHE”) in respect of the Development.
- 1.1.5 PHE have informed the Applicant that it’s standard procedure for responding to a request for a SoCG is that it produces a letter rather than signing a SoCG in this format. The letter will be based on terms of this SoCG and it will agreed with the Applicant before PHE will sign the letter and submit it to the Examining Authority.
- 1.1.6 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.”*
- 1.1.7 SoCGs are therefore a useful and established means of ensuring that the evidence at the DCO examination focuses on the material differences between the main parties, and so aim to help facilitate a more efficient examination process.
- 1.1.8 The purpose of the SoCG is to set out agreed factual information about the proposed DCO application. It is intended that the SoCG should provide matters on which the Applicant and PHE agree. As well as identifying matters which are not in dispute, the SoCG may also identify areas where agreement has not been reached.
- 1.1.9 The Applicant and PHE 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 interface between the proposed Development and the designated assets in proximity to the site.

- 1.1.10 It is envisaged that this SoCG will evolve during the examination phase of the DCO application.
- 1.1.11 Subsequent drafts will be agreed and issued, with the version numbers clearly recorded in the 'Document Control' table at the beginning of the document.

## **1.2 The role of PHE and the DCO application**

- 1.2.1 PHE is an executive agency of the Department of Health and Social Care. PHE provides government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support.

## **1.3 The Development location and description**

- 1.3.1 The Development site lies adjacent to the village of Manston, approximately 13 miles north-east of Canterbury and one mile north-west of Ramsgate. It is on the former site of Manston Kent International Airport which closed on 15 May 2014 and is within Thanet District Council and Kent County Council boundaries.
- 1.3.2 The Development site comprises approximately 749 acres of land. The area in which the proposed Development would be located comprises land to the south and north of Manston Road.
- 1.3.3 The proposed Development comprises the 'principal development' - which includes all works to provide an integrate aviation services hub with the main feature being a major international centre for air freight that is capable of handling a minimum of 10,000 air freight Air Traffic Movements per year and other development that has a direct relationship with the main feature and which is required to support its construction and/or operation.
- 1.3.4 The Proposed Development comprises:
  - (a) upgrade of Runways 10/28 to allow CAT II/III operations;
  - (b) re-alignment of the parallel taxiway (Alpha) to provide European Aviation Safety Agency (EASA) compliant clearances for runway operations;
  - (c) construction of 19 EASA compliant Code E stands for air freight aircraft with markings capable of handling Code D and F aircraft in different configurations;
  - (d) installation of new high mast lighting for aprons and stands;
  - (e) construction of 65,500m<sup>2</sup> of cargo facilities;
  - (f) construction of a new air traffic control (ATC) tower;
  - (g) construction of a new airport fuel farm;
  - (h) construction of a new airport rescue and firefighting service station;
  - (i) complete fit-out of airfield navigational aids (nav-aids);

- (j) construction of new aircraft maintenance / recycling hangars;
- (k) development of the Northern Grass area for airport related businesses;
- (l) demolition of the redundant 'old' ATC Tower;
- (m) safeguarding of existing facilities for museums on the site;
- (n) highway improvement works; and
- (o) extension of passenger service facilities including an apron extension to accommodate an additional aircraft stand and increasing the current terminal size.

## **2 Consultation with PHE**

- 2.1 PHE responded to the stage 1 non - statutory consultation of summer 2016 on 27 July 2016;
- 2.2 PHE responded to the stage 2 statutory consultation of summer 2017 on 14 August 2017;
- 2.3 PHE responded to the stage 3 statutory consultation of early 2018 on 14 February 2018; and
- 2.4 The parties had a conference call on 1 March 2019 to discuss the outstanding points in the draft SoCG.

## **3 Matters which are fully agreed between the parties**

- 3.1 This section of the SoCG describes the 'matters agreed' in detail between the parties.
  - 3.1.1 The parties agree with the scope and approach taken in the Construction and Environmental Management Plan ("CEMP").
  - 3.1.2 PHE welcomes the inclusion of the traffic assessment and reassessment of the potential air quality impacts associated with related vehicle movements.
  - 3.1.3 PHE notes the contaminated land management submission requires further development and additional intrusive investigation will be undertaken as necessary based on site conditions once development commences. PHE recognises that in order to finalise the contaminated land investigation and assessment, the Applicant will require agreement with the Environment Agency, Southern Water and Thanet District Council and PHE are satisfied that this approach should secure the protection of public health.
  - 3.1.4 The parties agree with the approach taken in the land quality assessment in assessing the risks of historic land use.
  - 3.1.5 The parties agree that the potential for accidental release of fuel or other chemicals on site during the construction and operational phases of the Development are adequately addressed in the CEMP, major incident plan and other operational documents to ensure protection of public health.

- 3.1.6 The parties agree that the major pollutants of concern are nitrogen dioxide (NO<sub>2</sub>) and particulate matter of 10/2.5 µm diameter and smaller (PM<sub>10</sub>/PM<sub>2.5</sub>).
- 3.1.7 The parties agree with the methodology and the assessment conclusions drawn in relation to the impact of road transport on local air quality.
- 3.1.8 The parties agree that the approach proposed in relation to contamination of controlled waters, in agreement with Southern Water and the Environment Agency should ensure that contamination should be avoided.
- 3.1.9 The parties agree the applicant has adequately explained why no further assessment is required in relation to Electric and Magnetic Fields.
- 3.1.10 The parties agree that the WHO Night Noise Guidelines (2009) referred to in paragraph 12.6.68 of the Environmental Statement (ES) (APP-034) does not specify night-time SOAEL directly, however, 55 dB L<sub>night</sub> outside has been interpreted by the Applicant as being a SOAEL, as it is described in the Night Noise Guidelines as a level of exposure where adverse health effects occur frequently and a sizeable proportion of the population will be annoyed and sleep disturbed.
- 3.1.11 The parties note the Examining Authority requested in the Rule 6 letter (PD-005) that this SoCG should include '*Selection of noise levels for Significant Observed Adverse Effect Level (SOAELs) and Unacceptable Adverse Effect Level (UAELs)*'. PHE have informed the Applicant that it does not consider this matter to fall within the PHE's remit as these are not health-based thresholds. The parties therefore agree this topic should not be included in this SoCG.

#### **4 Matters agreed in principle between the parties**

- 4.1 This section of the SoCG describes the 'matters agreed' in principle between the parties.
  - 4.1.1 PHE notes the rationale of why a Decommissioning Environmental Management Plan has not been included in the application. The parties agree that decommissioning, demolition and contamination issues will be fully considered in the design and construction stages of the project to minimise future risks to the environment and public health.
  - 4.1.2 PHE notes that a number of the supporting plans and documents in the CEMP are due to be finalised after the DCO stage.
  - 4.1.3 The parties agree the management of unexploded ordnance and possible radiological waste will be undertaken via the provisions of the CEMP.
  - 4.1.4 PHE notes the inclusion of an odour assessment which focuses predominantly on odour from fuel and aircraft emissions. The parties agree that potential odour from groundworks in / remediation of historically contaminated land will be addressed either via the CEMP or a similar mechanism.
  - 4.1.5 PHE notes that the quantitative exposure response health assessment for changes in air quality applies higher risk ratios than typically applied in the UK, offering a

conservative assessment, protective of health. On this basis the parties agree that potential health outcomes from changes in air quality have been addressed.

- 4.1.6 The parties agree that EU limit values are appropriate criteria for evaluating air quality effects. PHE recommends that the Applicant should demonstrate that the EU limit value for short term average concentrations (200  $\mu\text{g m}^{-3}$  as a 1-hour average) will not be exceeded. The parties agree that it is appropriate to use the annual mean concentration criterion of 60  $\mu\text{g m}^{-3}$  to determine the risk of exceeding the 1-hour limit value in accordance with the Defra guidance.
- 4.1.7 The Applicant to consider a strategy with relevant stakeholders in relation to noise modelling once the flightpaths have been finalised and to consider whether an additional HIA is required.
- 4.1.8 The parties agree the CEMP will include a radiological screening process and, if required, how they would obtain agreement with the appropriate regulatory bodies.
- 4.1.9 The parties agree the value for ongoing engagement with the local Director of Public Health and key health stakeholders, and will seek to maintain engagement through the Airport Consultative Committee, and during any future airport planning or modification of airport operations.

#### Annoyance as a health outcome

- 4.1.10 The parties agree that the Applicant will address 'annoyance' as a health outcome. In the light of the request from PHE, an additional assessment expressing potential noise exposure into Disability Adjusted Life Years for Years 2 and 20 will be provided at Deadline 4. In PHEs relevant representation (RR-1608) PHE originally requested this analysis to be expressed in monetary terms as well as DALYs. However, the Applicant considers that monetisation is more appropriate at the strategic/policy level (i.e. when comparing one airport to another) for entry into a cost benefit analysis and that monetisation has less value at a project level, as it tends to mask not only the nature of the potential health outcome from noise (e.g. annoyance, impacts on academic performance, cognitive function, sleep disturbance etc), but also the relative geographic distribution of potential effects. As a consequence the Applicant proposes to submit annoyance in terms of DALYs only. PHE agreed with this approach.

#### Sleep disturbance

- 4.1.11 The parties agree with the Applicant's approach of quantifying both the number of noise induced awakenings and the number of people highly sleep disturbed as set out in Chapter 15 of the ES (APP-034) and in Appendix 15.1, the Health Impact Assessment (HIA) (APP-058). However, additional clarity was sought regarding the justification behind the significance of effect placed on each. The decision to employ two separate assessment protocols to investigate the potential impact on sleep was largely precautionary in nature, recognising that there are broadly two strands of health evidence that can be applied: survey-based evidence and polysomnography-based evidence.
- 4.1.12 As detailed in Appendix 15.1 of the ES (paragraph 6.14 of the HIA), the first assessment of sleep disturbance is based upon survey responses. One of the



advantage of this approach is that subjective responses collated from numerous airports with varying operational activities averaged over the entire night time period can provide a general indication as to the magnitude of effect down to 45dB Lnight. However, the advantages of this assessment also form its limitations, in that it is not a direct measure of sleep impact and does not consider the number and timing of individual aircraft movements that might result in the individual noise events that actually cause sleep disturbance and awakenings. While useful in the initial stages of the project development, caution is required when interpreting the final results, and should be triangulated with the 2nd assessment protocol that seeks to address these limitations.

- 4.1.13 The 2nd assessment explores the number of the individual aircraft movements and the maximum noise event with the potential to result in an actual awakening. The results indicate that the maximum number and magnitude of noise events would not be sufficient to cause one probable additional awakening in any one night. This indicates that while the proposed development will result in perceptible night noise, and it is possible that some people will report that they are highly sleep disturbed as a result of the scheme, based on predictions using evidence from a study in Germany, on average, there would be less than one additional awakening induced by aircraft noise. Furthermore, the timing of noise events is a significant factor when considering sleep disturbance.
- 4.1.14 Following consultation feedback and through the refinement of the proposed project, the Applicant will commit to limit night time movements to 06:00-07:00. This reinforces the original findings of the health assessment, in that there would still be on average, less than one additional awakening induced by aircraft noise per night. However, any risk of self-reported high sleep disturbance would be limited to 06:00-07:00, and not throughout the night.

#### Open and closed windows

- 4.1.15 PHE have noted that the assessment of night-time awakenings is based on an assumption of an outside to inside sound level difference of 21dB, the Applicant confirms that 21dB represents an average insulation value for a bedroom facade as adopted by the WHO Night Noise Guidelines for Europe (2009)<sup>1</sup>. The figure of 21dB was derived specifically to be used with the annual averaged Lnight metric, and PHE questions whether it is appropriate to apply a yearly average to a noise event assessment and recommends that separate assessments are carried out for windows open and windows closed scenarios. The parties agreed that the assessment should consider windows open and windows closed scenarios. An assessment of windows open was provided in Appendix 12.3 of the ES (APP-057). An assessment with windows closed was provided by the Applicant in response to first written question Ns 1.7 (REP3-195). The Applicant noted that the two additional assessments would not change the conclusions of the awakenings assessment reported in the ES. PHE requested that the Applicant state the dose response relationship used calculate awakenings and recommended that it should be based on the relationships in the recent WHO-commissioned systematic review on sleep (<https://www.mdpi.com/1660-4601/15/3/519>). The Applicant confirmed that the aircraft noise dose response relationship was based upon research by Basner et al

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<sup>1</sup> See footnote 6 of APP-034.

(2006)<sup>2</sup>. PHE and the Applicant agreed that both the 2006 relationship and the recent WHO guidance were based on the same dataset. Because of this, the Applicant confirmed that the use of the recent WHO relationship would be unlikely to alter the conclusions of the assessment, despite the dose-response curves differing slightly.

#### Magnitude and sensitivity of health impacts

- 4.1.16 PHE also sought clarity concerning where the magnitude of impact, sensitivity of communities affected and identified local health needs and objectives were shown to have been considered in the judgement of significance of effects. The parties agree in principle that the Applicant's responses to the first written questions Ns.1.4 (with regard to noise impacts on health) and E.1.9 (with regard to other health pathways) provide this clarification, with the following addendum to E.1.9:

*"Paragraph 15.8.39 is one example of this applied in practice to the significance of health effect from employment generation. The paragraph refers to the magnitude of employment levels and health outcomes, the sensitivity of affected communities, the embedded enhancement measures and the relevant local health objectives (all of which had been detailed in preceding paragraphs) in supporting the judgement of an overall 'moderate beneficial' significance of effect."*

#### Noise insulation in community buildings

- 4.1.17 PHE raised a question regarding the definition of "reasonable" level of noise insulation and ventilation for schools, "reasonable" in this context means:

- (a) Taking account of the existing building structure:
- (i) a level of insulation and ventilation designed to achieve acoustic conditions inside classrooms consistent with BB93: acoustic design of schools – performance standards; or
  - (ii) where existing conditions already exceed acoustic conditions defined in BB93, a level of insulation and ventilation designed to maintain existing acoustic conditions inside classrooms.
- (b) Alternative ventilation which avoids overheating in classrooms.

- 4.1.18 PHE noted that this definition does not cover buildings other than schools defined as "community buildings" or the fact that there could be rooms of varying sensitivity within a school. The Applicant agreed to address this in the Noise Mitigation plan. PHE also requested that point (ii) be amended to "as a minimum, a level of insulation and ventilation designed to maintain existing acoustic conditions inside classrooms". The Applicant agreed to consider this point in a later revision of the Noise Mitigation Plan.

#### Noise insulation

- 4.1.19 The parties are agreed that noise insulation defined by national policy, if taken up, and if designed, installed, used and maintained properly, will offer attenuation of

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<sup>2</sup> Basner et al. Aircraft noise effects on sleep: Application of the results of a large polysomnographic field study. The Journal of the Acoustical Society of America 119, 2772 (2006); doi: 10.1121/1.2184247.

exterior sound, and aid in reducing environmental noise. PHE however note that there is little evidence on the effectiveness of noise mitigation as installed, in either acoustic or health terms, and if granted consent, would welcome any monitoring and local survey data that might aid in informing future policy. The Applicant agrees and will be considering how to monitor the performance and effectiveness of the benefits of noise insulation through the airport consultative committee. Proposals will be included in a later version of the Noise Mitigation Plan.

#### Quiet areas

- 4.1.20 PHE expect proposals to take into consideration the evidence which suggests that quiet urban areas can have both a direct beneficial health effect and can also help restore or compensate for the adverse health effects of noise in the residential environment. The Applicant agrees. The Noise Mitigation Plan includes a Community Trust Fund which will be funded by the airport. The funds may be used for community projects that can offer a direct benefit to communities living within the Lowest Observed Effect contour. The fund may be used for projects which will offset the adverse effects of noise directly, for example with the creation of new external amenity space, or indirectly, for example with the provision of educational materials for schools. A later version of the Noise Mitigation Plan will provide more clarity on the potential uses of this fund.

#### Multi-causal risk factors

- 4.1.21 PHE sought clarity on whether multi-causal risk factors have been considered within the assessment, e.g. where multiple health pathways such as noise, air pollution and socio-economic impacts may all affect a common health endpoint such as cardiovascular disease. To clarify, each health pathway of such multi-causal effects has been considered in the assessment, applying a conservative (worst-case) approach in each case. The significance of effects is presented for each and is available to the decision-maker to consider in the round, as is usual for ES chapters where each topic area will typically have a number of effects predicted for various impact pathways and receptors. It is not considered appropriate to add together the various potential adverse and beneficial outcomes predicted via each health pathway to arrive at a single 'net' effect overall, as each pathway may affect different people (depending on e.g. their exposure to noise or their uptake of employment), meaning that a multi-causal assessment would tend to mask some health outcomes and their significance or otherwise.

## **5 Matters not agreed**

- 5.1 This section of the SoCG describes the matters not agreed between the parties.

- 5.1.1 No issues that are not agreed have been identified between the projects.

Signed on Behalf of RIVEROAK STRATEGIC PARTNERS LIMITED

Signature:

Name:

Position:

Date:

Signed on Behalf of PUBLIC HEALTH ENGLAND

Signature:

Name:

Position:

Date: