



Gatwick Airport Northern Runway Project

Environmental Statement

Appendix 18.3.1: Summary of Stakeholder Scoping Responses – Health and Wellbeing

Book 5

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1 Introduction

1.1 General

1.1.1 This document forms **ES Appendix 18.3.1: Summary of Stakeholder Scoping Responses – Health and Wellbeing** (Doc Ref. 5.3) of the Environmental Statement (ES) prepared on behalf of Gatwick Airport Limited (GAL) for the proposal to make best use of Gatwick Airport’s existing runways and infrastructure (referred to within this report as ‘the Project’).

1.1.2 This document provides the summary of stakeholder scoping consultation responses concerning **ES Chapter 18: Health and Wellbeing** (Doc Ref. 5.1), for the Project.

1.2 Scoping Responses

Table 1.2.1: Summary of Scoping Stage Responses

Consultee	Date	Details	How/where taken into account in ES
Charlwood Parish Council	30 September 2019	In relation to the study area, it is noted that Charlwood Parish is not located within either Crawley or Reigate and Banstead which were proposed as areas of particular interest.	The ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) study area has been extended to include Mole Valley, which Charlwood Parish is located within.
		Charlwood Parish believe there must be a specific, quantified, assessment of the health impacts on people under flight paths who would suffer the effects of significant increases in aircraft numbers.	A quantitative assessment relating to the health and wellbeing effects of noise is included in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
		Charlwood Parish believe there needs to be a thorough assessment of the health effects of expansion on air quality taking account the additional traffic forecast to be generated.	A quantitative assessment relating to the health and wellbeing effects from changes in local air quality (taking into consideration on-site activities, air movements and additional transport movements) is included in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
Crawley Borough Council Economy and Planning Services	30 September 2019	Suggest that growth at Gatwick will have an impact on housing needs should be thoroughly assessed with any new housing required creating associated infrastructure pressures on health facilities, which should be considered as part of the ES.	While it is acknowledged that Gatwick has and continues to contribute towards regional socio-economic vitality, the Project does not include any residential development that would modify demography and associated health care demand. Further information on demographic effects is set out in ES Chapter 17: Socio-economic Effects (Doc Ref. 5.1).
		The assessments of noise and air quality during construction and operation should be linked to the Health Impact Assessment.	An assessment relating to the health and wellbeing effects associated with changes to both local air quality and noise exposure is included across all assessment scenarios. A quantitative assessment has been undertaken for changes in noise and air quality, see Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
East Sussex County Council	30 September 2019	East Sussex would like to propose to be included both as consultees to the proposed Health Impact Assessment (HIA) and to request that the area of East Sussex is included in the HIA, along with West Sussex and Surrey.	The area of East Sussex is included within the wider study area, as outlined in Section 18.4 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) and is a statutory consultee that has been consulted as part of the Environmental Impact Assessment (EIA) process.
Kent County Council	1 October 2019	Requests clarity on which Health Impact Assessment methodology is being applied and is in favour of using the Welsh methodology.	Section 18.4 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) comprises detail on relevant guidance applied. The methodology has been discussed and agreed with the health Topic Working Group (see Section 1.4 of Appendix 18.3.2: Summary of Other Consultation Responses for Health and Wellbeing (Doc Ref. 5.3).
		Recommend further consideration of community impacts, and how these affect health and wellbeing.	The health and wellbeing assessment inherently assesses community impacts, as the assessment is focused at the population level.

Consultee	Date	Details	How/where taken into account in ES
		Recommend that new local National Health Service (NHS) organisations such as Integrated Care Partnerships are worked with as these will be a useful way of monitoring future data.	The ES will be shared with NHS organisations including relevant Integrated Care Boards for comment. Table 18.3.4 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) summaries consultation, which has included NHS organisations through the health Topic Working Group. In addition, there has been constructive engagement with West Sussex Integrated Care Board.
		Provide details on acute sector admission rates for cardiovascular and respiratory disease in children as well as adults.	Baseline data have been collected for the ES (see Section 18.5 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1), ES Appendix 18.5.1: Health Baseline Trends, Priorities and Vulnerable Groups (Doc Ref. 5.3) and ES Appendix 18.5.2: Health and Wellbeing Baseline Data Tables (Doc Ref. 5.3)).
		Expect noise, vibration and air quality during construction and operation to be priorities for the Health Impact Assessment.	Noise, vibration and air quality are key health and wellbeing determinants that are considered in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
Mid-Sussex District Council	1 October 2019	Note that the Health and Wellbeing topic is not deemed to have any bearing on the interests or spatial context of Mid-Sussex District Council.	The area of Mid Sussex is included within the local and wider study areas, as outlined in Section 18.4 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
		A health working group should be established for health.	A health forum (the health Topic Working Group) has been established, has commented on the scope and focus of the assessment, provided additional input to the baseline, and it has provided guidance on healthy urban design principles to explore. Further detail is provided in Section 18.3 (Consultation and Engagement) of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1), and also in Section 1.4 of ES Appendix 18.3.2: Summary of Other Consultation Responses – Health and Wellbeing (Doc Ref. 5.3).
		A health damage cost calculation is required to quantify the level of mitigation required.	The ES has taken into account potential changes in environmental and socio-economic conditions with the potential to influence health, informing and refining the application to remove and manage potential risk. Economic analysis is set out in ES Chapter 17: Socio-economic Effects (Doc Ref. 5.1).
		The EIA Scoping Report states the stakeholders who have already been consulted with during the scoping process, but this does not include key health bodies.	In addition to formal scoping and the main consultation carried out as part of the EIA process, a health forum (the health Topic Working Group) was established and has been consulted with specifically in relation to public health matters.
		It was noted that there was an obvious discrepancy between the proposed assessments for Health and Wellbeing and Major Accidents and Disasters relating to Public Safety Zones.	Effects in relation to Public Safety Zones has been taken into account in the ES, following the Civil Aviation Authority’s consultation on standardising Public Safety Zones.
Mole Valley	30 September 2019	Not all of the Mole Valley Local Plan 2000 policies listed as relevant to Health and Wellbeing were saved following review of the 2000 Local Plan in 2007. Policies REC2, REC7, REC8 and CF1 were not saved and are therefore not applicable.	This comment has been noted, and the list of relevant policies relating to health and wellbeing updated (see Section 18.2 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) and Appendix 18.2.1: Summary of Planning Policy: Health and Wellbeing (Doc Ref. 5.3)).
Public Health England	30 September 2019	Suggest that the Health and Wellbeing chapter summarises key information, risk assessments, proposed mitigation measures, conclusions and residual impacts, relating to human health.	ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) draws from and builds upon information relating to all of these aspects from inter-related technical disciplines.
		Suggest that a full explanation and justification should be provided where scoping out health determinants.	A full explanation and justification for scoping health determinants in/out of the assessment process is provided in Section 18.4 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
		Recommend that the ES should clearly set out a definition of health, including specific reference to mental health.	Health is defined in Section 18.1 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) and includes specific reference to mental health.

Consultee	Date	Details	How/where taken into account in ES
		Recommend that the assessment to include consideration of the need for monitoring.	Monitoring is considered as part of the assessment and focusses on environmental precursors to health and wellbeing effects, as this enables intervention ahead of any adverse health outcome. Monitoring is discussed in Sections 18.7 and 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
		Recommend that the ES must identify additional mitigation measures identified as necessary in connection to vulnerable populations and those within the protected characteristics.	The ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) considers inequalities, including mitigation targeting vulnerable groups, but there is no requirement on GAL under the Equality Act 2010 to undertake an equality impact assessment.
		Recommended that the ES should identify any additional opportunities to contribute to improved infrastructure provision for active travel and physical activity.	Access to public open space and footpaths is considered within ES Chapter 19: Agricultural Land Use and Recreation (Doc Ref. 5.1). The resultant beneficial and adverse effects on participation in physical activity and recreation are communicated within Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1). Furthermore, ES Chapter 12: Traffic and Transport (Doc Ref. 5.1) assesses the potential effects on pedestrians and cyclists from changes in transport nature and flow rate, the results of which are communicated within Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1), including beneficial and adverse effects.
		Recommended that the ES should consider the impact of the development on community severance from changes to the transport infrastructure and usage within both the construction and operational phases.	Community severance is considered fully as part of ES Chapter 12: Traffic and Transport (Doc Ref. 5.1). The results of which are communicated within ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) (Section 18.8).
		Recommend that demand for temporary accommodation by the construction work force should be identified and an assessment made regarding the impact on local housing supply and affordability, particularly in relation to homelessness provision of short-term housing supply. Given the number of other large developments near the study area, the cumulative impact on housing provision should be included.	ES Chapter 17: Socio-Economic (Doc Ref. 5.1) effects takes into account the increase in demand for temporary accommodation during construction.
		Recommend that the ES should identify a clear strategy and action plan that addresses barriers to employment within the local population and enables opportunities for employment within Gatwick Airport.	A series of training, apprenticeship and procurement initiatives are described in ES Appendix 17.8.1: Employment, Skills and Business Strategy (Doc Ref. 5.3) (ESBS). This includes measures aimed at supporting vulnerable population groups, which are discussed within ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) (Section 18.8).
		Recommend that the ES should assess the current and future demand on health and social care services and the subsequent assessment of significance. The ES should report on the results of engagement with the local health and social care system and any proposed embedded or additional mitigation.	Potential effects on health and social care services have been taken into account within Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1), in the context of the introduction of the construction workforce and the increased operational workforce.
		Recommend that the geographic scope of the assessment should include areas where health and social care facilities or services may experience additional demand.	The study area, as described in Section 18.4 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1), comprises both a local and wider study area to capture a range of potential effects at different scales.
Reigate and Banstead Borough Council	27 September 2019	Suggest that a calculation of the years of life lost (not a relative or percentage change) due to the airport pollution using the latest Committee on the Medical Effects of Air Pollutants (COMEAP) report and DEFRA valuation of a life year lost should be included.	Alternative quantitative methods (proportionate to EIA) for a range of health outcomes for changes in air quality and noise have been discussed and agreed with the health Topic Working Group. These are set out in Appendix 18.4.1: Methods Statement for Health and Wellbeing (Doc Ref. 5.3). The results are reported in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) and Appendix 18.8.1: Quantitative Health Assessment Results (Doc Ref. 5.3).

Consultee	Date	Details	How/where taken into account in ES
		Following the adoption of the Development Management Plan, references to the “emerging Reigate & Banstead Borough Development Management Plan 2018-2027” should be amended to ensure consistency. In addition, references to the saved Borough Local Plan policies need to be removed from the policies and legislative requirements section.	This comment has been noted, and the list of relevant policy to health and wellbeing revised (see Section 18.2 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) and Appendix 18.2.1: Summary of Planning Policy: Health and Wellbeing (Doc Ref. 5.3)).
		Note that health effects arising from population change are proposed to be scoped out. On the basis that Reigate and Banstead believe that there will be a population increase during the operational phase, they do not agree that the health effects arising from population change should be scoped out.	While it is acknowledged that Gatwick has previously contributed, and continues to contribute towards, regional socio-economic vitality, the Project does not include any residential development that would modify demography and associated health care demand.
		Note that health effects from temporary lighting during construction is proposed to be scoped out and request further clarity on this.	Potential health and wellbeing effects from lighting have been considered within Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
		Request clarity on whether the scope of the assessment will include mental health considerations of construction workers given the proposed twelve-year construction period and following recent publicity on the poor mental health of construction workers at Hinkley Point.	Health and wellbeing effects associated with the workforce are included in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1). Section 18.1 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) applies a definition of health across the assessment, which gives due consideration to mental wellbeing.
		Suggest that the operational health assessment relating to changes in air quality and noise exposure should take into consideration early growth at Heathrow and airspace modernisation changes.	The ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) assessment of changes in air quality and noise exposure draws from and builds upon key outputs from modelling undertaken by ES Chapter 13: Air Quality (Doc Ref. 5.1) and ES Chapter 14: Noise and Vibration (Doc Ref. 5.1). ES Chapter 20: Cumulative Effects and Inter-Relationships (Doc Ref. 5.1) qualitatively considers effects in combination with Heathrow 3R.
		Request clarity on whether the operational health assessment relating to changes in local transport composition and flow rate will take into consideration transport movements relating to the workforce.	The health and wellbeing assessment relating to changes in local transport composition and flow rate draws from and builds upon key outputs from modelling undertaken by ES Chapter 12: Traffic and Transport (Doc Ref. 5.1) and includes overall transport movements (which takes into consideration workforce travelling to/from the Project site).
Surrey County Council	1 October 2019	Recommend that the assessment makes use of the WHO definition of health “ <i>a state in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community</i> ”, and make reference to the wider determinants of health model developed from that by Dahlgren and Whitehead (1991).	Health is defined in Section 18.1 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) and includes reference to mental health and the wider determinants of health.
		Recommend that reference be made to the Health and Wellbeing Board Strategies for Surrey as part of the relevant Legislative and Policy Context.	A review of Health and Wellbeing Strategies is set out in Section 3 of Appendix 18.5.1: Health Baseline Trends, Priorities and Vulnerable Groups (Doc Ref. 5.3). The strategies have been used to inform conversations regarding mitigation and enhancement to ensure these measures align, where applicable and appropriate.
		State that baseline public health indicators used at district/borough level or Clinical Commissioning Group (CCG) can conceal health inequalities and suggests that the EIA considers vulnerable groups that might be disproportionately affected.	Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) and Appendix 18.5.2: Health and Wellbeing Baseline Data Tables (Doc Ref. 5.3) set out small area data and have specific regard to vulnerable groups.
		Welcomes references to the Joint Strategy Needs Assessment (JSNA).	JSNA reports have been analysed to provide additional context on local health circumstance and inequalities. These reports partly draw from the open source websites and datasets, which have primarily informed the health and wellbeing baseline, ES Appendix 18.5.1: Health Baseline Trends, Priorities and Vulnerable Groups (Doc Ref. 5.3).

Consultee	Date	Details	How/where taken into account in ES
		Suggest the baseline data could include Potential Years of Life Lost, a summary measure of premature deaths due to causes which have been identified as amenable to prevention or delay through good healthcare.	The baseline data collected and interpreted include an extensive range of indicators which represent demography, socio-economic circumstance, physical health, mental health and lifestyle habits of the local population. While several statistics are available, it is considered that those included for the Project are representative and proportionate. See ES Appendix 18.5.1: Health Baseline Trends, Priorities and Vulnerable Groups (Doc Ref. 5.3) and ES Appendix 18.5.2: Health and Wellbeing Baseline Data Tables (Doc Ref. 5.3).
		Suggest that consideration be given to the inclusion of positive health impacts within the scope of the assessment. For example, by promoting and maximising active travel opportunities.	The health and wellbeing assessment communicates where positive health impacts are predicted and includes proportionate measures to promote health, including through active travel routes and measures targeted at vulnerable groups (see Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1)).
Tandridge District Council	30 September 2019	States that there is a close relationship between Health and Wellbeing and the topics covering socio-economic, air quality and noise effects.	There is a close relationship between health and wellbeing and several other topics. These inter-relationships are outlined in Section 18.8 and 18.11 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
West Sussex County Council	No date	The following documents are suggested to be referenced as Legislative and Policy Context: West Sussex Joint Health and Wellbeing Strategy; Public Health England data; Crawley Local Joint Strategic Needs Assessment; Health and Social Care Act 2012; Public Health England Strategic Plan 2016; Prevention Vision 2018; NHS Long Term Plan 2019; and 'The State of the Union'.	While not all these documents form part of Section 18.2 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1), they have been reviewed and used to inform several aspects of the health and wellbeing chapter including the baseline and any mitigation or enhancement measures. Also see Appendix 18.2.1: Summary of Planning Policy: Health and Wellbeing (Doc Ref. 5.3) and Appendix 18.5.1: Health Baseline Trends, Priorities and Vulnerable Groups (Doc Ref. 5.3).
		The methodology should be agreed with consultees.	All comments on proposed methodology from consultees have been considered. See Section 1.4 of Appendix 18.3.2: Summary of Other Consultation Responses for Health and Wellbeing (Doc Ref. 5.3) for a summary of discussion and agreement on methods.
		State that the public health indicators referenced in the Scoping Report do not capture or emphasise the importance of mental health.	The public health indicators referenced in the ES Appendix 6.2.1: Scoping Report (Doc Ref. 5.3) represented a high-level baseline data collection. This has since been expanded for the purposes of assessment (see Section 18.5 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1), ES Appendix 18.5.1: Health Baseline Trends, Priorities and Vulnerable Groups (Doc Ref. 5.3) and ES Appendix 18.5.2: Health and Wellbeing Baseline Data Tables (Doc Ref. 5.3)).
		State that it is unclear how local health needs will be addressed.	Local health needs have informed mitigation or enhancement measures set out in ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1), where applicable and appropriate. Engagement with key health stakeholders and the review of the Joint Strategic Health Needs Assessment have been valuable in this regard, as it enables a greater understanding of health needs and refinement of the Project to more effectively align with local health needs and priorities.
		Health prevention and response should be integrated within the assessment (in addition to health protection, health promotion and health care).	Health prevention and response is covered under analysis of Port Health activities and informs the approach to assessment in ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
		State that hazards to health can only be designed out by supporting local health priorities and objectives if local health services are engaged with.	Potential environmental hazards are addressed through design and have been refined through engagement to further complement local health needs and priorities. There has been constructive engagement with West Sussex Integrated Care Board and the health Topic Working Group.

Consultee	Date	Details	How/where taken into account in ES
		The approach to mitigation and monitoring should consider how unintended consequences will be captured and addressed.	Likely significant effects have been considered as part of the ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) assessment, this includes inter-relationships, cumulative effects and major accidents and disasters.
		State that it is unclear what “barriers to health benefit” are considered to be in the context of mitigation and monitoring, and how it is intended to address them.	Potential barriers to health benefits are explored partly through the investigation of local community health and socio-economic circumstances within the baseline section and through mitigation strategies discussed in ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1). Such information assists in refining the project, to better support initiatives and programmes tailored to improving local health, for example measures targeting vulnerable groups set out in ES Appendix 17.8.1: Employment, Skills and Business Strategy (Doc Ref. 5.3).
		Suggest there should be clarification on how the increased workforce will be supported regarding access to local health services and what the cost implications will be if workers from outside of the area are accessing sexual health and other such services.	Measures relating to construction workforce healthcare support are included in the ES Appendix 5.3.2: Code of Construction Practice (Doc Ref. 5.3), and are discussed further within Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).

2 Glossary

2.1 Glossary of terms

Table 2.1.1: Glossary of Terms

Term	Description
CCG	Clinical Commissioning Group
COMEAP	Committee on the Medical Effects of Air Pollutants
DEFRA	Department for Environment, Food and Rural Affairs
EIA	Environmental Impact Assessment
ES	Environmental Statement
GAL	Gatwick Airport Limited
HIA	Health Impact Assessment
JSNA	Joint Strategy Needs Assessment
NHS	National Health Service
ESBS	Employment Skills and Business Strategy
PEIR	Preliminary Environmental Information Report
WHO	World Health Organization