



Gatwick Airport Northern Runway Project

Environmental Statement

Appendix 18.3.2: Summary of Other Consultation Responses – Health and Wellbeing

Book 5

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1 Introduction

1.1 General

- 1.1.1 This document forms **ES Appendix 18.3.2: Summary of Other Consultation 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 consultation responses to the Preliminary Environmental Information Report (PEIR) and updated Preliminary Environmental Information (PEI) concerning **ES Chapter 18: Health and Wellbeing** (Doc Ref. 5.1), for the Project. Table 2.1.1 provides a summary of consultation responses to the PEIR, Table 3.1.1 provides a summary of consultation responses to the PEI, and Table 4.1.1 provides a summary of matters discussed with the Health Topic Working Group (TWG), and where these are addressed in the ES.

2 PEIR

2.1 PEIR stage (2021)

Table 2.1.1: Summary of Consultation in Response to the PEIR (arranged by issues raised).

Consultee	Details	How/Where taken into account in ES
UK Health Security Agency (UKHSA) and the Department of Health and Social Care Office for Health Improvement and Disparities (OHID)	<ul style="list-style-type: none"> ▪ Welcomes quantitative assessment of health effects associated with noise. Request more detail on the methods and data used. 	Detail on methods is provided in Section 18.4 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) and Appendix 18.4.1: Methods Statement for Health and Wellbeing (Doc Ref. 5.3). Best practice methods, such as those of the Institute of Environmental Management and Assessment (IEMA) 2022 guidance (Pyper, et al., 2022a; Pyper, et al., 2022b) (referred to herein as the “IEMA 2022 guidance”) are used.
UKHSA/OHID	<ul style="list-style-type: none"> ▪ Request for inclusion of incidence rates within noise health analysis to provide an indication of risk magnitude. 	Incidence rates are included in the ES quantitative health analysis (air quality and noise) presented 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).
UKHSA/OHID	<ul style="list-style-type: none"> ▪ Welcome approach to mental health and request for issues of risk perception to include means of communicating risk to the public. 	Presentation of ES conclusions and use of non-technical summaries will support communicating issues of risk to the public. These are included in the approach discussed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
UKHSA/OHID	<ul style="list-style-type: none"> ▪ Request to further consider vulnerable groups, including potential for disproportionate effects separate sensitivity conclusions and targeted mitigation. 	Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) coverage of vulnerable sub-populations considers the potential for health inequalities and target mitigation accordingly. The approach aligns to IEMA (2022) guidance. This includes separate sensitivity scores to reflect differences between the general population and vulnerable sub-populations.
UKHSA/OHID	<ul style="list-style-type: none"> ▪ Welcomes assessment of employment and training opportunities and requests targeted mitigation for disadvantaged groups. 	Targeted mitigation, including through the Employment Skills and Business Strategy (Appendix 17.8.1) (Doc Ref. 5.3) is discussed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).

Consultee	Details	How/Where taken into account in ES
UKHSA/OHID	<ul style="list-style-type: none"> Notes further analysis of healthcare service implications of a non-home based construction workforce and Port Health statistical review. 	Information about the workforce supports routine NHS service planning. Healthcare needs are assessed and reported in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
UKHSA/OHID	<ul style="list-style-type: none"> The issues of whether there may be a change in the numbers of unaccompanied children arriving at Gatwick is raised. 	The impact of unaccompanied children has been considered, but not scoped into the ES. This is a complex issue that is not just a function of passenger numbers but reflects migration, asylum seeking and border control policies internationally. As the drivers do not relate to the project change, significant population level effects are unlikely.
Tandridge District Council (TDC)	<ul style="list-style-type: none"> Request for clarifications of the health baseline, including mental health indicators and physical activity indicators. 	The health baseline is set out in Section 18.5 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) and ES Appendix 18.5.1: Health Baseline Trends, Priorities and Vulnerable Groups (Doc Ref. 5.3). Indicators, including physical activity and mental health, evidence conclusions on the sensitivity of the population and relevant sub-populations. High sensitivity for vulnerable sub-populations has been assumed, including linked to mental health.
Reigate and Banstead Borough Council (RBBC), West Sussex County Council (WSCC), and East Sussex County Council (ESCC)	<ul style="list-style-type: none"> Request for vulnerable groups to be more clearly discussed, including associated with age and disabilities, as well as schools and care homes. 	Vulnerable sub-populations are discussed in the ES, see Section 18.8 of the ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1). This uses groups listed in IEMA (2022) guidance, including vulnerability due to young age, older age, income, health status (including where this relates to disabilities), social disadvantage and access or geographic reasons.
RBBC and WSCC	<ul style="list-style-type: none"> Request that an Equality Impact Assessment be undertaken. 	The ES coverage of vulnerable sub-populations and the conclusions consider the potential for significant health inequalities, including disproportionate or differential effects between the general population and vulnerable populations, see Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1). An equality impact assessment relates to the public sector equality duty under the Equality Act 2010. This is not a duty of the applicant. The information provided in the health assessment would support a relevant duty holder in undertaking their own assessment if they identified this to be appropriate.
Surrey County Council (SCC)	<ul style="list-style-type: none"> Request for the assessment of combined and cumulative effects. 	Cumulative and combined effects are assessed in the ES, see Sections 18.10 and 18.11 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
Crawley Borough Council (CBC) and Mole Valley District Council (MVDC)	<ul style="list-style-type: none"> Request for quantitative air quality health impacts by assessment year, including the difference with and without the scheme. 	Quantitative analysis has been undertaken and reported in the ES for the relevant assessment years and assessment scenarios, see Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
CBC, MVDC and SCC	<ul style="list-style-type: none"> Request for discussion of UFPs and monitoring. 	Discussion of UFPs has been included, including on scientific literature. Separate UFP modelling is not supported by methods. Monitoring is discussed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
MVDC	<ul style="list-style-type: none"> Concern about the non-threshold nature of some air pollutants and whether WHO guidelines should be used. 	Non-threshold health effects have been taken into account in the health assessment conclusion for air quality, see Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1). In line with national policy and IEMA (2022) guidance, the UK statutory thresholds have been given

Consultee	Details	How/Where taken into account in ES
		weight as the national health protection standard when assessing EIA health significance. Regard has also been given to WHO advisory guidelines as one of several contextual public health evidence sources that inform the professional judgment.
All local authorities.	<ul style="list-style-type: none"> Various requests for clarification on the air quality and noise methods, metrics and assumptions. 	Covered by ES Chapter 13: Air Quality (Doc Ref. 5.1) and ES Chapter 14: Noise and Vibration (Doc Ref. 5.1) .
RBBC	<ul style="list-style-type: none"> Concern that noise benefits from quieter aircraft and technologies are being used up and benefits not realised by local communities. 	Using the Government's preferred metric LAeq, the airport will be quieter by 2038 than it was in 2019 even though the number of flight movements will have increased.
Horsham District Council (HDC), CBC and ESCC	<ul style="list-style-type: none"> Request for the Noise Insulation Scheme to be reviewed to further offset the social cost, provide flexibility and provide local benefits. 	The ES Appendix 14.9.10: Noise Insulation Scheme (Doc Ref. 5.3) is more generous than required by guidance and has continued to be considered during the ES preparation. Discussion of vulnerable groups in accessing the scheme has been included.
TDC	<ul style="list-style-type: none"> Request for night-time noise other than from flights to be considered in terms of its potential to disturb sleep. 	Air and surface noise have been assessed and reported in ES Chapter 14: Noise and Vibration (Doc Ref. 5.1) . These assessments have informed Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) .
MVDC	<ul style="list-style-type: none"> Request clarification of mitigation to avoid significant effects on local healthcare facilities. 	Information about the workforce will support routine NHS service planning. Healthcare needs are assessed and reported in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) .
WSCC and ESCC	<ul style="list-style-type: none"> Request for further analysis of the impact on local primary care, A&E and the broader Integrated Care System. 	As above.
CBC	<ul style="list-style-type: none"> Request to assess impact on community facilities and services due to temporary workers and their families. Request to consider the impact on ambulance services and A&E. 	As above.
RBBC	<ul style="list-style-type: none"> Request for consultation with healthcare providers on potential health service impacts. 	As above.
SCC	<ul style="list-style-type: none"> Notes the ES will include a forecast of Port Health statistics and that this can inform healthcare planning. 	Noted. This has been taken into account in ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) .
TDC	<ul style="list-style-type: none"> Request for consideration of how hospital admissions correlate with passenger numbers. 	Current information shows the relationship is more complex than just number of passengers. This is discussed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) .
ESCC	<ul style="list-style-type: none"> Request for further analysis of the impact on healthcare of natural population growth. 	ES Chapter 17: Socio-economic Effects (Doc Ref. 5.1) considers population growth. Taxation funding of public services is discussed in the ES, see Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) .
WSCC and RBBC	<ul style="list-style-type: none"> Request for more detail on open spaces re-provision and how it benefits local communities including providing contiguous access. 	ES Chapter 19: Agricultural Land Use and Recreation (Doc Ref. 5.1) considers connectivity between new and existing open spaces and providing benefits. This has informed the health assessment of lifestyle factors in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) .
RBBC	<ul style="list-style-type: none"> Concern about the effects on the A23 along Riverside Garden Park in terms of lighting impacts, including from night working. 	Lighting impacts, including at Riverside Garden Park, are assessed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) .
SCC	<ul style="list-style-type: none"> Notes the health baseline for the area highlights physical activity opportunity as important and this should be taken into account in relation to impacts to Riverside Garden Park and National Cycle Route 21. 	The health baseline has been used to evidence the sensitivity of the population and relevant sub-populations. High sensitivity for sub-populations has been assumed, including linked to physical activity levels associated with Riverside Garden Park and National Cycle Route 21.

Consultee	Details	How/Where taken into account in ES
WSCC and ESCC	<ul style="list-style-type: none"> Request for the impacts of additional road accident risk to be considered. 	Risks are addressed through the highway design and are also assessed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1). Further information can be found in ES Chapter 12: Traffic and Transport (Doc Ref. 5.1).

3 PEI

3.1 PEI Stage (Summer 2022 consultation)

Table 3.1.1: Summary of Consultation in Response to the PEI (arranged by issues raised).

Consultee	Details	How/Where taken into account in ES
UKHSA/OHID	<ul style="list-style-type: none"> No Additional Comments Submitted 	N/A
RBBC	<ul style="list-style-type: none"> Note investment in Riverside Gardens to make it a pleasant retreat for the local community. Concern that significant harm could result from the proposed works. Request for compensation. 	The effects of population health due to land take, disruption and disturbance in Riverside Garden Park is discussed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1), informed by ES Chapter 8: Landscape, Townscape and Visual Resources (Doc Ref. 5.1), ES Chapter 14: Noise and Vibration (Doc Ref. 5.1) and ES Chapter 19: Agricultural Land Use and Recreation (Doc Ref. 5.1).
RBBC	<ul style="list-style-type: none"> Concern that 4 bungalows in Longbridge Road would be particularly impacted by the works. Also concern that other adjoining properties would also be adversely affected. Request for details of mitigation for these properties. 	
Cowden Parish Council (CPC)	<ul style="list-style-type: none"> Concern that there would also be a significant impact on the quality of life for residents due to noise. 	The effects of noise on population health are discussed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) , informed by ES Chapter 14: Noise and Vibration (Doc Ref. 5.1).
West Sussex Clinical Commissioning Group (now Integrated Care Board) WSICB	<ul style="list-style-type: none"> Noted that Crawley has significant health inequalities and poorer health outcomes than other communities in West Sussex. Potential issues may include access to health services by the community who work at Gatwick. Request to explore collaboration opportunities in relation to healthcare service planning work undertaken in Crawley, as well as discussion of environmental impacts of the Project on population health and wellbeing. 	There has been constructive engagement with West Sussex Integrated Care Board on this issue to progress the suggested collaboration. This is discussed in in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) in the section on changes to local healthcare capacity.

4 Health Topic Working Group

4.1 Health Topic Working Group (November 2022) consensus

4.1.1 A health forum (the health Topic Working Group (TWG)) has been set up with relevant consultation bodies whereby the proposed scope, methodology and conclusions of the health assessment was discussed. The topic working group includes representatives from the UK Health Security Agency (UKHSA), the Department of Health and Social Care Office of Health Improvement and Disparities (OHID), West Sussex County Council, East Sussex County Council, Mid Sussex District Council, Surrey County Council, Kent County Council, Crawley Borough Council, Reigate and Banstead Borough Council, Horsham District Council, Mid Sussex District Council, Mole Valley District Council, Tandridge District Council, NHS Sussex, NHS Sussex ICB, Surrey Heartlands ICB and Applied Resilience (in the capacity of emergency management on behalf of Reigate and Banstead Borough Council). Summaries of the topic working group meetings are set out in Section 18.3 of **ES Chapter 18: Health and Wellbeing** (Doc Ref. 5.1).

Table 4.1.1: Summary of matters discussed with the Health Topic Working Group

Ref	Subject	Description	Actions identified (as of November 2022)	Where addressed in ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
1	PEIR Assessment	Some gaps in assessments due to lack of information at PEIR stage	Agreed that the ES should contain additional information to that provided at PEIR.	This is addressed in ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
2	Quantitative Assessment	Welcomes quantitative assessment of health effects associated with noise. Request more detail on the methods and data used.	<p>Agreed that detail on the qualitative and quantitative methods have been presented to the Health TWG and that they represent an appropriate and proportionate approach.</p> <p>Some detailed points on specific coefficients are still to be confirmed, but the methods themselves are agreed.</p> <p>The methods presented included appropriate public health evidence sources including the scientific literature, and consultation responses.</p> <p>The methods follow guidance and good practice to allow a professional judgment to be reached as to the likely significant effects of the Project on population health.</p>	This is addressed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Assessment of effects"; includes quantitative methods as agreed with the TWG (see Appendix 18.4.1: Methods Statement for Health and Wellbeing (Doc Ref. 5.3)).
3	Incidence Rates	Request for inclusion of incidence rates within noise health analysis to provide an indication of risk magnitude.	Agreed that the ES health chapter should include incidence rates in the reporting of the quantitative analyses of air quality and noise effects.	This is addressed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Health and wellbeing effects from changes in noise exposure". Further detail is provided in Appendix 18.8.1: Quantitative Health Assessment Results (Doc Ref. 5.3).
4	Mental Health	Welcome approach to mental health and request for issues of risk perception to include means of communicating risk to the public.	Agreed that the ES health chapter approach should include both physical and mental health outcomes and should include measures to support communicating issues of risk to the public.	See Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Assessment of effects", where both physical and mental health outcomes are considered and Section 18.5 "Baseline", where mental health indicators are included. Section 18.8 discusses understanding of risk. Section 18.12 provides a summary, which complements the EIA Non-

Ref	Subject	Description	Actions identified (as of November 2022)	Where addressed in ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
				Technical Summary (Doc Ref. 5.4) also provided.
5	Vulnerable Groups	Request to further consider vulnerable groups, including potential for disproportionate effects, separate sensitivity conclusions and targeted mitigation.	<p>Agreed that the ES health chapter assessments should reflect vulnerable sub-populations and should consider the potential for health inequalities and target mitigation accordingly.</p> <p>The approach should align to IEMA guidance, with separate sensitivity scores to reflect differences between the general population and vulnerable sub-populations.</p>	See Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) “Assessment of effects”, where the assessment of each health determinant has regard for vulnerable groups. See Section 18.4 “Assessment Methodology” for IEMA 2022 guidance.
6	Employment & Training Opportunities	Welcomes assessment of employment and training opportunities and requests targeted mitigation for disadvantaged groups.	<p>Agreed that the ES health chapter assessments should include targeted mitigation, including through the Employment Skills and Business Strategy (ESBS) (ES Appendix: 17.8.1 Doc Ref. 5.3).</p> <p>The details of the mitigation should be discussed with the health TWG in due course.</p>	See Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) “Health and wellbeing effects from changes to socio-economic factors”, where targeted mitigation including the ESBS has been considered. See also Section 18.7 “Mitigation and Enhancement Measures Adopted as Part of the Project”, where further detail on proposed mitigation is set out.
7	Health Service Implications	Notes further analysis of healthcare service implications of a non-home based construction workforce and Port Health statistical review	<p>Agreed that the ES health chapter assessments should include further analysis of healthcare service implications.</p> <p>The assessment should present information on Port Health and the project workforces, including non-home based workers. Such information should support routine service planning.</p>	This is addressed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) “Health and wellbeing effects from changes to local healthcare capacity”.
8	Health Baseline	Request for clarifications of the health baseline, including mental health indicators and physical activity indicators.	<p>Agreed that the ES health chapter baseline should include mental health and physical activity indicators, as well as indicators relating to deprivation.</p> <p>This should evidence conclusions on the sensitivity of the population and relevant sub-populations. High sensitivity for sub-populations should be assumed, including linked to mental health.</p>	See Section 18.5 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) “Baseline” for the health chapter baseline. A detailed list of baseline indicators considered is provided in ES Appendix. 18.5.2: Health and Wellbeing Baseline Data Tables (Doc Ref. 5.3), and baseline trends are provided in ES Appendix 18.5.1 Health Baseline Trends, Priorities and Vulnerable Groups (Doc Ref. 5.3).
9	Vulnerable Groups	Request for vulnerable groups to be more clearly discussed, including associated with age and disabilities, as well as schools and care homes.	<p>Agreed that the ES health chapter should discuss relevant vulnerable sub-populations for each determinant of health.</p> <p>This should use groups listed in guidance, including vulnerability due to young age, older age, income, health status, social disadvantage and access or geographic reasons.</p>	See Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) “Assessment of effects” where vulnerable groups are considered in the assessment of each health determinant.

Ref	Subject	Description	Actions identified (as of November 2022)	Where addressed in ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
10	EQuIA	Request that an Equality Impact Assessment be undertaken.	Agreed that the ES health chapter should consider the potential for disproportionate or differential health outcomes between the general population and vulnerable populations. This proportionately addresses relevant health equalities issues within the health assessment.	See Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Assessment of effects" where inequalities between the general population and vulnerable groups are considered in the assessment of each health determinant.
11	Assessment of Effects	Request for the assessment of combined and cumulative effects.	Agreed that the ES health chapter should include an assessment of combined and cumulative effects, as is the EIA statutory requirement.	This is addressed in Section 18.10 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Cumulative Effects" and Section 18.11 "Inter-Related Effects".
12	Air Quality	Request for quantitative air quality health impacts by assessment year, including the difference with and without the scheme.	Agreed that the ES health chapter should include quantitative analysis of air quality and noise effects for the relevant assessment years, including the with and without development scenarios. The health analysis follows an impact pathways approach using inputs from the air quality and noise models that are agreed through separate TWGs.	This is addressed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Health and wellbeing effects from changes to air quality".
13	UFPs	Request for discussion of UFPs and monitoring.	Agreed that the ES health chapter should include a qualitative analysis of UFPs. This should include summarising recent scientific literature and discussing the public health implications. Any monitoring should be subject to agreed methods.	This is addressed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Health and wellbeing effects from changes to air quality".
14	Air Quality	Concern about the non-threshold nature of some air pollutants and whether WHO guidelines should be used.	Agreed that the ES health chapter should reflect non-threshold health effects within its assessment. In judging population health significance regard should be had to WHO advisory guidelines, as one of the evidence sources. In line with planning policy and EIA guidance, UK statutory air quality thresholds are the health protection standard against which project changes should be compared.	This is addressed in Section 18.4 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Assessment Methodology" and Section 18.8 "Assessment of effects".
15	Air Quality	Various requests for clarification on the air quality and noise methods, metrics and assumptions.	Agreed that the technical methods of the EIA noise assessment and EIA air quality assessment are to be agreed through their respective TWGs and not the health TWG.	See Section 18.4 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Assessment Methodology" and Section 18.8 "Assessment of effects" where health effects from changes to air quality and noise are assessed. This has been informed by ES Chapter 13: Air Quality (Doc Ref. 5.1) and ES Chapter 14: Noise and Vibration (Doc Ref. 5.1) which have had regard to the clarifications on methods, metrics

Ref	Subject	Description	Actions identified (as of November 2022)	Where addressed in ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
				and assumptions (as agreed with respective TWGs).
16	Noise & vibration	Concern that noise benefits from quieter aircraft and technologies are being used up and benefits not realised by local communities.	Agreed that the extent to which the benefits of quieter aircraft and technologies are being shared by local communities is a point for agreement through the noise TWG.	This is addressed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Health and wellbeing effects from changes in noise exposure", with further discussion of the With Project and DM scenarios across assessment years and compared to the 2019 baseline set out in ES Chapter 14: Noise and Vibration (Doc Ref. 5.1).
17	Noise	Request for the Noise Insulation Scheme to be reviewed to further offset the social cost, provide flexibility and provide local benefits.	Agreed that the refinement of the Noise Insulation Scheme is a point for agreement through the noise TWG.	See Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Health and wellbeing effects from changes in noise exposure" which has taken the Noise Insulation Scheme into account.
18	Noise	Request for night-time noise other than from flights to be considered in terms of its potential to disturb sleep.	Agreed that the methodology and modelling results of night-time noise is a point for agreement through the noise TWG. Agreed that the ES health chapter should include assessment of night-time noise effects informed by the results of the ES noise chapter.	See Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Health and wellbeing effects from changes in noise exposure" which considers air, ground and traffic noise for daytime and night-time.
19	Assessment of Effects	Request clarification of mitigation to avoid significant effects on local healthcare facilities	Agreed that the ES health chapter assessments should include further analysis of healthcare service implications. The assessment should present information on Port Health and the project workforces, including non-home based workers. Such information should support routine service planning.	Further information is now set out Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Health and wellbeing effects from changes to local healthcare capacity". The expectation is that this point can now be marked as agreed.
20	Assessment of Effects	Request for further analysis of the impact on local primary care, A&E and the broader Integrated Care System.	Agreed that the ES health chapter assessments should include further analysis of healthcare service implications. The assessment should present information on Port Health and the project workforces, including non-home based workers. Such information should support routine service planning.	See Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Health and wellbeing effects from changes to local healthcare capacity" where this is included. The expectation is that this point can now be marked as agreed.
21	Assessment of Effects	Request to assess impact on community facilities and services due to temporary workers and their families.	Agreed that the ES health chapter assessments should include further analysis of healthcare service implications. The assessment should present information on Port Health and the project workforces, including non-home based workers. Such information should support routine service planning.	See Section 18.8 "Health and wellbeing effects from changes to local healthcare capacity" where this is discussed. The expectation is that this point can now be marked as agreed.

Ref	Subject	Description	Actions identified (as of November 2022)	Where addressed in ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
22	Assessment of Effects	Request to consider the impact on ambulance services and A&E	<p>Agreed that the ES health chapter assessments should include further analysis of healthcare service implications.</p> <p>The assessment should present information on Port Health and the project workforces, including non-home based workers. Such information should support routine service planning.</p> <p>The assessment takes into account effects due to passenger growth. Natural population growth is taken into account but is not within the scope of the assessment where it does not relate to the Project change.</p>	See Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) “Health and wellbeing effects from changes to local healthcare capacity” where this is included. The expectation is that this point can now be marked as agreed.
23	Consultation	Request for consultation with healthcare providers on potential health service impacts.	Update: GAL are working with NHS Sussex Integrated Care Board, including considering localised effects in Crawley. We are considering how collaboration through the project, as well as business as usual activities, can support better NHS and public health outcomes for GAL workers and the community.	See Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) “Health and wellbeing effects from changes to local healthcare capacity” where this is included. See also Section 18.3 “Consultation and Engagement” and ES Appendix 18.3.1 Summary of Stakeholder Scoping Responses – Health and Wellbeing (Doc Ref. 5.3) where further detail on consultation is provided. The expectation is that this point can now be marked as agreed.
24	Port Health	Notes the ES will include a forecast of Port Health statistics and that this can inform healthcare planning.	<p>Agreed that the ES health chapter assessments should include further analysis of healthcare service implications.</p> <p>The assessment should present information on Port Health and the project workforces, including non-home based workers. Such information should support routine service planning.</p>	See Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) “Health and wellbeing effects from changes to local healthcare capacity” where this is included.
25	Assessment of Effects	Request for consideration of how hospital admissions correlate with passenger numbers.	Agreed that the ES health chapter assessments should include further proportionate consideration of the relationship between hospital admissions and passenger numbers, based on available data.	See Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) “Health and wellbeing effects from changes to local healthcare capacity” where this is included.
26	Assessment of Effects	Request for further analysis of the impact on healthcare of natural population growth.	It is agreed that natural population growth is taken into account by the ES but is not within the scope of the health assessment where it does not relate to the project change.	N/A
27	Open Space	Request for more detail on open spaces re-provision and how it benefits local communities including providing contiguous access.	The details of the mitigation should be discussed with the health TWG in due course.	This is addressed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) “Health and wellbeing effects from changes in lifestyle factors”.

Ref	Subject	Description	Actions identified (as of November 2022)	Where addressed in ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1).
				Further detail is also set out in ES Chapter 19: Agricultural Land Use and Recreation (Doc Ref. 5.1).
28	Lighting Impacts	Concern about the effects on the A23 along Riverside Garden Park in terms of lighting impacts, including from night working.	Agreed that the ES health chapter assessments should include assessment of lighting impacts, including in relation to Riverside Garden Park.	This is addressed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Health and wellbeing effects from changes in exposure to light".
29	PRoW	Notes the health baseline for the area highlights physical activity opportunity as important and this should be taken into account in relation to impacts to Riverside Garden Park and National Cycle Route 21.	Agreed that the health baseline for the area highlights physical activity opportunity as important and this should be taken into account in relation to the ES health chapter assessment of impacts to Riverside Garden Park and National Cycle Route 21.	See Section 18.5 "Baseline" and ES Appendix 18.5.2 Health and Wellbeing Baseline Data Tables (Doc Ref. 5.3) which contains health baseline indicators relating to physical activity. See also Section 18.8 "Assessment of effects" where impacts to Riverside Garden Park and National Cycle Route 21 are considered across several health determinants.
30	Assessment of Effects	Request for the impacts of additional road accident risk to be considered.	Agreed that the methodology and modelling results of road accident risk is a point for agreement through the transport TWG. Agreed that the ES health chapter should include assessment of road accident risk effects informed by the results of the ES traffic and transport chapter.	This is addressed in Section 18.8 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Health and wellbeing effects from changes in transport nature and flow rate". Further information can also be found in ES Chapter 12: Traffic and Transport (Doc Ref. 5.1).
31	Overall scope	Clarifications were requested on the scope of the assessment, including on vulnerable groups and UFPs	Overall: The scope of the ES health chapter is agreed.	The scope of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) is as agreed. See Section 18.8 "Assessment of Effects".
32	Overall methods	Clarifications were requested on the methods of assessment	Overall: The methods of the ES health chapter are agreed.	The methods of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) are as agreed. See Section 18.4 "Assessment Methodology" and ES Appendix 18.4.1 Methods Statement for Health and Wellbeing (Doc Ref. 5.3).
33	Overall mitigation	Clarifications were requested on mitigation	The details of the mitigation are to be discussed with the health TWG in due course.	Further information is now set out in Section 18.7 of ES Chapter 18: Health and Wellbeing (Doc Ref. 5.1) "Mitigation and Enhancement Measures Adopted as Part of the Project", and Section 18.8 "Assessment of Effects".

5 Glossary

5.1 Glossary of terms

Table 5.1.1: Glossary of Terms

Term	Description
CBC	Crawley Borough Council
CCG	Clinical Commissioning Group
COMEAP	Committee on the Medical Effects of Air Pollutants
CPC	Cowden Parish Council
EIA	Environmental Impact Assessment
ES	Environmental Statement
ESCC	East Sussex County Council
GAL	Gatwick Airport Limited
HDC	Horsham District Council
HIA	Health Impact Assessment
IEMA	Institute of Environmental Management and Assessment
JSNA	Joint Strategy Needs Assessment
MVDC	Mole Valley District Council
NHS	National Health Service
NIS	Noise Insulation Scheme
ESBS	Employment Skills and Business Strategy
OHID	Office for Health Improvement and Disparities
PEI	Preliminary Environmental Information
PEIR	Preliminary Environmental Information Report
RBBC	Reigate and Banstead Borough Council
SCC	Surrey County Council
TDC	Tandridge District Council
TWG	Topic Working Group
UKHSA	UK Health Security Agency
WSCC	West Sussex County Council
WSICB	West Sussex Integrated Care Board

6 References

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