Gatwick Airport Northern Runway Project

Environmental Statement
Appendix 18.5.1: Health Baseline Trends, Priorities and Vulnerable Groups

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1.1 General

1.1.1 This document forms **ES Appendix 18.5.1: Health Baseline Trends, Priorities and Vulnerable Groups** (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 describes baseline trends in relation to health and wellbeing for the Project, as well as local health priorities and vulnerable groups. The trend data is as reported at PEIR. Additional updated small area baseline data for further indicators is reported in 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).

2 Health and Wellbeing Baseline Trends

2.1 Introduction

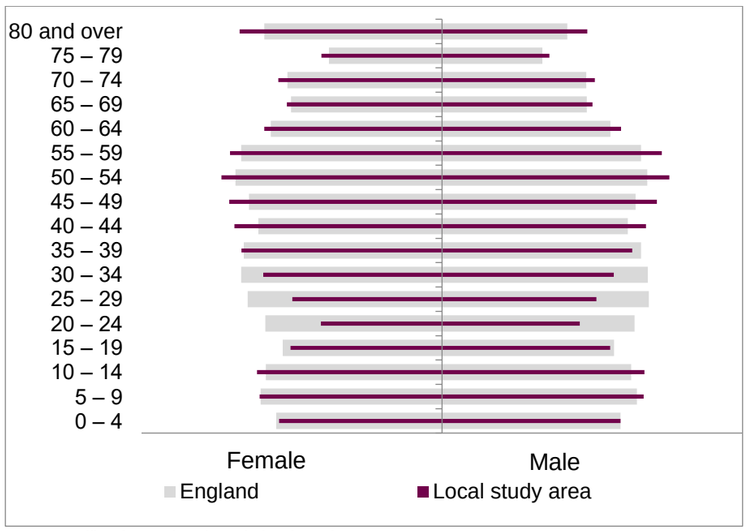
2.1.1 Different communities have varying susceptibilities to health impacts and benefits as a result of social and demographic structure, behaviour and relative economic circumstance. The aim of the following information, which makes up this health and wellbeing baseline, is to put into context the local health and socio-economic circumstances of the communities living in the local and wider study area, drawing from available statistics. Regional (South-East) and national (England) averages have been used as relevant comparators.

2.1.2 For clarity, the health local study area comprises the local authority districts of Crawley, Reigate and Banstead, Mole Valley, Tandridge, Horsham and Mid Sussex. The wider study area for this trend data comprises the counties of West Sussex, East Sussex, Surrey and Kent in addition to the unitary authority of Brighton and Hove.

2.2 Demography

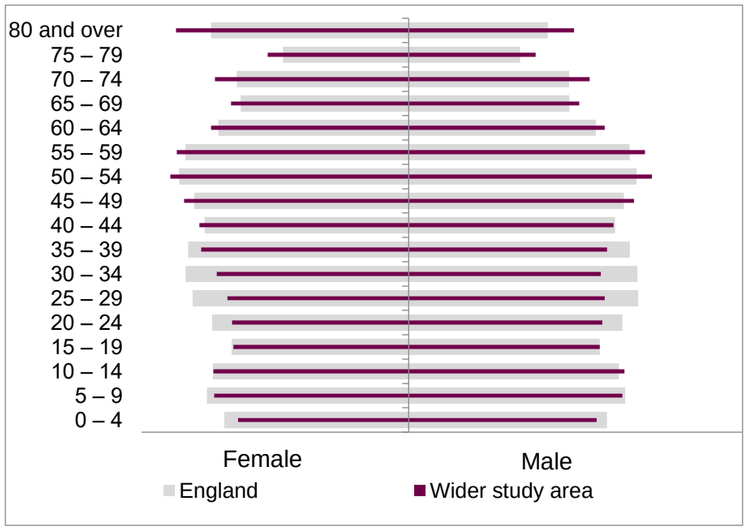
2.2.1 Age structure in the local study area shows a high proportion of the population aged 10 to 14 years and 40 to 80+ years when compared to the national average. There is a low proportion of 15 to 34 year olds compared to nationally. The wider study area shows a similar age profile.

Diagram 2.2.1: Local study area age structure



Source: Office for National Statistics (2021)

Diagram 2.2.2: Wider study area age structure



Source: Office for National Statistics (2021)

2.2.2 Population growth in the local and wider study area between the years of 2016 and 2020 is slightly higher than the regional and national averages. Growth in the local study area has been 0.3% higher than in the wider study area.

Table 2.2.1: Population change

Population change			
Area	**2016**	**2020**	**Change (%)**
Local study area	709,800	735,422	3.6
Wider study area	4,363,101	4,507,152	3.3
South East	8,949,392	9,217,265	3.0
England	54,786,327	56,550,138	3.2

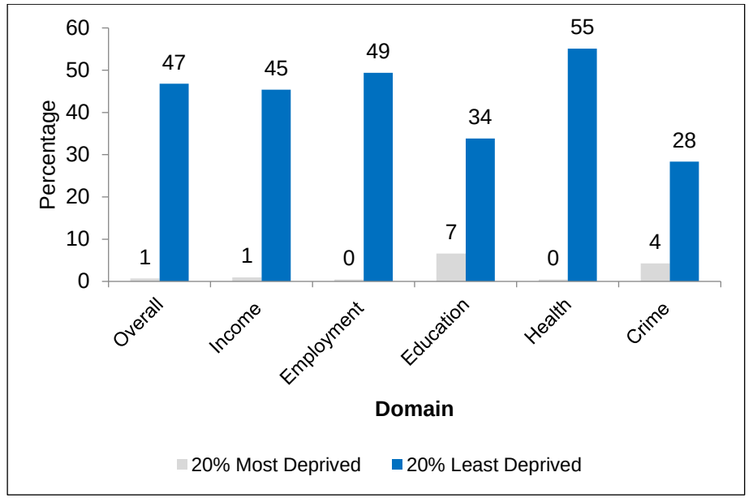
Source: Office for National Statistics (2016c); Office for National Statistics (2021)

2.3 Deprivation

2.3.1 The Index of Multiple Deprivation (IMD) is produced at Lower Super Output Area (LSOA) level, of which there are 32,482 in the country, and the LSOAs are ranked dependent on their relative level of deprivation. Deprivation scores are produced for seven separate domains comprising employment, income, education, proximity to services, living environment, crime and disorder, and the existing burden of poor health. While each domain can be represented individually, they can also be combined to produce an overall score. In this case, the 'barriers to housing and services' and 'living environment deprivation' domains are not analysed individually but are still incorporated into the overall deprivation score.

2.3.2 A summary of the local study area shows that for all categories, there are fewer LSOAs categorised within the 20% most deprived nationally, compared to the 20% least deprived nationally. The education and crime domains are the most deprived within the local study area, while the health domain is the least deprived.

Diagram 2.3.1: Deprivation summary statistics

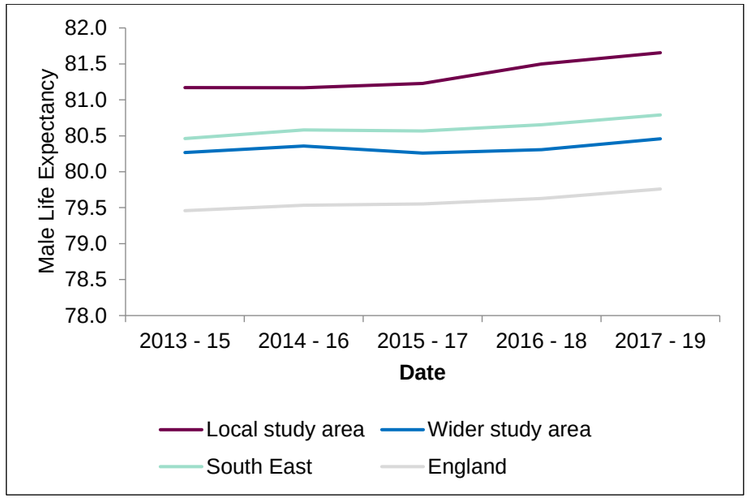


Source: Ministry of Housing, Communities & Local Government (2019)

2.4 Life expectancy

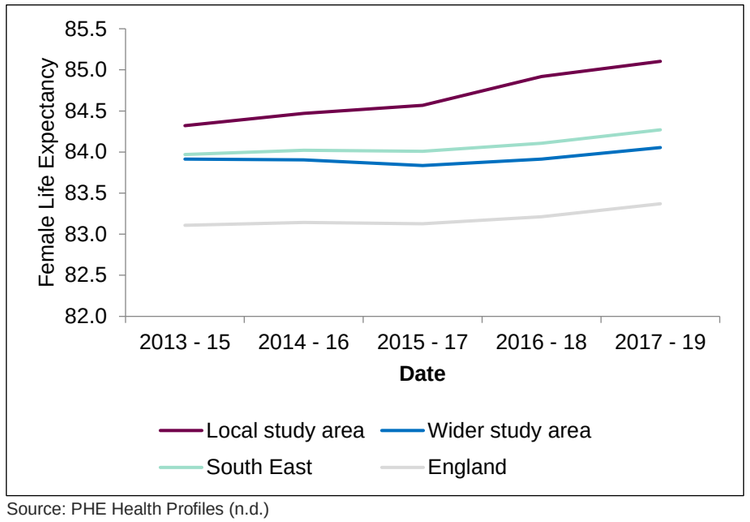
2.4.1 The trends for male and female life expectancy in the local study area have shown a gradual increase and are consistently higher than the national and regional averages. Male and female life expectancy in the wider study area is more comparable to the regional trend and consistently higher than the national average.

Diagram 2.4.1: Male life expectancy



Source: PHE Health Profiles (n.d.)

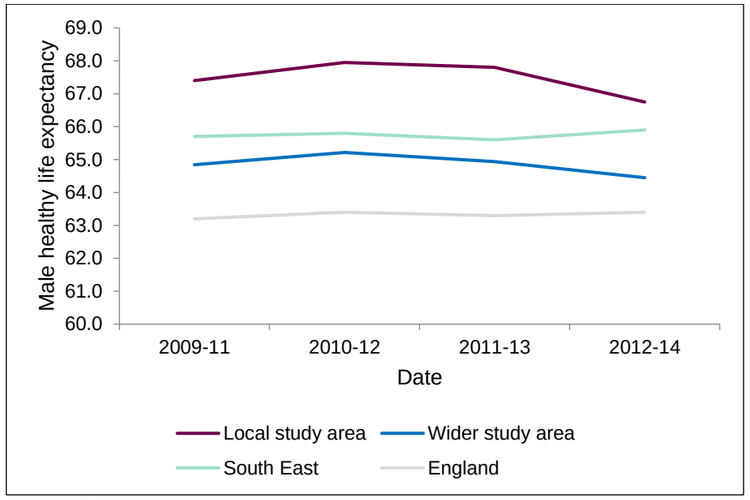
Diagram 2.4.2: Female life expectancy



Source: PHE Health Profiles (n.d.)

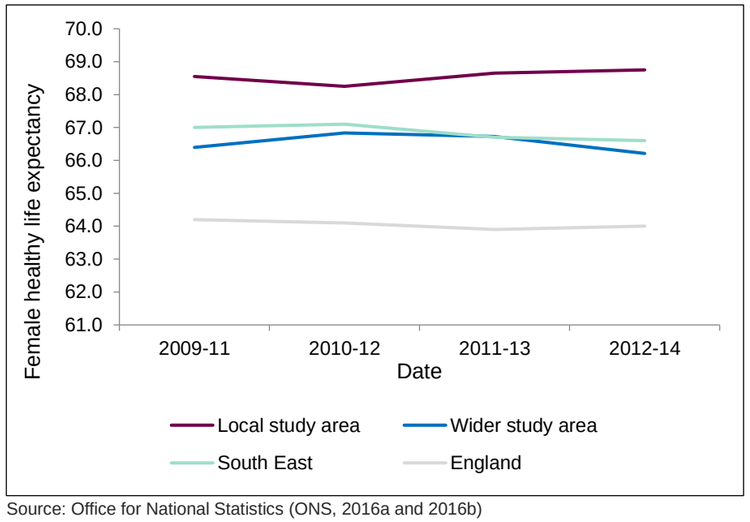
2.4.2 Healthy life expectancy (HLE) data is only available at the upper tier local authority level. Statistics show that both male and female HLE in the local study area has been consistently higher than the regional and national averages since 2009-11. In the wider study area, male HLE is consistently lower than the regional average, while female HLE again fluctuates above and below the regional average.

Diagram 2.4.3: Male healthy life expectancy



Source: Office for National Statistics (ONS, 2016a and 2016b)

Diagram 2.4.4: Female healthy life expectancy



Source: Office for National Statistics (ONS, 2016a and 2016b)

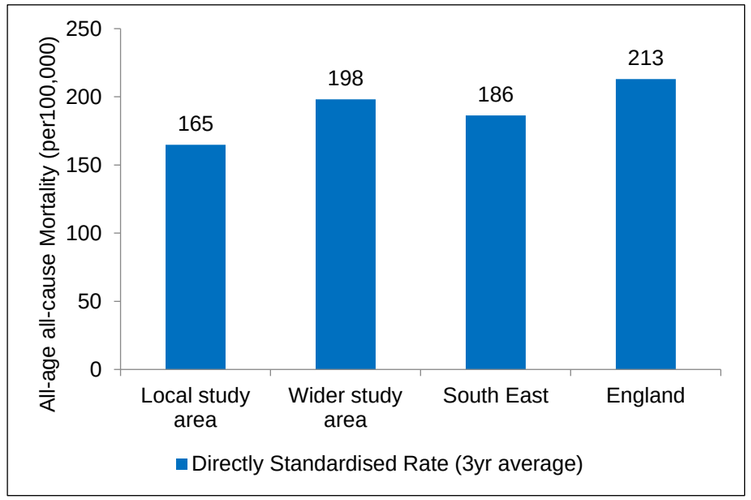
2.5 Physical health

2.5.1 All-age all-cause mortality in the local study area is lower than both the regional and national averages. When broken down by local authority, the all-age all-cause mortality is highest in Crawley (221 per 100,000 population) followed by Reigate and Banstead (163 per 100,000 population). While both the Crawley

and Reigate and Banstead figures remain lower than the national average, the figure for Crawley exceeds the regional average.

2.5.2 All-age all-cause mortality in the wider study area is lower than the national average but higher than the regional average.

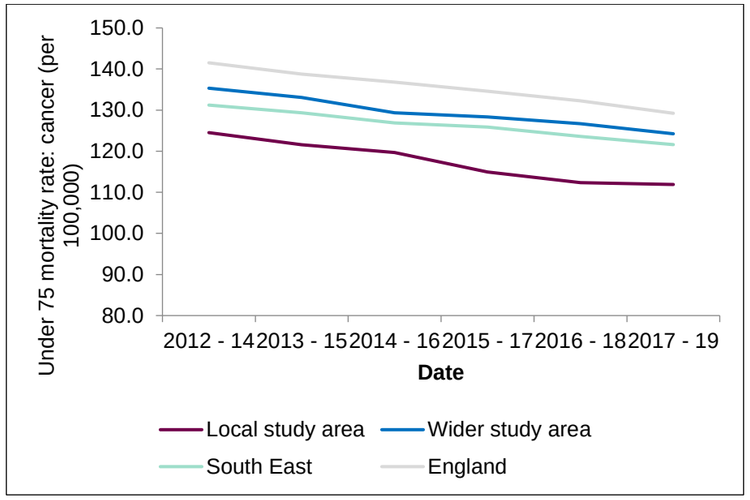
Diagram 2.5.1: All-age all-cause mortality



Source: NHS Digital (2020b)

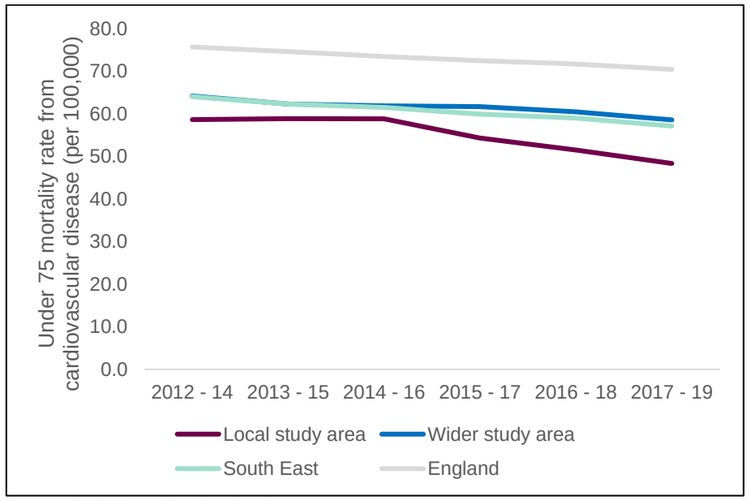
2.5.3 From analysis of specific causes of death, mortality rate for cancer and cardiovascular disease in the study area have been consistently below the national and regional average. Respiratory disease mortality rate in the local and wider study areas has also remained consistently lower than the national average (note – no regional comparator available).

Diagram 2.5.2: Cancer mortality



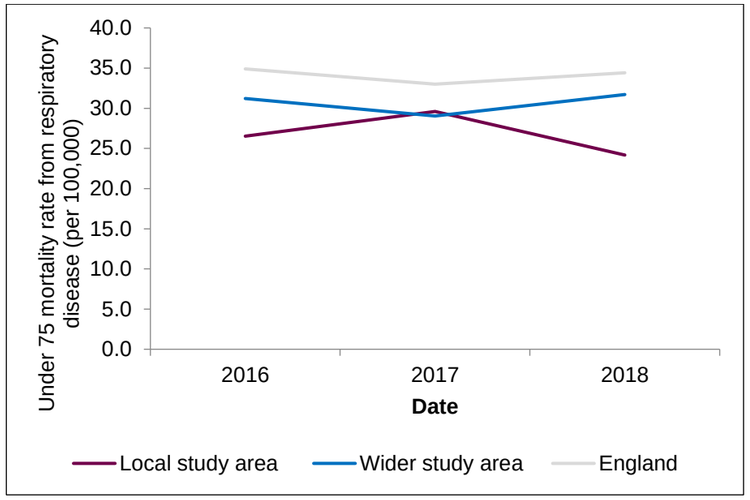
Source: PHE Health Profiles (n.d.)

Diagram 2.5.3: Cardiovascular mortality



Source: PHE Health Profiles (n.d.)

Diagram 2.5.4: Respiratory mortality



Source: NHS Digital (2020a)

2.5.4 Emergency hospital admissions for a range of respiratory and cardiovascular diseases is lower in both the local and wider study area when compared to the national average.

2.5.5 Out of all cardiovascular health outcomes, "other forms of heart disease" has the highest incidence rate in the local and wider study areas followed by "ischaemic heart diseases". For respiratory disease health outcomes, "influenza and pneumonia" has the highest incidence rate in the study area, followed by "chronic lower respiratory diseases".

Table 2.5.1: Emergency hospital admissions

ICD Code	Disease	Emergency hospital admissions incidence rate (per 100,000)		
		Local Study Area	Wider Study Area	England
Cardiovascular				
I00-I02	Acute rheumatic fever	0.1	0.1	0.1
I05-I09	Chronic rheumatic heart diseases	2.4	2.5	3.4
I10-I15	Hypertensive diseases	29.4	30.2	41.5
I20-I25	Ischaemic heart diseases	175.2	181.0	248.6

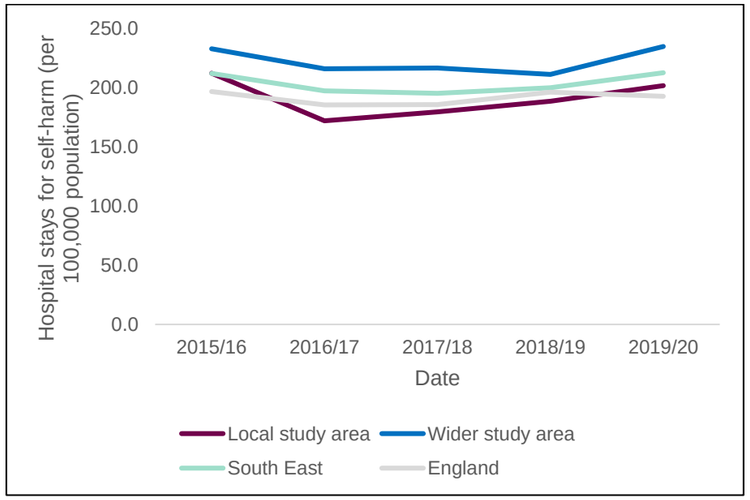
ICD Code	Disease	Emergency hospital admissions incidence rate (per 100,000)		
		Local Study Area	Wider Study Area	England
I26-I28	Pulmonary heart disease & diseases of pulmonary circulation	38.1	39.4	54.1
I30-I52	Other forms of heart disease	259.4	268.1	368.1
I60-I69	Cerebrovascular diseases	120.8	124.8	171.4
I70-I79	Diseases of arteries, arterioles & capillaries	28.4	29.4	40.3
I80-I89	Diseases of veins & lymphatic system nec.	87.2	90.2	123.8
I95-I99	Other & unspecified disorders of the circulatory system	1.6	1.6	2.2
Respiratory				
J00-J06	Acute upper respiratory infections	141.7	162.7	249.3
J80-J84	Other respiratory diseases affecting the interstitium	9.1	10.5	16.1
J09-J18	Influenza & pneumonia	299.7	343.9	527.2
J20-J22	Other acute lower respiratory infections	182.9	209.9	321.7
J30-J39	Other diseases of upper respiratory tract	19.3	22.1	33.9
J40-J47	Chronic lower respiratory diseases	212.4	243.8	373.7
J60-J70	Lung diseases due to external agents	29.0	33.3	51.1
J85-J86	Suppurative and necrotic conditions of lower respiratory tract	2.6	3.0	4.6
J90-J94	Other diseases of pleura	23.3	26.7	41.0
J95-J99	Other diseases of the respiratory system	14.7	16.8	25.8

Source: NHS Digital (2020); Office for National Statistics (2021); PHE Local Health (n.d.) (Note – national admissions data corrected using local SARs for CHD, stroke and COPD)

2.6 Mental health

2.6.1 Hospital stays for self-harm in the local and wider study area have shown a general decreasing trend over the years, although most recent figures (2019/20) show an increase. While hospital stays for self-harm in the wider study area are consistently higher than the regional and national averages, figures in the local study area are more comparable.

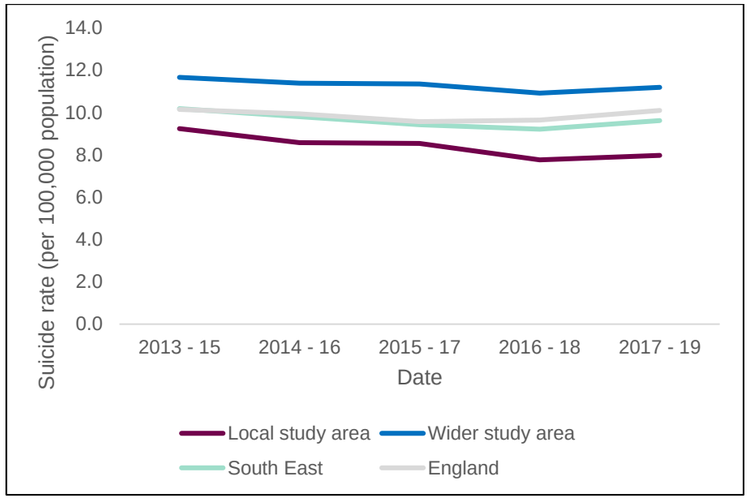
Diagram 2.6.1: Hospital stays for self-harm



Source: PHE Mental Health and Wellbeing JSNA (n.d.)

2.6.2 Suicide rate in both the local and wider study area has been fairly static with slight fluctuations over the years. While suicide rate in the local study area has remained consistently below the regional and national average, suicide rate in the wider study area has been consistently higher than the regional and national averages.

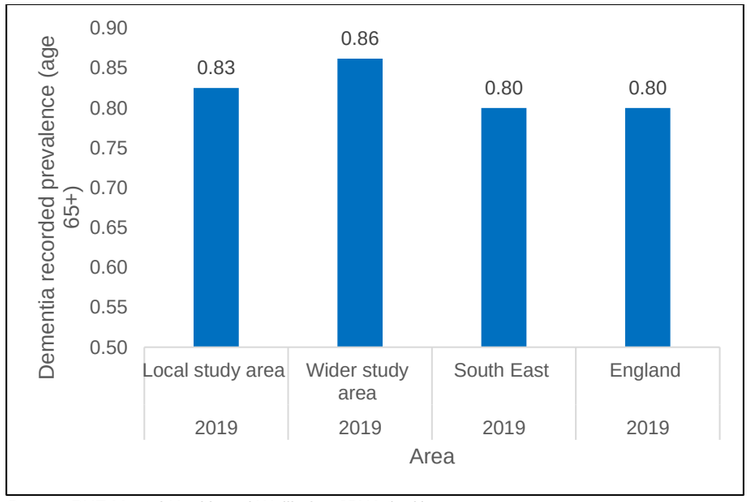
Diagram 2.6.2: Suicide rate



Source: PHE Mental Health and Wellbeing JSNA (n.d.)

2.6.3 Dementia recorded prevalence in the local and wider study area is higher than both the regional and national averages.

Diagram 2.6.3: Dementia recorded prevalence



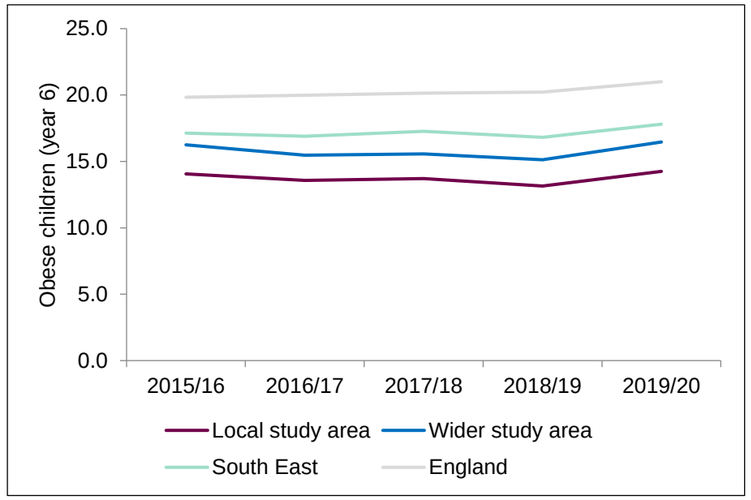
Source: PHE Mental Health and Wellbeing JSNA (n.d.)

2.7 Lifestyle

2.7.1 Childhood obesity in the local and wider study areas have remained relatively static over the years and have been consistently below the regional and national averages. The

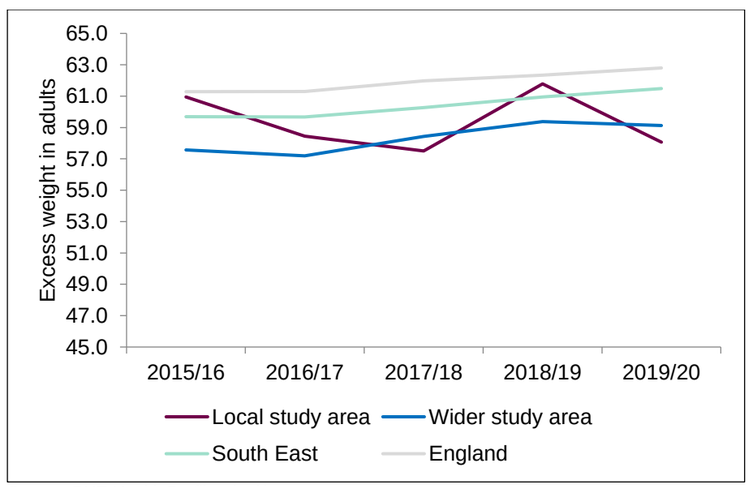
proportion of the adult population classified as overweight or obese shows a decreasing trend (albeit with fluctuations) in the local study area from a level which was higher than the wider study area and regional averages, to a level lower than this. The decreasing trend prevalent in the local study area contrasts the increasing trends apparent in the wider study area, regionally and nationally.

Diagram 2.7.1: Childhood obesity



Source: PHE Health Profiles (n.d.)

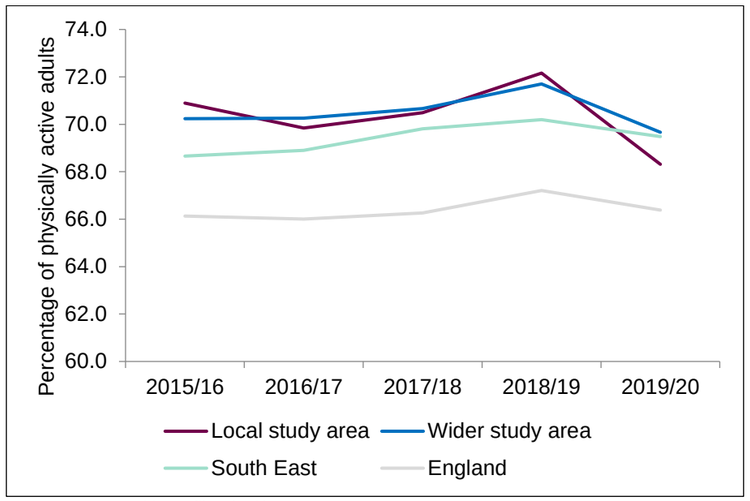
Diagram 2.7.2: Excess weight in adults



Source: PHE Health Profiles (n.d.)

2.7.2 Participation in physical activity in the local and wider study areas have remained relatively static over the years and has been consistently higher than the regional and national averages, showing an increasing trend until 2018/19, after which it has decreased. The most recent figures (2019/20) for the local study area are lower than the regional average but higher than the national average, while the wider study area is more comparable to the regional average.

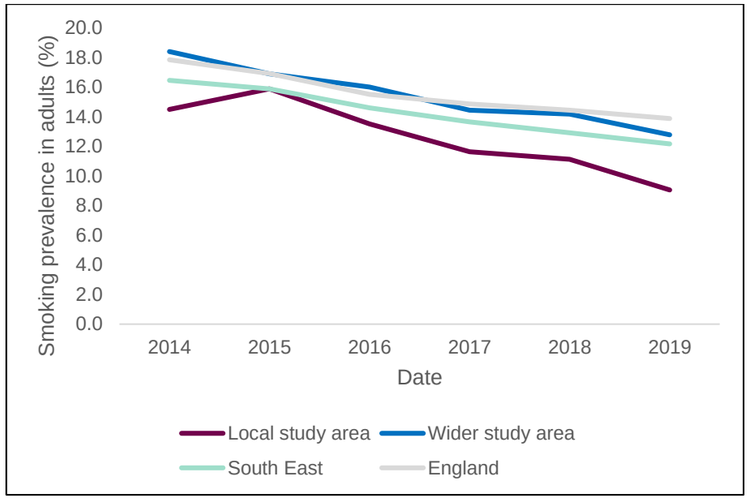
Diagram 2.7.3: Participation in physical activity



Source: PHE Health Profiles (n.d.)

2.7.3 Smoking prevalence in the local and wider study areas has shown a general decrease over the years. Most recent figures show that smoking prevalence in the local study area is lower than both the regional and national average. In the wider study area, smoking prevalence is higher than the regional average, but lower than the national average.

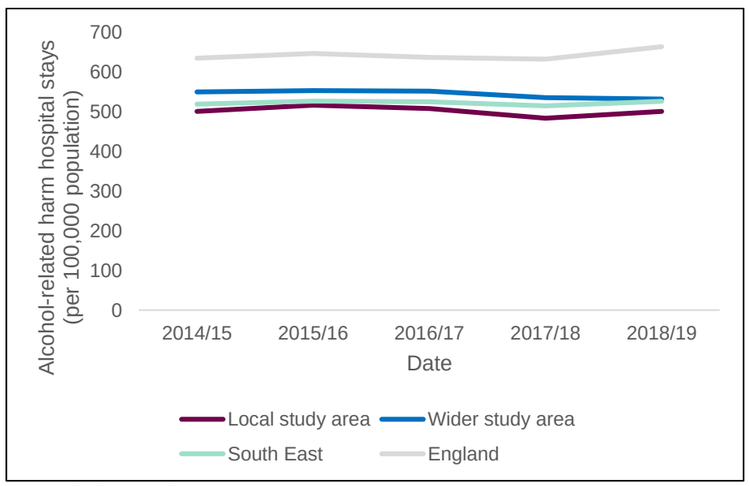
Diagram 2.7.4: Smoking



Source: PHE Health Profiles (n.d.)

2.7.4 Hospital stays for alcohol-related harm is a proxy indicator for excessive alcohol consumption. Trends in the local and wider study areas have remained relatively static over the years. In the local and wider study area, hospital stays for alcohol related harm have been consistently lower than the national average. However, in the wider study area, hospital stays for alcohol related harm have been consistently higher than the regional average.

Diagram 2.7.5: Hospital stays for alcohol-related harm



Source: PHE Health Profiles (n.d.)

2.8 Conclusion

2.8.1 From analysis of available statistics, physical and mental local health circumstances in the local and wider study area can be considered good, and trends are generally positive. In most circumstances, health status is better than the national average and more comparable to the regional average.

2.8.2 As a result, it is not considered that the local communities living within the study area would be particularly sensitive to environmental or socio-economic changes associated with the construction and operation of the proposed Project. However, it should be noted that the description of the whole population, and the populations within the local and wider study area, does not exclude the possibility that there will be some individuals or groups of people who do not conform to the overall profile.

3 Review of Health and Wellbeing Strategies

3.1 East Sussex

3.1.1 Healthy lives, healthy people: East Sussex Health and Wellbeing Board Strategy | East Sussex County Council

Health priorities

3.1.2 The East Sussex Health and Wellbeing Board Strategy identifies six key priorities:

Children and young people

3.1.3 The health and wellbeing priorities for children and young people are to develop and implement strategies that promote their emotional wellbeing and mental and physical health, providing the best start in life. Best outcomes should be achieved for babies and young children as well as taking into consideration the most vulnerable, including “looked after” children, young people involved in the criminal justice system and unaccompanied asylum seekers.

Mental Health

3.1.4 The priority for mental health is to assist people with their emotional and mental wellbeing through provision of a wide range of services including access to stable and secure accommodation, GP emotional wellbeing services and specialist community-based care.

Community

3.1.5 The community health priority is to enhance community services, focusing on people with long-term complex care needs and their carers through proactive and seamless wrap-around care.

Urgent Care

3.1.6 The priority for urgent care is to improve support for people with urgent care needs through increased use of 111 as the first point for contact, enhanced and improved access to community and social care, timely access to primary care and minimised delays of ambulances at hospitals.

Planned care

3.1.7 The priority for planned cared is to improve access to services focusing on coordinated care that is tailored to people’s needs, strengths, and capabilities. The focus should be on the recovery of waiting lists, giving support to people as they wait, with an initial focus on respiratory pathways and identification of any inequalities in access to services.

3.2 West Sussex

3.2.1 West Sussex Joint Health and Wellbeing Strategy 2019 - 2024 - West Sussex JSNA Website

Health priorities

3.2.2 The health and wellbeing strategy for West Sussex centres around starting well, living and working well, and ageing well.

Starting well

3.2.3 The health priorities for children and young people are to provide improved infant and maternal health and wellbeing, good emotional wellbeing and mental health, and a safe and healthy environment for the upbringing of children. This can be achieved through strategies that ensure the best start in life, promote mental wellbeing and support parenting.

Living well

3.2.4 The priorities are to ensure that people are connected, can look after their own health and wellbeing, have access to good quality and secure homes, and that they live, work, and play in environments that promote health and wellbeing. This can be achieved through the inclusion of health in all policies, empowering and supporting communities, delivering workplace health, preventing homelessness and social prescribing.

Ageing well

3.2.5 The health and wellbeing priorities are to ensure fewer older people feel lonely and are socially isolated; older populations stay healthier, happier, and independent for longer; there is a reduction in falls in older people; and people receive good quality end of life care. This can be achieved through social prescribing, health and social care integration, a whole systems approach to falls prevention, and creating dementia-friendly communities.

3.2.6 The health and wellbeing strategy for West Sussex also identifies health priorities for specific districts and boroughs of interest which include:

Crawley

3.2.7 Health and wellbeing priorities for the borough include healthy lifestyles; mental and wellbeing; dementia; later years including falls and isolation; and health inequalities.

Horsham

3.2.8 Health and wellbeing priorities for the district are falls prevention, hospital discharge process, dementia, and road safety in older people.

Mid Sussex

3.2.9 Health and wellbeing priorities for the district include resilience in young people, living well in old age, improving health for working age adults and supporting protected groups

3.3 Surrey

3.3.1 Health and wellbeing strategy - Healthy Surrey

Health priorities

3.3.2 The health and wellbeing strategy for Surrey focuses on three interconnected priorities:

- Supporting people to lead physically healthy lives through preventing ill health and promoting physical wellbeing. This focuses on healthy eating habits and physical activity; risky lifestyle activities; mental health and behavioural issues; homelessness; contact with the criminal justice system; and domestic abuse.
- Supporting people’s mental health and emotional wellbeing. The priority is to ensure that people have access to early and appropriate support to prevent escalation and that people are surrounded by communities and social

environments that tackle isolation and build good mental health.

- Supporting people to reach their potential through addressing the wider determinants of health. The priority is to enable residents to articulate their aspirations and reach their potential by helping them to develop skills needed to succeed and flourish in a safe community.

3.4 Kent

3.4.1 Joint health and wellbeing strategy - Kent County Council

Health priorities

3.4.2 The Kent health and wellbeing strategy centres upon four main priority areas:

Priority 1: Tackle key health issues where Kent is performing worse than the England average

3.4.3 This priority aims to ensure that every child has the best start in life through reduction of smoking rates in pregnant people, to increase uptake of NHS health checks, and enhance the quality of life and access to good quality care for people with long-term conditions.

Priority 2: Tackle health inequalities

3.4.4 This heath priority aims to address health inequalities by: improving access to good quality education and childcare for vulnerable and disadvantaged children; promoting healthy lifestyles, mental and emotional wellbeing in vulnerable populations; and improved access to mental health services for all people.

Priority 3: Tackle the gaps in provision

3.4.5 This health priority aims to ensure children and young people with complex health needs can access quality, locally based support, avoiding where possible the need to attend hospital. It also aims to identify people who are at risk of re-admissions using the risk prediction approach and ensure there are places of safety for people in distress.

Priority 4: Transform services to improve outcomes, patient experience and value for money

3.4.6 The aim of this priority is to understand the needs of the local population and implement evidence-based cost-effective interventions.

3.5 Brighton and Hove

3.5.1 Brighton & Hove Joint Health and Wellbeing Strategy 2019-2030 (brighton-hove.gov.uk)

Health priorities

3.5.2 The health and wellbeing strategies for Brighton and Hove focus on the different stages of life:

Starting well

3.5.3 The first health priority for Brighton and Hove is to ensure health and wellbeing of children and young people through a focus on early years, promotion of healthy lifestyles and resilience, addressing risks to good emotional health and wellbeing and provision of high quality and joined-up services.

Living well

3.5.4 The health priority for working age adults is to ensure their health and wellbeing by providing information, advice and support that promotes healthy eating and drinking habits and reduces risky lifestyle behaviours; improving access to mental health services; and aiding people with disabilities, long-term conditions and the long-term unemployed.

Ageing well

3.5.5 This priority aims to make Brighton and Hove a place where people can age well by ensuring that the needs of the ageing population are considered in the design of the physical environment and in planning new developments. This priority also aims to support the elderly to reduce loneliness, isolation, and the risk of falls.

Dying well

3.5.6 The heath priority for those at the end of their life is to improve health and wellbeing by ensuring that more people die at home, and that support for families, carers and the bereaved is enhanced.

3.6 London Borough of Croydon

3.6.1 Croydon Health and Wellbeing Strategy

Health priorities

3.6.2 The health and wellbeing strategy for London Borough of Croydon focuses on eight priority areas:

Priority 1: A better start in life

3.6.3 The health priorities for children and young people in Croydon are to ensure that they are provided with the best physical and emotional environment for growing up, improving health and wellbeing outcomes, and reducing health inequalities.

Priority 2: Strong, engaged, inclusive and well-connected communities

3.6.4 This priority aims to use the relationships and resources in communities as building blocks for good health to ensure fair access to person-centred services building on individual and community strengths that help to reduce health inequalities.

Priority 3: Housing and the environment enable the people of Croydon to be healthy

3.6.5 This heath priority is to promote an environment that supports positive wellbeing through affordable homes, green space and adequate development of healthy high streets and enhanced open spaces.

Priority 4: Mental wellbeing and good mental health are seen as a driver of health

3.6.6 The aim is to promote equal access to services such as good employment, opportunities to learn, decent housing and financial inclusion as key determinants of emotional wellbeing and good mental health.

Priority 5: A strong local economy with quality local jobs

3.6.7 The priority is to create a strong local economy driving sustainable economic growth for all people through creating more jobs and equipping residents with skills, which is important for good health and wellbeing of working age people.

Priority 6: Get more people more active more often

3.6.8 The aim is to increase physical activity as an important driver for health by increasing availability and reducing barriers to engaging in cultural, arts and sporting activities. The aim is to make active travel easier with more people engaging in walking and cycling by providing good infrastructure, creative planning and behaviour change support.

Priority 7: A stronger focus on prevention

3.6.9 The health priority for Croydon is to remove barriers to healthy lifestyles, and support the behaviours needed to reduce the risk

of preventable diseases by redesigning lifestyle services to be more proactive and preventative in their approach.

Priority 8: The right people, in the right place, at the right time

3.6.10 The health priority is to remove barriers in accessing the right services in health and social care, moving more services to community settings with care provided in and out of hospital.

4 Review of Joint Strategic Needs Assessments

4.1 East Sussex

4.1.1 JSNA - Home (eastsussexjsna.org.uk)

Health priorities

4.1.2 The JSNA for East Sussex identifies five priority areas:

Young age:

4.1.3 The JSNA identifies priorities for this population group, including child and adolescent mental health; children with special education needs; children in low-income families; and vulnerability to poor air quality, lack of green spaces, traffic safety risks and poor mental health.

Old age: older people

4.1.4 With regards to this population group, the assessment has given priority to: older people living with dementia; income deprivation; long term conditions; sensory impairments; frailty; and end of life care. The high risk associated with health impacts of air pollution, isolation, falls, and fractures is also noted.

Low income:

4.1.5 The identified priorities related to this needs area include: low-income families; Jobseeker's allowance claimants; unemployment; housing costs; and equitable opportunities for secure income and housing.

Poor health: Discrimination and/or isolation

4.1.6 The identified priorities related to poor health include people in lower social class with high rates of complex mental and physical health issues, children with special needs and long-term conditions and older people living with multiple conditions.

Social disadvantage:

4.1.7 The identified priorities related to social disadvantage include: men who have sex with men (MSM) experiencing discrimination in sexual health services; children with special educational needs and those who live in poverty or deprivation; and women, people from minority ethnic backgrounds or people with disabilities who are less likely to be in well-paid professional employment.

Access and geographical factors:

4.1.8 Regard has been given to looked-after children, children with special needs, people living in the identified 22 most deprived areas, and people living in rural areas.

4.2 West Sussex

4.2.1 Welcome to the West Sussex JSNA - West Sussex JSNA Website

Health priorities

4.2.2 The JSNA for West Sussex recognises six priority areas:

Young age:

4.2.3 The JSNA for West Sussex identifies priority needs for young age: infant and maternal health; child poverty (with Crawley having the highest proportion); hospital admissions with highest admission rates being in children with asthma; disability; and health related behaviours including healthy weight, smoking and alcohol.

Old age: older people

4.2.4 The identified priorities for this population group include: musculoskeletal diseases; sensory impairment; sight loss; multi-morbidity; falls and fractures; and high demand for social and health care.

Low income:

4.2.5 The identified priorities for this population group include: unpaid care; economic inactivity; Jobseeker's allowance claimants; and out-of-work benefits. The gap in rates of employment for vulnerable groups and existing inequalities in accessing jobs and other services is noted.

Poor health:

4.2.6 The identified priorities related to poor health include: severe mental health issues; learning disability; and autism. Emphasis is put on older people with long-term conditions and with multiple morbidity.

Social disadvantage: Discrimination and /or isolation

4.2.7 Regard is given to eight groups which are at risk of poorer health and wellbeing outcomes: carers; people living in poverty; homeless people; children in care or leaving care; military veterans; Gypsy, Travellers and show people; refugees, asylum seekers or undocumented migrants; and people in detention.

Access and geographical factors:

4.2.8 The identified priorities include people living with disabilities, long-term conditions and people from lower income groups who may have limited access to specialist services, living amenities, and recreational facilities.

4.3 Surrey

4.3.1 Joint Strategic Needs Assessment | Surrey-i (surreyi.gov.uk)

Health priorities

4.3.2 The JSNA for Surrey identifies six priority areas:

Young age:

4.3.3 The JSNA for Surrey identifies priority needs for young age, including: risky lifestyle behaviours during pregnancy; deprivation; children with additional needs and disabilities; safety; air quality; and mental health.

Old age: older people

4.3.4 The identified priorities for older people include: dementia and its early diagnosis; multiple morbidity; frailty; safety; air quality; and the health impacts of poor air quality.

Low income:

4.3.5 The identified priorities for this population group include: homelessness; skills and training deprivation; children living in poverty; and older people on low incomes.

Poor health:

4.3.6 The identified priorities for this needs area include: dementia across all groups; perinatal mental health issues; chronic diseases; frail older people; the impact of deprivation on the prevalence of disease; musculoskeletal conditions; and sight loss. Emphasis is put on local authorities to give support to

people in poorer health to be as independent and healthy as possible.

Social disadvantage: Discrimination and /or isolation

4.3.7 Regard has been given to: children at high risk of domestic violence, sexual abuse or child exploitation; people with learning disabilities or autism; young carers; gay men and men who have sex with men.

Access and geographical factors:

4.3.8 The identified priorities are: children living in poverty; people living in areas with high rates of income and employment deprivation (including Reigate and Banstead): and people living with disabilities.

4.4 Kent

4.4.1 Joint strategic needs assessment - Kent Public Health Observatory (kpho.org.uk)

Health priorities

4.4.2 The JSNA for Kent places priority on six key needs areas:

Young age:

4.4.3 The JSNA for Surrey identifies priority needs for young age, including: infant and maternal health; education; child poverty; unaccompanied asylum-seeking children; social, emotional, and mental needs; excess weight; and self-harm.

Old age: older people

4.4.4 The identified priorities for older people include: dementia and its early diagnosis; falls; fractures; and multi-morbidity including the impact of living in coastal areas on morbidity.

Low income:

4.4.5 The identified priorities for people on low income include: mental health; self-harm; suicide; and inequalities.

Poor health:

4.4.6 The assessment has given regard to: people living with diabetes; hypertension; cancer; and coronary heart disease.

Social disadvantage: Discrimination and /or isolation

4.4.7 The identified priorities include: children and adults living with domestic abuse; offenders; veterans; minority ethnicities; and older people living in social isolation.

Access and geographical factors:

4.4.8 The identified priorities include: coastal and rural areas, as road networks are an identified barrier for public transport use; and people living in high deprivation areas who may have limited access to high quality air, health services, safety, employment, and recreation.

4.5 Brighton and Hove

4.5.1 Joint Strategic Needs Assessment (JSNA) (brighton-hove.gov.uk)

Health priorities

4.5.2 The Brighton and Hove JSNA gives priority to six needs areas:

Young age:

4.5.3 The JSNA for Brighton and Hove identifies priority needs for young age, including: child poverty, parenting; youth unemployment; education; and children with special needs including disabilities and sensory impairments.

Old age: older people (particularly frail elderly)

4.5.4 The identified priorities for older people include: fuel poverty; income deprivation; social isolation and loneliness; dementia; and multiple long-term conditions.

Low income:

4.5.5 Regard has been given to: people with long-term conditions; mental illness or disability; out-of-work benefits; and inequalities attributed to gender in workplaces.

Poor health:

4.5.6 The identified priorities include: people living with obesity; chronic mental health issues; disabled children; autistic children, and autistic adults.

Social disadvantage: Discrimination and/or isolation

4.5.7 The identified priorities include: transgender people; vulnerable migrants; refugees and asylum seekers; parent carers; and veterans. Further priority is given to veterans who are widowed, divorced, young and sick.

Access and geographical factors:

4.5.8 Regard has been given to: minority ethnic groups such as Gypsies, Roma and Travellers; international students or migrants; people living in deprived areas; homeless populations; and older people in accessing green spaces; oral and sexual health services.

4.6 London Borough of Croydon

4.6.1 Joint Strategic Needs Assessment | Croydon Council

Health priorities

4.6.2 The JSNA for London Borough of Croydon identifies six priority needs areas:

Young age:

4.6.3 The Joint Strategic Needs Assessment for Croydon has given priority to: looked-after children including their physical, emotional, mental and special education needs; healthy children including creating an environment that lends itself to healthier choices; increasing physical activity; and ensuring air pollution is reduced.

Old age: older people

4.6.4 The identified priorities for older people are: long-term support needs; reablement/rehabilitation after discharge from hospital; and social isolation including creating an environment that reduces the risk of falls and fractures.

Low income:

4.6.5 The identified priorities for people on low income include mental health and crime.

Poor health:

4.6.6 Regard has been given to people living with long-term conditions such as asthma, diabetes, chronic kidney disease and cancer, and perinatal mental health.

Social disadvantage: Discrimination and /or isolation

4.6.7 The identified priority areas include unaccompanied asylum-seeking children and school-age children with special education needs.

Access and geographical factors:

4.6.8 Priority has been given to vulnerable groups such as: people living with disabilities; Gypsies and Travellers; and people from lower-income groups facing barriers in accessing pharmacies, hospitals, and employment.

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6 Glossary

6.1 Glossary of terms

Table 6.1.1: Glossary of Terms

Term	Description
COPD	Chronic Obstructive Pulmonary Disease
EIA	Environmental Impact Assessment
GAL	Gatwick Airport Limited
HLE	Healthy life expectancy
IMD	Index of Multiple Deprivation

Term	Description
JSNA	Joint Strategic Needs Assessment
LSOA	Lower Super Output Area
PEIR	Preliminary Environmental Information Report
SAR	Standardised Admissions Ratio