Gatwick Airport Northern Runway Project

The Applicant's Response to Actions from Issue Specific Hearing 3: Socio-economics

Book 10

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1 Introduction

1.1 Introduction

1.1.1 This document provides the Applicant's response to the actions arising from Issue Specific Hearing (ISH) 3: Socio-Economics (including Health and Wellbeing) [EV8-005]. The actions relevant to the Applicant are as follows:

Action No.	Action	Deadline
1	Applicant to provide a summary of the controls within the existing s106 and how these would be taken forward in the Northern Runway Project s106 agreement.	Deadline 2
2	Draft Implementation Plan to be appended to the s106 and submitted into the Examination.	Deadline 3
3	Applicant to confirm where the code of conduct for construction workers can be found.	Deadline 1
4	Applicant to respond to Crawley Borough Council's position in relation to the declaration of a Housing Emergency.	Deadline 2
5	Applicant to review the implications of using the 2011 Census for the assessment of housing need during construction (possibly wider housing issues).	Deadline 2
6	Parties to respond to Agenda Item 6 - comments on Health Equality Impact Assessment.	Deadline 1
7	Applicant to provide signposting regarding the provision of data on health and well-being and cumulative impact.	Deadline 2

1.1.2 The below sections provide the Applicant's response to Actions 3 and 6 as part of this document. For actions which require a more detailed response, a reference to the appropriate document is included.

1.1.3 All other actions will be responded to at the deadlines stipulated within EV8-005.

2 Action Point 3

2.1.1 The Examining Authority has asked the Applicant to confirm where the code of conduct for construction workers can be found within the application documents. The following response is provided.

2.1.2 The **ES Appendix 5.2.3: Code of Construction Practice** (Doc Ref. 5.3) at Section 5.10 under "Management Measures" sets out at paragraph 5.10.3 that:

Worker Code of Conduct measures will be developed to help mitigate the potential adverse effects of introducing a temporary workforce into the local study by ensuring construction workers conduct themselves in an appropriate manner. The code of conduct will be in line with the Considerate Constructors Scheme (see paragraph 3.2.6).

3 Action Point 6

3.1.1 The Examining Authority has asked the Applicant to detail its position regarding the absence of a Health Equality Impact Assessment. The following response is provided.

3.2 Introduction

Context

3.2.1 This response is provided to ISH 3 Agenda Item 6.1: "*The Applicant will be asked to detail its position regarding the absence of a Health Equality Impact Assessment*" [**EV2-001**].

3.2.2 During ISH 3 Counsel for the Joint Local Authorities (JLAs) noted that an Equality Impact Assessment (EqIA) under the Equality Act 2010 would not apply to the Applicant, but that the important component is a health inequalities impact assessment. In this regard, they requested a Health Impact Assessment (HIA) as a separate piece of work, which should include health inequalities as part of its work. They further submitted that **Environmental Statement (ES) Chapter 18: Health and Wellbeing** [APP-043] was not considered a sufficiently comprehensive assessment.

3.2.3 Subsequent Agenda Item 6.2 of ISH3 related to the position of East Sussex County Council (ESCC), West Sussex County Council (WSCC), Crawley Borough Council (CBC) and Reigate and Banstead Borough Council (RBBC).

3.2.4 The positions of the Local Authorities can be summarised as requesting to understand:

- how the project may impact on different groups; and
- to ensure mitigation measures can be tailored to avoid harm to equality.

The Applicant's Summary Position

3.2.5 This note provides the Applicant's summary response to this matter, in particular:

3.2.6 It is agreed that an EqIA is not required to be produced by the Applicant. However, an Equality Statement will be provided at Deadline 3 to support the Secretary of State's obligations in discharging the public sector equality duty when making a decision in relation to the DCO Application for the Project.

3.2.7 **ES Chapter 18: Health and Wellbeing** [APP-043] is a HIA (aka health equality impact assessment) and provides a detailed consideration of health inequalities.

3.2.8 Furthermore, **ES Chapter 18: Health and Wellbeing** [APP-043] is a comprehensive assessment, both in its own right, and in comparison with other assessments undertaken to support nationally significant infrastructure projects.

3.2.9 Specific references are made within **ES Chapter 18: Health and Wellbeing** [APP-043] to both:

- an approach that aligns with Government guidance on HIA for spatial planning; and
- taking a health inequalities approach that tailors mitigation to address inequalities.

3.3 Summary of the Local Authorities' Position

Principal Areas Of Disagreement Summary Statements

3.3.1 The following summaries record the position of the ESCC, WSCC, CBC and RBBC in their respective Principal Areas Of Disagreement Summary Statements (PADSS).

3.3.2 **ESCC PADSS** [AS-062]:

- No reference to concern on a HIA or EqIA.

3.3.3 **WSCC PADSS** [AS-072]:

- "*Lack of an Equality Impact Assessment. Though Equality is stated as a baseline there is no Equality Impact Assessment of the effects of the Project. This would aid in the understanding of how the project may impact on different groups and ensure that certain individuals are not put at a disadvantage or discriminated against as a result of the project activities. This would also ensure that mitigation measures can be tailored to avoid harm to equality. It would be beneficial for the Applicant to undertake an Equality Impact Assessment*." (Reference 108)
- No reference to concern on a HIA.

3.3.4 **CBC PADSS** [AS-061]:

- "*Lack of an Equality Impact Assessment. Though Equality is stated as a baseline there is no Equality Impact Assessment of the effects of the Project. This would aid in the understanding of how the project may impact on different groups and ensure that certain individuals are not put at a disadvantage or discriminated against as a result of the project activities. This would also ensure that mitigation measures can be tailored to avoid harm to equality. It would be beneficial for the Applicant to undertake an Equality Impact Assessment*." (Reference 12)
- No reference to concern on a HIA.

3.3.5 **RBBC PADSS** [AS-067]:

- No reference to concern on a HIA or EqIA.

Statements of Common Ground with Local Authorities

3.3.6 The issue of an EqIA and of a HIA have become inter-linked within the most recent Statement of Common Ground (SoCG) positions from ESCC, WSCC, CBC and RBBC, drawing from their respective PADSS. The current positions are understood to be:

3.3.7 **ESCC's SoCG** (Version 1) (Doc Ref. 10.1.2):

- October 2023: "*A Health Impact Assessment should outline population health impacts for East Sussex and appropriate mitigation proposed and provided to protect population health and any impact on local services and infrastructure*."
- March 2024: "*Acknowledging that there is not a statutory duty on the applicant to undertake a specific HIA. However, in the case of this project, given the size, length of construction, proximity to communities and far*

reaching disruption as well as ongoing operational increase in activity on completion we would strongly recommend an HIA be carried out for East Sussex and each affected LA area. This would ensure that the local health impacts for each area can be clearly identified and communicated. Without independent HIA's it is not possible to understand the health impacts on each of the populations. The health impacts will vary greatly across the authority areas, and so it is important that this is made clear and presented transparently rather than integrated within the existing environmental statement chapter."

3.3.8 **WSCC's SoCG** (Version 1) (Doc Ref. 10.1.10):

- October 2023: "*Though Equality is stated as a baseline there is no Equality Impact Assessment of the effects of the Project. This would aid in the understanding of how the project may impact on different groups and ensure that certain individuals are not put at a disadvantage or discriminated against as a result of the project activities. This would also ensure that mitigation measures can be tailored to avoid harm to equality.*"
- March 2024: "*Under the Equality Act 2010, public bodies have a statutory duty to ensure race, disability and equality are considered in the exercise of their functions, to ensure that this has been considered by the Applicant in this programme of work. WSCC would request that the Applicant provides an Equality Impact Assessment EqIA for the implications on West Sussex residents to cover the protected characteristics, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race and ethnicity, religion and belief, sex; and, sexual orientation. Acknowledging there is not a statutory duty on the applicant to undertake a specific HIA, in the case if this project, size, length of construction, proximity to communities and for reaching disruption as well as ongoing operational increase in activity on completion we would recommend a HIA be carried out for each affected LA area.*"

3.3.9 **CBC's SoCG** (Version 1) (Doc Ref. 10.1.1):

- October 2023: "*Though Equality is stated as a baseline there is no Equality Impact Assessment of the effects of the Project. This would aid in the understanding of how the project may impact on different groups and ensure that certain individuals are not put at a disadvantage or discriminated against as a result of the project activities. This would also ensure that mitigation measures can be tailored to avoid harm to equality.*"

- March 2024: "*Whilst it is accepted that there is no requirement for GAL to undertake an Equalities Impact Assessment, and acknowledging there is not a statutory duty on the applicant to undertake a specific Health Impact assessment (HIA), In the case if this project, size, length of construction, proximity to communities and for reaching disruption as well as ongoing operational increase in activity on completion we would recommend a HIA be carried out for each affected LA area.*"

3.3.10 **RBBC's SoCG** (Version 1) (Doc Ref. 10.1.7):

- October 2023: "It *appears that an Equality Impact Assessment (EqIA) has not been undertaken for the Project. This is surprising given the range of impacts it would have on different groups. An EqIA is needed to help ensure that that individuals are not being disadvantaged or discriminated against during the construction or operation phases of the proposal.*"
- March 2024: A response signposting to **Chapter 18: Health and Wellbeing** [**APP-043**] was provided and the position is stated as "*Noted/Agreed*". [From this position it is understood by the applicant that it is agreed that **Chapter 18: Health and Wellbeing** [**APP-043**] provides sufficient information, with no request for an EqIA or further HIA.]

3.4 Applicant's Response

A Health Equality Impact Assessment has been produced

3.4.1 The ISH 3 action relates to whether a "*Health Equality Impact Assessment*" has been undertaken [EV8-005].

3.4.2 In summary, this response explains that:

- Government and practitioner guidance (as detailed below) is clear that the requirements for a Health Impact Assessment (HIA) should be met through an ES Human Health chapter that follows guidance and good practice.
- This is the case, the **ES Chapter 18: Health and Wellbeing** [APP-043] fully meets the requirement.
- The vulnerable population groups referenced in the **ES Chapter 18: Health and Wellbeing** [APP-043] assessment include relevant protected characteristics under the Equality Act 2010, but also go beyond just considering protected characteristics.
- **ES Chapter 18: Health and Wellbeing** [APP-043] explicitly assesses health inequalities. The approach is proportionate to considering where there is the potential for likely significant population health effects, including relevant study area geographies.

- **ES Chapter 18: Health and Wellbeing** [APP-043] concludes there is not the potential for significant adverse effects to public health, including health inequalities. A conclusion that the Government's national public health stakeholders agree with.
- **ES Chapter 18: Health and Wellbeing** [APP-043] includes mitigation to specifically enhance significant beneficial effects for vulnerable groups, benefiting health equality.
- **ES Chapter 18: Health and Wellbeing** [APP-043] is a Health Inequalities Impact Assessment that already provides sufficient, relevant and proportionate information.

3.4.3 The following section set out the key guidance and application document references to confirm how the requirements are met.

Guidance on integrating HIA into EIA

3.4.4 **ES Chapter 18: Health and Wellbeing** [APP-043], paragraph 18.4.3 is clear that the assessment applies recognised health in Environmental Impact Assessment (EIA) and HIA guidance. HIA guidance is listed in paragraph 18.4.4 of **ES Chapter 18**. This includes the detailed guidance on HIA of the Institute of Public Health (the most comprehensive UK HIA guide)[1].

3.4.5 It is noted that **ES Chapter 18: Health and Wellbeing** [APP-043] takes an approach that specifically considers health inequalities, as described in the Institute of Environmental Management and Assessment (IEMA) guidance publications in November 2022[2,3]. As confirmed in the acknowledgements page of these publications, members of the UK Health Security Agency (UKHSA) and the Department of Health and Social Care Office for Health Improvement and Disparities (OHID) supported the development of that guidance.

3.4.6 The widely accepted definition of HIA is from the International Association of Impact Assessment (IAIA) in its 2021 HIA International Best Practice Principals publication[4]:

"*Health impact assessment (HIA) is a process which systematically judges the potential, and sometimes unintended, effects of a project, program, plan, policy, or strategy on the health of a population and the distribution of those effects within the population. HIA generates evidence for appropriate actions to avoid or mitigate health risks and promote health opportunities. HIA guides the establishment of a framework for monitoring and evaluating changes in health as part of performance management and sustainable development*."

3.4.7 HIA following good practice guidance includes the consideration of health inequalities, which the IAIA (quoting the World Health Organization) define as are the "differences in health status or in the distribution of health resources between different population groups". IAIA lists 'equity and equality' as a guiding principle of HIA[4], explaining this means:

"Pre-*existing inequalities and the potential for unequal distribution of health risks and opportunities across the population should be considered, paying specific attention to groups that could be vulnerable and/or marginalised. HIA should identify appropriate measures to avoid or reduce adverse health effects and to monitor inequities and inequalities in affected population groups*".

3.4.8 The IAIA note that "HIA integrating within [Environmental Assessments], including EIA …, should follow the guiding principles of this paper"[4].

3.4.9 The Government guidance on HIA in Spatial Planning (Public Health England, 2020)[5] includes "*reducing health inequalities*" as a specific consideration. The guidance, notes that "*health inequalities exist across a range of dimensions or characteristics, including but not exclusive to the Equality Act protected characteristics*…".

3.4.10 **ES Chapter 18: Health and Wellbeing** [APP-043], Table 18.2.1 confirms that as set out in Government guidance for HIA in Spatial Planning[5], if a project is subject to EIA, then the Applicant should integrate the HIA within EIA. This is confirmed in IEMA 2022 guidance[2,3].

3.4.11 The Government guidance for HIA in Spatial Planning[5] reference is Figure 5, pdf page 28/48. Which is clear that the first task is to establish if the project is subject to EIA. If it is (as is the case for the Project), then the direction is to "*follow Health in EIA process*". Section 6 of the Government guidance states "*There are a range of statutory and policy requirements for assessments to be carried out when a new plan or planning application is proposed. These provide an opportunity to consider health, without the need for a separate and standalone HIA*." The guidance is specific in referencing EIA as a statutory process where HIA should be integrated, including following quality standards listed in Section 6. Table 1 confirms that these quality standards have been met.

Table 1: Government guidance on HIA in spatial planning quality considerations (from Section 6)

Section 6 considerations	Where addressed in the HIA

Understanding the local population's physical and mental health needs.	**ES Chapter 18: Health and Wellbeing** [APP-043] includes a detailed analysis of the local population's physical and mental health needs. This is set out in Section 18.5: Baseline Environment of ES Chapter 18; **ES Appendix 18.5.1: Health Baseline Trends, Priorities and Vulnerable Groups** [APP-206]; and **ES Appendix 18.5.2: Health and Wellbeing Baseline Data Tables** [APP-207]. This sets out local needs, including through review of Joint Strategic Needs Assessments, Local Health and Wellbeing Strategies and public health indicators.
Promotion of health equity by identifying and protecting population groups at risk of the negative impacts of development.	**ES Chapter 18: Health and Wellbeing** [APP-043] identifies relevant groups. Specifically, paragraphs 18.4.29 to 18.4.32 set out vulnerable group sub-populations relevant to the assessment of inequalities for the Project. These are then discussed throughout the Section 18.8 assessment and the Section 18.10 and Section 18.11 discussion of cumulative and in combination effects. Table 18.7.1: Mitigation and Enhancement Measures of **ES Chapter 18** sets out specific measures to promoting health equity for local vulnerable groups; paragraph 18.11.22 also sets out a process is in place to mitigate against severe and inequitable health outcomes.
Meeting local health and wellbeing priorities.	**ES Appendix 18.5.1: Health Baseline Trends, Priorities and Vulnerable Groups** [APP-206] sets out local priorities, including through review of Joint Strategic Needs Assessments and Local Health and Wellbeing Strategies. These issues are then considered as appropriate within the Section 18.8 assessment.

Proportionate assessment of the anticipated impacts (positive and negative).	A proportionate assessment of the potential for likely significant population health effects, including issues of health inequalities is set out in Section 18.8, Section 18.10 and Section 18.11 of **ES Chapter 18: Health and Wellbeing** [APP-043]. The methodology set out in paragraphs 18.4.23 to 18.4.28, including Table 18.4.6, specifically references the consideration of health inequalities as the approach.
Engagement with wider health and social care partners (for example; primary care, CCGs, STP/ICS, local NHS Trust).	Consultation and engagement, including with the local Integrated Care Board (which replaced CCGs) is set out in Section 18.3 of **ES Chapter 18: Health and Wellbeing** [APP-043], as well as in the **Consultation Report** [APP-218]. Discussion with the ICB is also referenced in the Section 18.8 of **ES Chapter 18** regarding the assessment of health and wellbeing effects from changes in local healthcare capacity.
Development of SMART (Specific, Measurable, Achievable, Relevant, Time bound) recommendations for impact prevention, reduction, mitigation and enhancement.	**ES Chapter 18: Health and Wellbeing** [APP-043] goes beyond making recommendations and secures committed measures. These are set out in Table 18.7.1 and paragraph 18.11.22. The latter linking to the use of the Community Fund.
Identification of measures to assist the monitoring and evaluation of impacts.	Monitoring is set out in Table 18.7.1 of **ES Chapter 18: Health and Wellbeing** [APP-043]. It is also noted that being an integrated assessment the HIA signposts to monitoring measures secured in other parts of the ES.

3.4.12 The Government guidance for HIA in Spatial Planning (PHE, 2020)[5] Table 1 sets out 'Existing HIA guidance in the UK', which includes a section for 'Health in other impact assessments'. These include 'Health in Environmental Impact Assessment. A Primer for a Proportionate Approach' (IEMA, 2017)[6]; and 'Addressing human health in Environmental Impact Assessment' (IAIA, 2020)[7]. Both these publications indicate that the HIA should be integrated as part of the ES. These publications informed and are referenced in the most recent IEMA Guidance (IEMA, 2022)[2,3].

3.4.13 The IEMA 2022 scoping guidance[2] paragraph 1.12 is very clear on the matter:

"*The relationship with standalone Health Impact Assessments (HIA) is clarified. Where an EIA is undertaken and there is also a requirement for HIA, projects should normally meet the HIA requirement through the EIA Report health chapter*."

3.4.14 The IEMA 2022 scoping guidance goes on to discuss the matter in Section 3, paragraphs 3.7 to 3.13. Paragraph 3.12 confirms: "*The practice of a separate standalone HIA report being appended to the EIA Report to meet the EIA requirement is not recommended*." This is clear guidance that the proportionate approach is to undertake HIA as part of the ES.

How the Project may impact on different groups

3.4.15 The IEMA 2022 scoping guidance[2] specifically discusses how assessments should proportionately consider vulnerable groups and inequalities. This includes stating at paragraph 1.7 that "p*opulation groups are also listed to support in identifying where there may be the potential of significant health inequalities*". Paragraph 3.10 notes the ES Health Chapter "*should explain the project's public health implications, including relevant health outcomes and effects on health inequalities*". Paragraph 7.9 lists relevant vulnerable groups and confirms that "*relevant population groups for each scoped-in wider determinant of health should consider both geographic populations and vulnerable subpopulations. This allows a discussion of inequalities at the assessment stage*." Annex 2: Table 9.2 describes the vulnerable population groups in more detail.

3.4.16 **ES Chapter 18: Health and Wellbeing** [APP-043] identifies relevant population groups. Specifically, paragraphs 18.4.29 to 18.4.32 set out the vulnerable group sub-populations relevant to the assessment of inequalities for the Project. Then for every determinant of health in **ES Chapter 18: Health and Wellbeing**, Section 8 specifically lists out relevant vulnerable group populations and references health inequalities as part of the conclusion as to the potential for likely significant effects. This is best practice and in line with IEMA 2022 guidance[2,3], the following bullets set out key paragraphs within **ES Chapter 18,** Section 8:

- In relation to health and wellbeing effects from changes in air quality, paragraph 18.8.10 defines the geographic and vulnerable population groups, including young age, pregnant women, old age, low income and poor health, as well as sensitivity due to proximity to Project change.

- In relation to health and wellbeing effects from changes in noise, paragraph 18.8.107 defines the geographic and vulnerable population groups, including young age, old age, people living in deprivation and people spending more time in dwellings due to poor health, as well as sensitivity due to proximity to Project change. Links are made to language and safeguarding later in that section.
- In relation to health and wellbeing effects from changes in transport, paragraph 18.8.239 defines the geographic groups, including localised and wider area populations, and vulnerable population groups, including young and old age as vulnerable road users, low income and poor health in relation to health-related journey times, as well as sensitivity due to existing access barriers.
- In relation to health and wellbeing effects from changes in lifestyle factors, paragraph 18.8.321 defines the geographic and vulnerable population groups, including associated age, social isolation, income and poor health related access barriers to public open spaces and active travel routes.
- In relation to health and wellbeing effects from changes in socio-economic factors, paragraph 18.8.373 defines the geographic, including local and regional area, and vulnerable population groups, including young adults entering employment, dependants of those employed including due to poor health (which may include disabilities) and age (young and old), and those on low incomes or in situations of high job insecurity.
- In relation to health and wellbeing effects from changes in exposure to light, paragraph 18.8.421 defines the geographic and vulnerable population groups, including age, low income, shift workers who may have greater sensitivity to disruption of melatonin levels and circadian rhythm) and those with poor health, as well as sensitivity due to proximity to Project change.
- In relation to health and wellbeing effects from changes in water quality, flood risk and ground conditions, paragraph 18.8.465 defines the geographic and vulnerable population groups, including greater sensitivity to contaminants related to age, and existing poor health.
- In relation to health and wellbeing effects from changes in local healthcare capacity, paragraph 18.8.528 defines the geographic (including localised and wider area populations) and vulnerable population groups, including higher users of healthcare associated with young age, pregnant women, old age and poor health, as well as sensitivity due to existing access barriers to healthcare.

3.4.17 In terms of proportionate assessment of different geographies, the IEMA 2022 scoping guidance[2] confirms at paragraph 7.6 that "*using a single geographically*

defined neighbouring community (site-specific population) to cover a range of effects across different wider determinants of health can provide appropriate flexibility and is proportionate." This is the approach taken in **ES Chapter 18: Health and Wellbeing** [APP-043], paragraph 18.4.10 to 18.4.14. These paragraphs define relevant geographic areas relevant to considering health inequalities. This is considered more appropriate than undertaking separate HIAs for each local authority independently. Such an approach would not be proportionate and would not change the conclusions presented in **ES Chapter 18: Health and Wellbeing** [APP-043]. All the relevant Local Authorities are already included within the study areas. Health effects, including on health inequalities, do not follow administrative boundaries and so assessing on that basis would not be epidemiologically appropriate. This point is made in the IEMA scoping guidance[2] paragraphs 7.4 which states "*an administrative boundary does not necessarily define the boundaries of potential mental and physical health effects*".

3.4.18 The IEMA scoping guidance[2] paragraphs 7.3 to 7.7 discuss the approach to setting the geographic scope. This includes the statement that the approach "*does not require that every community has a separate reporting section, but that relevant localised effects should be discussed as appropriate*." Relevant localised effects are defined in **ES Chapter 18: Health and Wellbeing** [APP-043], paragraphs 18.4.10 to 18.4.14 and assessed in Section 18.8, 18.10 and 18.11. This includes:

- the 'nine ward area' (the wards closest to the Airport);
- the 'health local study area' (the local boroughs/districts of Crawley, Reigate and Banstead, Tandridge, Mid Sussex, Horsham and Mole Valley); and
- the 'Six Authorities Area' (County areas of East Sussex, West Sussex, Surrey, Kent, Brighton and Hove and the London Borough of Croydon).

3.4.19 **ES Appendix 18.5.2: Health and Wellbeing Baseline Data Tables** [APP-207] provides individual baseline data for each of the districts in the 'health local study area' and each of the counties in the 'Six Authorities Area'. This detail on the specific local health conditions has been taken into account.

3.4.20 IEMA 2022 assessment guidance[3] specifically explains that health inequalities need articulating as part of the assessment, including in Table 9.2 that vulnerability includes 'access and geographic factors', such as "*people experiencing barriers in access to services, amenities or facilities; people living in areas known to exhibit high deprivation… [and] people in close proximity to the*

location of changes". This type of vulnerability is specifically discussed throughout **ES Chapter 18: Health and Wellbeing** [APP-043].

3.4.21 The IEMA 2022 assessment guidance[3] Annex 1 Glossary goes on to direct in relation to inequalities/disparities: "*Consider if the population experiences a high degree of inequalities (disproportionate effects between groups, not only those defined in relation to discrimination such as age and gender, but also in relation to other factors that may affect health outcomes, such as socio-economic status). Consideration should also be given to the protected characteristics under the equalities legislation. These population groups can be more vulnerable or experience greater inequalities/disparities compared to the general population*."

3.4.22 **ES Chapter 18: Health and Wellbeing** [APP-043] makes relevant reference to protected characteristics, for example, age is specifically covered by considering effects to young people and older people. Disabilities is also covered as part of considering effects to people with existing poor health. Language, which has relationships with ethnicity, is referenced within mitigation tailoring for vulnerable groups. Pregnancy is referenced in the assessment of air quality and healthcare services. It is noted that it would not be proportionate to exhaustively include all protected characteristics where there was not the potential for significant effects. Rather, the assessment remains proportionate and includes vulnerable groups other than protected characteristics where health inequalities may arise, notably in relation to low incomes. This is a proportionate and best practice approach.

3.4.23 Whilst not exhaustive of every way a protected characteristic may be differentially affected, e.g. all people have some protected characteristics, such as gender, and all demographic variation means that there are minor differences, **ES Chapter 18: Health and Wellbeing** [APP-043] does identify where there is the potential for significant inequalities. This is a proportionate approach aligned with guidance.

3.4.24 IEMA 2022 assessment guidance[3] Table 7.4 specifically includes the articulation of health inequalities as a criterion when assessing significance of effects. This assessment methodology is adopted into **ES Chapter 18: Health and Wellbeing** [APP-043] Table 18.4.6 as the basis of assessment. This is a best practice approach to assessing health inequalities. **ES Appendix 18.4.1: Methods Statement for Health and Wellbeing** [APP-205] explains at Section 2.1 the vulnerable group sub-populations and approach to assessing inequalities. Paragraph 2.1.7 explains that for each determinant of health, the assessment identifies relevant inequalities through consideration of the differential effect to the 'general population' of the relevant study area and effects to the 'vulnerable

population group' of that study area. The approach allows a discussion of any potentially significant health inequalities and the targeting of any mitigation. In the **ES Chapter 18** assessment the highest level of sensitivity has been assigned to vulnerable groups and the assessment has had specific regard to issues of inequalities. The assessment concludes that there are no significant adverse effects to population health, including related to health inequalities. The assessment does however identify significant beneficial effects in relation to the socio-economic opportunities of the Project, which includes significant benefits in reducing health inequalities.

3.4.25 **ES Chapter 18: Health and Wellbeing** [APP-043] paragraph 18.12.6 confirms that "*The assessment identifies any likely significant effects on population health due to the Project. Consideration is given to physical health, mental health and health inequalities, across a broad range of determinants of health. The health assessment looks at the potential effects for both the general population and for vulnerable groups. Vulnerability relates to experiencing effects differently due to age, income level, health status, degree of social disadvantage or ability to access services or resources*."

Mitigation measures are tailored to health equalities

3.4.26 **ES Chapter 18: Health and Wellbeing** [APP-043] includes specific mitigation targeted to relevant vulnerable population groups to reduce health inequalities and avoid inequitable health outcomes.

3.4.27 This is set out in **ES Chapter 18: Health and Wellbeing** [APP-043] Table 18.7.1 and paragraph 18.11.22. Measures include:

- Promoting health equity by supporting uptake of the Noise Insulation Scheme for local vulnerable groups. With measures included in the **Noise Insulation Scheme** in **ES Appendix 14.9.10** [APP-180]. For example, tenants eligibility, responding to language or literacy barriers, safeguarding and clear communication protocols for surveys and works in the homes of vulnerable persons.
- Promoting health equity through benefits to local vulnerable groups. With measures included in **ES Appendix 17.8.1: Employment Skills and Business Strategy** [APP-198]. For example, a targeted scheme of access to operational Airport training schemes and apprenticeships for young people in the local and regional area who are Not in Education, Employment, or Training (NEET).
- Monitoring benefits to local vulnerable groups, linked to the Annual Monitoring Report of the **Employment Skills and Business Strategy** [APP-

198]. For example, the proportion of local people with long-term unemployment, high job instability or low-income characteristics who enter employment with GAL.

- The new Community Fund can be used by GAL to provide discretionary support to individuals in local communities, particularly those falling into more than one vulnerable group, who experience particular hardship as a result of in-combination effects of the Project. The expectation is that such cases would be rare, but should they arise, a process is in place to mitigate against severe and inequitable health outcomes.

3.4.28 **ES Chapter 18: Health and Wellbeing** [APP-043] has therefore already included appropriate mitigation measures tailored to avoid harm to equality. **ES Chapter 18** concludes that with these mitigation measures in place there would be significant beneficial effects to public health, including health inequalities; and there would not be significant adverse effects to public health, including health inequalities.

Conclusion

3.4.29 **ES Chapter 18: Health and Wellbeing** [APP-043] is a fully compliant HIA (aka Health Equality Impact Assessment), there is therefore not an absence of such an assessment in the Application documentation.

- **ES Chapter 18** specifically considers the groups vulnerable to the Project's changes and the potential for health inequalities. The assessment identifies if vulnerable groups would experience effects differently to the general population. It is concluded that significant beneficial effects would arise, and significant adverse effects would be avoided.
- **ES Chapter 18** is very broad in its scope of issues and population groups. It covers all the principal pathways and groups by which significant effects to vulnerable groups may arise.
- Relevant geographic areas are defined and assessed in **ES Chapter 18**, these include small areas (site-specific) effects, as well as effects that affect a wider area of multiple local authorities.
- The vulnerable groups selected in **ES Chapter 18** include relevant protected characteristics linked with age, pregnancy and disability. The assessment also goes beyond protected characteristics to consider other reasons that can lead to inequitable or differential effects, such as low income or deprivation.
- Nothing in **ES Chapter 18** suggests that there would be a conflict between the Project and the public sector equality duty.

3.4.30 **ES Chapter 18: Health and Wellbeing** [APP-043] already provides sufficient, relevant and proportionate information.

3.4.31 The UKHSA and OHID are the national statutory stakeholders for public health, and were previously collectively Public Health England. UKHSA and OHID in their combined relevant representation [**RR-4687**] of October 2023 confirm that:

3.4.32 "*Following our review of the submitted documentation we are satisfied that the proposed development should not result in any significant adverse impact on public health*".

3.4.33 These Government organisations have a particular role and technical expertise in relation to health inequalities and they are satisfied with the current assessment.

4 References

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