



Gatwick Airport Northern Runway Project

Response to the Examining Authority's Written Questions
(ExQ2) – Health and Wellbeing

Book 10

VERSION: 1.0

DATE: JULY 2024

Application Document Ref: 10.56.7

PINS Reference Number: TR020005

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1 Response to the Examining Authority’s Written Questions – Health and Wellbeing

1.1.1 The below table sets out the Applicant’s response to the Examining Authority’s Written Questions relating to Health and Wellbeing.

ExQ2	Question to:	Question:
HEALTH AND WELLBEING		
HW.2.1	Applicant	<p>Mitigation Route Map</p> <p>In respect of residual lighting effects and in-combination effects, rows HW-6 and HW-8 of the Mitigation Route Map [REP2-011] state that the Community Fund could be used to provide discretionary support for any vulnerable groups experiencing effects.</p> <p>Given that such funding is the subject of an application and therefore funding for mitigation is not guaranteed, are rows HW-6 and HW-8 of [REP2-011] a suggestion of what may be achievable rather than specific mitigation?</p> <p>In addition to the London Gatwick Community Fund, the Applicant has also proposed a specific Hardship Scheme and dedicated Hardship Fund (Schedule 7 of the draft DCO s106 Agreement [REP6-063]) following discussions with the Community Foundations and the JLAs.</p> <p>Criteria for successful applications are set out for the London Gatwick Community Fund and the Hardship Fund within Schedules 4 and 7 of the draft DCO s106 Agreement respectively. Applications are required to confirm eligibility of applicants and discretion is required in determining whether the criteria have been satisfied. A process to ensure that the mitigation is properly allocated does not undermine the reliability of such mitigation. This is well precedented as a route to apply the mitigation across various schemes including the Noise Mitigation Scheme and the Transport Mitigation Fund etc.</p>

HW.2.2	Applicant	<p>Accident and Emergency Department</p> <p>In the submission by Martyn McCormack [REP3-174] he states that Crawley Hospital no longer has an accident and emergency department.</p> <p>Please confirm which is the nearest hospital with an accident and emergency department and the distance from Gatwick Airport?</p> <p>ES Chapter 18 Health and Wellbeing [APP-043] paragraph 18.8.521 states “<i>East Surrey Hospital is the major acute hospital for east Surrey and north-east West Sussex, providing an emergency department (A&E) and acute services for the whole catchment area of the Surrey and Sussex Healthcare NHS Trust, including Gatwick Airport. An urgent treatment centre for non-life-threatening injuries and illnesses is run by Sussex Community NHS Trust at Crawley hospital.</i>” As confirmed by the NHS urgent and emergency care services website East Surrey Hospital (Canada Avenue, Redhill, RH1 5RH) as the closest A&E provider to Gatwick airport. The distance is 4.3 miles from the South Terminal postcode of RH6 0LL and 4.1 miles from the North Terminal postcode of RH6 0PJ.</p>
HW.2.3	Applicant	<p>Design Principles</p> <p>Please provide further detail as to how the detailed built form design principles DBF2 and DBF3 [REP5-031] would have regard to both health and wellbeing and accessibility for all. Should DBF7 also have regard to these aspects?</p> <p>The Design Principles (Doc Ref. 7.3 v5) for the North and South Terminal buildings have been expanded at Deadline 7 to include the following explicit design requirement:</p> <ul style="list-style-type: none"> ▪ To consider the health and wellbeing of passengers, airport visitors and staff in preparing the detailed designs, under Design Principle DBF34 (previously DBF1).

		<ul style="list-style-type: none"> ▪ For the detailed design of the International Departure Lounge (IDL) extensions to the Terminal buildings to provide accessible spaces for all users, with limits to changes in levels and make use of ramps and lifts as a priority over stepped access. This is captured under Design Principle DBF29 (previously DBF2). ▪ To ensure that the detailed design incorporates places of rest along routes within the IDL extensions between destinations, under Design Principle DBF29 (previously DBF2). ▪ To provide inclusive toilet and sanitary facilities, including ambulant disabled and fully accessible WCs and changing places, under Design Principle DBF34 (new Design Principle). <p>In response to ExQ2 HW.2.3, Design Principle DBF41 (previously DBF7) has been amended in the Design Principles (Doc Ref. 7.3 v5) to refer explicitly to health and wellbeing and accessibility considerations. These include:</p> <ul style="list-style-type: none"> ▪ The detailed designs are required to be in accordance with the Design Principles under DCO Requirements 4, 5 and 6.
HW.2.4	Applicant	<p>Design Principles</p> <p>In respect of design principles DLP1 and DLP2 [REP5-031] please give specific examples as to how the proposed replacement open space would be accessible by all sectors of society and also be versatile for different age groups and interests?</p> <hr/> <p>Design Principles DLP1 and DLP2 of the Design Principles (Doc Ref. 7.3 v5) relate to the proposed areas of replacement open space (Work Nos. 34(c) and 40). The application of these Design Principles in preparing the detailed design could result in the following specific examples of how the designs will be accessible by all sectors of society and be versatile for different age groups and interests:</p>

		<ul style="list-style-type: none"> • Provision of footpaths, cycleways and hard surfacing of appropriate width, size, gradient and materials (avoiding steps, kerbs and level changes) to enable easy access to, and movement through, areas of replacement open space and accessible green space. • Provision of areas of active play or sport incorporating surface materials, equipment and natural play opportunities, where appropriate, within clearly defined areas of replacement open space and accessible green space. • Provision of seating/picnic areas for quiet relaxation incorporating an appropriate range of seating/street furniture, surface treatments and planting/screening.
HW.2.5	Applicant	<p>West Sussex Integrated Care Board</p> <p>Row 2.12.2.1 of the CBC SoCG [REP5-037] states that discussions with the West Sussex Integrated Care Board have taken place in respect of improving access to healthcare for workers at the airport, for example when shift work makes it hard to attend medical appointments or screening checks.</p> <p>Please confirm the outcome of these discussions and if recommendations were made, how/ when will they be included within the Proposed Development?</p> <p>The Deadline 5 Submission Statement of Common Ground between Gatwick Airport Limited and Crawley Borough Council [REP5-037] rows 2.12.2.1 and 2.12.3.1 note that there have been discussions with the West Sussex Integrated Care Board (ICB) on improving access to healthcare for workers at the airport, for example when shift work makes it hard to attend medical appointments or screening checks.</p> <p>The position is unchanged from the Deadline 3 Submission - 10.16 The Applicant's Response to the ExA's Written Questions (ExQ1) - Health and Wellbeing [REP3-094] ExQ1 HW.1.2. The offer remains open to the ICB and remains with them to define specific data needs, survey questions and data</p>

		<p>governance arrangements for phase 2 of their work. The Crawley Programme is an NHS Sussex led initiative and does not require securing through the DCO.</p> <p>Paragraph 18.8.572 of ES Chapter 18: Health and Wellbeing [APP-043] also confirms that ongoing collaboration is planned, including on data sharing and gathering activities. The Project does not rely on such activities as mitigation but notes the positive relationship as illustrative of an ongoing commitment to employee health and wellbeing.</p>
HW.2.6	Applicant	<p>Feedback from vulnerable groups</p> <p>At row 2.12.2.2 of the CBC SoCG [REP5-037] it is stated that the Applicant is open to discussing plans for the new green spaces to encourage activities such as nature trails, exercise apparatus, child activities trails, and the use of sustainable, natural and recycled materials, that will enhance the experience of using the space and encourage wellbeing.</p> <p>Given the importance of ensuring the new green spaces are suitable for all users, why are discussions not scheduled to commence until the detailed design stage? Please confirm who will be engaged with in respect of these matters?</p> <p>Through the pre-application consultation and the examination itself, the Applicant has welcomed feedback on the proposals for the replacement open space and green spaces proposed as part of the Project and has updated the Outline Landscape and Ecology Management Plan (oLEMP) [REP6-032] – [REP6-036] (oLEMP) and the Design Principles [REP5-031] in response to this feedback.</p> <p>In developing the detailed designs to comply with the oLEMP and the Design Principles, the Applicant will involve relevant professionals from the local authorities in line with the relevant Requirements of the Draft DCO (Doc Ref. 2.1).</p>

		<p>The Landscape and Ecology Management Plans for each area must be substantially in accordance with the oLEMP and must be submitted to and approved by Crawley Borough Council following consultation with Reigate and Banstead Borough Council, Mole Valley District Council and Tandridge District Council (to the extent that they are the relevant planning authority). These will include activities and amenities for different age groups and interests which are described in principle in Section 4.7 of the oLEMP and which includes the provision of areas for sports, playgrounds, seating areas and green spaces for picnics and relaxation as examples.</p> <p>In addition to complying with the feedback provided to date, the Applicant would expect that any consultation feedback from the local planning authorities would have considered the different needs of their communities in their role as the Local Planning Authorities.</p> <p>The detailed design of each area must be in accordance with the Design Principles and will be submitted to Crawley Borough Council for consultation under DCO Requirement 4. Again, in addition to the Design Principles having been updated to reflect comments received to date, the Applicant would expect any feedback from Crawley Borough Council to have considered the different needs of its communities.</p>
HW.2.7	<p>Applicant</p> <p>Crawley Borough Council</p>	<p>Crawley Borough Council Statement of Common Ground</p> <p>Please can row 2.12.3.2 of the CBC SoCG [REP5-037] be reviewed and confirmation provided as to whether this row deals with lack of evidence, adverse noise impacts, air quality or all three topics?</p> <p>Row 2.13.3.2, Statement of Common Ground between Gatwick Airport Limited and Crawley Borough Council [REP5-037] deals with feedback on air quality and public rights of way in the context of health and wellbeing. As discussions have progressed between the two parties, the more general issue of how feedback from communities has been incorporated in the assessment has been narrowed to impacts on PRow and air quality. The ‘Updated Position’ which references noise in the second column of Row 2.13.3.2 has been inserted in error and will be removed in the next iteration. Row 2.13.3.2 will be split in the next iteration to reflect the two issues of PRow and air quality, 2.13.3.2A and 2.13.3.2B respectively.</p>

HW.2.8	Crawley Borough Council	<p>Data sets</p> <p>The ExA notes that at row 2.12.5.2 of the CBC SoCG [REP5-037], CBC has requested that a Health Impact Assessment is undertaken which would robustly assess the potential effects, including physical and mental, on the health of the population, analysis of some of the data on smaller geographies to highlight inequalities, and to make clear the mitigations or that need further consideration.</p> <p>Given that the Applicant has stated that ES Chapter 18 [APP-043] provides data and analysis at ward level, please can CBC confirm which groups they are particularly interested in when they reference ‘smaller geographies’?</p> <p>N/A – this question is not directed at the Applicant.</p>
HW.2.9	Applicant	<p>Draft Section 106 Agreement</p> <p>The ExA notes the recent addition of Schedule 7 - Health within the draft Section 106 Agreement [REP6-063]. Please can the Applicant provide reasoning for the inclusion of this new Schedule and why it wasn’t included within the initial draft?</p> <p>In respect of the proposed Hardship Scheme please:</p> <ol style="list-style-type: none"> a) Confirm how the sum of the Fund of £10,000 was calculated? b) Confirm that if two households put in applications for the maximum grant of £5,000 and were successful in their application, then the Fund would only aid two households per annum? c) If multiple applications were received for the Fund, which all were deemed to meet the required criteria, and were requesting the maximum funding available, how would eligibility be determined? <p>In respect of the proposed Ambulance Information:</p>

		<p>a) Does ambulance monitoring already take place at Gatwick Airport? If so, is this data shared with any other parties and is the data publicly available?</p> <p>b) If the monitoring shows a significant increase in passengers requiring transfer to hospital what, if any, action would GAL take?</p> <p>c) Should this action be secured and if so, how?</p> <p>d) What is the proposed period of monitoring?</p> <p>In respect of First Responder Provision:</p> <p>a) How is the number of Responders in relation to passenger numbers calculated?</p> <p>b) What is the current number of Responders at Gatwick Airport currently?</p> <hr/> <p>The Environmental Statement (and in particular ES Chapter 18: Health and Wellbeing [APP-043]) relies upon funding available for hardship as mitigation to potential health impacts on vulnerable residents affected by the Project. Whilst it was initially proposed that this could be facilitated through the London Gatwick Community Fund secured in Schedule 4 of the draft Section 106 Agreement [REP6-063], in response to comments from the JLA's this has now been proposed as a separate fund.</p> <p>Accordingly, a separate ringfenced sum has been established to mitigate potential impacts of the Project on individuals experiencing hardship.</p> <p>Additional obligations regarding data collection and sharing for ambulance call-out rates as well as ensuring there is adequate On-Site First Responder provision have been included, pursuant to assumptions in ES Chapter 18: Health and Wellbeing [APP-043].</p> <p>In respect of the Hardship Fund:</p>
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		<p>a) The sum of £10,000 is based on informed expectations of likely demands on the Hardship Fund. There are 9 wards around the airport, with a population of 79,777 people (2021 census), of which 4,659 have health related conditions that result in day-to-day activities being limited a lot (the higher category recognised as disabled under the Equality Act 2010). A professional judgement has determined that of these 4,659 people it is only likely that around 1% could potentially require additional support, i.e. around 50 people. The Hardship Fund is only for exceptional circumstances related to the Project and for situations where support is not covered through other Project mitigation mechanisms. Separate mitigation measures in place will reduce demand from the Hardship Fund. For example, pursuant to the draft Section 106 Agreement eligible applicants are able to draw funding from the Noise Insulation Scheme and apply for grants from the London Gatwick Community Fund (both available to individuals who are residents in the 9-ward area). Additionally, ES Appendix 5.3.2: Code of Construction Practice [REP4-007] secures on and off-site measures to mitigate effects on local residents (detailed in paragraphs 5.9.10 to 5.9.16). For example, paragraph 5.9.14 secures that "<i>qualification for noise insulation and, where appropriate, temporary re-housing will be confirmed as part of seeking prior consent from the relevant planning authority under Section 61 of the CoPA [Control of Pollution Act 1974]. Qualifying buildings will be identified so that noise insulation can be installed, or where appropriate any temporary re-housing provided, before the start of the works predicted to exceed noise insulation or temporary re-housing criteria</i>". Accordingly, it is anticipated that these separate mitigation measures will provide for the vast majority of the potential demand from those suffering hardship and so the Hardship Fund will only be needed in exceptional cases outside of this more general mitigation available. Moreover, of the remaining potentially eligible applicants, it is expected that not all will apply in the same year because the effects will vary depending on the stage of construction and operation of the Project. In summary, the general mitigation measures available to potential applicants coupled with the specific nature of this separate fund means that a limited number of eligible applicants are anticipated spread across construction and operation of the Project and the sum of £10,000 is considered to be sufficient to accommodate grants to eligible applicants in any one year.</p>
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		<p>b) It is correct that in the eventuality that two applicants were eligible for the full grant amount, this may use up the full extent of the fund for the relevant year. The Hardship Fund would continue to be topped up to £10,000 in the following year to give grants to future applicants. The Applicant anticipates that the likelihood of the full £10,000 being drawn upon in a single year is low. The government guidance on Disabled Facilities Grant delivery 2022¹ indicates that minor adaptations can be delivered at a cost of up to £5,000, however, it acknowledges that small but effective interventions can be achieved for up to £1,000. This would mean the suggested grant could support a number of people in any one year depending on their identified needs. The Hardship Scheme is designed to fulfil a very specific purpose to assist any applicants who still suffer hardship in spite of the other mitigation measures secured through the dDCO and Section 106 Agreement.</p> <p>c) If an applicant is found to be eligible, funding will be provided dependent on need (up to the £5,000 cap). Should the fund no longer be in funds to meet the needs of later applicants within the relevant period, they would wait until the funding is topped up in the following year. There is no single window of grant making and applicants are referred by the relevant ICBs on an ad hoc basis throughout the year, depending on whether they are identified to fall within the relevant criteria established in Schedule 7. As noted above, the risk of all funds being exhausted in any single year is anticipated to be very low.</p> <p>In any event, whilst the sum proposed is considered appropriate to mitigate the relevant hardship effects resulting from the Project, the Applicant would act compassionately and have discretion to provide further funding outside of the parameters of the Section 106 Agreement as is considered appropriate by the Applicant through the course of ongoing operations of Gatwick Airport.</p> <p>In respect of the proposed ambulance information:</p>
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¹ https://assets.publishing.service.gov.uk/media/6245b9ac8fa8f527744f0683/DFG_Guidance.pdf. For example, discussion at paragraph 2.24 on pdf page 12 of funding of up to £1,000 for minor adaptations; and illustrative discussion on pdf page 19 of fast-tracked funding of £5,000 for a small number of people, which can have a significant impact upon their lives.

		<p>a) The Applicant is able to, and does, log the volume of calls from its control centre to the South East Coast Ambulance Trust . None of this data includes any personal information. However, it does not currently report any data externally. The South East Coast Ambulance Trust are also able to independently record the volume of ambulances they dispatch to Gatwick Airport. As part of the Section 106 commitment proposed, this data will be provided annually to the GATCOM.</p> <p>b) The proposed obligation requires only that the data related to ambulance callouts from the control room be supplied to the GATCOM for their information. It is not proposed that any consequential commitments be secured. ES Chapter 18: Health and Wellbeing [APP-043] "<i>assumes adequate routine service planning, including by South East Coast Ambulance Service NHS Foundation Trust and Surrey and Sussex Healthcare NHS Trust, to accommodate the increase in additional hospital transfers</i>". Accordingly, no direct intervention would be required to mitigate Project effects.</p> <p>That being said, the Applicant has strong relationships with the South East Coast Ambulance Trust and engagement would continue to ensure effective working practices between the Applicant and the Trust.</p> <p>c) As noted above, because the proposed obligation relates to provision of data only, there are not proposed to be any direct actions as a result of the data collected. This is appropriate in line with the findings of ES Chapter 18: Health and Wellbeing [APP-043]. On a voluntary basis, the Applicant will maintain engagement with the South East Coast Ambulance Trust to ensure effective operations continue.</p> <p>d) The data recorded will be shared on an annual basis with the GATCOM, starting three months from the Commencement of Dual Runway Operations and lasting for the full duration that the draft Section 106 Agreement remains in effect.</p> <p>In respect of First Responder Provision:</p>
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		<p>a) The draft DCO s106 Agreement obligation requires that the number of first responders change at a scale reasonably proportionate to the change in passenger numbers. A multitude of factors contribute to the volume of first responders retained on site at Gatwick Airport, the main one being passenger throughput numbers. For example, during the Covid-19 pandemic, the number of on-site first responders retained at Gatwick Airport was reduced to align with the fall in passenger numbers at the airport. As the passenger numbers and staff numbers increase, it is recognised that this figure of first responders will also need to increase. However, there is no strict ratio that the airport is required to maintain because flexibility is required to ensure the most effective provision of on-site support. There is an important distinction between ‘demand’ and ‘capacity’ in relation to healthcare provision such that current capacity may meet additional demand associated with the Project without additional scaling being required. The Applicant will engage with NHS South East Coast Ambulance Service and consider their view on whether additional onsite paramedic capacity is clinically required to meet increases in demand associated with additional passenger numbers. Third parties working at the airport are also required to have a proportion of first aiders on site.</p> <p>b) The Applicant currently has about 250 on-site responders with differing levels of qualifications and training. The term ‘First Responder’ in the draft DCO s106 Agreement refers to a member of the team, who has appropriate training and are able to respond quickly and take suitable action, including triaging the patient as necessary, or providing medical assistance. Depending on the nature of the medical incident and who reaches the scene first, this can be members with ‘Emergency First Aid’ training or those that have more advanced ‘Full First Aid’ training (First Aid At Work (FAAW) training and Safe Use of Automated External Defibrillation (AED) training) and are largely from within the Security, Passenger Operations and Office teams. In addition, the Applicant has over 80 staff in the Airside Operations and Airport Fire Service team with higher qualifications and trained as Immediate Emergency Care (IEC) Advanced Practitioners who are on-site and can also respond quickly to more complex medical situations.</p> <p>Furthermore, on-site paramedic provision is currently being recruited, which will operate between the hours of 06:00 – 00:00 every day of the year.</p>
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HW.2.10	Applicant	<p>Health Impact Assessment</p> <p>Noting West Sussex County Council comments at row 83 of their Updated PADSS [REP5-115], please confirm whether the Applicant considers it necessary to undertake a standalone assessment for West Sussex?</p> <p>If not, please provide a justification.</p> <hr/> <p>West Sussex County Council Deadline 5 Submission - Updated PADSSs [REP5-115] row 83 requests a standalone HIA for West Sussex.</p> <p>The Applicant's position is that it is not necessary to undertake a standalone assessment for West Sussex. ES Chapter 18: Health and Wellbeing [APP-043] is a full and comprehensive HIA that has appropriately taken into account the populations and communities of West Sussex, including in relation to localised effects and appropriate mitigation.</p> <p>The justification for the use of local evidence and assessment of local communities in West Sussex is set out in the Deadline 5 Submission - 10.38 The Applicant's Response to Deadline 4 Submissions [REP5-072] paragraph 3.17.4 (pdf page 405/464).</p> <p>Furthermore, the HIA in ES Chapter 18: Health and Wellbeing [APP-043] has specifically used local evidence to assesses the impacts on the population close to the airport, including residents and vulnerable groups in West Sussex. This is set out in ES Chapter 18: Health and Wellbeing [APP-043], for example on Study Area (pdf pages 25 to 27) and throughout section 18.8 in relation to site-specific and local effects; ES Appendix 18.2.1 Summary of Planning Policy - Health and Wellbeing [APP-202], for example in relation to the adopted and emerging local plan polices on health; ES Appendix 18.5.1 Health Baseline Trends, Priorities and Vulnerable Groups [APP-206], for example discussion of summary public health indicators and relevant points in relation to the West Sussex Joint Health and Wellbeing Strategy and Joint Strategic</p>
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		<p>Needs Assessment; and ES Appendix 18.5.2 Health and Wellbeing Baseline Data Tables [APP-207], for example the detailed data tables of demographics and public health indicators for West Sussex and for the districts and the 9 wards close to the airport. This detailed local evidence is considered appropriate and proportionate to assessing the sensitivity of the relevant West Sussex populations and the potential for likely significant effects due to the Project.</p> <p>The Applicant shares the Local Authority’s concern for the health and wellbeing of the local communities, including those in West Sussex. For this reason, there has been a comprehensive HIA and a detailed consideration of mitigation and opportunities for community benefits. The geographic reporting of the assessment by impact related study area rather than by individual local authority is a proportionate approach that is the norm for reporting results in HIA and EIA. Where a local authority is represented within a study area, that local authority can read the assessment as being relevant to it. The study areas are set out in ES Chapter 18: Health and Wellbeing [APP-043] (pdf ages 25 to 27) and throughout the assessment section (Section 18.8) for each determinant of health.</p> <ul style="list-style-type: none"> • West Sussex comprises one of the counties within the ‘Six Authorities Area’. • Within West Sussex, Crawley, Horsham and Mid Sussex are three of the boroughs/districts within the ‘health local study area (HLSA)’. • Within Horsham, the ward of Colgate & Rusper (E05011815) and within Crawley, the wards of Langley Green & Tushmore (E05012919), Pound Hill North & Forge Wood (E05012922), Three Bridges (E05012925), Northgate & West Green (E05012921) and Ifield (E05012918) are part of the ‘nine ward area’. <p>The assessment findings are based on the local evidence base for each local authority, not an average. Similarly, the results are not an averaged effect that relies on multiple local authorities to be assessed together to avoid significant adverse effects. Adverse effects would not become more or less significant if a local authority was to be considered individually. A standalone HIA for each of the local authorities would</p>
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		<p>simply result in a high degree of duplication, running to several thousand pages. It would not change the conclusion, with which UKHSA and OHID agree [RR-4687], that the Project should not result in any significant adverse effects to public health. This includes that there is not the potential for significant adverse effects on population health in West Sussex due to the Project. The realisation of beneficial effects across a wide area, including West Sussex, is not limited in any way by not having 6 to 12 separate HIAs.</p>
HW.2.11	Applicant	<p>Health Damage Cost Calculation</p> <p>Has a health damage cost calculation been provided in ES Chapter 17 [APP-043] as per the request made by Horsham District Council at row 3.2 of their PADSS [REP5-091]? If not, please confirm if such a calculation is considered necessary?</p>
		<p>Air quality costs are set out in Section 7 of Needs Case Appendix 1 – National Economic Impact Assessment [APP-251].</p>
HW.2.12	Applicant	<p>Overheating Assessment</p> <p>Please confirm whether the Applicant considers it necessary to undertake an ‘Overheating Assessment’ as requested by Mole Valley District Council at row MV12 of their PADSS [REP5-101]? If not, please provide a justification.</p> <p>Additionally, please confirm how the proposed Noise Insulation Scheme proposes to address overheating issues?</p>
		<p>The Applicant has discussed MVDC’s request for overheating assessments via the Noise Topic Working Group. An overheating assessment is a specialist task undertaken for a specific building in a specific location, orientation etc. Mole Valley has a diverse range of housing stock making it infeasible to carry out any meaningful assessment of the risk of overheating to all affected properties. Instead, the Applicant has taken a pragmatic approach to offer, within its noise insulation scheme, heat gain and ventilation measures that have been widely used at other airports to address this concern, as follows.</p>

		<p>The Noise Insulation Scheme, seen in ES Chapter 14: Noise and Vibration [APP-039], addresses overheating issues by providing ventilation measures within the acoustic package offered to eligible properties affected by noise. It reduces overheating risk to households that sign up to the scheme, as the ventilators provide both passive and active fresh air supply and allow residents to keep windows closed especially during warmer weather, but not to completely negate the need to open windows in certain circumstances. Further, several acoustic products are offered such as acoustic double glazing, blinds, acoustically superior doors. Blinds will be available for acoustically upgraded windows exposed to direct sunlight, helping to reduce heat gain. Acoustic double glazing or secondary glazing will be provided for single-glazed windows, which can help reduce heat transfer. The noise insulation scheme as updated, see ES Appendix 14.9.10: Noise Insulation Scheme [REP4-017] includes a minimum specification for the acoustic ventilators to deliver at least 170 m³ air per hour, enough to provide at last two air changes per hour in most rooms to provide cooling. Experience at other airports is that one acoustic ventilator at this duty is sufficient. However, in order to provide further reassurance that overheating can be avoided, the Applicant is prepared to modify the Inner Zone scheme and offer the following additional measure:</p> <ul style="list-style-type: none"> • Thermal insulation will be offered to roof spaces above noise sensitive rooms, if not already in place. <p>The Applicant is continuing to work with the Local Authorities to finalise the Noise Insulation Scheme and a revised version will be submitted.</p>
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