

An aerial photograph of Gatwick Airport's northern runway and taxiway. The runway is a long, straight concrete strip with white markings, including the number '26' and the letter 'L'. Several aircraft are visible on the taxiway and runway. In the foreground, a large white Airbus A380 is taxiing. To its left, a smaller white aircraft is also taxiing. Further up the runway, another white aircraft is visible. In the bottom left corner, a red and white EasyJet aircraft is taxiing. The surrounding area includes green grass, taxiway lights, and airport infrastructure in the background.

YOUR LONDON AIRPORT
Gatwick

Our northern runway: making best use of Gatwick

Preliminary Environmental Information Report
Appendix 17.3.1: Summary of Stakeholder Scoping Responses – Health and Wellbeing
September 2021

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1 Introduction

1.1 General

1.1.1 This document forms Appendix 17.3.1 of the Preliminary Environmental Information Report (PEIR) prepared on behalf of Gatwick Airport Limited (GAL). The PEIR presents the preliminary findings of the Environmental Impact Assessment (EIA) process for the proposal to make best use of Gatwick Airport's existing runways (referred to within this report as 'the Project'). The Project proposes alterations to the existing northern runway which, together with the lifting of the current restrictions on its use, would enable dual runway operations. The Project includes the development of a range of infrastructure and facilities which, with the alterations to the northern runway, would enable the airport passenger and aircraft operations to increase. Further details regarding the components of the Project can be found in the Chapter 5: Project Description.

1.1.2 This document provides the summary of stakeholder scoping responses concerning Chapter 17: Health and Wellbeing, for the Project.

Table 1.1.1: Summary of Consultation Responses

| Consultee | Date | Details | How/where addressed in PEIR |
|---|-------------------|--|--|
| Planning Inspectorate | | | |
| Charlwood Parish Council | 30 September 2019 | In relation to the study area, it is noted that Charlwood Parish is not located within either Crawley or Reigate and Banstead which were proposed as areas of particular interest. | The study area has been extended to include Mole Valley, which Charlwood Parish is located within. |
| | | Charlwood Parish believe there must be a specific, quantified, assessment of the health impacts on people under flight paths who would suffer the effects of significant increases in aircraft numbers. | A quantitative assessment relating to the health and wellbeing effects of noise is included in Chapter 17 (Section 17.9) of the PEIR for the First Full Year of Opening (2029), Interim Assessment Year (2032) and Design Year (2038). |
| | | Charlwood Parish believe there needs to be a thorough assessment of the health effects of expansion on air quality taking account the additional traffic forecast to be generated. | An assessment of effects is provided in Section 17.9 of the PEIR. Further quantitative assessment relating to the health and wellbeing effects from changes in local air quality (taking into consideration on-site activities, air movements and additional transport movements) will be included in the ES. While the quantitative assessment will provide further detail on the magnitude of impact, the assessment of significance provided in the PEIR is considered robust. |
| Crawley Borough Council Economy and Planning Services | 30 September 2019 | Suggest that growth at Gatwick will have an impact on housing needs should be thoroughly assessed with any new housing required creating associated infrastructure pressures on health facilities, which should be considered as part of the ES. | While it is acknowledged that Gatwick has and continues to contribute towards regional socio-economic vitality, the Project does not include any residential development that would modify demography and associated health care demand. |
| | | The assessments of noise and air quality during construction and operation should be linked to the Health Impact Assessment. | An assessment relating to the health and wellbeing effects associated with changes to both local air quality and noise exposure is included across all assessment scenarios. At this stage, a quantitative assessment has been undertaken for changes in noise impacts and a qualitative assessment has been undertaken for changes in air quality. Building on the qualitative results from the health and wellbeing assessment relating to changes in air quality assessment, further quantitative assessment will be provided for the final ES. While the quantitative assessment will provide an accurate figure to conclude on magnitude of impact, the assessment of significance provided in the PEIR is considered robust. |
| East Sussex County Council | 30 September 2019 | East Sussex would like to propose to be included both as consultees to the proposed Health Impact Assessment (HIA) and to request that the area of East Sussex is included in the HIA, along with West Sussex and Surrey. | The area of East Sussex is included within the wider study area, as outlined in Chapter 17 (Section 17.4) of the PEIR and is a statutory consultee that has and will continue to be consulted as part of the Environmental Impact Assessment (EIA) process. |

| Consultee | Date | Details | How/where addressed in PEIR |
|-----------------------------|-------------------|---|---|
| Kent County Council | 1 October 2019 | Requests clarity on which Health Impact Assessment methodology is being applied and is in favour of using the Welsh methodology. | Chapter 17 (Section 17.4) of the PEIR comprises detail on relevant guidance applied and includes the Welsh methodology being referred to. |
| | | Recommend further consideration of community impacts, and how these affect health and wellbeing. | The health and wellbeing assessment inherently assesses community impacts, as the assessment is focused at the population level. |
| | | Recommend that new local National Health Service (NHS) organisations such as Integrated Care Partnerships are worked with as these will be a useful way of monitoring future data. | The PEIR will be shared with NHS organisations including the Integrated Care Partnership for comment. |
| | | Provide details on acute sector admission rates for cardiovascular and respiratory disease in children as well as adults. | Baseline data have been collected for the PEIR and will be updated as required for the final ES. |
| | | Expect noise, vibration and air quality during construction and operation to be priorities for the Health Impact Assessment. | Noise, vibration and air quality are key health and wellbeing determinants that are considered in Chapter 17 (Section 17.9) of the PEIR. |
| Mid-Sussex District Council | 1 October 2019 | Note that the Health and Wellbeing topic is not deemed to have any bearing on the interests or spatial context of Mid-Sussex District Council. | The area of Mid Sussex is included within the local and wider study areas, as outlined in Chapter 17 (Section 17.4) of the PEIR. |
| | | A health working group should be established for health. | A health forum has been established, has commented on the scope and focus of the assessment, provided additional input to the baseline, and it has provided guidance on healthy urban design principles to explore. |
| | | A health damage cost calculation is required to quantify the level of mitigation required. | The PEIR has investigated any potential change in environmental and socio-economic conditions with the potential to influence health, informing and refining the application to remove and manage potential risk. |
| | | The EIA Scoping Report states the stakeholders who have already been consulted with during the scoping process, but this does not include key health bodies. | In addition to formal scoping and the main consultation carried out as part of the EIA process, a health forum was established and has been consulted with specifically in relation to public health matters. |
| | | It was noted that there was an obvious discrepancy between the proposed assessments for Health and Wellbeing and Major Accidents and Disasters relating to Public Safety Zones. | Effects in relation to Public Safety Zones will be considered once the outcome of the Civil Aviation Authority's consultation on standardising Public Safety Zones is known. |
| Mole Valley | 30 September 2019 | Not all of the Mole Valley Local Plan 2000 policies listed as relevant to Health and Wellbeing were saved following review of the 2000 Local Plan in 2007. Policies REC2, REC7, REC8 and CF1 were not saved and are therefore not applicable. | This comment has been noted, and the list of relevant policies relating to health and wellbeing updated (as per Table 17.2.2 in Chapter 17 of the PEIR). |
| Public Health England | 30 September 2019 | Suggest that the Health and Wellbeing chapter summarises key information, risk assessments, proposed mitigation measures, conclusions and residual impacts, relating to human health. | The health and wellbeing chapter draws from and builds upon information relating to all of these aspects from inter-related technical disciplines. |
| | | Suggest that a full explanation and justification should be provided where scoping out health determinants. | A full explanation and justification for scoping health determinants in/out of the assessment process is provided in Chapter 17 of the PEIR. |
| | | Recommend that the ES should clearly set out a definition of health, including specific reference to mental health. | Health is defined in Chapter 17 (Section 17.1) of the PEIR and includes specific reference to mental health. |
| | | Recommend that the assessment to include consideration of the need for monitoring. | Monitoring is considered as part of the assessment and focusses on environmental precursors to health and wellbeing effects, as this enables intervention ahead of any adverse health outcome. |
| | | Recommend that the ES must identify additional mitigation measures identified as necessary in connection to vulnerable populations and those within the protected characteristics. | The health and wellbeing assessment integrates relevant elements of Equalities Impact Assessment to investigate any potential disproportionate outcome upon communities and health. |

| Consultee | Date | Details | How/where addressed in PEIR |
|--------------------------------------|-------------------|--|--|
| | | Recommended that the ES should identify any additional opportunities to contribute to improved infrastructure provision for active travel and physical activity. | Access to public open space and footpaths is considered within Chapter 18: Agricultural Land Use and Recreation. The resultant effects on participation in physical activity and recreation are communicated within the health and wellbeing chapter. Furthermore, Chapter 12: Traffic and Transport assesses the potential effects on pedestrians and cyclists from changes in transport nature and flow rate, the results of which are communicated within the health and wellbeing chapter. |
| | | Recommended that the ES should consider the impact of the development on community severance from changes to the transport infrastructure and usage within both the construction and operational phases. | Community severance is considered fully as part of Chapter 12: Traffic and Transport. The results of which are communicated within the health and wellbeing chapter. |
| | | Recommend that demand for temporary accommodation by the construction work force should be identified and an assessment made regarding the impact on local housing supply and affordability, particularly in relation to homelessness provision of short-term housing supply. Given the number of other large developments near the study area, the cumulative impact on housing provision should be included. | Chapter 16: Socio-Economic Effects addresses the increase in demand for temporary accommodation during construction. |
| | | Recommend that the ES should identify a clear strategy and action plan that addresses barriers to employment within the local population and enables opportunities for employment within Gatwick Airport. | A series of training, apprenticeship and procurement initiatives is currently under development. Following consultation, an Outline Employment Skills and Business Strategy (OESBS) will be refined and planning commitments made to address existing barriers to employment uptake, complement local health and employment initiatives and maximise the uptake of benefits locally. |
| | | Recommend that the ES should assess the current and future demand on health and social care services and the subsequent assessment of significance. The ES should report on the results of engagement with the local health and social care system and any proposed embedded or additional mitigation. | Potential effects on health and social care services have been considered within Chapter 17 (Section 17.9) of the PEIR, in the context of the introduction of a large construction workforce and the increased operational workforce. |
| | | Recommend that the geographic scope of the assessment should include areas where health and social care facilities or services may experience additional demand. | The study area, as described in Chapter 17 (Section 17.4) of the PEIR (Assessment Methodology), comprises both a local and wider study area to capture a range of potential effects at different scales. |
| Reigate and Banstead Borough Council | 27 September 2019 | Suggest that a calculation of the years of life lost (not a relative or percentage change) due to the airport pollution using the latest Committee on the Medical Effects of Air Pollutants (COMEAP) report and DEFRA valuation of a life year lost should be included. | An assessment of effects is provided in Section 17.9 of the PEIR. Further quantitative health assessment relating to changes in local air quality concentrations will be undertaken for the final ES. However, the assessment does not intend to convey health and wellbeing effects in economic terms, because while useful when comparing projects at a strategic level, at a project level it masks the potential type, distribution and significance of impact, runs the risk of dismissing health and wellbeing effects when compared to the economic gains to be achieved and prevents the development of effective mitigation measures. |
| | | Following the adoption of the DMP, references to the “emerging Reigate & Banstead Borough Development Management Plan 2018-2027” should be amended to ensure consistency. In addition, references to the saved Borough Local Plan policies need to be removed from the policies and legislative requirements section. | This comment has been noted, and the list of relevant policy to health and wellbeing revised (as per Table 17.2.2 Chapter 17). |
| | | Note that health effects arising from population change are proposed to be scoped out. On the basis that Reigate and Banstead believe that there will be a population increase during the operational phase, they do not agree that the health effects arising from population change should be scoped out. | While it is acknowledged that Gatwick has previously contributed, and continues to contribute towards, regional socio-economic vitality, the Project does not include any residential development that would modify demography and associated health care demand. |

| Consultee | Date | Details | How/where addressed in PEIR |
|----------------------------|-------------------|---|---|
| | | Note that health effects from temporary lighting during construction is proposed to be scoped out and request further clarity on this. | Potential health and wellbeing effects from lighting have been considered within Chapter 17, Section 17.9 of the PEIR. |
| | | Request clarity on whether the scope of the assessment will include mental health considerations of construction workers given the proposed twelve-year construction period and following recent publicity on the poor mental health of construction workers at Hinkley Point. | Health and wellbeing effects associated with the workforce are included as a sub-section for each assessment scenario, and as defined in Chapter 17 (Section 17.1) of the PEIR, the chapter applies a definition of health, which gives due consideration to mental wellbeing. |
| | | Suggest that the operational health assessment relating to changes in air quality and noise exposure should take into consideration early growth at Heathrow and airspace modernisation changes. | The health and wellbeing assessment relating to changes in air quality and noise exposure draws from and builds upon key outputs from modelling undertaken by air quality and noise technical disciplines, which considers different growth scenarios at Heathrow and airspace modernisation changes. |
| | | Request clarity on whether the operational health assessment relating to changes in local transport composition and flow rate will take into consideration transport movements relating to the workforce. | The health and wellbeing assessment relating to changes in local transport composition and flow rate draws from and builds upon key outputs from modelling undertaken by the Traffic and Transport technical discipline and includes overall transport movements (which takes into consideration workforce travelling to/from the site). |
| Surrey County Council | 1 October 2019 | Recommend that the assessment makes use of the WHO definition of health “ <i>a state in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community</i> ”, and make reference to the wider determinants of health model developed from that by Dahlgren and Whitehead (1991). | Health is defined in Chapter 17 (Section 17.1) and includes reference to the wider determinants of health. |
| | | Recommend that reference be made to the Health and Wellbeing Board Strategies for Surrey as part of the relevant Legislative and Policy Context. | While Health and Wellbeing Board Strategies have not been referenced as part of the relevant Section within Chapter 17 (Section 17.2), they have been reviewed and used to inform conversations regarding mitigation and enhancement to ensure these measures align, where applicable and appropriate. |
| | | State that baseline public health indicators used at district/borough level or Clinical Commissioning Group (CCG) can conceal health inequalities and suggests that the EIA considers vulnerable groups that might be disproportionately affected. | Due to the scale of the Project it is not considered proportionate to collect ward level data to inform the baseline. It should be noted that the health assessment applies conservative methods and a uniformly high sensitivity classification to capture the most vulnerable individuals within the study area. |
| | | Welcomes references to the Joint Strategy Needs Assessment (JSNA). | JSNA reports have been analysed to provide additional context on local health circumstance and inequalities. These reports partly draw from the open source websites and datasets, which have primarily informed the health and wellbeing baseline. |
| | | Suggest the baseline data could include Potential Years of Life Lost, a summary measure of premature deaths due to causes which have been identified as amenable to prevention or delay through good healthcare. | The baseline data collected and interpreted include an extensive range of indicators which represent demography, socio-economic circumstance, physical health, mental health and lifestyle habits of the local population. While several statistics are available, it is considered that those included for the Project are representative and proportionate. |
| | | Suggest that consideration be given to the inclusion of positive health impacts within the scope of the assessment. For example, by promoting and maximising active travel opportunities. | The health and wellbeing assessment will communicate where any positive health impacts are predicted. |
| Tandridge District Council | 30 September 2019 | States that there is a close relationship between Health and Wellbeing and the topics covering socio-economic, air quality and noise effects. | There is a close relationship between health and wellbeing and several other topics. These inter-relationships are outlined in Chapter 17 (Section 17.1.2). |

| Consultee | Date | Details | How/where addressed in PEIR |
|----------------------------|---------|---|---|
| West Sussex County Council | No date | The following documents are suggested to be referenced as Legislative and Policy Context: West Sussex Joint Health and Wellbeing Strategy; Public Health England data; Crawley Local Joint Strategic Needs Assessment; Health and Social Care Act 2012; Public Health England Strategic Plan 2016; Prevention Vision 2018; NHS Long Term Plan 2019; and 'The State of the Union'. | While these documents do not form part of the relevant section of Chapter 17 (Section 17.2), they have been reviewed and used to inform several aspects of the health and wellbeing chapter including the baseline and any mitigation or enhancement measures. |
| | | The methodology should be agreed with consultees. | All comments on proposed methodology from consultees have been considered. |
| | | State that the public health indicators referenced in the Scoping Report do not capture or emphasise the importance of mental health. | The public health indicators referenced in the Scoping Report represented a high-level baseline data collection. This has since been expanded for the purposes of assessment (see Appendix 17.6.2: Health and Wellbeing Baseline, and the summary provided in Section 17.6: Baseline Environment). |
| | | State that it is unclear how local health needs will be addressed. | Local health needs will be addressed through mitigation or enhancement measures, where applicable and appropriate. Engagement with key health stakeholders within the Health Forum and the review of the Joint Strategic Health Needs Assessment have been valuable in this regard, as it enables a greater understanding of health needs and refinement of the Project to more effectively align with local health needs and priorities. |
| | | Health prevention and response should be integrated within the assessment (in addition to health protection, health promotion and health care). | Health response is covered under analysis of Port Health activities throughout all assessment scenarios in Chapter 17. |
| | | State that hazards to health can only be designed out by supporting local health priorities and objectives if local health services are engaged with. | Potential environmental hazards are addressed through design and have been refined through engagement to further complement local health needs and priorities. |
| | | The approach to mitigation and monitoring should consider how unintended consequences will be captured and addressed. | Likely significant effects have been considered as part of the assessment, this includes inter-relationships, cumulative effects and major accidents and disasters. |
| | | State that it is unclear what "barriers to health benefit" are considered to be in the context of mitigation and monitoring, and how it is intended to address them. | Potential barriers to health benefits are explored partly through the investigation of local community health and socio-economic circumstances within the baseline section and will be further explored through consultation feedback. Such information will assist in refining the project, to better support initiatives and programmes tailored to improving local health. |
| | | Suggest there should be clarification on how the increased workforce will be supported regarding access to local health services and what the cost implications will be if workers from outside of the area are accessing sexual health and other such services. | As stated in the Outline CoCP, on-site health care would be provided for construction workers to avoid any potential adverse impact on the local health care system. The details of this provision will be explored and further assessed at ES stage. At this stage, the provision is anticipated to include measures to screen and address common health risk factors and manage the potential impact on local health care capacity. |

2 Glossary

2.1 Glossary of terms

Table 2.1.1: Glossary of Terms

| Term | Description |
|--------|--|
| CCG | Clinical Commissioning Group |
| COMEAP | Committee on the Medical Effects of Air Pollutants |
| EIA | Environmental Impact Assessment |
| ES | Environmental Statement |
| GAL | Gatwick Airport Limited |
| HIA | Health Impact Assessment |
| JSNA | Joint Strategy Needs Assessment |
| NHS | National Health Service |
| OESBS | Outline Employment Skills and Business Strategy |
| PEIR | Preliminary Environmental Information Report |