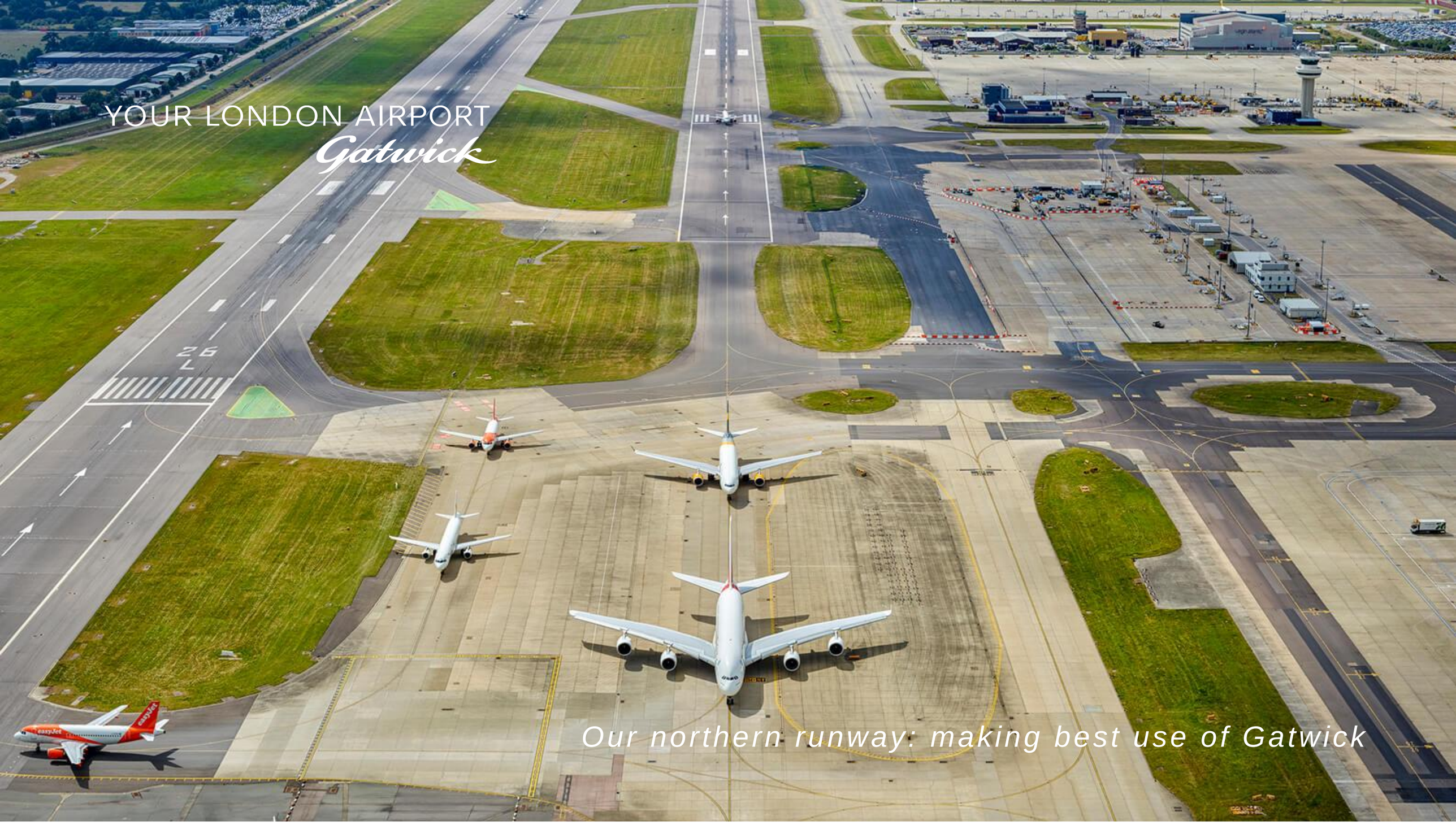



# Preliminary Environmental Information Report
# Appendix 17.6.1: Health and Wellbeing Baseline Conditions

*September 2021*

## Table of Contents

# 1 Introduction

## 1.1 General

1.1.1 This document forms Appendix 17.6.1 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 describes baseline conditions in relation to health and wellbeing for the Project.

# 2 Health and Wellbeing Baseline

## 2.1 Introduction

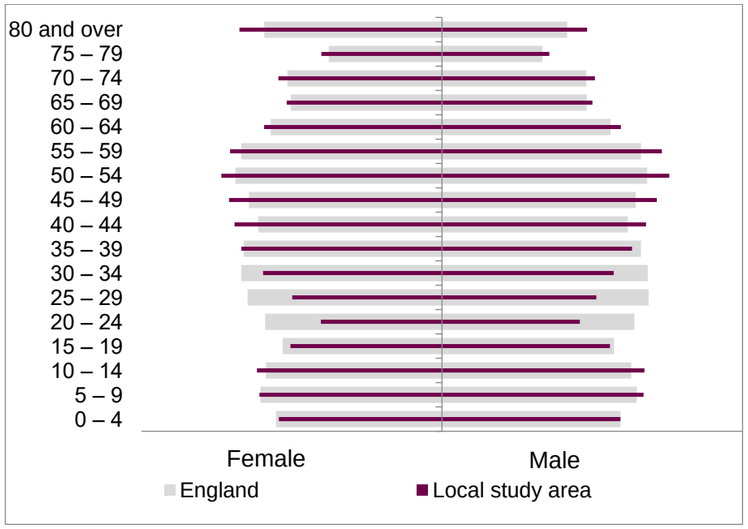
2.1.1 Different communities have varying susceptibilities to health impacts and benefits as a result of social and demographic structure, behaviour and relative economic circumstance; the aim of the following information, which makes up this health and wellbeing baseline, is to put into context the local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

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

## 2.2 Demography

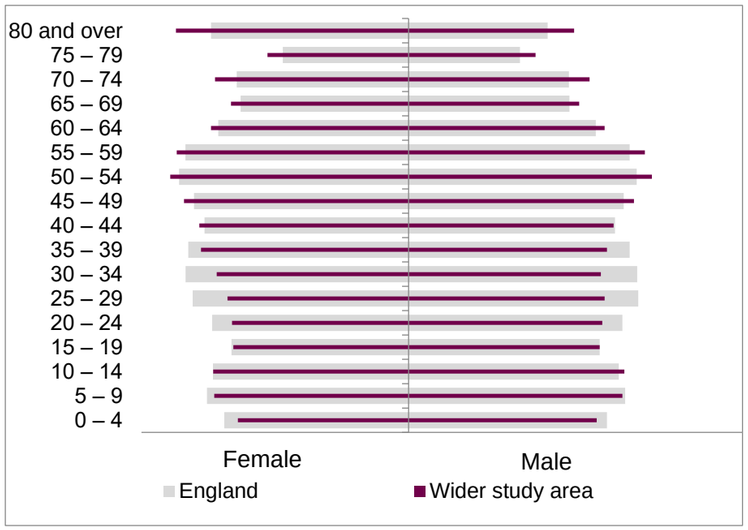
2.2.1 Age structure in the local study area shows a high proportion of the population aged 10 to 14 years and 40 to 80+ years when compared to the national average. There is a low proportion of 15 to 34 year olds compared to nationally. The wider study area shows a similar age profile.

**Figure 2.2.1: Local study area age structure**




Source: Office for National Statistics (2021)

**Figure 2.2.2: Wider study area age structure**




Source: Office for National Statistics (2021)

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

**Table 2.2.1: Population change**

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

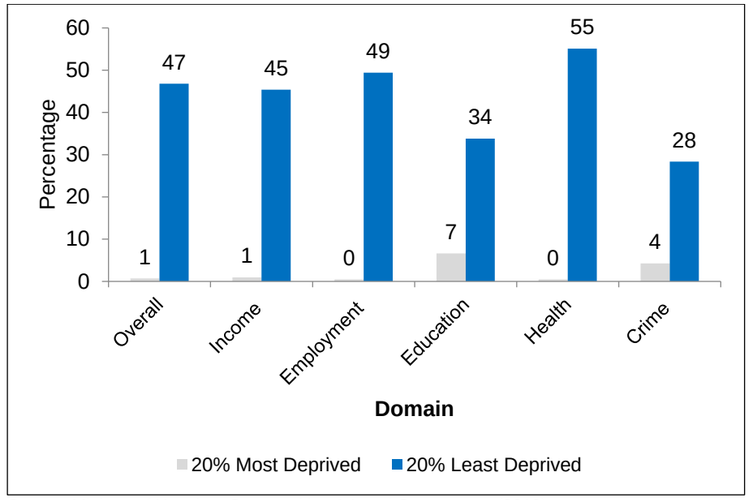
Source: Office for National Statistics (2016c); Office for National Statistics (2021)

## 2.3 Deprivation

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

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

**Figure 2.3.1: Deprivation summary statistics**

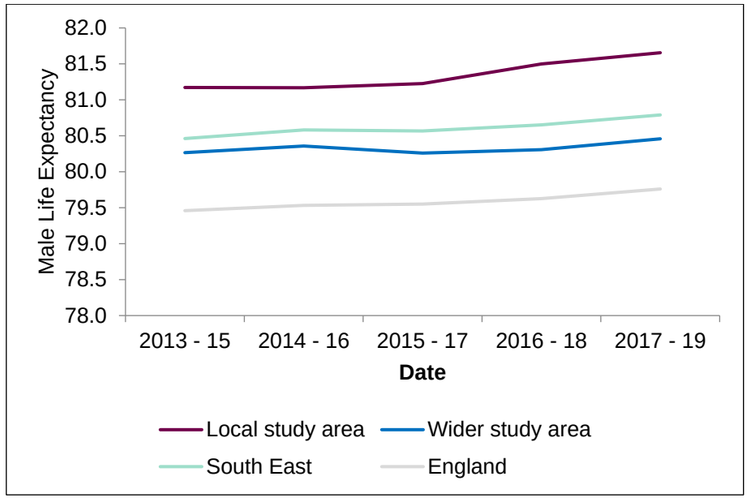



Source: Ministry of Housing, Communities & Local Government (2019)

## 2.4 Life expectancy

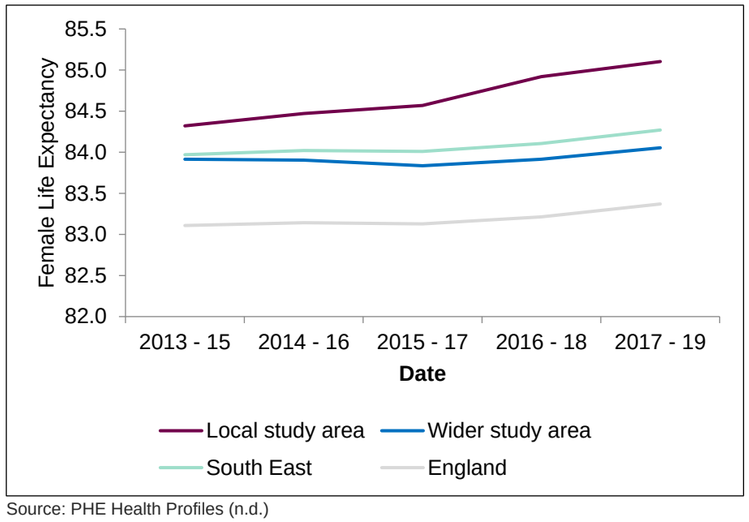
2.4.1 The trends for male and female life expectancy in the local study area have shown a gradual increase and are consistently higher than the national and regional averages. Male and female life expectancy in the wider study area is more comparable to the regional trend and consistently higher than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

**Figure 2.4.1: Male life expectancy**




Source: PHE Health Profiles (n.d.)

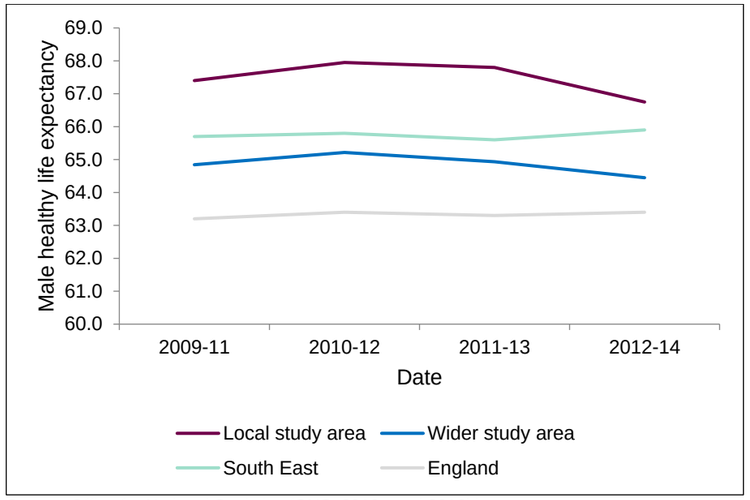
**Figure 2.4.2: Female life expectancy**




Source: PHE Health Profiles (n.d.)

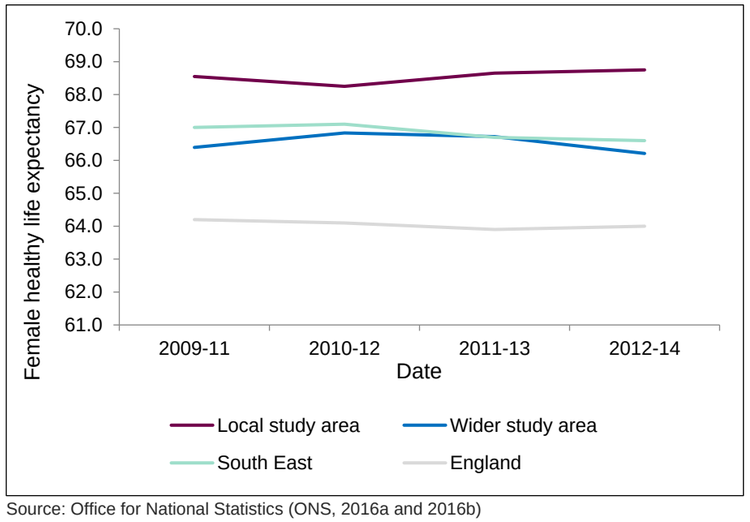
2.4.2 Healthy life expectancy (HLE) data is only available at the upper tier local authority level. Statistics show that both male and female HLE in the local study area has been consistently higher than the regional and national averages since 2009-11. In the wider study area, male HLE is consistently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

**Figure 2.4.3: Male healthy life expectancy**




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

**Figure 2.4.4: Female healthy life expectancy**




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

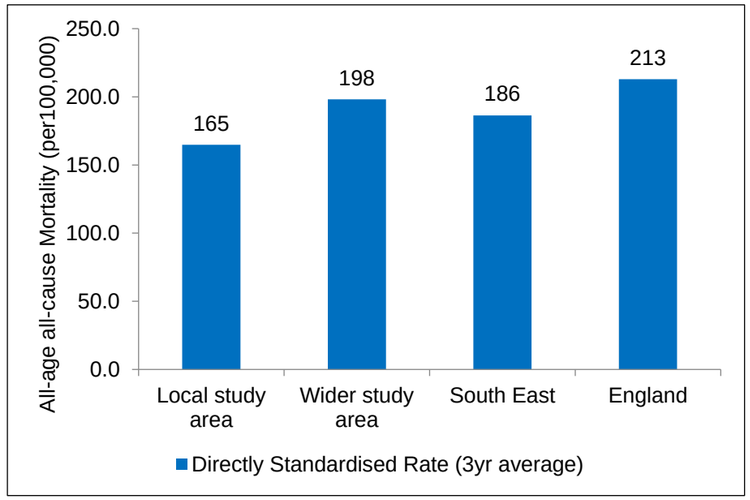
## 2.5 Physical health

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

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

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

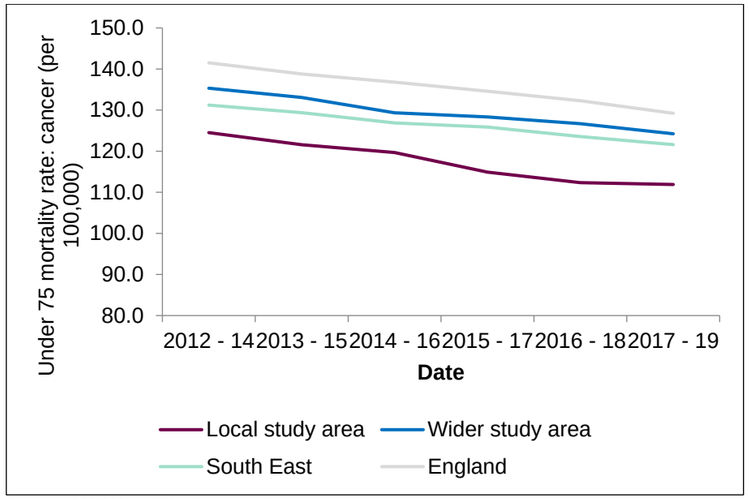
**Figure 2.5.1: All-age all-cause mortality**




Source: NHS Digital (2020b)

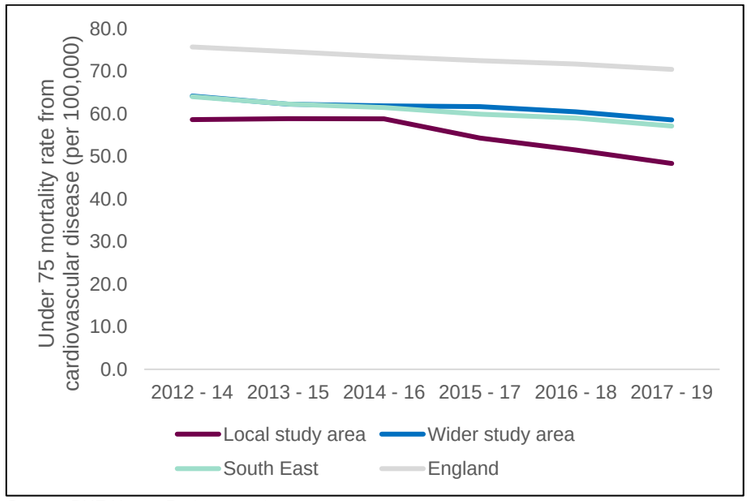
2.5.3 From analysis of specific causes of death, mortality rate for cancer and cardiovascular disease in the study area have been consistently below the national and regional average. Respiratory disease mortality rate in the local and wider study areas has also remained consistently lower than the national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

**Figure 2.5.2: Cancer mortality**



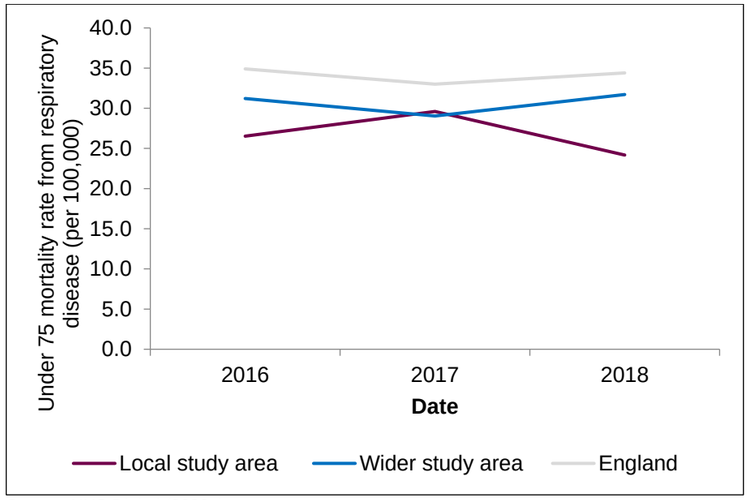

Source: PHE Health Profiles (n.d.)

**Figure 2.5.3: Cardiovascular mortality**




Source: PHE Health Profiles (n.d.)

**Figure 2.5.4: Respiratory mortality**




Source: NHS Digital (2020a)

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

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

**Table 2.5.1: Emergency hospital admissions**

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

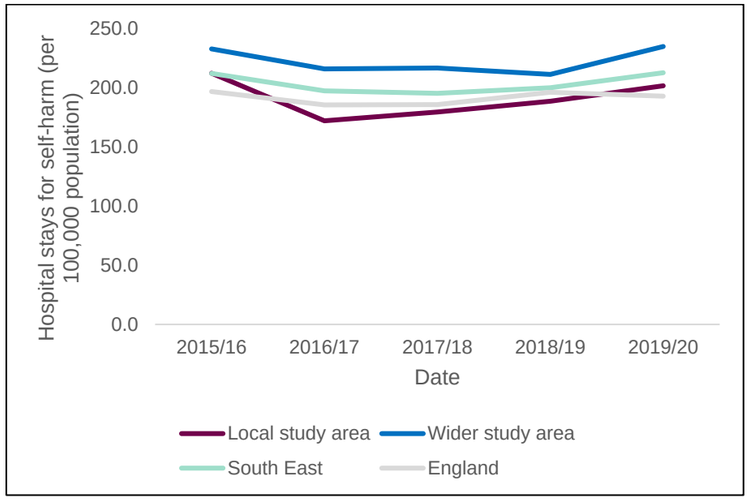
| ICD Code | Disease | Emergency hospital admissions incidence rate (per 100,000) | | |
|---|---|---|---|---|
| | | Local Study Area | Wider Study Area | England |
| I26-I28 | Pulmonary heart disease & diseases of pulmonary circulation | 38.1 | 39.4 | 54.1 |
| I30-I52 | Other forms of heart disease |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

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

## 2.6 Mental health

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

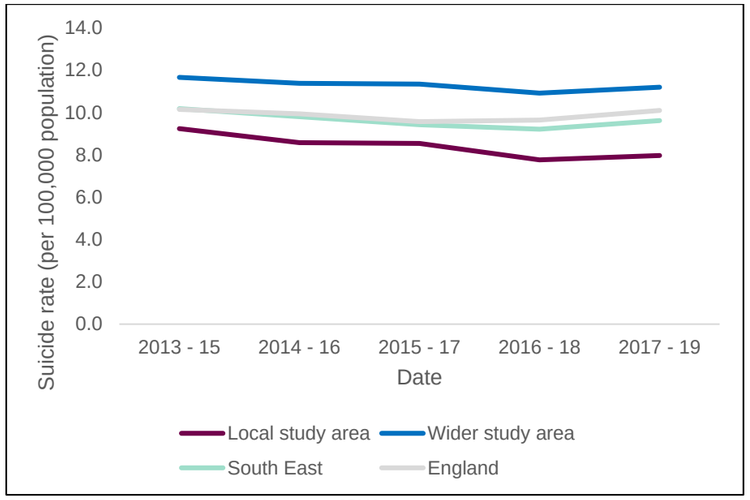
**Figure 2.6.1: Hospital stays for self-harm**




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

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

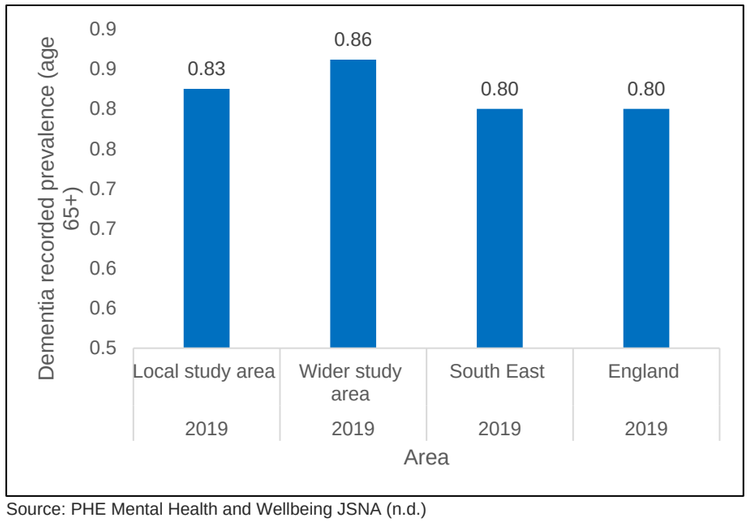
**Figure 2.6.2: Suicide rate**




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

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

**Figure 2.6.3: Dementia recorded prevalence**



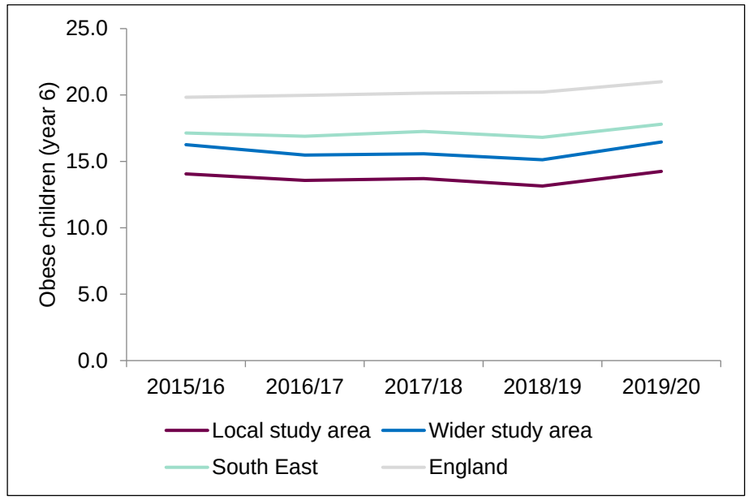

Source: PHE Mental Health and Wellbeing JSNA (n.d.)

## 2.7 Lifestyle

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

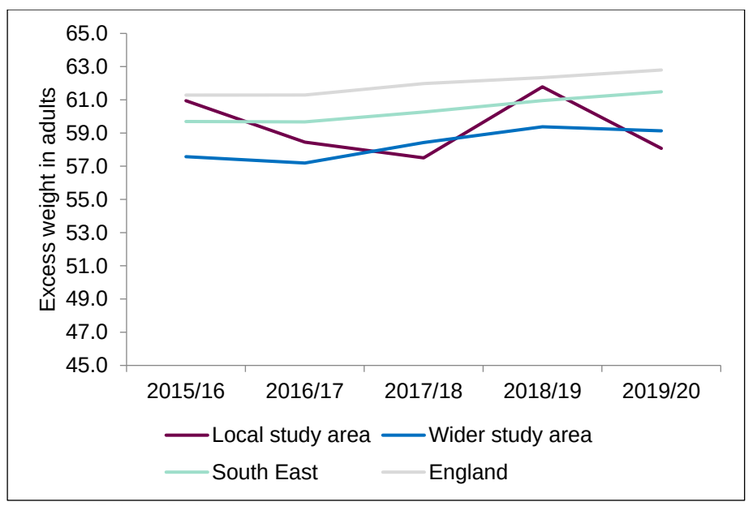
proportion of the adult population classified as overweight or obese shows a decreasing trend (albeit with fluctuations) in the local study area from a level which was higher than the wider study area and regional averages, to a level lower than this. The decreasing trend prevalent in the local study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

**Figure 2.7.1: Childhood obesity**




Source: PHE Health Profiles (n.d.)

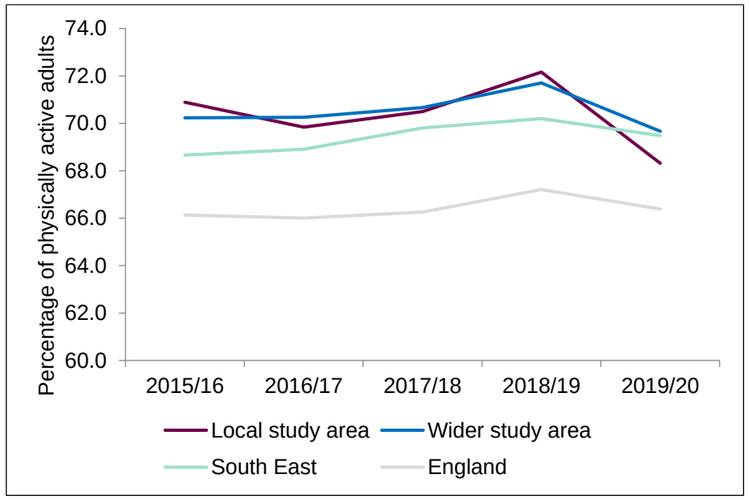
**Figure 2.7.2: Excess weight in adults**




Source: PHE Health Profiles (n.d.)

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

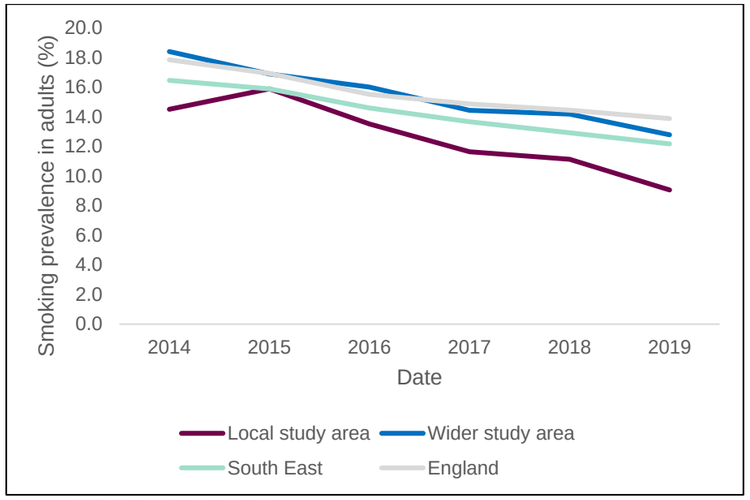
**Figure 2.7.3: Participation in physical activity**




Source: PHE Health Profiles (n.d.)

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

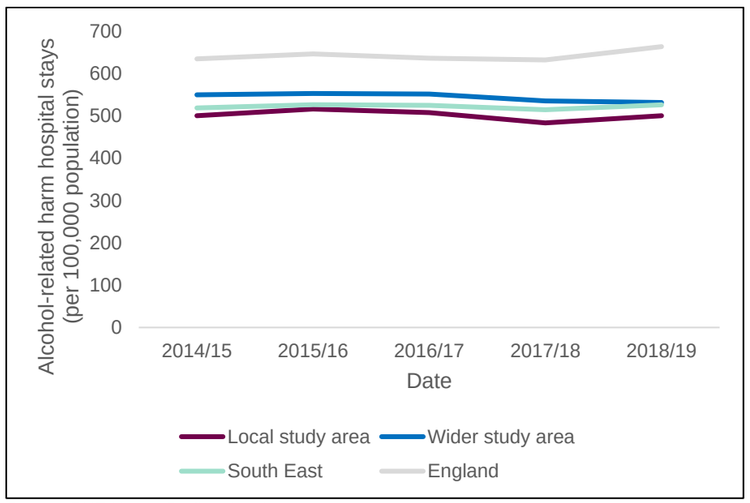
**Figure 2.7.4: Smoking**




Source: PHE Health Profiles (n.d.)

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

**Figure 2.7.5: Hospital stays for alcohol-related harm**




Source: PHE Health Profiles (n.d.)

## 2.8 Conclusion

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

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

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# 4 Glossary

## 4.1 Glossary of terms

**Table 4.1.1**

| Term | Description |
|---|---|
| EIA | Environmental Impact Assessment |
| GAL | Gatwick Airport Limited |
| HLE | Healthy life expectancy |
| LSOA | Lower Super Output Area |
| PIER | Preliminary Environmental Information Report |
| SAR | Standardised Admissions Ratio |