

Environmental Information Consultation Document (EICD)

Chapter 11: Health

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11. Health

11.1 Introduction

11.1.1 As indicated within **Chapter 1: Setting the scene for consultation**, ‘health’ is an environmental aspect for which environmental information is presented for 2026 Public Consultation.

11.1.2 This chapter is supported by **Figure 11.1**, **Figure 11.2** and a glossary of terms.

11.2 What do we mean by health and public health?

11.2.1 Human health is the term used to describe a state of physical, mental and social wellbeing and not merely the absence of disease. Population health refers to the health outcomes of a group of individuals. In this case, health outcomes are the effect on the health status of the population due to the Project, which may arise due to changes in risk factors (e.g. linked to levels of noise, pollution or exercise) or due to service coverage (e.g. linked to levels of healthcare or education provision).

11.2.2 Public health is the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society. The health assessment is a public health approach that looks at population health. It also considers what mitigation mechanisms are appropriate and proportionate. The focus of mitigation is responding to likely significant effects as a result of the Project, including for groups of people who are more vulnerable to the Project changes.

11.3 Why health might change

11.3.1 People’s health depends on a complex interplay of environmental, social, behavioural, economic and institutional factors. These are called determinants of health. People’s health in part reflects the underlying demographic and lifetime health pressures of the population who may be drawn to live close to Heathrow for socio-economic reasons.

Figure 11.1: Illustrative general influences on modifiable determinants of health [1]

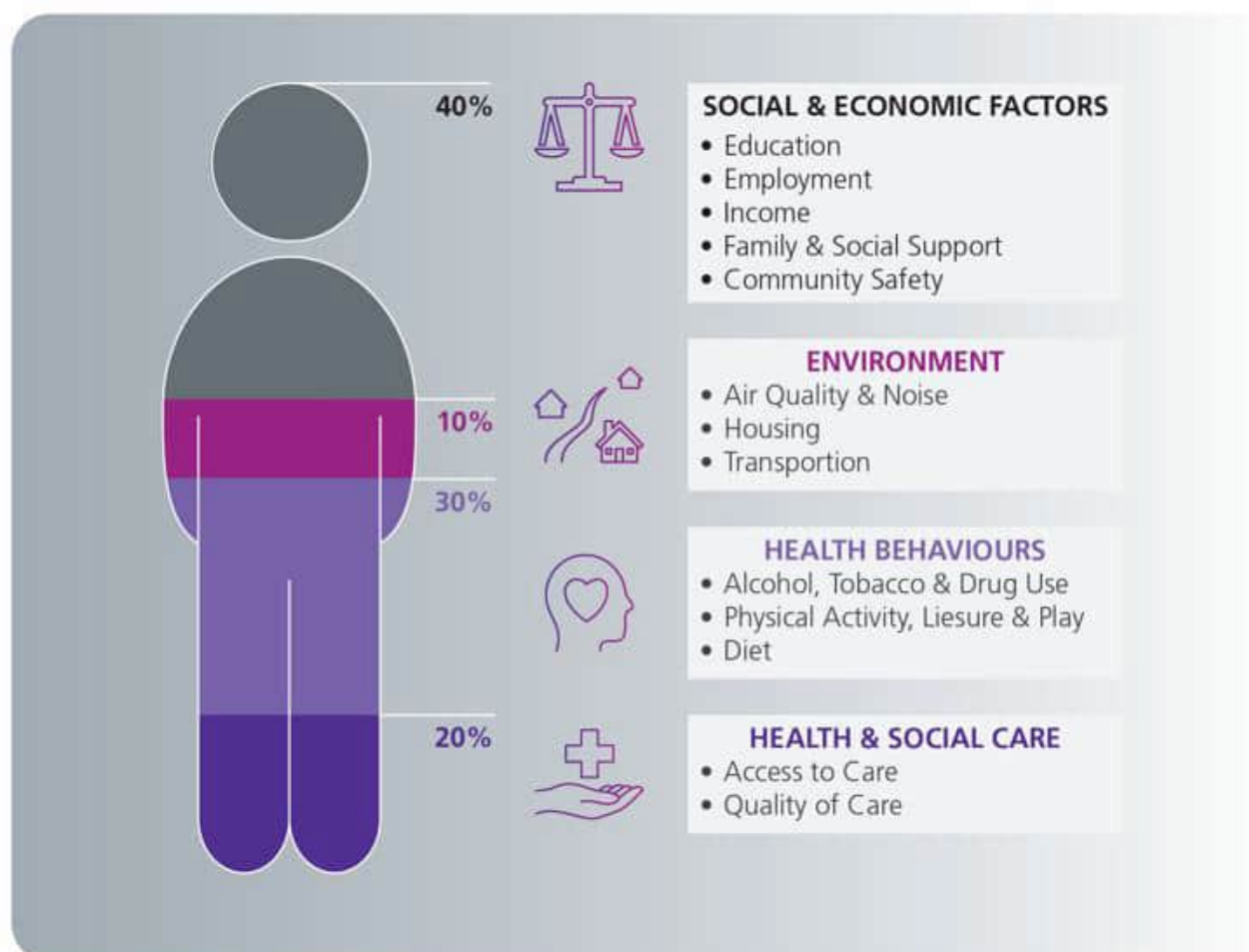


*Diagram adapted from Bookse et al., 2010 and King's Fund — A Vision for Population Health — Used for illustrative purposes.

11.3.2 **Figure 11.1** illustrates how, in general, people's health is affected by a range of factors. This is a generalisation used in the academic literature and in United Kingdom (UK) Government publications. The figure provides context on the relative influence of different factors on a population's health.

11.3.3 The Project would affect people's physical and mental health due to a range of positive and negative changes in determinants of health. These include:

- New jobs and training opportunities;
- Environmental exposures (e.g. changes in noise or air quality);
- Changes in some people's homes, services and amenities that influence social interactions and behavioural choices;
- Access to schools and good quality learning environments; and
- Demand for local healthcare services.

- 11.3.4 The latter is important because good quality stable employment has a strong long-term influence on health outcomes, for not only those employed but also those who depend on them, such as children and elderly relatives. Many of the determinants of health link with the changes described in other chapters. This chapter considers those changes and whether likely significant public health effects may be caused by population level changes, particularly where there are different effects (health inequalities) between the general public and vulnerable groups. For health, vulnerability includes factors related to young or old age, existing health status, low-income level, social disadvantage and geographic proximity to impacts. People for whom multiple factors apply may be particularly vulnerable. Explanation of how a likely significant effect is defined in respect of health is set out in **Section 11.5**.
- 11.3.5 When people's health is already under pressure due to conditions and circumstances that already exist, those affected by change have less capacity and less resilience to cope physically and mentally. This is particularly the case for vulnerable groups, including where people may be vulnerable for multiple reasons. The health assessment identifies such public health pressures to characterise the sensitivity of the population and where appropriate influence the Project's design, management plans and other environmental measures, including targeted support to vulnerable groups.
- 11.3.6 Part of the role of the health assessment is to identify and then, through design and mitigation, reduce adverse effects and increase beneficial effects. In both cases, the health assessment seeks to promote health equity (fairness). These include how health is determined by changes associated with:
- Relocation
 - Community identity, culture, resilience and influence
 - Health and social care services
 - Open space, leisure and play
 - Transport modes, access and connections
 - Housing
 - Air quality
 - Noise and vibration
 - Social participation, interaction and support
 - Built environment
 - Employment and income
 - Education and training
 - Public understanding of risk
 - Wider societal infrastructure and resources

11.4 Legislation, policy and guidance

- 11.4.1 In the UK, there is a wide variety of legislation, policy and guidance in place to improve population health and reduce health inequalities, the most relevant are summarised in this chapter.
- 11.4.2 The 2018 Airports National Policy Statement (ANPS) [2] (paragraph 1.37) requires the applicant to produce a project-level Health Impact Assessment (HIA). The HIA will be combined with the Environmental Impact Assessment (EIA) for human health and presented as the Public Health Chapter in the Environmental Statement (ES). The ES health chapter will include assessment of cumulative effects from the combined influences of the Project on population health, as well as from other reasonably foreseeable future projects.
- 11.4.3 The London Plan Policy GG3 'Creating a Healthy City' [3] requires an HIA to assess the potential impacts on the mental and physical health and wellbeing of communities. Due regard has also been given to the local plans of relevant local authorities and their area health and wellbeing strategies and Joint Strategic Needs Assessments.
- 11.4.4 Health policy in England has increasingly focused on prevention, improving wellbeing, and easing pressure on the National Health Service (NHS). The health assessment follows this approach, as outlined in the Government's 10 Year Health Plan for England – Fit for the Future [4].
- 11.4.5 Air quality standards in England have become stricter, with lower limits for fine particulate matter [5]. This change reflects strong evidence from many international studies for the relationship between lower levels of these air pollutants and associated population health effects. The stricter levels are applied through more demanding regulatory requirements, requiring developments to take additional steps to avoid emissions, such as cleaner technologies, and apply greater mitigation to reduce remaining adverse effects on human health and the environment. See **Chapter 9: Air quality** for further details. Even below these stricter levels applied in England, even lower levels are set out by sources like the World Health Organization (WHO) [5, 6]. These lower levels are also taken into account by the health assessment.
- 11.4.6 Similarly, there are WHO noise guidelines and research on the health effects of noise from aviation and other sources [7, 8, 9]. The health assessment considers recent policy and studies, including nighttime noise effects and updated attitudes towards aviation noise. See **Chapter 8: Noise and vibration** for further details.
- 11.4.7 The Institute of Sustainability and Environmental Professionals (ISEP) (previously the Institute of Environmental Management and Assessment) published new practitioner guidance in 2022 providing clear methods for integrating HIA as part of the human health assessment in EIA [10, 11]. This ensures assessments are consistent and transparent. ISEP competency standards for HIA were published in 2024, supporting practitioners to be suitably qualified and follow professional standards [12]. A range of other guidance is also taken into account. This includes Advice on the content of Environmental Statements accompanying an application under the Nationally

Significant Infrastructure Project (NSIP) Regime [13], Health Impact Assessment in spatial planning: A guide for local authority public health and planning teams [14] and Health Impact Assessment Guidance: A Manual and Technical Guidance [15].

11.5 Assessment summary

- 11.5.1 This section explains the approach to the health assessment, and how conclusions have been drawn in this chapter. Being a public health approach, the health assessment is a population level assessment.

Baseline

- 11.5.2 The current baseline has been reviewed using the latest publicly available data from the Department of Health's Fingertips tools (including Local Health, Wider Determinants of Health and Public Health Outcomes Framework indicators) [16]. Data relates to periods from 2019 through to 2025. Data has also been informed by the Ministry of Housing, Communities and Local Government Deprivation Mapping 2025 [17]. Data from the 2021 Census provides information for very small areas (output areas). The census data precision is helpful, though a noted limitation is that the Covid-19 pandemic and associated lockdown affected some of the measures. Baseline data is regularly updated and there is a continuing exercise throughout the health assessment to review new data. A detailed baseline will be set out in the Environmental Statement.

Assessment Approach

- 11.5.3 For the health assessment presented in this chapter, groups of individuals are defined in relation to study areas, notably of residents in surrounding communities. Population groupings are also used for other shared characteristics such as being part of a project workforce or an airport passenger. In each case, the health assessment considers the presence of smaller vulnerable groups, or populations within these groupings, to understand health inequalities and the effect the Project may have.
- 11.5.4 The health assessment informs, and has been informed by, the findings of the following aspect chapters:
- **Chapter 5: Socio-economics and employment** – for an assessment of effects on employment, skills, training and the labour market during construction and operation.
 - **Chapter 6: Community** – for an assessment of effects on surrounding communities driven by changes in land use, property, accessibility and the environment, including people and community facilities including schools, sports facilities and community-serving facilities.
 - **Chapter 7: Recreation and amenity** – for an assessment of effects on outdoor public recreation facilities such as open space and play areas.

- **Chapter 8: Noise and vibration** – for an assessment of environmental effects of noise and vibration on sensitive receptors, including human and community receptors.
- **Chapter 9: Air quality** – for an assessment of environmental effects from air pollutants and dust on sensitive receptors, including human and community receptors.
- **Chapter 13: Water environment** – for an assessment of effects on key receptors within the water environment driven by alterations in alignment and diversion of rivers, pressure on the foul drainage network and change to local drinking water supply.
- **Chapter 15: Landscape and visual** – for an assessment of effects on surrounding communities driven by a change in landscape and residential visual amenity from construction and operational activities.
- **Chapter 16: Land quality** – for an assessment of effects on land contamination particularly as a result of historical activities such as landfilling of previously excavated quarries.

- 11.5.5 An Equality Impact Assessment (EIA) is also being progressed by Heathrow and will be reported within the Development Consent Order (DCO) application. Although these are separate documents with separate methodologies, the health and equality assessments inform each other, reflecting the overlap between **vulnerable groups** and **protected characteristics**.
- 11.5.6 To avoid duplication, the health assessment uses the conclusions of other aspect chapters, and the environmental measures that they set out to avoid, reduce or offset likely significant adverse effects where practicable.
- 11.5.7 The health assessment then extends the analysis to consider the public health implications that are likely, including for vulnerable groups and health inequalities. This includes physical and mental health effects. If appropriate, additional environmental measures beyond those included from other aspect chapters are embedded into the health assessment.
- 11.5.8 Importantly the health assessment, integrating Health Impact Assessment (HIA), is a process and not just a report. This means a key activity of the health assessment team is to internally advocate for better public health outcomes as the Project evolves. This includes thorough reviewing proposed land uses, phasing, management approaches and community engagement. The health assessment team also actively engages across aspects and across Heathrow. Through such activities, more informed decisions have been taken with awareness of local health vulnerabilities and opportunities. There is ongoing work around developing environmental measures that specifically respond to vulnerable groups and health inequalities.

Study areas

- 11.5.9 The health assessment focus (the geographically identified ‘study area’) is on the localised effects around the Project and areas of indicative flight paths. This relates to two types of area:
- The smaller area effects to small populations of Community Areas or parts of Community Areas neighbouring Heathrow; and
 - Wider area effects related to very large populations across the whole or parts of neighbouring local authority areas of Hillingdon, Hounslow, Ealing, Slough, Windsor and Maidenhead, Buckinghamshire, Runnymede, Spelthorne, Elmbridge, Richmond Upon Thames and Wandsworth.
- 11.5.10 Community areas are defined in **Chapter 4: People, place and Community Areas**, and a consistent approach is being taken across the relevant aspects to report in relation to defined Community Areas near Heathrow. While the health assessment supports and follows this approach, Government public health indicators for small areas are currently only available at the larger Middle Layer Super Output Areas, rather than the smaller ward level for many indicators. This means that the baseline does not align exactly with the Community Area boundaries. This is a noted limitation, but it does not detract from the robustness of the health assessment as the sensitivity of vulnerable groups within all Community Areas is judged to be ‘high’, based on best fit of indicators to Community Areas.
- 11.5.11 For both this chapter and the ES, a best practice approach is being adopted, which integrates HIA and EIA Human Health requirements. The methods are set out by the Institute of Sustainability and Environmental Professionals (ISEP) (formerly the Institute of Environmental Management and Assessment) 2022 publication [11]. This guidance was co-developed by public health and impact assessment professionals, including with input from the UK Health Security Agency. This is the standard and established approach for assessing health effects of large infrastructure projects. The approach brings together information from public health evidence sources.
- 11.5.12 For this report, limited detail is reported on the technical basis for how conclusions having been reached, as full reporting and technical detail will be reported in the ES. The supporting technical data, evidence-bases and quantification are therefore not set out in full. This is to ensure that the current information is presented for a non-technical audience to support 2026 Public Consultation. It also reflects the level of detail available from other aspect assessments at the current time. The underpinning approach is, however, rigorous and explains the public health implications of data and findings as currently set out by other assessments.
- 11.5.13 **Section 11.9** of this chapter sets out how the health assessment will develop its analysis. This includes considering how optionality within the design may affect assessment conclusions. For example, operational healthcare related benefits are only anticipated if an operational medical centre is to be provided.

Significance

- 11.5.14 The ISEP 2022 guidance on determining significance for human health in EIA, including when integrating HIA, sets out a clear and consistent framework. The approach works through three steps for each determinant of health being assessed.
- 11.5.15 The first step is to determine the sensitivity of the affected study area population. This process is undertaken twice, once for the general population of the study area and a second time for the vulnerable group sub-population (comprising all relevant vulnerabilities relevant to that determinant of health). Two sensitivity scores for each population allow the potential health inequalities to be discussed. For example, the difference in health outcomes between those with existing good general health and a high ability to adapt to change, and those with existing poor health and less ability to adapt to change. Sensitivity is determined transparently by considering a range of criteria (as set out in **Table 7.1** of the ISEP guidance). The criteria include levels of existing deprivation – an indicator of existing pressures on a population for a range of social, economic and environmental reasons. Criteria that affect a population's sensitivity also include consideration about people's acceptance of a project, their capacity to adapt to change, their health status, and whether there are existing large differences between the most and least healthy. The methodology informs a professional judgement, based on the balance of relevant criteria across categories, to allocate a sensitivity level: high, medium, low or very low population health sensitivity. Key evidence sources for this decision are:
- The health baseline, including of vulnerable groups present, which may be indicated by certain infrastructure such as schools or hospitals.
 - Information gathered from consultation and engagement with communities and stakeholders.
 - The study area definitions which define the populations.
- 11.5.16 A degree of professional judgement is required, and a precautionary approach is typically taken in assuming that all community populations include vulnerable groups of high sensitivity.
- 11.5.17 The second step is to define the magnitude of change. The process is similar to that for sensitivity in that the ISEP guidance defines set criteria, including specific terms on each criterion to distinguish and characterise levels. These are defined in **Table 7.2** of the ISEP guidance.
- 11.5.18 The magnitude assessment has two elements. The first focuses on characterising the impact of the project. This considers criteria for exposure level or scale of change, frequency and duration. The relationship between these is important to the public health impact. For example, a very low exposure, experienced occasionally over the short-term, is typically less serious than a high or even low exposure experienced continuously over the long-term. The second element is characterising the public health impact of that exposure (or other change). This considers criteria such as severity of the most relevant health outcomes affected and what proportion of the study area population are affected. For example, a minor change in morbidity (the rate of occurrence of a health condition, say cardiovascular disease, in a

population) for a small minority of the study area population, is less serious than a moderate change in morbidity for the majority of the study area population. This characterisation and relationship between ‘health outcome severity’ and ‘population extent’ is an important part of understanding health magnitude.

11.5.19 Key evidence sources for this assessment are:

- The findings of other technical assessments, such as the level of noise in affected areas
- The scientific literature as to the most relevant health outcomes
- The degree of change to expect from a particular exposure

11.5.20 Professional judgements are typically made as to the health magnitude following the ISEP criteria, drawing on quantitative analysis where available and appropriate. The magnitude decisions take into account embedded mitigation measures. Typically, a single conclusion on the magnitude of change is reached for each health determinant, but in some cases more than one may be appropriate where there are a range of distinct issues to discuss.

11.5.21 Having determined population sensitivity and the magnitude of change, the third step is to determine the significance of the population health effect. This is a determination of whether the change is significant for public health. The aim is to reach a significance conclusion for each determinant of health, or each key issue within a determinant of health where there are important distinctions to draw.

11.5.22 The ISEP guidance sets out two tables to support the significance conclusions. The first is an indicative matrix (**Table 7.3** of the ISEP guidance) and the second sets out criteria for the rationale as to why an effect is significant or not significant for public health (**Table 7.4** of the ISEP guidance).

11.5.23 The matrix helps to inform the professional judgement as to the relationship between sensitivity and magnitude for health. When using the matrix, the vulnerable group sensitivity score is applied to ensure the assessment reflects potential health inequalities. In some cases, the matrix indicates that a decision needs to be made. For example, a high sensitivity population experiencing a low magnitude of change may be assigned a significance level of ‘minor’ (not significant) or ‘moderate’ (significant). The narrative supporting the significance conclusion must explain why one option or the other is selected.

11.5.24 To assist with this narrative, the second of the ISEP significance tables provides criteria. As with the tables for sensitivity and magnitude, professional judgement is applied to identify the most relevant criteria from across the categories (major, moderate, minor or negligible). A key criterion is broadly categorising the expected degree of change in the health baseline that is expected, e.g. whether it is a substantial change or a slight change in the population’s health. The criteria also prompt discussion of the implications for narrowing or widening health inequalities, the ability to deliver relevant public health policy and priorities should the change occur, and whether statutory, regulatory or guideline thresholds apply and are met.

- 11.5.25 The methodology provides flexibility in its prompts, but also consistency and transparency as to the basis for the reasoned conclusions reached. The levels ‘major’ and ‘moderate’ are considered significant in public health and EIA terms. ‘Minor’ and ‘negligible’ are not significant in public health and EIA terms. These are population level conclusions and, consistent with HIA, do not preclude targeted measures (mitigations or enhancements) to address very localised or rare effects on exceptionally vulnerable individuals where that is appropriate, proportionate and equitable.
- 11.5.26 Beneficial, adverse and combined effects are considered by the health assessment in terms of their population health effect significance.
- 11.5.27 Numbers can tell us a lot about health effects, but they cannot capture everything that affects a population’s health and quality of life. This is why hearing from communities and using professional judgement to consider a wide range of evidence is important when assessing public health and wellbeing effects. For example, how we have responded to comments raised in the 2019 Airport Expansion Consultation (AEC) is presented within the 2019 Airport Expansion Consultation Feedback Report.
- 11.5.28 The use of quantitative data is an input to the overarching ISEP model for determining public health significance. This is because there is no methodology for fully tracing every health pathway and every health outcome quantitatively. As this is always a limitation of quantitative health models on any project, the most robust use of quantification is to articulate the scale of anticipated change using a subset of population health outcomes. The subsets of outcomes are those where the relationship between exposures and health outcome change is well established by scientific studies. The quantitative data is used, alongside other triangulated evidence, to inform the professional judgement as to whether the change due to the Project is significant in EIA terms.
- 11.5.29 Significance in this context is not about statistical significance, but is a technical measure of the degree of weight health should carry within the planning balance on a particular issue. Conclusions on significance are reached by the health assessment team, as well as by the Secretary of State. The aim of the health assessment is to develop consensus across local and national health experts, a process being facilitated by the Health Impact Assessment Steering Group (see discussion in **Section 11.9**).

Environmental measures

- 11.5.30 As noted earlier, the health assessment uses the conclusions of other aspect chapters and the environmental measures. Environmental measures include mitigation measure to avoided, prevent, reduce or offset adverse effects where practicable, as well as enhancement measures to further improve beneficial effects as appropriate.
- 11.5.31 As indicated by **Chapter 1: Setting the scene for consultation**, and within the relevant aspect chapters, these are set out within documents supporting the Environmental Information Consultation Document (EICD) and 2026 Public

Consultation. Specifically, in relation to health, additional measures are under consideration as part of the Project. These are described below and in **Section 11.7: Assessment results**. Key documents which set out such measures relevant to the health assessment are:

- Land and Property Acquisition and Compensation Policies
- Property Policies and Information Paper
- Noise Insulation Policy
- Economic Development Framework
- Code of Construction Practice
- Environmentally Managed Growth topic paper
- Surface Access Controls topic paper
- Blue and Green Infrastructure environmental measures topic paper
- Community compensation fund document

Figure 11.2: Key relationships between health determinants and other assessments or documents



Key



11.5.32 **Figure 11.2** illustrates key relationships between key scheme elements, measures/strategies, other aspect chapters, and the health determinants being assessed.

11.5.33 Through the work of the health assessment, a range of environmental measures have been integrated into the Project and its documentation.

The following paragraphs set out key actions and measures arising from the health assessment that are under consideration for the DCO application, and on which consultation feedback would be welcomed.

11.5.34 With regards to air quality:

- Extend the programme of Ultrafine Particles (UFP) monitoring in and around the expanded airport, allowing for airport contribution to community exposures to be better understood, including effects relative to major highways. Methods, locations and reporting to be agreed with air quality and health stakeholders as far as practicable.
- Monitor UFP airfield concentrations associated with a subset of flights with higher levels of Sustainable Aviation Fuel (SAF) than required by current policies, subject to such flights being scheduled and relative to a suitable control. Through this, we would hope to show quantitatively, albeit with a small dataset, the likely UFP reductions from greater SAF uptake over time.
- Air pollutant emissions within Heathrow's control that are known to have non-threshold effects would be reduced so far as is reasonably practicable.

11.5.35 With regards to the displacement of some people:

- The Home Relocation Support Service (Heathrow's dedicated support service for affected residents post-consultation) will include tailored care plans for vulnerable individuals who are required to relocate due to being in the Compulsory Purchase Zone (CPZ). This will include facilitating links between such individuals and relevant health, social care and third sector providers.
- A targeted engagement exercise will be held with communities in the CPZ to understand their needs in relation to documenting their community. The aim would be to respond to mental wellbeing pressures linked to loss of identity. Measures would be co-developed with communities but could link with the work of the Historic Environment Mitigation Strategy described in **Chapter 14: Historic environment**.

11.5.36 With regards to community identity:

- A package of community initiatives is proposed to be co-developed with communities through a series of targeted consultation exercises. These initiatives would be eligible for funding applications via the community compensation fund. The measures will aim to promote community identity, culture, social participation and community interactions.

11.5.37 With regards to housing:

- During construction and operation, monitor workforce housing pressures and provide an accommodation support service for non-home-based workers seeking temporary accommodation locally to mitigate against pressures on the short-term rental market for local communities, including health and social care key workers. This links with the Construction Workforce Accommodation Strategy and Heathrow Workers Accommodation Management Service discussed in **Chapter 6: Community**.

11.5.38 With regards to open space:

- There is a need to mitigate the potential behavioural changes arising from additional Project exposure (notably noise), including reduced use of public open spaces. This will include incentivising the use of these spaces through enhanced amenities, such as promoting inclusive access and inclusive facilities. Measures to include the design principle of equitable, safe and inclusive access, including in relation to promoting uses of spaces, routes and facilities by all age groups, and responding to sensory and mobility needs.
- Environmental measures will also address potential disruption to open space and recreational routes, with the aim of maintaining recreational functions and connectivity for users throughout the delivery of the Project. Measures to include the provision of suitable diversion routes where existing public rights of way (PRoW) are affected by construction activities. During operation, measures to include the re-provision of affected open spaces on a like-for-like basis in terms of quantity, with measures to maintain or enhance quality and ensure continued accessibility for users and re-provision of PRoW where these will continue to serve a recreational function.
- PRoW and locally promoted cycling routes to be maintained where practicable through staged construction and temporary diversions, with permanent improvements delivered through upgraded off-road routes, enhanced connectivity, and integration into the Green Loop network. Delivery of a multifunctional Green Loop will provide a strategic network of routes to enhance connectivity and expand access to high-quality recreational opportunities both north and south of the expanded airport.

11.5.39 With regards to public understanding of risk:

- Communications protocols will be established, including:
 - Briefing engagement groups representing seldom heard and vulnerable groups (particularly non-English speakers) on the Project's support schemes that may be available to residents, so those organisations can signpost residents to the relevant application processes.
 - Appointment of a community liaison officer, including with responsibility for ensuring consideration is given to how vulnerable groups can raise concerns about impacts they are experiencing and tailoring communication to their needs.
 - Provision of non-technical information on the Heathrow website and other proportionate means, for local communities, including on the relevant health

protection thresholds, standards and permits adopted and, as relevant, the results of ongoing monitoring in relation to those standards.

- In relation to the Project's new, or temporarily diverted, electrical infrastructure, it is confirmed in relation to electromagnetic fields that there would be compliance with the International Commission on Non-Ionising Radiation Protection (ICNIRP) public exposure guidelines 1998 [18]. This is the standard adopted by the Government National Policy Statement for electricity networks infrastructure. For infrastructure, lines or cables exceeding 132 kilovolts, compliance would be achieved through the detailed design of the electrical specification. This is in line with the 'DECC 2012 Power Lines: Demonstrating compliance with Electromagnetic Field (EMF) public exposure guidelines, A voluntary Code of Practice' [19], which requires relevant calculations or measurements to be provided prior to, or at the point of, commissioning such infrastructure. This is confirmation that appropriate health protection standards would be met.

11.5.40 With regards to noise insulation:

- The Noise Insulation Scheme to include specific measures in relation to vulnerable groups, including:
 - Where reasonably practicable, design of insulation measures will seek to provide appropriate indoor environment in terms of acoustics, air quality and thermal considerations including consideration of climate change projections.
 - Appropriate adjustments in communication for households that do not have English as a main language, have low literacy or where there are particular vulnerabilities due to age, disability or poor health. Such vulnerability may be identified through investigations by us or our contractors, or due to local authority or other relevant agency notification to Heathrow as part of dialogue on Noise or Vortex Schemes.
 - Appropriate safeguarding and clear communication protocols will be implemented for surveys and works in the homes of vulnerable persons. Such vulnerability may be identified through Heathrow's, or its contractors', investigations, or due to Local Authority or other relevant agency notification to Heathrow as part of dialogue on noise or vortex schemes.
 - Where practical, we will seek to identify opportunities to coordinate noise insulation measures with other home improvement programmes, such as energy efficiency and climate resilience schemes. This will help maximise benefits for residents and minimise unnecessary disruption.

11.5.41 With regards to employment and training:

- As far as reasonably practicable (e.g. subject to minimum eligibility standards relevant to the roles and security checks), provide a targeted scheme of access to training schemes and apprenticeships for young people in the local area, including working with local government agencies and local third sector agencies to as far as reasonably practicable engage with those who are not in Education, Employment, or Training (NEET). Also work with local education and training

providers to support opportunities to provide local adult learning linked to operational airport related (or wider supply chain) job opportunities relevant to disadvantaged adults facing skills barriers to employment opportunities.

- Subject to relevant voluntary disclosures and General Data Protection Regulation (GDPR) policies, the employment and skills monitoring and reporting arrangements would include annual monitoring in relation to initiatives that target vulnerable groups.

11.5.42 With regards to pest monitoring:

- Preventative pest and vermin control, including measures to avoid the accumulation of waste that may attract pests, appropriate storage and disposal of food waste and other attractants, and prompt treatment of any pest and vermin infestation. Where historic landfill sites, sewers or other structures are removed, works will be managed to prevent pests causing nuisance within surrounding communities. We will implement appropriate pest monitoring and control within vacant properties purchased in connection with the Project. If infestation occurs, we will seek to eliminate the infestation promptly and prevent further occurrence.

11.5.43 With regards to cross-cutting measures:

- Health support funding may be appropriate as an element of the community compensation fund, which could be drawn upon to provide discretionary support to vulnerable individuals in the local communities around Heathrow, to enhance quality of life that would be affected by the Project. This would address proportionate, but as yet unforeseeable and unquantifiable, effects at an individual level that may arise as a result of the changes to land, environment or the experience of living in the area affected by the Project. The expectation is that such cases would be rare, but should they arise, a process is in place to address severe and inequitable health outcomes. The eligibility and governance arrangements are being developed.

11.5.44 With regards to construction healthcare:

- During construction, provide on-site construction workforce healthcare in a proportionate way that varies over time relative to demand, with the aim of reducing pressure on local healthcare services by non-home-based workers. Provision to include a combination of statutory first aid support, occupational hygiene, health and safety training, health promotion campaigns aligned with the NHS, on-site healthcare providers (e.g. advanced nurse practitioners) and a protocol on healthcare access (including promoting the use of 111 services and on-site healthcare in the first instance for triaging, except in an emergency).
- Appropriate ongoing monitoring and dialogue will be undertaken with local Integrated Care System (ICS) as to care pathways.
- Discussion is ongoing with London Ambulance Service as to the appropriate specification to not only avoid likely significant adverse effects for local communities and healthcare systems, but also potentially achieve likely significant beneficial outcomes for the NHS.

11.5.45 With regards to operational healthcare:

- Operational on-site medical centre facilities within a new terminal building are being considered to meet the needs of both passengers and airport staff. Discussion is ongoing with London Ambulance Service as to the options for not only avoiding likely significant adverse effects for local communities and healthcare systems, but also potentially achieving likely significant beneficial outcomes for the NHS. The medical centre option is still under consideration but may include consultation rooms, waiting room, treatment room and medication dispensary to reduce the number of conveyances by ambulance of patients to local A&E for evaluation, minor treatments and prescriptions.

11.6 Assessment results

Baseline

- 11.6.1 This section considers the current context of the broad patterns of health for the wider-area local authority effects and smaller Community Area effects around Heathrow.
- 11.6.2 The health of the population in the Community Areas around Heathrow is mixed compared to national averages. Some areas show average or better health and others worse health. In this regard, the pattern is similar to the wider London context. Public health statistics, such as life expectancy and preventable early deaths (all causes under 75-year-old mortality), are a good measure of health status within a population. These indicators are available for small areas and show where, in principle, there is the greatest public health opportunity to improve health outcomes. Community Areas with below average existing health outcomes include: West Drayton and Hayes (to the north of the Heathrow); Heston (to the northeast); Bedfont and Feltham West (to the south); Feltham North (to the southeast), and Stanwell Moor and Stanwell (to the southwest).
- 11.6.3 In the areas close to the east and west of the existing and proposed runways, where baseline take-off and landing air quality and noise effects are generally greatest, these overarching baseline public health indicators suggest that health outcomes are similar to national averages. This includes Poyle, Colnbrook, Horton and Datchet (to the west) and Sipson, Harlington, Cranford and Cranford Cross (to the east). While this pattern is noted, these populations will have sensitive vulnerable groups within them, which highlights that there is complexity to the baseline.
- 11.6.4 These overarching public health baseline indicators show that the Community Areas likely to be most affected by current and future aircraft take-offs and landings are not those with the worst public health statistics. Despite this data, the health assessment takes account of there being vulnerable groups of high sensitivity within these areas and further analysis is ongoing of other indicators.
- 11.6.5 Wider local authority areas, including those associated with indicative flightpaths (see **Chapter 8: Noise and vibration**), where more deprived populations are known to be present include Hillingdon (to the north), Ealing (to the northeast), Slough (to the

northwest) and Hounslow (to the east and southeast). In all these cases, the deprivation is predominantly driven by low incomes, living environment and barriers to housing and services. Despite these factors, health and disability related deprivation is lower than the national average for all these local authority areas, although pockets of greater deprivation are noted.

- 11.6.6 These are only a sample of the indicators that are informing the assessment and that will be fully reported in the Environmental Statement. At this stage additional indicators are provided in **Chapter 4: People, place and Community Areas** baseline.

Construction

- 11.6.7 This section summarises key public health implications of the construction activities described in **Chapter 2: Description of the Project**.
- 11.6.8 During construction, close to the Project and its construction areas there is potential for disruption and disturbance arising from activities including: noise and vibration, dust, lighting and traffic; temporary closures and diversions due to changing land use; the operation of plant and machinery; and movement of goods, materials and people. These activities would be on a large scale, but would be typical construction activities, for which the environmental effects can be managed through tried-and-tested embedded environmental measures such as construction site selection and layout, design and management planning, and more specific measures such as those in the draft Code of Construction Practice (CoCP) and the Transport Information Consultation Document (TICD). It is relevant to note that whilst the overall construction period is approximately 25 years, most of the major construction activity would occur early in the construction programme. For the remainder of the construction period, the majority of the construction activities would occur within the expanded airfield boundary or at certain construction compounds, with much less potential for community disruption and disturbance.
- 11.6.9 On a more local scale, as indicated within **Chapter 2: Description of the Project**, the displacement of communities by the Project, including those in Harmondsworth, Longford and parts of Sipson and Poyle, would be required to enable construction. Some community facilities, including a primary school and certain community parks, would also need to be displaced because of the effects those facilities would experience due to the Project (including those related to operational noise effects). For those directly affected, housing displacement is a source of stress and a change in circumstances, affecting physical and mental health. The changes also affect the remaining communities, where social networks, housing and services experience new pressures. Land and property acquisition and compensation policies for tenants, owner occupiers and residential landlords are being developed, which include a Home Relocation Support Service and Your Wellbeing Support Service (a free, independent wellbeing and mental health support service funded by Heathrow but delivered independently) for displaced residents during the relocation process. As part of this, the health assessment is seeking to include an appropriate mechanism

for working with health and social care services to ensure that there are appropriate individual health care plans for exceptionally vulnerable individuals.

- 11.6.10 Access to community services including healthcare is an important determinant of health. During construction, the Project will require a large number of temporary workers (at peak approximately 21,500 workers), a small proportion of whom will temporarily reside in the area as they are not within commuting distance of their usual residence. Such non-home-based workers may place pressure on local healthcare, reducing the quality of services for local people. To avoid such an outcome, the health assessment team is working with Heathrow to define a specification for delivering onsite construction workforce healthcare.
- 11.6.11 One of the options being actively pursued is a collaboration directly with the NHS. This would mean that funding of the extra onsite healthcare supports the NHS more broadly and is delivered in a way that does not reduce or divert services for the community. Added benefits of the NHS provider option:
- Integrated monitoring using existing NHS systems to allow efficient and responsive scaling of services.
 - A legacy of new NHS staff, equipment and capability locally that would benefit communities both during and after construction.
- 11.6.12 Whether an NHS or private provider is ultimately selected, the potential for a likely significant adverse effect on local healthcare will be avoided and this will be assured through monitoring.
- 11.6.13 The plans are to provide on-site construction workforce healthcare for both home-based and non-home-based Project workers. This will further relieve NHS pressures, freeing up local current NHS capacity used by home-based workers.
- 11.6.14 Recognising that the Project is already a source of concern for many people and that there will be a range of potential impacts about which people may experience anxiety, the health assessment specifically includes a section on public understanding of risk. This relates directly to mental health outcomes and recognises that from the Development Consent Order (DCO) pre-application stage right through to operation of the Project, there are likely to be issues where uncertainty drives adverse health outcomes for some people. As part of the ongoing health assessment work, and through the reporting within the ES as the application submission, the aim is to:
- Acknowledge such concern, including the evidence base around it.
 - Provide non-technical explanation on key issues to reduce uncertainty, including on how health protection standards would be met.
 - Put in place mechanisms by which further information can be shared and complaints or concerns heard and acknowledged, including for groups who are vulnerable or seldom heard.

Operation

- 11.6.15 This section summarises key public health implications of operation of the Project. The greatest flight numbers and passenger numbers would arise towards the latter part of the delivery programme, giving rise to the highest degrees of operational exposures, infrastructure demands and service pressures. The health assessment also takes account of the periods of greatest change (such as opening of the Northwest Runway resulting in new areas being overflowed), peak pressure points (including before reactive embedded environmental measure are fully implemented or scaled) and the overlaps with construction pressures where these are in parallel with operational activities.
- 11.6.16 Long-term chronic transport noise is associated with poorer health outcomes. Such noise is an existing widespread feature of the environment surrounding Heathrow, London and South East of England. During operation, localised high noise exposures would arise due to the Project. These would occur close to the take-off and landing of aircraft on the Northwest Runway, flightpaths near Heathrow, and on parts of the road and rail network that experience large changes in the levels or timings of usage.
- 11.6.17 A noise insulation scheme, as set out in the noise insulation policy accompanying this 2026 Public Consultation, is proposed. This will reduce indoor noise exposures with the aim of achieving levels that avoid likely significant health effects, for example, a range of building works, depending on the specific property conditions, that improve the built fabric to reduce outdoor noise reaching the inside particularly in bedrooms. A solution could be a combination of improved window glazing, an acoustic ventilation system and internal roof insulation. Importantly for public health, the approach is not just about insulation, it is also about allowing for appropriate ventilation with closed windows, so as to avoid overheating even in summer and accounting for climate change. A likely significant public health effect is avoided by providing solutions that can reasonably be expected to avoid most instances at a population level where the noise levels are above the Government policy threshold for there being likely significant adverse effect levels. Information on this scheme is set out in **Chapter 8: Noise and vibration**.
- 11.6.18 Importantly, the effects from aviation air noise (noise from aircraft taking-off and landing) are strongly correlated with the direction of the runways which align east-west. Air noise from the Northwest Runway would be a major source of new noise. As the proposed runway would also be aligned east-west, new air noise exposures would be more limited in extent to the north and south where current health outcomes are typically poorest.
- 11.6.19 Aircraft tend to take-off into the wind to generate more lift. The design of the new flight paths are not part of the Project, but are part of a separate Airspace Change Process discussed in the Future Runway Operations (FRO) document. The prevailing wind in the UK is from the west, meaning this is the direction of most take-offs. Take-offs typically have higher noise levels than landings, as engines are being used more. Broadly, areas to the west of the Northwest Runway alignment, heading out of London, are less densely populated than to the east, heading into London.

Communities to the west of Heathrow also generally have better existing health than areas to the east.

- 11.6.20 The health assessment includes all Community Areas and wider areas such as the noise and vibration aspect outer area, but considers specific health inequalities for the Community Areas where greatest air noise effects are likely. These include Poyle, Colnbrook and Brands Hill to the west, and Sipson and Harlington, Hayes and Cranford Cross to the east. Targeted noise insulation support to locations where there are significant changes in air noise and other noise (e.g. associated with surface access) are proposed. Measures in relation to additional tailoring support for exceptional vulnerable individuals are being developed as part of the health assessment.
- 11.6.21 Noise levels outdoors and across the wider area as a result of the Project during operation are also being analysed as part of the health assessment. As such, changes over a very large population can give rise to a likely significant population level effect. Such effects are harder to mitigate directly and are being transparently considered in the health assessment as a public health issue.
- 11.6.22 Quantification of what the higher and lower noise exposures of the Project mean in population health terms will be provided as part of the ES, including against UK policy thresholds and sensitivity tests using World Health Organization (WHO) guideline thresholds [7, 8, 9]. The expectation is that the higher noise levels will be appropriately mitigated at a population level.
- 11.6.23 The more widespread and lower noise levels are not expected to be mitigated to a degree that would avoid them being significant in public health terms, on the basis that a very small change in a risk factor can be significant in a very large population. However, at an individual health outcome level, the changes are unlikely to be discernible. The lower-level noise effects would be an incremental addition to risk factors for health outcomes that arise from a great variety of causes, including, but not limited to, environmental exposures. As these would be low-level exposures spread over a wide area, it is not expected that these lower-level noise effects on population health will significantly widen health inequalities, although that will remain a consideration within the assessment. Additional detail and analysis will be set out in the ES.
- 11.6.24 Open space around the existing airport will change as a result of the Northwest Runway and the additional logistical, freight and passenger infrastructure that will be associated with its use. Outdoor space is an important resource for community health, including in facilitating physical activity. Time spent on recreation, leisure and play within natural settings also promotes mental and social wellbeing. Recognising the importance of Blue and Green Infrastructure (B&GI), the Project includes a comprehensive allocation of new green space, supporting amenities and active travel connectivity via an extensive Green Loop around the expanded airport. The health assessment is promoting the appropriate location of re-provided green spaces to enable continuity of use, as well as the inclusion of inclusive amenities and active travel infrastructure. Such amenities aim to promote positive behavioural change for people of all ages, genders and identities.

- 11.6.25 Air pollution is a recognised leading cause of poor health. There are national statutory and policy frameworks supported by research into effects on health (including from the WHO) that support the need to reduce air pollution. Such a transition is underway and reflects the need to balance the social and economic implications of the speed and mechanisms of that change.
- 11.6.26 The health assessment is clear that increases in air pollutants are associated with non-threshold health effects, i.e. the assessment takes into account effects at any concentration level above zero. In policy compliance terms, there are UK statutory thresholds for air pollutants. The health assessment notes the importance of the public feeling confident in the health protection standards set by the Government. These standards attempt to balance the avoidance of health harms from exposure with the social and economic benefits that may be lost by achieving greater emission reductions. This balance is regularly reviewed, and it can be anticipated that the thresholds may reduce over the lifetime of the operational Project.
- 11.6.27 The health assessment therefore also considers other lower thresholds, including those recently adopted in the EU and the even lower thresholds that the WHO guidelines set out [5, 6]. The WHO guideline values are purely about the known health effects of air pollutants and do not account for the social and economic factors associated with higher levels of emissions. The position adopted by the EU is likely to be a reasonable reflection of where a future UK balance may be set. Notwithstanding that thresholds can be set, the health assessment accounts for all changes in exposures all the way down to zero so the full public health implications may be understood. However, it must be recognised that existing background air pollution is already present, and it is the role of the health assessment to judge the difference the Project would make in that context. The health assessment is informed by the work of **Chapter 9: Air quality and odour**. The quantification of air pollutants in terms of health outcomes will be included in the ES.
- 11.6.28 Ultrafine Particles (UFPs) are very tiny pollutants from aircraft and vehicles. UFPs are known to cause harm to living cells in laboratory settings, but real-world evidence of health effects is limited, including to people living or working around airports. While there is scientific uncertainty, there is also currently no evidence of large effects on health outcomes causally linked to UFPs. One of the complexities is that, at these very small particle sizes, it is the number of particles, not their weight (or mass), that is the most important characteristic to measure. This is a shift from normal monitoring methods for other larger pollution particles. Even the WHO does not provide methods for determining the health effects of UFPs because the evidence is not yet sufficiently established.
- 11.6.29 Even so, this issue is taken very seriously, and the approach is to use the Project to develop better methods and monitoring to support a greater understanding of the effects. Work is ongoing with public health and environmental health stakeholders to develop best practice around monitoring and reporting of UFPs. As air traffic increases, so will UFPs, but the long-term aim is to use cleaner fuels like Sustainable Aviation Fuel (SAF), hydrogen and electricity, which are likely to reduce UFP emissions over time. A cautious, evidence-based approach is being taken, and updates will be shared in the ES. The approach in the health assessment will be

aligned with that in the air quality aspect assessment, and both are working together on this issue.

- 11.6.30 Every year a small proportion of passengers happen to experience a health incident while at Heathrow, usually for reasons unconnected with Heathrow or air travel. These are well managed by a contract with the London Ambulance Service for onsite paramedics and ambulances. This support is in addition to, and does not detract from, the normal NHS response. More people may fall ill at the expanded airport, simply due to a greater number of passengers. To avoid extra strain on local NHS services, we plan to expand our on-site paramedic and ambulance services. A new on-site medical centre is also being considered, which could treat minor issues and help both passengers and staff access NHS services more easily. This could improve community health and reduce NHS costs – for example, by reducing the number of passengers taken to local A&E services for straightforward checks and increasing airport workers' access to preventative health services, such as routine screening appointments. Further details will be shared in the ES.

11.7 Assessment results by Community Area

- 11.7.1 Two types of health effect are important to the public health considerations of the Project:
- The wider area effects, where very large populations (e.g. across the neighbouring local authority areas) experience lower-level changes (e.g. averaged noise changes of only a couple of decibels and below the policy threshold for the likely significant adverse effect level).
 - The smaller area effects, whereby small populations (e.g. community areas or parts of a Community Area population) experience higher-level changes (e.g. averaged noise changes above the policy threshold for the likely significant adverse effect level).
- 11.7.2 This section covers small population effects at the Community Area level. Discussion and additional supporting analysis will be set out in the Environmental Statement (ES).
- 11.7.3 Before considering individual Community Areas, the following general points are noted.
- Public health effects include medium to long-term likely significant adverse effects for many Community Areas. These would be due to displacement and changes in community identity. Long-term likely significant beneficial effects associated with employment and upskilling are expected in terms of wider-area effects, which would also include benefits within Community Areas where many airport workers live.
 - At the wider area, long-term likely significant adverse public health effects from operational noise and air quality effects are anticipated. However, these relate to lower-level exposures to very large populations. Whilst these are conclusions that encompass Community Areas as well, they are cases in which very large

numbers of people experience very small changes in their risk factors for health conditions. Such changes only add up to being significant in public health terms across very large populations across the wider area (across local authorities). This also factors in that at the Community Area level, targeted measures, such as the Noise Insulation Scheme, would reduce effects to avoid the higher-level exposures that would be of public health concern for smaller population sizes.

Summary matrix of Community Area population health effects

- 11.7.4 This section provides a preliminary indicative assessment of smaller areas effects around Heathrow. This extends the analysis reported in other aspect chapters to explain the public health implications. The scorings in other aspect chapters do not align directly with the public health interpretation. For example, the public health influence from community identity is not just a reflection of visual landscape character change, but also considers changes, such as, being newly overflowed by aircraft and how this affects sense of place. The health assessment matrix tabulates Community Areas (the rows) against determinants of health (columns).
- 11.7.5 To use the matrix, read across a row and down a column, which gives a particular cell in the matrix with a score. Each Community Area has two rows, one for effects predominantly linked to construction activities and a second for effects predominately related to operational activities.
- 11.7.6 As set out in the key explaining the matrix, abbreviations are used within each cell to summarise the score:
- The main direction of change (positive or negative)
 - The relevant phases of activity (pre-construction, construction or operation)
 - The most relevant time frame (short-term, medium-term or long-term)
- 11.7.7 The individual health determinants are explained in the first part of the key. The most important features are described, which is not exhaustive of all considerations.
- 11.7.8 The matrix is a summary that aims to communicate a complex range of potential public health issues in a consistent and concise way. Additional narrative and supporting analysis will be provided for the ES. The other aspect chapters and the Local Area Documents (LADs) provide additional information at this stage, which is not duplicated here.
- 11.7.9 The scores in the matrix take account of embedded environmental measures proposed at this stage. There is ongoing consideration of further ways to further reduce adverse effects and further enhance beneficial effects at the Community Area level.

Key to matrix that follows (part 1 the determinants of health)

Health determinant	Description of key features, which are subject to mitigation or enhancement as far as practicable.	Further detail on changes
Airport noise	Noise and vibration from the airport, including flights, airport activities, construction work area and construction support sites.	Chapter 8: Noise and vibration Noise Insulation Policy Draft Code of Construction Practice Environmentally Managed Growth Topic paper
Surface access noise	Noise and vibration from road and rail movements associated with the airport, including passengers and freight, as well as construction vehicles and transporting materials.	
Air quality	Air pollutants from the airport, associated vehicle journeys and operational activities, as well as odour and dust from construction activities.	Chapter 9: Air quality and odour Chapter 16: Land quality Draft Code of Construction Practice
Ultrafine Particles (UFPs)	Within the issue of air quality, the specific consideration of the smallest particles that are produced as a result of aircraft engines.	
Relocation	A specific population of people would be required to move homes as their current homes are within the area where the third runway would be built. In some cases, this is a full community, such as Longford. In other cases, it is part of a community, such as Harmondsworth or Sipson. Some people in a defined wider area also have the option of additional support with voluntarily moving home because they would be close to the Northwest Runway. See Chapter 6: Community for details. The public health effect takes into account the effects on both those people that relocate to new homes and the effect on the remaining community from that change.	Chapter 6: Community Land and property acquisition and compensation policies Property Policies and Information Paper
Housing	The displacement of residents, as well as increases in the numbers of jobs at the airport, during construction and operation, has implications for the housing market close to the airport.	Chapter 13: Water environment
Community Identity	The changes due to the Project have implications for the identity of affected communities. An influential factor is visual change, such as more prominent views of planes taking-off or landing, other airport activities or new structures. Changes to community facilities and amenities may also affect community identity. Longterm operational potentially significant adverse effects relate to those community areas that would be newly overflowed at low altitude from take-off and landing aircraft. Unlike the presence of new buildings or structures within the existing urban context, the change of frequent low altitude aircraft is a degree of community identity change where adaptation to new norms over time is less likely and could have long-term influences on mental wellbeing.	Chapter 15: Landscape and visual
Social participation	Communities may experience changes associated with their interaction with project workforces and changes in community social networks.	Workforce Code of Conduct (to be produced to support the application)

Health determinant	Description of key features, which are subject to mitigation or enhancement as far as practicable.	Further detail on changes
Public understanding of risk	Even where actual risks are managed, e.g. regulatory processes, to meet stringent health protection standards (e.g. on fuel storage or electromagnetic fields), community concern or uncertainty may still affect mental health and wellbeing.	Draft Code of Construction Practice
Pest control	During construction vacant properties, demolition, excavation or waste management activities have the potential to attract or provide food or habitat for pests (e.g. flies or rodents).	Draft Code of Construction Practice
Open space, leisure and play	Changes to the accessibility, location, size or quality of public outdoor spaces may be affected for some community areas. During operation, the Green Loop would connect new and enhanced public open spaces around Heathrow. Longterm operational potentially significant beneficial effects relate to those community areas that would particularly benefit from new open space provisions considered significant in Chapter 7: Recreation and amenity .	Chapter 7: Recreation and amenity Blue and Green Infrastructure environmental measures Topic paper
Transport	The additional project vehicles on the local road network during construction and operation have the potential to affect the experience of pedestrians and cyclists, as well as how long car journeys take. Issues of access, journey time and safety are considered.	Transport Information Consultation Report Surface access management and controls
Health and social care services	Additional local demand may arise due to people connected with the project, who are not registered with local services, seeking GP appointments or attending A&E. This may include some construction workers and airport passengers.	Draft Code of Construction Practice
Education and training	A wide range of upskilling and training opportunities would be generated by the Project during both construction and operation.	Chapter 5: Socio-economics and employment Economic Development Strategy
Employment and Income	A wide range of job opportunities would be generated by the Project during both construction and operation.	
Societal benefits of air travel	Access to travel that connects friends and relatives, as well as providing breaks and new experiences is likely supportive, to a degree, of health and wellbeing.	N/A
In-combination effect	A separate analysis step that provides a preliminary indicative assessment of the likely overall influence when considering all the determinants of health for a community area, i.e. looking across each row (the inter-development cumulative effect). While positive and negative effects do not cancel out and may be experienced by different people, the assessment looks at the overall balance of influences of population health within each community area.	N/A

Key to matrix that follows (part 2 the scoring)

++	Potential significant beneficial population health effect at community area level, taking account of further or embedded environmental measures.
+	Beneficial effect where a significant population health effect is unlikely at community area level and does not contribute to a significant effect at a wider level (across local authorities).
(+)	Beneficial effect where a significant population health effect is unlikely at community area level but contributes to a low level of change in risk factors that only at the wider level (across local authorities) is potentially significant for public health.
<>	Neutral effect, with little change or a mix of beneficial and adverse elements none of which are likely to be significant population health effects.
--	Potential significant adverse population health effect at community area level even after mitigation (further or embedded environmental measures) are taken into account.
-	Adverse effect where a significant population health effect is unlikely at community area level and does not contribute to a significant effect at a wider level (across local authorities).
(-)	Adverse effect where a significant population health effect is unlikely at community area level but contributes to a low level of change in risk factors that only at the wider level (across local authorities) is potentially significant for public health.
*	Adverse effect where a significant population health effect is unlikely based on current scientific evidence, but warrants monitoring or other action including good communication with communities.
[++]	Transformation from a potential significant adverse population health effect to a potential significant beneficial population health effect through further or embedded environmental measures.
N/A	Not applicable, as no relevant exposure or no relevant change due to Heathrow expansion. This may include because a particular health determinant was agreed as scoped out for this phase (e.g. construction) by the Planning Inspectorate in the 2025 Scoping Opinion Addendum.
Pre-C	Pre-construction (the current pre-application stage in relation to mental health effects)
C	Construction
O	Operation
ST	Short-term effect
MT	Medium-term effect
LT	Long-term effect

Matrix summary of community area preliminary population health effects

Health determinant	Airport noise	Surface access noise	Air quality	Ultrafine particles	Relocation	Housing	Community identity	Social participation	Public understanding of risk	Pest control	Open space, leisure and play	Transport	Health and social care services	Education and training	Employment and Income	Societal benefits of air travel	In-combination effect
Community Area																	
Bedfont	C - MT	C -MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C -- MT	C - MT	Pre-C, C - MT	C <> ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - LT	N/A	O - LT	N/A	O + LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Brands Hill	C - MT	C -MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C -- MT	C - MT	Pre-C, C - MT	C - ST	C - MT	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C -- MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O -- LT	N/A	O - LT	N/A	O + LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT

Health determinant	Airport noise	Surface access noise	Air quality	Ultrafine particles	Relocation	Housing	Community identity	Social participation	Public understanding of risk	Pest control	Open space, leisure and play	Transport	Health and social care services	Education and training	Employment and income	Societal benefits of air travel	In-combination effect
Colnbrook	C - MT	C - MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - - MT	C - MT	Pre-C, C - MT	C - ST	C - MT	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - - LT	N/A	O - LT	N/A	O + LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Cranford	C - MT	C - MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - - MT	C - MT	Pre-C, C - MT	C - ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - - LT	N/A	O - LT	N/A	O ++ LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Cranford Cross	C - MT	C - MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - - MT	C - MT	Pre-C, C - MT	C - ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - - LT	N/A	O - LT	N/A	O ++ LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O - LT
Datchet	C <> MT	C <> MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - MT	C - MT	Pre-C, C - MT	C <> ST	C <> ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT
	O (-) LT	O <> LT	O (-) LT	O * LT	O <> LT	O - LT	O - - LT	N/A	O - LT	N/A	O <> LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Feltham North	C - MT	C <> MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - - MT	C - MT	Pre-C, C - MT	C - ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT
	O (-) LT	O <> LT	O (-) LT	O * LT	O <> LT	O - LT	O - LT	N/A	O - LT	N/A	O ++ LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Feltham West	C <> ST	C <> ST	C <> ST	N/A	C <> ST	C - ST	Pre-C, C - MT	C - MT	Pre-C, C - MT	C <> ST	C <> ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C <> MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - LT	N/A	O - LT	N/A	O <> LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Harlington	C - MT	C - MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - - MT	C - MT	Pre-C, C - MT	C - ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - - LT	N/A	O - LT	N/A	O + LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O - LT
Harmondsworth	C - MT	C - MT	C - MT	N/A	Pre-C, C - - MT	C - ST	Pre-C, C - - MT	C - MT	Pre-C, C - MT	C - ST	C - - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	Pre-C, C - - MT
	O (-) LT	O (-) LT	O - - LT	O * LT	O - LT	O - LT	O - - LT	N/A	O - LT	N/A	O + LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O - - LT
Hayes	C - MT	C - MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - MT	C - MT	Pre-C, C - MT	C <> ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - LT	N/A	O - LT	N/A	O <> LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Heston	C - MT	C - MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - MT	C - MT	Pre-C, C - MT	C <> ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - - LT	N/A	O - LT	N/A	O <> LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O - LT
Horton	C - MT	C - MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - MT	C - MT	Pre-C, C - MT	C <> ST	C - MT	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT

Health determinant	Airport noise	Surface access noise	Air quality	Ultrafine particles	Relocation	Housing	Community identity	Social participation	Public understanding of risk	Pest control	Open space, leisure and play	Transport	Health and social care services	Education and training	Employment and income	Societal benefits of air travel	In-combination effect
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - LT	N/A	O - LT	N/A	O + LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Hounslow (Central and South)	C <> MT	C <> MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - MT	C - MT	Pre-C, C - MT	C <> ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C <> MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - LT	N/A	O - LT	N/A	O <> LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Hounslow (West and Heath)	C <> MT	C <> MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - MT	C - MT	Pre-C, C - MT	C <> ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C <> MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - LT	N/A	O - LT	N/A	O <> LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Iver and Richings Park	C - MT	C - MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - MT	C - MT	Pre-C, C - MT	C <> ST	C - MT	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - LT	N/A	O - LT	N/A	O ++ LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Longford	C - MT	C - MT	C - MT	N/A	Pre-C, C - - MT	C - ST	Pre-C, C - - MT	C - MT	Pre-C, C - MT	C - ST	C - - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	Pre-C, C - - MT
	N/A	N/A	N/A	N/A	O - LT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O - LT
Poyle	C - MT	C - MT	C - MT	N/A	Pre-C, C - - MT	C - ST	Pre-C, C - - MT	C - MT	Pre-C, C - MT	C - ST	C - MT	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	Pre-C, C - - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O - LT	O - LT	O - - LT	N/A	O - LT	N/A	O ++ LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Sipson	C - MT	C - MT	C - MT	N/A	Pre-C, C - - MT	C - ST	Pre-C, C - - MT	C - MT	Pre-C, C - MT	C - ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	Pre-C, C - - MT
	O (-) LT	O (-) LT	O - - LT	O * LT	O - LT	O - LT	O - - LT	N/A	O - LT	N/A	O <> LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O - - LT
Stanwell	C - MT	C - MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - - MT	C - MT	Pre-C, C - MT	C - ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> ST	O - LT	O - LT	N/A	O - LT	N/A	O + LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Stanwell Moor	C - MT	C - MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - - MT	C - MT	Pre-C, C - MT	C - ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - LT	N/A	O - LT	N/A	O ++ LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
West Drayton	C - MT	C - MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - MT	C - MT	Pre-C, C - MT	C <> ST	C - ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - LT	N/A	O - LT	N/A	O <> LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT
Wraysbury	C - MT	C <> MT	C - MT	N/A	C <> ST	C - ST	Pre-C, C - MT	C - MT	Pre-C, C - MT	C <> ST	C <> ST	C - MT	C [++] MT	C (+) MT	C (+) MT	N/A	C - MT
	O (-) LT	O (-) LT	O (-) LT	O * LT	O <> LT	O - LT	O - LT	N/A	O - LT	N/A	O <> LT	O <> LT	O [++] LT	O (+) LT	O (+) LT	O + LT	O <> LT

11.8 Summary of likely significant health effects

11.8.1 Across the Project, there are beneficial influences through employment, upskilling and income. There are also adverse influences, notably noise exposures, construction disruption and displacements within some communities. The Project brings a range of new pressures and opportunities for communities close to Heathrow, as well as wider economic benefits for the wider local and regional population.

Smaller area effects (Community Areas)

- 11.8.2 During construction, whilst the great majority of likely significant adverse population health effects will be avoided through the Project's embedded environmental measures, including in the draft Code of Construction Practice (CoCP), the following effects are clearly recognised, remain active areas of health assessment work and will be reported on in the Environmental Statement (ES):
- Relocation-related likely **significant adverse effects** remain anticipated, recognising that for many people, irrespective of support, the change to these people will be influential to physical and mental health. The Home Relocation Support Service and the Your Wellbeing Support Service are aiming to reducing the adverse effects as far as practicable.
 - Construction-related disturbance will arise. Ongoing work with planning construction sequencing and delivery and measures set out in the draft CoCP aim to reduce the adverse effects as far as practicable. Currently, likely significant adverse population health effects are not expected but further work is required to confirm this.
 - Construction land use, works and disruption are anticipated to affect access to, and the amenity of, open space and opportunities for active travel. While avoiding such effects is a priority, there remains the potential for a likely **significant adverse effect** related to behavioural change in use of such resources for amenity and active travel.
 - Construction dust and emissions, including odour, whilst temporary, have the potential to cause annoyance and non-threshold health effects. Work is ongoing in relation to management plans and practices to reduce exposures, including the CoCP and a Statutory Nuisance Statement which will be submitted as part of the Development Consent Order (DCO) application. Currently, likely significant adverse population health effects are not expected but further work is required to confirm this.
 - During construction and operation, some Community Areas would experience particular changes in community identity, including due to proximity to work areas and prominent views of aircraft take-offs and landings from the Northwest Runway. Currently, likely **significant adverse effects** on population health (particularly mental health) are possible.

Wider area effects (across local authorities)

11.8.3 During operation, the additional activity at the expanded airport poses challenges, but also opportunities, for health. Potential for likely significant beneficial population health effects are being pursued where practicable and will be reported on further in the ES. The following likely **significant adverse effects** are currently expected:

- Aviation noise and road noise are the subject of detailed analysis and targeted environmental measures. We aim to avoid indoor exposures that exceed levels associated with likely significant health effects at an individual dwelling level. The Noise Insulation Scheme, alongside other measures (such as flight scheduling restrictions and noise envelope design), will be an influential environmental measure in reducing public health pressures due to the Project. For public health, there are also lower-level noise effects that are likely to be significant in public health terms when the incremental long-term effect is considered across a very large population, although these effects are unlikely to have a large impact on the individual level. Such effects are less amenable to mitigation and are an acknowledged general low-level exposure consequence of the Project. They will be considered alongside the economic benefits.
- During operation, the additional road traffic and aviation air quality emissions are likely to have adverse, non-threshold effects on health outcomes across a very large population. Although levels of effect are anticipated to remain within statutory health protection standards, the incremental long-term effect across a very large population is potentially significant for public health.

11.8.4 The following beneficial likely **significant effects** are currently expected:

- Depending on how future healthcare is commissioned at Heathrow, there is potentially the opportunity to deliver this in ways that has a net beneficial effect in reducing pressure on the NHS, particularly by reducing the number of non-urgent conveyances to A&E for passengers who happen to fall ill at Heathrow. The health assessment is exploring the possibility of providing a medical centre as part of the expanded airport, designed to support rather than detract from local NHS services. Recognising many people in local communities also work at Heathrow, a medical centre could also facilitate further enhancements to how airport workers, particularly shift workers, access NHS preventative services such as screening and health promotion. The approach being considered could support likely significant long-term physical and mental health benefits locally.
- A likely significant beneficial effect of the Project is the increase in employment directly and indirectly associated with its construction and operation. The benefits are local and regional. Particular benefits could accrue where access to opportunities are targeted to local vulnerable groups.
- In addition, to the operational jobs there are likely **significant beneficial effects** of operational upskilling and training through the Project. Upskilling, particularly for those with barriers to career progression, can have lasting socio-economic benefits that last a lifetime.

11.9 Next steps and preparation of the Environmental Statement (ES)

- 11.9.1 The next stages of the public health assessment will develop the quantitative analysis for noise and air quality effects. This reflects that, integrated with the overarching qualitative health assessment framework, there are specific quantitative assessments in relation to noise and air quality health outcomes of the Project. This is a comprehensive approach that is best practice for the largest and most complex infrastructure projects. In this case, the approach being taken is to fully integrate the health quantification within the quantitative models being used by the noise and air quality assessments of the Environmental Statement (ES).
- 11.9.2 This is an advancement on the approach originally proposed in the 2025 Scoping Report Addendum. Instead of the health assessment undertaking a parallel modelling exercise to slightly different (simplified) parameters and methods, the health assessment team have worked to integrate a health quantification step within the noise and air quality model outputs. This increases accuracy and avoids stakeholders needing to review separate modelling exercises. The integrated health step goes beyond simply considering compliance with policy thresholds. It also quantifies the scale of change in the most relevant health outcomes even below these thresholds, e.g. population level changes in respiratory or cardiovascular disease.
- 11.9.3 It remains the case that the health assessment team is coordinating with technical health stakeholders on the detail of the quantitative methodology and the inputs it draws from the scientific literature. This includes using other recent robust exposure-response relationships from epidemiological studies, including those underpinning WHO guidelines as main or sensitivity tests of health outcomes. This allows for an understanding of health effects even below threshold traditionally set for noise and air quality exposures.
- 11.9.4 The full results of the health assessment, including quantification of noise and air quality outcomes as described above, will be presented in the ES.
- 11.9.5 A key practical element of ongoing activities comprises developing the detail of embedded environmental measures, including in relation to displacement, noise, air quality, healthcare and outdoor spaces. The environmental measures specifically respond to vulnerable groups and health inequalities.
- 11.9.6 The Health Chapter of the ES will set out additional detail on the public health pathways, evidence bases and technical basis for reaching conclusions.
- 11.9.7 A separate technical Health Impact Assessment Steering Group has been convened to directly engage health stakeholders on technical matters. In line with best practice, the chair of the Steering Group has been commissioned by Heathrow but is independent from both Heathrow and the health assessment. This is assured in a Terms of Reference document that defines the operation of the group. The Steering Group facilitates open discussion between health stakeholders as to their technical recommendations to the health assessment. The Terms of Reference and minutes of

meetings will be reported as an appendix in the ES. The Council for the Independent Scrutiny of Heathrow Airport (CISHA) is a member of the Steering Group and represents community interests.

11.10 Glossary of terms

Term/Acronym	Definition
Air quality standards	Defined in master glossary
Baseline health conditions	Baseline conditions refer to the documentation of existing public health conditions for the population in and around a Project area before development begins. These conditions can establish if relevant sensitivities or inequalities identified in the scientific literature are present. They also serve as a reference point for measuring project-related public health changes. Public health profiles and indicator sets, demographic statistics and deprivation mapping can be used to establish baseline health conditions
Blue and green infrastructure (B&GI)	Blue and green infrastructure is a connected network of landscape and water features, including rivers, wetlands, habitats, open space and sustainable drainage within and around Heathrow.
Compulsory Purchase Zone (CPZ)	Defined in master glossary
Community areas	Community areas are study areas defined to provide a consistent local geography for describing baseline conditions and reporting likely significant effects. The community areas have been developed having regard to local authority boundaries and reflect functional communities, patterns of connectivity and physical boundaries.
Development Consent Order (DCO)	Defined in master glossary
Environmental Impact Assessment (EIA)	Defined in master glossary
Environmental measures	Environmental measures proposed in an EIA are designed to limit or remove any significant adverse environmental effects of a development.
Environmental construction effects	Environmental construction effects refer to the potential impacts of construction activities on the environment. These effects can include noise and vibration, air pollutants, land contamination, waste pollution and other environmental concerns.
Environmental Statement (ES)	Defined in master glossary
Exceptionally vulnerable individual	Exceptionally vulnerable individuals are people the Integrated Care System consider to have either a relevant severe long-term medical condition or a current and ongoing physical or intellectual disability, which would require additional care planning in the context of being affected by the Project.
Exposure-response relationships	Exposure-response relationships refer to a quantifiable link between the concentration or duration of a pollutant (such as noise and vibration

Term/Acronym	Definition
	or air pollution) and the resulting health effect (such as disease incidence).
Green Loop	Defined in master glossary
Health outcomes	Change in health status of an individual, group or population attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.
Health risk factor	A social, economic or biological status, or behaviours or environments which are associated with or that cause increased susceptibility to a specific disease, ill health or injury.
Health indicators	A health indicator is a characteristic of an individual, population or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity and time).
Human health	A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Mental and social wellbeing are also to be considered in addition to effects on physical health.
Long-term chronic medical condition	A long-term chronic medical condition (also known as a Chronic Condition) is a health problem that requires ongoing management over a period of years or decades and cannot currently be cured, but can be controlled with the use of medication and/or other therapies. For example, diabetes, asthma, arthritis, chronic fatigue, cancer.
Middle layer Super Output Areas (MSOAs)	Middle layer Super Output Areas (MSOAs) are a designated geographical area used in the Census. They are made up of groups of Lower Super Output Areas (LSOA), usually four or five. They comprise between 2,000 and 6,000 households and have a usually resident population between 5,000 and 15,000 persons. MSOAs fit within local authorities. There are 6,856 MSOAs in England and 408 in Wales.
National Health System	The NHS is the collective term for the publicly funded healthcare systems in the United Kingdom.
Population health	The health outcomes of a group of individuals, including the distribution of such outcomes within the group.
Protected characteristic	The Equality Act 2010 protects against discrimination based on nine protected characteristics. These are: age, disability, sex, race, religion or belief, gender reassignment, sexual orientation, pregnancy and maternity and marriage and civil partnership.
Public health and environmental health stakeholders	Health stakeholders are people or organisations from public, private and/or voluntary sectors and the communities or groups involved in, or affected by, a Project in terms of public health.
Scoping Report Addendum (2025)	Following receipt of the 2018 EIA Scoping Opinion and recommencement of the pre-application phase, Heathrow submitted a

Term/Acronym	Definition
	Scoping Report Addendum in 2025. The purpose of this addendum is to provide further information in respect of certain potentially significant effects and to supplement and should be read alongside the 2018 EIA Scoping Report and the 2018 EIA Scoping Opinion.
Study areas	Study areas define the geographic scope in which environmental effects are considered. The study area should be appropriate to the scale of a project's impacts and identify the most relevant geographic population.
Significant health effect	An effect triggered by the Project that is judged in EIA methodology terms to be important for public health (a positive or negative effect), highly desirable for public health (a positive effect) or unacceptable for public health (a negative effect).
Ultra Fine Particles	Defined in master glossary
Vulnerable groups	Sensitive to changes in health determinants within a given context. Can include groups such as children and young people, ethnic minorities, people with disabilities, people with existing poor health, people who are homeless, people living in poverty, those who experience social disadvantage, those struggling with addiction and substance abuse, and isolated older people.
Ward	Wards are a designated geographical area used in the Census. Wards serve as subdivisions of municipalities, often named after neighbourhoods. Each ward has a defined boundary and is represented by a member of the city council. There are 6,904 wards in England and 762 in Wales.

11.11 References

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