

Document DCO 8.4E / MCO 8.4E

Statement of Common Ground between SEGRO and Leicestershire County Council (relating to Population and Human Health)

September 2026

The East Midlands Gateway Phase 2
and Highway Order 202X and The East Midlands Gateway
Rail Freight and Highway (Amendment) Order 202X

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1 Introduction

1.1 This Statement of Common Ground ("SoCG") is a written statement produced during the application process for a Development Consent Order ("DCO") and a Material Change Order ("MCO") for the scheme known as East Midlands Gateway Phase 2 ("EMG2" or "the Scheme") described in clause 1.3 below. This SoCG is prepared jointly by (1) SEGRO who has submitted the DCO Application through SEGRO Properties Limited and has submitted the MCO application through SEGRO (EMG) Limited (referred to collectively as "the Applicant") and (2) Leicestershire County Council ("LCC").

1.2 The Guidance entitled 'Planning Act 2008: Examination stage for Nationally Significant Infrastructure Projects' (April 2024) ("the Guidance") describes a SoCG as follows:

"A Statement of Common Ground (SoCG) is a written statement prepared jointly by the applicant and another party or parties, setting out any matters on which they agree, or indeed disagree. A SoCG helps to ensure that the evidence at the examination focuses on the material differences between the main parties and therefore makes best use of the lines of questioning pursued by the Examining Authority" (paragraph 007)

1.3 This SoCG has been prepared as part of the information accompanying the DCO and MCO applications for EMG2 which comprises:

Main Component	Summary of Component	Works Nos.
DCO Application made by the DCO Applicant for the DCO Scheme		
EMG2 Works	Logistics and advanced manufacturing development located on the EMG2 Main Site south of East Midlands Airport and the A453, and west of the M1 motorway. The development includes HGV parking and a bus interchange. Together with an upgrade to the EMG1 substation and provision of a Community Park.	DCO Works Nos. 1 to 5 including Further Works as described in the draft DCO (Document DCO 3.1). DCO Works Nos. 20 and 21 including relevant Further Works as described in the draft DCO (Document DCO 3.1).
Highway Works	Works to the highway network: the A453 EMG2 access junction works (referred to as the EMG2 Access Works); significant improvements at Junction 24 of the M1 (referred to as the J24 Improvements), works to the wider highway network including the Active Travel Link, Hyam's Lane Works, L57 Footpath Upgrade, A6 Kegworth Bypass/A453 Junction Improvements and Finger Farm Roundabout Improvements.	DCO Works Nos. 6 to 19 including relevant Further Works as described in the draft DCO (Document DCO 3.1).
MCO Application made by the MCO Applicant for the MCO Scheme		
EMG1 Works	Additional warehousing development on Plot 16 together with works to increase the permitted height of the cranes at the EMG1 rail-freight terminal, improvements to the public transport interchange,	MCO Works Nos. 3A, 3B, 5A, 5B, 5C, 6A and 8A in the draft MCO (Document MCO 3.1).

	site management building and the EMG1 Pedestrian Crossing.	
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- 1.4 This SoCG has been prepared in accordance with the Guidance to assist the Examining Authority in examining the applications for the DCO and MCO by providing an understanding of the status of discussions or negotiations between the Applicant and LCC.

2 Parties to this SoCG

- 2.1 This SoCG is entered into by (1) the Applicant and (2) LCC.
- 2.2 LCC enters into this SoCG in its capacity as statutory consultee (TBC).
- 2.3 A record of the engagement between the Applicant and LCC in relation to population and human health is set out in the Appendix to this SoCG.

3 Structure of this SoCG

- 3.1 This SoCG has been structured with two clearly defined sections. The first section considers matters relevant to the DCO and the second section considers matters relevant to the MCO. Where a particular matter is common to both the DCO and the MCO this is clearly stated and recorded in both sections.
- 3.2 The areas covered by this SoCG are as follows:
- assessment scope;
 - reporting structure;
 - assessment methodology;
 - consideration of vulnerable receptors; and
 - assessment results.
- 3.3 This SoCG records those matters which are agreed, and not agreed between the Applicant and LCC in relation to population and human health.
- 3.4 Within the following tables a Red Amber Green (RAG) status has been applied as follows: **green** - agreed, and **red** - not agreed.

4 DCO

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
4.1	Health determinants	ES Chapter 17: Population and Human Health, Section 17.2 (Reference REP6-039) ES Appendix 17A (Reference APP-181)	The relevant health determinants to the construction and operational phase assessments comprise: • Air quality; • Noise and vibration; • Transport, access and connections; • Diet and nutrition; • Community safety; • Community identity, culture, resilience and influence; • Access to open space and PROW for physical activity, leisure/play and recreation; and • Socio-economic factors (employment and income). This was the scope agreed and delivered as outlined in Appendix 17A [APP-181].	LCC agrees that the range of health determinants considered within the Population and Human Health Assessment is appropriate and reflects the matters raised by Public Health during the Examination process. This includes consideration of air quality, noise and vibration, transport and accessibility, diet and nutrition, community safety, community identity, access to open space and socio-economic factors. LCC is therefore satisfied that the relevant health determinants have been identified and scoped into the assessment.		01/09/26
4.2	Vulnerable receptor groups	ES Chapter 17: Population and Human Health,	Vulnerable receptor groups, as defined by LCC, have been considered in the ES chapter	LCC considers this matter remains disagreed. Whilst the Applicant has reviewed the		01/09/26

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
		Sections 17.2 and 17.5 (Reference REP6-039) Appendix 2 of SoCG	where appropriate. These groups overlap and complement the requirements of the Equality Act, and comprise: • People who identify as Lesbian, Gay, Bisexual or Transgender (LGBT); • People with a disability, including people with a learning disability; • People who are homeless; • Victims of modern slavery; • Sex workers; • Vulnerable migrants; • Carers; • People with severe mental illness; • Prisoners; • People who have experienced trauma; • Looked after children and care experienced adults; and • People living in poverty/deprivation. Where there is no potential for impact from the project, or where impacts are dealt with at the strategic level, or there is overlap with the equality assessment provided in	updated evidence and concluded that no changes to the assessment are required, it has not been demonstrated how impacts on vulnerable groups have been systematically reassessed through the Population and Human Health Chapter and Equality Statement. It remains unclear how differential and cumulative effects have been considered for vulnerable populations, including Gypsy and Traveller communities. LCC therefore does not consider sufficient evidence has been provided to demonstrate that the conclusions relating to vulnerable groups remain robust.		

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			Appendix 17C it is appropriate to scope out consideration of these from the ES chapter. This initial scoping exercise is outlined in Table 17.7 of Chapter 17. The only specific vulnerable group considered in the ES chapter (beyond the general population-level assessment) was "people living in poverty/deprivation". As requested by LCC, to provide additional detail and rationale as to why we scoped these groups out, we submitted a detailed exercise (Table 1 to Table 12 of Appendix 2 of this SoCG) which considered each of these groups in the context of the eight different health determinants assessed. LCC have not highlighted any specific points detailed within Table 1 to Table 12 of Appendix 2 of this SoCG to which they disagree with and that would therefore require the scoping in of vulnerable groups.			

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			Regardless, it should be noted that they way in vulnerable groups (compared to the general population) are considered within the population and health assessment is by applying a "high" level of sensitivity to the same magnitude of impact classification. Therefore, nominally, the same significance of effect concluded for "people living in poverty/deprivation" (the only vulnerable group which has been scoped in), would be concluded for all vulnerable groups listed by LCC. This should allay any potential concerns from LCC that specific vulnerable groups have not considered within the ES chapter.			
4.3	Study area	ES Chapter 17: Population and Human Health, Section 17.2 (Reference REP6-039) Appendix 17A Informal Scoping Exercise with	The baseline data study area relevant to environmental health determinants focusses on all administrative wards that fall within 500m of EMG2 Project, which comprises: Castle Donington Central; Castle Donington Castle; Castle Donington Park; Daleacre Hill; Kegworth; Long Whatton &	LCC considers this matter remains disagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note [REP6-062] following consideration of the updated transport evidence, however LCC does not consider that this information demonstrates that the baseline		01/09/26

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
		LCC (Reference APP-181) Appendix 17D Baseline Study Area (Reference APP-184)	Diseworth; Worthington & Breedon. This was discussed with LCC during informal scoping exercise catalogued in Appendix 17A. During the iterative scoping process, which provided multiple opportunities for LCC to comment on Appendix 17A, LCC expressed concern that 500m is not sufficient to capture the affected population. It should be clarified that this study area relates to baseline data collection, which feeds into the sensitivity classification analysis, and is not limited to 500m from the DCO Order Limits (as it is not possible to manipulate baseline data in that way, which is published for administrative areas only). Rather, the baseline data collected is representative of all administrative areas that <u>fall within</u> 500m of the DCO Order Limits. This captures all communities between approximately 1.5km to 10km from the Main Site. An figure depicting the baseline study	health study area is appropriate and robust.		

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			area is provided in Appendix 17D. The study area defining the relevant sensitive receptors that should be assessed remains consistent with those identified by the inter-related technical disciplines which inform the assessment of population and human health. This includes receptors along the road links of concern (assessed for noise and air quality impacts). Furthermore, the operational health assessment for changes in air quality from traffic movements quantitatively considers the potential impact upon the entire affected population of between 62,583 people (across 35 LSOAs where impacts would occur in Scenario B) and 99,367 people (across 58 LSOAs where impacts would occur in Scenario A). This affected area is defined by air quality modelling and ensures the entire potentially affected population is captured within the assessment.			

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4.4	Study area	ES Chapter 17: Population and Human Health, Section 17.2 (Reference REP6-039) Appendix 17A Informal Scoping Exercise with LCC (Reference APP-181)	The study area for socio-economic baseline statistics is consistent with the socio-economic technical discipline. This is commensurate with the wider geographic scope of influence than environmental health determinants due to the willingness to commute significant distances to work. To clarify, this captures the entire population of Derby, Derbyshire, Nottingham, Nottinghamshire, Leicester and Leicestershire. This was discussed with LCC during informal scoping exercise catalogued in Appendix 17A. No comments on the appropriateness of this study area were received from LCC during the iterative scoping process. The rationale for this socio-economic study area selection is provided in Chapter 5: Socio-economics which states that the study area <i>"has also been informed by employee data from EMG1 on the place of residence for EMG1 staff (see Appendix</i>	LCC considers this matter remains unagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note [REP6-062] following consideration of the updated transport evidence, LCC does not consider sufficient information has been provided to demonstrate that the socio-economic study area is appropriate and robust.		01/09/26

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			6B, (Document DCO 6.6B)). It is considered the relevant geography for the consideration of socio-economic and labour market dynamics".			
4.5	Study area	ES Chapter 17: Population and Human Health, Section 17.2 (Reference REP6-039) Appendix 17A Informal Scoping Exercise with LCC (Reference APP-181) Appendix 17C Equality Statement (Reference REP4-032)	A study area of 500m from the EMG2 Project has been used in order to identify receptors that will be the focus of the equality assessment provided in Appendix 17C. Identified receptors are those where the primary user would be individuals with protected characteristics. During the informal scoping exercise with LCC (catalogued in Appendix 17A), the Applicants requested information from LCC on where Gypsy and Traveller sites were located (as this information is not publicly accessible). Three sites were provided to the Applicants by LCC for consideration, all of which were located beyond the 500m study area (between 1.3km and 1.8km – referenced as LCC1, LCC2 and LCC3 in Appendix 17C).	LCC considers this matter remains disagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note [REP6-062] following consideration of the updated transport evidence, LCC does not consider sufficient information has been provided to demonstrate that the socio-economic study area is appropriate and robust. In particular, further work is required to demonstrate how all relevant vulnerable populations have been fully considered, including Gypsy and Traveller communities.		

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			Despite this, LCC1-LCC3 were included for assessment and provided to air quality and noise technical experts to establish the exact impacts at these locations. Due to the distance of these receptors from the affected road network, it was concluded that air quality at LCC1 (302m away) and LCC2 (560m away) would remain at background levels. This has been concluded by the air quality technical specialist. Appendix 17C confirms the magnitude of impact at all equality receptors, and it is considered that these changes are negligible and would not result in in-combination effects. On this basis, there is no potential for adverse equality effects.			
4.6	ES Chapter and HIA	ES Chapter 17: Population and Human Health (Reference REP6-039)	The population and health ES chapter relating to the DCO Scheme embeds the principles of Health Impact Assessment (HIA). On this basis, no separate standalone HIA report is required as a technical	LCC considers this matter remains disagreed. Whilst the Applicant has undertaken further review of the transport modelling data, it remains unclear how the implications of that data have been reflected throughout ES Chapter 17		01/09/26

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			appendix to the human health ES chapter. This is in line with the Institute of Sustainability and Environmental Professionals (ISEP), formerly the Institute of Environmental Management and Assessment (IEMA), Guide to Effective Scoping of Human Health in EIA. This states that the practice of a separate standalone HIA report being appended to the EIA Report to meet the EIA requirement is not recommended as it can result in inconsistencies or duplication, additional demand on stakeholder resources, less clearly secured health mitigation or enhancement measures, and lack of clarity as to how the EIA statutory requirements are met (e.g. the assessment of likely significant effects or cumulative effects). The requested action for a signposting exercise has been provided in the updated Population and Health ES chapter [REP6-039] which	[REP6-039] and how the health conclusions presented have been reached. Further clarity was required to demonstrate that HIA components are fully embedded within the assessment and that the implications of the updated transport modelling data have been consistently and transparently carried through without loss of analytical detail.		

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			outlines how all primary HIA components are fully embedded. No comments on the signposting exercise highlighting points of disagreement have been received from LCC.			
4.7	Air quality changes	ES Chapter 17: Population and Human Health, Section 17.5 (Reference REP4-029)	It is acknowledged that there is a linear relationship between changes in air quality and potential human health impacts, and that nitrogen dioxide and particulate matter are non-threshold pollutants. However, the purpose of Environmental Impact Assessment (EIA) and planning is to assess impacts which are directly attributable to a proposed development. In this respect, the focus of any health-related air quality assessment within EIA is on the change associated with what is proposed. A quantitative exposure response assessment was undertaken to assess the changes in air quality directly attributed to what is proposed,	LCC considers this matter remains disagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note following consideration of the updated transport evidence, LCC does not consider sufficient information has been provided to demonstrate how the updated transport modelling data relied upon by the Applicant has informed the assessment of air quality impacts and how these impacts have been interpreted through a public health and vulnerability lens.		01/09/26

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			the methodology for which is described in ES Chapter 17. As outlined in Appendix 4, two road links (Derby Road, Kegworth and Castle Donington High Street) are reconsidered in light of updated transport modelling as a sensitivity test to determine if an updated detailed assessment is required for air quality (and associated secondary impacts on population and health). The population and health assessment draws from and builds upon the air quality conclusions. In summary, from an air quality perspective, the proposed mitigation on Castle Donington High Street would improve air quality on this road link as it would deter traffic from using this route. The redistribution of this traffic is also considered to not have any material impact on human receptors. For Derby Road in Kegworth, there would be no increase in traffic flows during the evening			

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			peak, and the forecasted increase of 163 vehicles in the morning peak on Derby Road, Kegworth will not occur in reality (based on more accurate VISSIM modelling). Taking the above air quality conclusions into consideration from a health perspective, there would be no change to the health or equality conclusions.			
4.8	Vulnerable groups	ES Chapter 17: Population and Human Health, Section 17.5 (Reference REP6-039)	There are no specific thresholds for assessment relating to these more vulnerable receptors. However, for those more vulnerable receptors considered within the ES chapter, a sensitivity classification of “high” has been applied. This is the highest possible sensitivity classification and in comparison to the “low” sensitivity classification of the general population and captures this enhanced sensitivity. This “high” sensitivity classification could be hypothetically applied to any vulnerable receptor group and the conclusion would remain the same as that reported for people	LCC considers this matter remains disagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note [REP6-062], sufficient information has not been provided to demonstrate that impacts on vulnerable groups have been comprehensively reassessed. It is unclear how differential and cumulative effects on vulnerable populations have been considered and how the conclusions presented have been reached.		01/09/26

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			in poverty/deprivation i.e. minor (not significant). To clarify, this point relates to how vulnerable groups are assessed differently to the general population (i.e. the magnitude of impact remains the same but the sensitivity increases to reflect vulnerability within the significance of effect conclusion), and LCC have not indicated any disagreement with this approach which was presented to them during informal consultation presentations and discussions.			
4.9	Vulnerable groups	ES Chapter 17: Population and Human Health, Section 17.2 (Reference REP6-039)	The scoping out of specific vulnerable groups from the Equality Statement is due to air quality remaining at background levels because of the distance from the source. This conclusion is derived from air quality modelling, which the public health assessment utilises to determine the distribution and magnitude of impacts, and subsequently builds upon to establish the associated health outcomes.	LCC considers this matter remains disagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note [REP6-062], it is unclear how the approach to scoping impacts on vulnerable groups has been informed by wider public health evidence and the updated transport modelling data underpinning the assessment. LCC does not consider sufficient information has been provided to demonstrate that cumulative exposure, differential vulnerability and the absence of		01/09/26

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			Whilst it is acknowledged that certain emissions to air have no lower threshold of risk, when there is no change in background concentrations, there is no potential for a health impact to occur (both on the general population or vulnerable receptors).	a safe threshold for air pollution have been appropriately considered.		
4.10	Cumulative Impact Assessment	ES Chapter 17: Population and Human Health, Section 17.8 (Reference REP6-039)	All cumulative developments relevant to the assessment of population and health (refer to Table 17.18 of the Population and Health ES chapter) are scoped in on the basis that they would contribute to employment opportunities locally, which is considered a cumulative benefit to the general population. Several JSNA-identified groups may experience socio-economic deprivation. Therefore, the socio-economic opportunities presented by the cumulative developments only have the potential to disproportionately benefit the JSNA-identified groups. The Applicants position is that this point can be agreed in the absence of an agreement on	LCC considers this matter remains disagreed. Whilst additional information has been provided, it is unclear how the updated transport modelling data underpinning the assessment has informed the assessment of cumulative impacts, particularly in relation to environmental health determinants such as air quality and noise and the implications of these impacts for wider health outcomes. It is also unclear how these impacts have been interpreted through a public health and vulnerability lens, including how cumulative effects across the wider network and on vulnerable groups have been identified and assessed. Further clarity was required to demonstrate how cumulative effects have been assessed and		01/09/26

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			traffic modelling. This is on the basis that this point relates to the scoping in of cumulative developments due to their potential to contribute to employment opportunities / the potential for there to be benefits for people who are deprived on the basis of the implementation of the Employment Scheme and Community Investment Plan.	how the conclusions presented have been reached.		
4.11	Cumulative Impact Assessment	ES Chapter 17: Population and Human Health, Section 17.8 (Reference REP6-039)	The distance between the cumulative developments and proposed development is considered too far for there to be any interaction between environmental determinants of health (such as air quality and noise), limiting the potential for adverse cumulative effects on the general population or JSNA-identified groups. This point relates to the distance between developments and potential for cumulative interaction. As discussed on the call, 500m is the threshold for where there could be a cumulative environmental interaction between projects as environmental pollutants are	LCC considers this matter remains disagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note [REP6-062] following consideration of the updated transport evidence, it is unclear whether the approach to cumulative effects remains appropriate, particularly where impacts are scoped out based on distance alone, and how updated modelling and wider public health evidence have been applied in assessing potential cumulative interactions and exposure pathways, including impacts on health outcomes and vulnerable populations.		01/09/26

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			limited by their dispersion characteristics. Besides ID10 (immediately adjacent to EMG2 works) and ID14 (immediately adjacent to highway works), all other cumulative developments are 1km or more away from the site. If ID10 and ID14 developments are constructed at the same time, it is anticipated that they would be subject to their own CEMP, which would control env determinants at the source and limit interaction between projects. Once operational, ID10 is a solar farm and has limited operational effects that could interact with the project i.e. no material transport movements, air quality or noise impacts. ID14 is a small I&L project but this would have been considered in the traffic modelling (which inherently includes cumulative developments) so cumulative			

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			assessment focusses on socio-economic effects only. In summary, the health determinants either differ in type, geographic distribution and time, or would be managed to prevent any credible risk to health, cumulative or otherwise. This position is corroborated by the cumulative assessments in both Chapter 8: Air Quality and Chapter 7: Noise and Vibration, whereby providing appropriate mitigation is incorporated during construction across developments, no significant effects are predicted. Furthermore, traffic modelling that informs the main assessment is inclusive of committed development flows and therefore air quality and noise modelling relating to this is also inclusive of committed developments.			
4.12	Mitigation measures	ES Chapter 17: Population and Human Health, Section 17.9 (Reference REP6-039)	Public health is by definition preventative in nature. Therefore, the mitigation measures adopted during construction and operation of the DCO Scheme focus on	LCC considers this matter remains unagreed. Whilst additional information has been provided, it is unclear how the transport modelling data underpinning the assessment		01/09/26

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			precursors to health and wellbeing outcomes, thereby providing an opportunity for intervention to prevent adverse health outcomes. No additional health-specific mitigation is required on the basis that no significant adverse population and health effects are reported.	has informed the identification and assessment of impacts and, consequently, how the proposed mitigation measures have been developed and justified for impacts on the Local Road Network. Indeed, no strategy of mitigation is proposed to address impacts on the villages of Castle Donington and Kegworth despite the development and transport interventions leading to additional traffic along these routes. It is unclear how this lack of mitigation negatively impacts health outcomes, wider determinants of health, and vulnerable groups. Further clarity was required.		
4.13	Significant adverse effects	ES Chapter 17: Population and Human Health, Section 17.9 (Reference REP6-039)	No significant adverse population and health effects would occur across all health determinants assessed (for the DCO Scheme in isolation). This is the case for the general population and vulnerable receptor groups considered.	LCC considers this matter remains disagreed. As outlined above, the significant impacts on Population and Human Health remain unknown.		01/09/26
4.14	Matters still under discussion	Appendix 4 to this SoCG	The conclusions relating to the following health determinants, which are informed by transport	There are no matters that remain under discussion given		01/09/26

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			modelling outputs, are subject to revision upon resolution of PRTM2023: • Transport, access and connections; • Air quality; • Noise and vibration; and • Diet and nutrition. An updated technical note following a final highway modelling check has been prepared and is attached as Appendix 4 of this SoCG.	we have reached the end of the Examination.		

5 MCO

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Population and Human Health						
5.1	Health determinants	ES Chapter 17: Population and Human Health, Section 17.2 (Reference REP6-039) ES Appendix 17A (Reference APP-181)	The relevant health determinants to the construction and operational phase assessments comprise: • Air quality; • Noise and vibration; • Transport, access and connections; • Diet and nutrition; • Community safety; • Community identity, culture, resilience and influence; • Access to open space and PROW for physical activity, leisure/play and recreation; and • Socio-economic factors (employment and income). This was the scope agreed and delivered as outlined in Appendix 17A [APP-181].	LCC agrees that the range of health determinants considered within the Population and Human Health Assessment is appropriate and reflects the matters raised by Public Health during the Examination process. This includes consideration of air quality, noise and vibration, transport and accessibility, diet and nutrition, community safety, community identity, access to open space and socio-economic factors. LCC is therefore satisfied that the relevant health determinants have been identified and scoped into the assessment.		01/09/26
5.2	Vulnerable receptor groups	ES Chapter 17: Population and Human Health,	Vulnerable receptor groups, as defined by LCC, have been considered in the ES chapter	LCC considers this matter remains unagreed. Whilst the Applicant has reviewed the		01/09/26

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		Sections 17.2 and 17.5 (Reference REP6-039) Appendix 2 of SoCG	where appropriate. These groups overlap and complement the requirements of the Equality Act, and comprise: • People who identify as Lesbian, Gay, Bisexual or Transgender (LGBT); • People with a disability, including people with a learning disability; • People who are homeless; • Victims of modern slavery; • Sex workers; • Vulnerable migrants; • Carers; • People with severe mental illness; • Prisoners; • People who have experienced trauma; • Looked after children and care experienced adults; and • People living in poverty/deprivation. Where there is no potential for impact from the project, or where impacts are dealt with at the strategic level, or there is overlap with the equality assessment provided in	updated evidence and concluded that no changes to the assessment are required, it has not been demonstrated how impacts on vulnerable groups have been systematically reassessed through the Population and Human Health Chapter and Equality Statement. It remains unclear how differential and cumulative effects have been considered for vulnerable populations, including Gypsy and Traveller communities. LCC therefore does not consider sufficient evidence has been provided to demonstrate that the conclusions relating to vulnerable groups remain robust.		

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			Appendix 17C it is appropriate to scope out consideration of these from the ES chapter. This initial scoping exercise is outlined in Table 17.7 of Chapter 17. The only specific vulnerable group considered in the ES chapter (beyond the general population-level assessment) was "people living in poverty/deprivation". As requested by LCC, to provide additional detail and rationale as to why we scoped these groups out, we submitted a detailed exercise (Table 1 to Table 12 of Appendix 2 of this SoCG) which considered each of these groups in the context of the eight different health determinants assessed. LCC have not highlighted any specific points detailed within Table 1 to Table 12 of Appendix 2 of this SoCG to which they disagree with and that would therefore require the scoping in of vulnerable groups.			

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			Regardless, it should be noted that they way in vulnerable groups (compared to the general population) are considered within the population and health assessment is by applying a "high" level of sensitivity to the same magnitude of impact classification. Therefore, nominally, the same significance of effect concluded for "people living in poverty/deprivation" (the only vulnerable group which has been scoped in), would be concluded for all vulnerable groups listed by LCC. This should allay any potential concerns from LCC that specific vulnerable groups have not considered within the ES chapter.			
5.3	Study area	ES Chapter 17: Population and Human Health, Section 17.2 (Reference REP6-039) Appendix 17A Informal Scoping Exercise with	The baseline data study area relevant to environmental health determinants focusses on all administrative wards that fall within 500m of EMG2 Project, which comprises: Castle Donington Central; Castle Donington Castle; Castle Donington Park; Daleacre Hill; Kegworth; Long Whatton &	LCC considers this matter remains unagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note [REP6-062] following consideration of the updated transport evidence, however LCC does not consider that this information demonstrates that the baseline		01/09/26

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		LCC (Reference APP-181) Appendix 17D Baseline Study Area (Reference APP-184)	Diseworth; Worthington & Breedon. This was discussed with LCC during informal scoping exercise catalogued in Appendix 17A. During the iterative scoping process, which provided multiple opportunities for LCC to comment on Appendix 17A, LCC expressed concern that 500m is not sufficient to capture the affected population. It should be clarified that this study area relates to baseline data collection, which feeds into the sensitivity classification analysis, and is not limited to 500m from the MCO Order Limits (as it is not possible to manipulate baseline data in that way, which is published for administrative areas only). Rather, the baseline data collected is representative of all administrative areas that <u>fall within</u> 500m of the MCO Order Limits. This captures all communities between approximately 1.5km to 10km from the Main Site. An figure depicting the baseline study	health study area is appropriate and robust.		

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			area is provided in Appendix 17D. The study area defining the relevant sensitive receptors that should be assessed remains consistent with those identified by the inter-related technical disciplines which inform the assessment of population and human health. This includes receptors along the road links of concern (assessed for noise and air quality impacts). Furthermore, the operational health assessment for changes in air quality from traffic movements quantitatively considers the potential impact upon the entire affected population of between 62,583 people (across 35 LSOAs where impacts would occur in Scenario B) and 99,367 people (across 58 LSOAs where impacts would occur in Scenario A). This affected area is defined by air quality modelling and ensures the entire potentially affected population is captured within the assessment.			

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
5.4	Study area	ES Chapter 17: Population and Human Health, Section 17.2 (Reference REP6-039) Appendix 17A Informal Scoping Exercise with LCC (Reference APP-181)	The study area for socio-economic baseline statistics is consistent with the socio-economic technical discipline. This is commensurate with the wider geographic scope of influence than environmental health determinants due to the willingness to commute significant distances to work. To clarify, this captures the entire population of Derby, Derbyshire, Nottingham, Nottinghamshire, Leicester and Leicestershire. This was discussed with LCC during informal scoping exercise catalogued in Appendix 17A. No comments on the appropriateness of this study area were received from LCC during the iterative scoping process. The rationale for this socio-economic study area selection is provided in Chapter 5: Socio-economics which states that the study area <i>"has also been informed by employee data from EMG1 on the place of residence for EMG1 staff (see Appendix</i>	LCC considers this matter remains unagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note [REP6-062] following consideration of the updated transport evidence, LCC does not consider sufficient information has been provided to demonstrate that the socio-economic study area is appropriate and robust.		01/09/26

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			6B, (Document DCO 6.6B)). It is considered the relevant geography for the consideration of socio-economic and labour market dynamics".			
5.5	Study area	ES Chapter 17: Population and Human Health, Section 17.2 (Reference REP6-039) Appendix 17A Informal Scoping Exercise with LCC (Reference APP-181) Appendix 17C Equality Statement (Reference REP4-032)	A study area of 500m from the EMG2 Project has been used in order to identify receptors that will be the focus of the equality assessment provided in Appendix 17C. Identified receptors are those where the primary user would be individuals with protected characteristics. During the informal scoping exercise with LCC (catalogued in Appendix 17A), the Applicants requested information from LCC on where Gypsy and Traveller sites were located (as this information is not publicly accessible). Three sites were provided to the Applicants by LCC for consideration, all of which were located beyond the 500m study area (between 1.3km and 1.8km – referenced as LCC1, LCC2 and LCC3 in Appendix 17C).	LCC considers this matter remains disagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note [REP6-062] following consideration of the updated transport evidence, LCC does not consider sufficient information has been provided to demonstrate that the socio-economic study area is appropriate and robust. In particular, further work is required to demonstrate how all relevant vulnerable populations have been fully considered, including Gypsy and Traveller communities.		01/09/26

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			Despite this, LCC1-LCC3 were included for assessment and provided to air quality and noise technical experts to establish the exact impacts at these locations. Due to the distance of these receptors from the affected road network, it was concluded that air quality at LCC1 (302m away) and LCC2 (560m away) would remain at background levels. This has been concluded by the air quality technical specialist. Appendix 17C confirms the magnitude of impact at all equality receptors, and it is considered that these changes are negligible and would not result in in-combination effects. On this basis, there is no potential for adverse equality effects.			
5.6	ES Chapter and HIA	ES Chapter 17: Population and Human Health (Reference REP6-039)	The population and health ES chapter relating to the MCO Scheme embeds the principles of Health Impact Assessment (HIA). On this basis, no separate standalone HIA report is required as a technical	LCC considers this matter remains unagreed. Whilst the Applicant has undertaken further review of the transport modelling data, it remains unclear how the implications of that data have been reflected throughout ES Chapter 17		01/09/26

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			appendix to the human health ES chapter. This is in line with the Institute of Sustainability and Environmental Professionals (ISEP), formerly the Institute of Environmental Management and Assessment (IEMA), Guide to Effective Scoping of Human Health in EIA. This states that the practice of a separate standalone HIA report being appended to the EIA Report to meet the EIA requirement is not recommended as it can result in inconsistencies or duplication, additional demand on stakeholder resources, less clearly secured health mitigation or enhancement measures, and lack of clarity as to how the EIA statutory requirements are met (e.g. the assessment of likely significant effects or cumulative effects). The requested action for a signposting exercise has been provided in the updated Population and Health ES chapter [REP6-039] which	[REP6-039] and how the health conclusions presented have been reached. Further clarity was required to demonstrate that HIA components are fully embedded within the assessment and that the implications of the updated transport modelling data have been consistently and transparently carried through without loss of analytical detail.		

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			outlines how all primary HIA components are fully embedded. No comments on the signposting exercise highlighting points of disagreement have been received from LCC.			
5.7	Air quality changes	ES Chapter 17: Population and Human Health, Section 17.5 (Reference REP4-029)	It is acknowledged that there is a linear relationship between changes in air quality and potential human health impacts, and that nitrogen dioxide and particulate matter are non-threshold pollutants. However, the purpose of Environmental Impact Assessment (EIA) and planning is to assess impacts which are directly attributable to a proposed development. In this respect, the focus of any health-related air quality assessment within EIA is on the change associated with what is proposed. A quantitative exposure response assessment was undertaken to assess the changes in air quality directly attributed to what is proposed,	LCC considers this matter remains unagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note following consideration of the updated transport evidence, LCC does not consider sufficient information has been provided to demonstrate how the updated transport modelling data relied upon by the Applicant has informed the assessment of air quality impacts and how these impacts have been interpreted through a public health and vulnerability lens.		01/09/26

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			the methodology for which is described in ES Chapter 17. As outlined in Appendix 4, two road links (Derby Road, Kegworth and Castle Donington High Street) are reconsidered in light of updated transport modelling as a sensitivity test to determine if an updated detailed assessment is required for air quality (and associated secondary impacts on population and health). The population and health assessment draws from and builds upon the air quality conclusions. In summary, from an air quality perspective, the proposed mitigation on Castle Donington High Street would improve air quality on this road link as it would deter traffic from using this route. The redistribution of this traffic is also considered to not have any material impact on human receptors. For Derby Road in Kegworth, there would be no increase in traffic flows during the evening			

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			peak, and the forecasted increase of 163 vehicles in the morning peak on Derby Road, Kegworth will not occur in reality (based on more accurate VISSIM modelling). Taking the above air quality conclusions into consideration from a health perspective, there would be no change to the health or equality conclusions.			
5.8	Vulnerable groups	ES Chapter 17: Population and Human Health, Section 17.5 (Reference REP6-039)	There are no specific thresholds for assessment relating to these more vulnerable receptors. However, for those more vulnerable receptors considered within the ES chapter, a sensitivity classification of “high” has been applied. This is the highest possible sensitivity classification and in comparison to the “low” sensitivity classification of the general population and captures this enhanced sensitivity. This “high” sensitivity classification could be hypothetically applied to any vulnerable receptor group and the conclusion would remain the same as that reported for people	LCC considers this matter remains disagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note [REP6-062], sufficient information has not been provided to demonstrate that impacts on vulnerable groups have been comprehensively reassessed. It is unclear how differential and cumulative effects on vulnerable populations have been considered and how the conclusions presented have been reached.		01/09/26

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			in poverty/deprivation i.e. minor (not significant). To clarify, this point relates to how vulnerable groups are assessed differently to the general population (i.e. the magnitude of impact remains the same but the sensitivity increases to reflect vulnerability within the significance of effect conclusion), and LCC have not indicated any disagreement with this approach which was presented to them during informal consultation presentations and discussions.			
5.9	Vulnerable groups	ES Chapter 17: Population and Human Health, Section 17.2 (Reference REP6-039)	The scoping out of specific vulnerable groups from the Equality Statement is due to air quality remaining at background levels because of the distance from the source. This conclusion is derived from air quality modelling, which the public health assessment utilises to determine the distribution and magnitude of impacts, and subsequently builds upon to establish the associated health outcomes.	LCC considers this matter remains disagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note [REP6-062], it is unclear how the approach to scoping impacts on vulnerable groups has been informed by wider public health evidence and the updated transport modelling data underpinning the assessment. LCC does not consider sufficient information has been provided to demonstrate that cumulative exposure, differential vulnerability and the		01/09/26

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			Whilst it is acknowledged that certain emissions to air have no lower threshold of risk, when there is no change in background concentrations, there is no potential for a health impact to occur (both on the general population or vulnerable receptors).	absence of a safe threshold for air pollution have been appropriately considered.		
5.10	Cumulative Impact Assessment	ES Chapter 17: Population and Human Health, Section 17.8 (Reference REP6-039)	All cumulative developments relevant to the assessment of population and health (refer to Table 17.18 of the Population and Health ES chapter) are scoped in on the basis that they would contribute to employment opportunities locally, which is considered a cumulative benefit to the general population. Several JSNA-identified groups may experience socio-economic deprivation. Therefore, the socio-economic opportunities presented by the cumulative developments only have the potential to disproportionately benefit the JSNA-identified groups. The Applicants position is that this point can be agreed in the absence of an agreement on	LCC considers this matter remains disagreed. Whilst additional information has been provided, it is unclear how the updated transport modelling data underpinning the assessment has informed the assessment of cumulative impacts, particularly in relation to environmental health determinants such as air quality and noise and the implications of these impacts for wider health outcomes. It is also unclear how these impacts have been interpreted through a public health and vulnerability lens, including how cumulative effects across the wider network and on vulnerable groups have been identified and assessed. Further clarity was required to demonstrate how cumulative effects have been assessed		01/09/26

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			traffic modelling. This is on the basis that this point relates to the scoping in of cumulative developments due to their potential to contribute to employment opportunities / the potential for there to be benefits for people who are deprived on the basis of the implementation of the Employment Scheme and Community Investment Plan.	and how the conclusions presented have been reached.		
5.11	Cumulative Impact Assessment	ES Chapter 17: Population and Human Health, Section 17.8 (Reference REP6-039)	The distance between the cumulative developments and proposed development is considered too far for there to be any interaction between environmental determinants of health (such as air quality and noise), limiting the potential for adverse cumulative effects on the general population or JSNA-identified groups. This point relates to the distance between developments and potential for cumulative interaction. As discussed on the call, 500m is the threshold for where there could be a cumulative environmental interaction between projects as environmental pollutants are	LCC considers this matter remains disagreed. Whilst the Applicant has submitted an updated Population and Human Health Technical Note [REP6-062] following consideration of the updated transport evidence, it is unclear whether the approach to cumulative effects remains appropriate, particularly where impacts are scoped out based on distance alone, and how updated modelling and wider public health evidence have been applied in assessing potential cumulative interactions and exposure pathways, including impacts on health outcomes and vulnerable populations.		01/09/26

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			limited by their dispersion characteristics. Besides ID10 (immediately adjacent to EMG2 works) and ID14 (immediately adjacent to highway works), all other cumulative developments are 1km or more away from the site. If ID10 and ID14 developments are constructed at the same time, it is anticipated that they would be subject to their own CEMP, which would control env determinants at the source and limit interaction between projects. Once operational, ID10 is a solar farm and has limited operational effects that could interact with the project i.e. no material transport movements, air quality or noise impacts. ID14 is a small I&L project but this would have been considered in the traffic modelling (which inherently includes cumulative developments) so cumulative			

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			assessment focusses on socio-economic effects only. In summary, the health determinants either differ in type, geographic distribution and time, or would be managed to prevent any credible risk to health, cumulative or otherwise. This position is corroborated by the cumulative assessments in both Chapter 8: Air Quality and Chapter 7: Noise and Vibration, whereby providing appropriate mitigation is incorporated during construction across developments, no significant effects are predicted. Furthermore, traffic modelling that informs the main assessment is inclusive of committed development flows and therefore air quality and noise modelling relating to this is also inclusive of committed developments.			
5.12	Mitigation measures	ES Chapter 17: Population and Human Health, Section 17.9 (Reference REP6-039)	Public health is by definition preventative in nature. Therefore, the mitigation measures adopted during construction and operation of the MCO Scheme focus on	LCC considers this matter remains unagreed. Whilst additional information has been provided, it is unclear how the transport modelling data underpinning the assessment		01/09/26

Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			precursors to health and wellbeing outcomes, thereby providing an opportunity for intervention to prevent adverse health outcomes. No additional health-specific mitigation is required on the basis that no significant adverse population and health effects are reported.	has informed the identification and assessment of impacts and, consequently, how the proposed mitigation measures have been developed and justified for impacts on the Local Road Network. Indeed, no strategy of mitigation is proposed to address impacts on the villages of Castle Donington and Kegworth despite the development and transport interventions leading to additional traffic along these routes. It is unclear how this lack of mitigation negatively impacts health outcomes, wider determinants of health, and vulnerable groups. Further clarity was required.		
5.13	Significant adverse effects	ES Chapter 17: Population and Human Health, Section 17.9 (Reference REP6-039)	No significant adverse population and health effects would occur across all health determinants assessed (for the MCO Scheme in isolation). This is the case for the general population and vulnerable receptor groups considered.	LCC considers this matter remains unagreed. As outlined above, the significant impacts on Population and Human Health remain unknown.		01/09/26
5.14	Matters still under discussion	Appendix 4 to this SoCG	The conclusions relating to the following health determinants, which are informed by transport	There are no matters that remain under discussion given we have		01/09/26

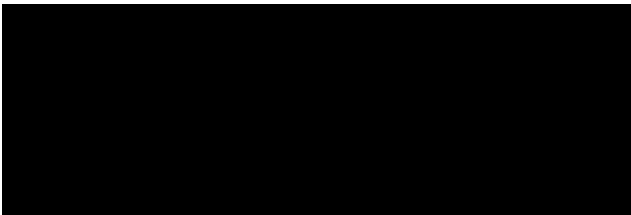
Reference Number	Matter	Application Document	Applicants' Position	Interested Party's Position	Status	Date
			modelling outputs, are subject to revision upon resolution of PRTM2023: • Transport, access and connections; • Air quality; • Noise and vibration; and • Diet and nutrition. An updated technical note following a final highway modelling check has been prepared and is attached as Appendix 4 of this SoCG.	reached the end of the Examination.		

6 Conclusions

- 6.1 The Applicant and LCC confirm that all population and human health matters that have been under discussion in relation to the EMG2 Project are recorded in the tables in sections 4 and 5 above.

SIGNATURES:

On behalf of the Applicant:

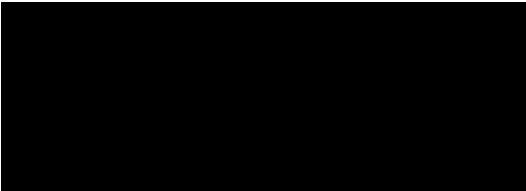


.....
Signature

Dr Andrew Buroni
.....
Name

Savills Director of Health and Social Impact Assessment
.....
Position

On behalf of Leicestershire County Council:



29.08.2026
.....
Signature

Janna Walker
.....
Name

Assistant Director – Development & Growth
.....
Position

APPENDIX 1

RECORD OF ENGAGEMENT

Date	Form of engagement	Summary of matters dealt with
25 th November 2024	Email	Initial outreach to LCC to introduce the Savills Health and Social Impact team and our involvement on the project. Shared a first draft of our Health and Equality Scoping Exercise document which we sought to engage on to agree the scope and focus of the health and equality assessment.
9 th December 2024	Email	Update (V2) to Health and Equality Scoping Exercise issued to LCC based on comments received on 6 th December 2024.
12 th December 2024	Email	Agreement of Teams meeting to discuss Health and Equality Scoping Exercise.
16 th December 2024	Email	Update (V3) to Health and Equality Scoping Exercise issued to LCC which includes additional assumptions in advance of Teams meeting.
9 th January 2025	Teams meeting	Discussion and agreement of assessment scope and methodology outlined in Health and Equality Scoping Exercise.
10 th January 2025	Email	Update (V4) of Health and Equality Scoping Exercise issued to LCC following Teams meeting taking into consideration points of discussion.

31 st January 2025	Email	Receipt of information from LCC on location of gypsy/traveller sites for inclusion in vulnerable receptor analysis.
3 rd February 2025	Email	Email to LCC to advise that the statutory consultation for EMG2 has commenced until 17 th March.
20 th May 2025	Email	Email to LCC to advise that there will be an additional non statutory consultation prior to lodging the DCO and MCO applications that will last for 28 days.
24 th June 2025	Email	Email to LCC to provide an update on progress with the health and equalities work and suggestion for an additional meeting to disseminate our findings and talk LCC through the more complete assessment, giving LCC the opportunity to ask any questions before making a formal response to consultation.
1 st July	Email	Email to LCC providing a hyperlink to the Preliminary Environmental Impact documents prior to our second scheduled Teams meeting to disseminate this information.
7 th July 2025	Teams meeting	Update presentation to LCC on assessment progress and conclusions.
7 th July 2025	Email	Email to LCC with presentation that was delivered attached.
9 th July 2025	Email	Email to LCC with summary of points of discussion and agreement.
TBC	Email	Draft SoCG issued to LCC for comment.

3 rd February 2026	Email	Comments received on draft SoCG from LCC.
4 th March 2026	Email	Issue of Technical Note to LCC to address comments made by LCC on the draft SoCG.
12 th March 2026	Email	Comments received from LCC on Technical Note.
16 th March 2026	Email	Issue of Update to Technical Note to LCC to address residual points of clarification for LCC.
February to August 2026	Examination	Discussion continued during the examination by way of the ExP Questions, hearing sessions and responses to seek an agreement on all technical aspects, which was not ultimately reached.

APPENDIX 2

Statement of Common Ground Technical Note (February 2026)

East Midlands Gateway

Phase 2

Statement of Common Ground (SoCG) Technical Note

February 2026



1 Statement of Common Ground Technical Note

1.1 Introduction

1.1.1 This technical note has been prepared following comments received from LCC on the first draft SoCG on 3rd February 2026. The purpose of this technical note is to provide a comprehensive response to LCCs comments, and act as an aid during a Teams meeting to provide further clarity on, and resolve residual items, reducing and focusing the remaining items to be carried into the next draft SoCG and if necessary any Issue Specific Hearing organised by the Examination Panel on this subject matter .

1.1.2 The structure of this technical note is based around LCCs main comments on the first draft SoCG, which can be summarised as follows:

- re-assessment following updates to transport modelling, including which health determinants are influenced by this;
- scoping out of JSNA-identified groups, requesting clear justification for this;
- omission of assessment of equality groups within the population and health assessment;
- cumulative impact assessment on vulnerable groups; and
- missing impact analysis on vulnerable groups in respect of air quality and noise within the Equality Statement.

1.2 Re-assessment following updates to transport modelling, including which health determinants are influenced by this

1.2.1 We note the LCC comment requesting re-assessment following updates to the transport modelling. Should the initial model prove to have been conservative in its assumptions, it is likely that the actual impact will be even lower than originally predicted. Where this is the case, no update to the population and health assessment is proposed as the previous assessment is considered to be conservative and does not report any significant adverse effects.

1.3 Scoping out of JSNA-identified groups, requesting clear justification for this

Introduction

1.3.1 LCC outline the following JSNA-identified groups:

- people who identify as Lesbian, Gay, Bisexual or Transgender (LGBT);
- people with a disability, including people with a learning disability;
- people who are homeless;
- victims of modern slavery;
- sex workers;
- vulnerable migrants;
- carers;
- people with severe mental illness;
- prisoners;
- people who have experienced trauma;

- looked after children and care experienced adults;
- people living in poverty/deprivation; and
- racial and ethnic minorities (particularly those who are Bangladeshi, Pakistani or Gypsy or Irish Travellers).

1.3.2 The following sub-sections review the relationship between each of the above JSNA-identified groups against each health determinant scoped in for assessment to establish the potential for differential impacts and/or where this has been covered in the population and health assessment or supporting appendices.

1.3.3 The summary column categorises each row as follows:

- no potential impact on vulnerable group in the context of the proposed development;
- no potential for differential impact due to a lack of relationship between the health determinant and vulnerable group;
- covered in thematic assessment provided in the Equality Statement;
- covered in receptor-led assessment provided in the Equality Statement;
- covered through the consideration of people living in poverty/deprivation in the population and health ES chapter as a vulnerable group; and
- credible pathway identified and further assessment justified.

People who identify as Lesbian, Gay, Bisexual or Transgender

1.3.4 There is no evidence that LGBT+ people are biologically more sensitive to these environmental factors. However, they can be more vulnerable or adversely affected in practice due to structural inequalities, discrimination, housing patterns, and social marginalisation that shape behaviours, exposure and vulnerability.

Table 1: Potential differential impacts on people who identify as Lesbian, Gay, Bisexual or Transgender

Health determinants	Evidence/details of relationship	Summary
Air quality	LGBT people do not have any increased biological sensitivity to changes in air quality.	No potential for differential impact due to a lack of relationship between the health determinant and vulnerable group
Noise and vibration	LGBT people do not have any increased biological sensitivity to changes in noise.	No potential for differential impact due to a lack of relationship between the health determinant and vulnerable group

Health determinants	Evidence/details of relationship	Summary
Transport, access and connections	LGBT people may be socially affected by safety concerns, harassment, and discrimination which make public transport systems harder to use and may lead to avoiding travel due to fear of confrontation. However, the proposed development does not impact access to public transport in any way. The only potential impacts are on severance of communities, driver vehicle and passenger delay, non-motorised user delay, non-motorised user amenity, fear and intimidation on and by road users, and road user and pedestrian safety. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development
Diet and nutrition	LGBT people can experience higher levels of risk associated with food insecurity (due to potential socio-economic inequalities) and eating disorders (linked to stigma and mental health stress). On the request of LCC, impacts on diet and nutrition are assessed in the context of access to food banks, which would be influenced by severance of communities. However, as stated above, the transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development
Community safety	LGBT people face higher rates of hate crime and harassment. This can increase anxiety, vigilance, and stress responses in public spaces. The Equality Statement specifically covers “feelings or personal safety and security” and outlines the proposed mitigation measures to manage potential impacts on all differentially impacted groups.	Covered in thematic assessment provided in the Equality Statement
Visual environment	Impacts on wellbeing/amenity associated with changes to the visual environment from infrastructure projects are subjective. As a result, the impacts to individuals remain subjective regardless of sexual orientation or gender identity.	No potential for differential impact due to a lack of relationship between the health determinant and vulnerable group
Access to open space and PROW for physical	LGBT people may experience barriers to access to open space and PROW from fear of harassment or lack of inclusive facilities.	No potential impact in the context of the

Health determinants	Evidence/details of relationship	Summary
activity, leisure/play and recreation	However, there is no increased physical sensitivity to such factors and the proposed development only seeks to upgrade nearby PRowWs to enhance accessibility.	proposed development
Socio-economic factors	LGBT people have higher vulnerability to discrimination in employment, housing, and services that can increase exposure to deprivation. However, this is not necessarily the case for everyone who identifies as LGBT and varies from person to person. Impacts on people living in poverty/deprivation is covered separately and captures LGBT people who are more sensitive to changes in socio-economic factors.	Covered through the consideration of people living in poverty/deprivation in the population and health ES chapter as a vulnerable group

People who have a disability, including people with a learning disability

- 1.3.5 People with disabilities, including learning disabilities, can be more sensitive to several of these factors, both physiologically and practically, depending on the type of impairment (physical, sensory, cognitive, mental health, or multiple disabilities).

Table 2: Potential differential impacts on people who have a disability, including people with a learning disability

Health determinants	Evidence/details of relationship	Summary
Air quality	More sensitive individuals include people with respiratory conditions and some neurological or cardiovascular conditions.	Covered in receptor-led assessment provided in the Equality Statement
Noise and vibration	More sensitive individuals include autistic people and those with sensory processing differences and people with PTSD or anxiety disorders. However, the sensitivities described above generally relate to sudden large changes in noise, rather than smaller average changes over a long period of time. The proposed development would not result in sudden large changes in noise so there is limited potential for impacts on more sensitive individuals.	No potential impact in the context of the proposed development (although covered in the receptor-led assessment provided in the Equality Statement)
Transport, access and connections	Transport systems affect the independence of people with disabilities. For example physical accessibility (people with mobility problems, including wheelchair users), cognitive accessibility (clear signage and routing), and sensory environments (crowding and lighting).	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
	However, the proposed development would have no influence on public transport systems and the ease of navigation through public spaces, and would not contribute to crowding and intense lighting. The only potential impacts are on severance of communities, driver vehicle and passenger delay, non-motorised user delay, non-motorised user amenity, fear and intimidation on and by road users, and road user and pedestrian safety. It is possible for people with disabilities to experience differential impacts associated with these, however only where an impact is reported. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	
Diet and nutrition	People with disabilities may experience higher levels of risk associated with food insecurity (due to potential socio-economic inequalities). On the request of LCC, impacts on diet and nutrition are assessed in the context of access to food banks, which would be influenced by severance of communities. As stated above, while it is possible for people with disabilities to experience differential impacts associated with these, however only where an impact is reported. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development
Community safety	People with disabilities experience higher rates of hate crime and abuse. Fear of this can limit participation in public life. The Equality Statement specifically covers “feelings or personal safety and security” and outlines the proposed mitigation measures to manage potential impacts on all differentially impacted groups.	Covered in thematic assessment provided in the Equality Statement
Visual environment	More sensitive individuals include visually impaired people (who need high contrast and clear layouts), people with dementia (who rely on legible and familiar environments) and autistic people (who may be overwhelmed by cluttered or bright spaces). However, the proposed development would not have any influence on the factors described.	No potential impact in the context of the proposed development
Access to open space and PROW	People with disabilities can be impacted by uneven paths, lack of seating and inaccessible toilets.	No potential impact in the context of the

Health determinants	Evidence/details of relationship	Summary
for physical activity, leisure/play and recreation	However, the proposed development does not seek to provide formal outdoor facilities such as toilets or seating, only upgrade nearby PRowWs to enhance accessibility.	proposed development (although covered in the receptor-led assessment provided in the Equality Statement)
Socio-economic factors	Disabled people are more likely to experience poverty, unemployment and housing insecurity. However, this is not necessarily the case for everyone who has a disability and varies from person to person. Impacts on people living in poverty/deprivation is covered separately and captures disabled people who are more sensitive to changes in socio-economic factors.	Covered through the consideration of people living in poverty/deprivation in the population and health ES chapter as a vulnerable group

People who are homeless

- 1.3.6 People experiencing homelessness are often more sensitive and vulnerable due to continuous exposure to outdoor environments, little control over surroundings, high rates of physical and mental health conditions and severe socio-economic disadvantage. Therefore, physiological sensitivity and exposure are increased.
- 1.3.7 However, it is not possible to categorically identify the distribution of homeless people. In rural areas, such as surrounding the proposed development, homeless people are more likely to be staying temporarily with friends or relatives (“sofa surfing”), living in cars, caravans, tents, or outbuildings, in overcrowded housing or moving between temporary places. In urban areas, homelessness is more visible, where people sleep rough in doorways, stations and parks, or there is better access to emergency shelters and temporary accommodation.

Table 3: Potential differential impacts on people who are homeless

Health determinants	Evidence/details of relationship	Summary
Air quality	Homeless individuals typically have a higher burden of poor health and lower life expectancy. Worst-case changes in construction and operational air quality associated with the proposed development would not result in any exceedances of the relevant objective thresholds set to be protective of the environment and human health. At the individual level, even with increased sensitivity, the likely changes in personal exposure to air pollution would not be sufficient to result in any material impact on morbidity or mortality.	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
Noise and vibration	Homeless people who are sleeping rough may face constant exposure to traffic noise, whereby sleep deprivation is common and worsens physical and mental health. As outlined in paragraph 1.3.7, this is less likely to be the case in rural areas, such as surrounding the proposed development.	No potential impact in the context of the proposed development
Transport, access and connections	Homeless people often lack money for transport which limits access to community facilities. However, the proposed development would have no influence on public transport systems. The only potential impacts are on severance of communities, driver vehicle and passenger delay, non-motorised user delay, non-motorised user amenity, fear and intimidation on and by road users, and road user and pedestrian safety. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential for differential impact due to a lack of relationship between the health determinant and vulnerable group
Diet and nutrition	Homeless people experience food insecurity, irregular meals and poor nutritional quality. On the request of LCC, impacts on diet and nutrition are assessed in the context of access to food banks, which would be influenced by severance of communities. However, as stated above, the transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential for differential impact due to a lack of relationship between the health determinant and vulnerable group
Community safety	People who are homeless experience higher rates of violence, theft, harassment and exploitation, and have higher mortality risk from injury and assault. The Equality Statement specifically covers “feelings or personal safety and security” and outlines the proposed mitigation measures to manage potential impacts on all differentially impacted groups. While homelessness is not a protected characteristic and has not been specifically mentioned in this context, the mitigation measures remain applicable and protective for the most vulnerable members of society.	Covered in thematic assessment provided in the Equality Statement
Visual environment	Impacts on wellbeing/amenity associated with changes to the visual environment from infrastructure projects are subjective. As a result, the impacts to individuals remain subjective regardless of whether someone is homeless or not.	No potential for differential impact due to a lack of relationship between the health

Health determinants	Evidence/details of relationship	Summary
		determinant and vulnerable group
Access to open space and PROW for physical activity, leisure/play and recreation	People who are homeless have higher exposure to outdoor spaces and may use these areas to rest. However, the proposed development does only seeks to upgrade nearby PROWs to enhance accessibility, rather than provide or remove outdoor spaces. Therefore, the influence on homeless people are limited in this context.	No potential impact in the context of the proposed development
Socio-economic factors	Homelessness in itself is an extreme form of socio-economic disadvantage. Impacts on people living in poverty/deprivation is covered separately and captures homeless people who are more sensitive to changes in socio-economic factors.	Covered through the consideration of people living in poverty/deprivation in the population and health ES chapter as a vulnerable group

Victims of modern slavery

- 1.3.8 The enhanced sensitivity of victims of modern slavery is usually driven by trauma, health damage, and deprivation, rather than inherent biological differences. However, it is not possible to categorically identify the distribution of victims of modern slavery.

Table 4: Potential differential impacts on victims of modern slavery

Health determinants	Evidence/details of relationship	Summary
Air quality	Pre-existing respiratory illness rates are much higher for victims of modern slavery. However worst-case changes in construction and operational air quality associated with the proposed development would not result in any exceedances of the relevant objective thresholds set to be protective of the environment and human health. At the individual level, even with increased sensitivity, the likely changes in personal exposure to air pollution would not be sufficient to result in any material impact on morbidity or mortality.	No potential impact in the context of the proposed development
Noise and vibration	Surviving victims of modern slavery may frequently experience PTSD, anxiety disorders and hypervigilance. However, the sensitivities described above generally relate to sudden large changes in noise, rather than smaller average changes over a long period of time. The proposed development would not result in sudden large changes in noise so there is limited potential for impacts on more sensitive individuals.	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
Transport, access and connections	Control of movement is a defining feature of modern slavery. Barriers include fear of authorities, language barriers and risk of re-exploitation. As a result, transport systems may feel unsafe. However, the proposed development would have no influence on public transport systems. The only potential impacts are on severance of communities, driver vehicle and passenger delay, non-motorised user delay, non-motorised user amenity, fear and intimidation on and by road users, and road user and pedestrian safety. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development
Diet and nutrition	Many surviving victims of modern slavery have experienced malnutrition and food deprivation which may cause chronic health problems. On the request of LCC, impacts on diet and nutrition are assessed in the context of access to food banks, which would be influenced by severance of communities. However, as stated above, the transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential for differential impact due to a lack of relationship between the health determinant and vulnerable group
Community safety	Victims of modern slavery often feel unsafe due to fear of traffickers, threats to themselves or family and distrust of institutions. They may avoid public places or services due to fear of being found or deported. The Equality Statement specifically covers “feelings or personal safety and security” and outlines the proposed mitigation measures to manage potential impacts on all differentially impacted groups. While being a victim of modern slavery is not a protected characteristic and has not been specifically mentioned in this context, the mitigation measures remain applicable and protective for the most vulnerable members of society.	Covered in thematic assessment provided in the Equality Statement
Visual environment	The visual environment can trigger trauma and provoke distress for victims of modern slavery where locations resemble sites of exploitation, or where places feel confined. However, the proposed development would not be publicly accessible and therefore has limited potential to contribute to this.	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
Access to open space and PROW for physical activity, leisure/play and recreation	Surviving victims of modern slavery may experience barriers to access to open space and PROW due to fear or unfamiliarity. However, there is no increased physical sensitivity to such factors and the proposed development only seeks to upgrade nearby PROWs to enhance accessibility.	No potential impact in the context of the proposed development
Socio-economic factors	Surviving victims of modern slavery often face poverty, unemployment, housing security, immigration uncertainty and limited access to healthcare. Impacts on people living in poverty/deprivation is covered separately and captures victims of modern slavery who are more sensitive to changes in socio-economic factors.	Covered through the consideration of people living in poverty/deprivation in the population and health ES chapter as a vulnerable group

Sex workers

- 1.3.9 Sex workers can be more sensitive and vulnerable to many of these factors, though this varies widely depending on circumstances and relative exposure. Sensitivity is driven mainly by: safety risks and violence; stigma and criminalisation; poverty and unstable housing; barriers to services; and Night-time working conditions.

Table 5: Potential differential impacts on sex workers

Health determinants	Evidence/details of relationship	Summary
Air quality	Rather than being inherently more sensitive biologically, sex workers can be subject to higher emission exposures. However worst-case changes in construction and operational air quality associated with the proposed development would not result in any exceedances of the relevant objective thresholds set to be protective of the environment and human health. At the individual level, even with increased sensitivity, the likely changes in personal exposure to air pollution would not be sufficient to result in any material impact on morbidity or mortality.	No potential impact in the context of the proposed development
Noise and vibration	Rather than being inherently more sensitive biologically, sex workers can have greater exposure to environmental hazards. However, it is more common for sex workers in the UK to work in indoor environments or online, and there is no evidence to suggest that outdoor sex work is active in the areas surrounding the proposed development.	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
Transport, access and connections	Transport is critical to sex workers for safety where a safe location is sought. There is also a risk of harassment on public transport. However, the proposed development would have no influence on public transport systems. The only potential impacts are on severance of communities, driver vehicle and passenger delay, non-motorised user delay, non-motorised user amenity, fear and intimidation on and by road users, and road user and pedestrian safety. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development
Diet and nutrition	Sex workers may have irregular eating patterns due to night work, limited access to cooking facilities and substance use issues that may affect appetite. On the request of LCC, impacts on diet and nutrition are assessed in the context of access to food banks, which would be influenced by severance of communities. However, as stated above, the transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development
Community safety	Sex workers face elevated risks of violence, sexual assault, robbery and harassment. The Equality Statement specifically covers “feelings or personal safety and security” and outlines the proposed mitigation measures to manage potential impacts on all differentially impacted groups. While being a victim of modern slavery is not a protected characteristic and has not been specifically mentioned in this context, the mitigation measures remain applicable and protective.	Covered in thematic assessment provided in the Equality Statement
Visual environment	Safety of sex workers is strongly impacted by lighting, visibility, CCTV presence and passive surveillance. However, the proposed development would not have any influence on the factors described.	No potential impact in the context of the proposed development
Access to open space and PROW for physical activity,	Public spaces may be used by sex workers for work and avoided for normal recreation due to fear of harassment or policing.	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
leisure/play and recreation	However, there is no increased physical sensitivity to such factors and the proposed development only seeks to upgrade nearby PRowWs to enhance accessibility.	
Socio-economic factors	Sex workers often face poverty, housing insecurity, limited employment alternatives, immigration vulnerability and social exclusion. Impacts on people living in poverty/deprivation is covered separately and captures sex workers who are more sensitive to changes in socio-economic factors.	Covered through the consideration of people living in poverty/deprivation in the population and health ES chapter as a vulnerable group

Vulnerable migrants

- 1.3.10 Sensitivity of vulnerable migrants is typically driven by poverty and unstable housing, barriers to services, language and cultural barriers, trauma and displacement and legal insecurity.

Table 6: Potential differential impacts on vulnerable migrants

Health determinants	Evidence/details of relationship	Summary
Air quality	Pre-existing respiratory illness rates can be higher for vulnerable migrants as they may live in overcrowded housing, poor-quality accommodation or highly polluted areas. However, worst-case changes in construction and operational air quality associated with the proposed development would not result in any exceedances of the relevant objective thresholds set to be protective of the environment and human health. At the individual level, even with increased sensitivity, the likely changes in personal exposure to air pollution would not be sufficient to result in any material impact on morbidity or mortality.	No potential impact in the context of the proposed development
Noise and vibration	Vulnerable migrants may have higher vulnerability to noise impacts due to overcrowded/temporary housing often having poor sound insulation and potential trauma which may increase sensitivity to sudden noise. However, the proposed development would not result in sudden large changes in noise. As a result, there is limited potential for impacts on more sensitive individuals.	No potential impact in the context of the proposed development
Transport, access and connections	Vulnerable migrants may experience barriers to transport due to costs, unfamiliarity with systems, language barriers, fear of immigration enforcement and digital exclusion. However, the proposed development would have no influence on public transport systems or the ability for someone to have their own private motorised transport.	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
	The only potential impacts are on severance of communities, driver vehicle and passenger delay, non-motorised user delay, non-motorised user amenity, fear and intimidation on and by road users, and road user and pedestrian safety. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	
Diet and nutrition	Vulnerable migrants may experience food insecurity and lack of cooking facilities in temporary accommodation. On the request of LCC, impacts on diet and nutrition are assessed in the context of access to food banks, which would be influenced by severance of communities. However, as stated above, the transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development
Community safety	Vulnerable migrants can face elevated risks of hate crime and discrimination. The Equality Statement specifically covers “feelings or personal safety and security” and outlines the proposed mitigation measures to manage potential impacts on all differentially impacted groups. While being a vulnerable migrant is not a protected characteristic and has not been specifically mentioned in this context, the mitigation measures remain applicable and protective.	Covered in thematic assessment provided in the Equality Statement
Visual environment	Vulnerable migrants can be impacted by unfamiliar environments and lack of multilingual signage or culturally inclusive spaces. However, the proposed development would not have any influence on the factors described.	No potential impact in the context of the proposed development
Access to open space and PROW for physical activity, leisure/play and recreation	Vulnerable migrants may experience barriers to access to open space and PROW due to cultural barriers, safety concerns and limited free time due to precarious work. However, there is no increased physical sensitivity to such factors and the proposed development only seeks to upgrade nearby PROWs to enhance accessibility.	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
Socio-economic factors	Vulnerable migrants often face poverty, poor housing, unemployment or precarious work and limited access to public funds. Impacts on people living in poverty/deprivation is covered separately and captures vulnerable migrants who are more sensitive to changes in socio-economic factors.	Covered through the consideration of people living in poverty/deprivation in the population and health ES chapter as a vulnerable group

Carers

- 1.3.11 Unpaid carers (including young carers) can be indirectly sensitive because of high stress and fatigue, time poverty, financial strain, social isolation and reduced ability to prioritise their own health. However, sensitivity varies depending on the intensity of caring responsibilities and the needs of the person they support.

Table 7: Potential differential impacts on carers

Health determinants	Evidence/details of relationship	Summary
Air quality	Rather than being inherently more sensitive biologically, carers who must stay indoors for long periods may face poor indoor air quality. However, worst-case changes in construction and operational air quality associated with the proposed development would not result in any exceedances of the relevant objective thresholds set to be protective of the environment and human health. At the individual level, even with increased sensitivity, the likely changes in personal exposure to air pollution would not be sufficient to result in any material impact on morbidity or mortality.	No potential impact in the context of the proposed development
Noise and vibration	Rather than being inherently more sensitive biologically, chronic sleep disturbance is common among carers and noise can worsen fatigue, anxiety and burnout. However, the proposed development is not considered to have any material impact on sleep disturbance across the population studied. As a result, there is limited potential for impacts on more sensitive individuals.	No potential impact in the context of the proposed development
Transport, access and connections	Transport is crucial for carers for medical appointments, shopping, social contact and respite care. Barriers include limited time and flexibility and difficulty travelling with the cared-for person. However, the proposed development would have no influence on public transport systems or the ability for carers to have their own private motorised transport.	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
	The only potential impacts are on severance of communities, driver vehicle and passenger delay, non-motorised user delay, non-motorised user amenity, fear and intimidation on and by road users, and road user and pedestrian safety. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	
Diet and nutrition	Carers often skip meals, eat irregularly, rely on convenience food and lack time to cook. Financial strain can also affect diet quality. On the request of LCC, impacts on diet and nutrition are assessed in the context of access to food banks, which would be influenced by severance of communities. However, as stated above, the transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development
Community safety	Carers are not considered to experience elevated risks of crime, abuse or discrimination.	No potential for differential impact due to a lack of relationship between the health determinant and vulnerable group
Visual environment	Impacts on wellbeing/amenity associated with changes to the visual environment from infrastructure projects are subjective. As a result, the impacts to individuals remain subjective regardless of whether someone is a carer or not.	No potential for differential impact due to a lack of relationship between the health determinant and vulnerable group
Access to open space and PROW for physical activity, leisure/play and recreation	Carers frequently have limited opportunity for exercise, recreation and social interaction. Barriers include lack of respite care and time constraints. However, there is no increased physical sensitivity to such factors and the proposed development only seeks to upgrade nearby PROWs to enhance accessibility.	No potential impact in the context of the proposed development
Socio-economic factors	Many carers experience reduced employment or leaving work and increased living costs.	Covered through the consideration of people living in

Health determinants	Evidence/details of relationship	Summary
	Impacts on people living in poverty/deprivation is covered separately and captures carers who are more sensitive to changes in socio-economic factors.	poverty/deprivation in the population and health ES chapter as a vulnerable group

People with severe mental illness

1.3.12 Severe mental illness (SMI) as defined in the NHS Quality and Outcomes Framework (QOF) registers and NICE guidance, includes schizophrenia, bipolar disorder, and severe major depression.

Table 8: Potential differential impacts on people with severe mental illness

Health determinants	Evidence/details of relationship	Summary
Air quality	People with SMI have the potential to be sensitive to environmental emissions, including air pollution due to a combination of factors behavioural and physiological factors associated to particular syndromes. However, worst-case changes in construction and operational air quality associated with the proposed development would not result in any exceedances of the relevant objective thresholds set to be protective of the environment and human health, including the most vulnerable members of society. At the individual level, even with increased sensitivity, the likely risk from changes in personal concentration exposure would not be sufficient to result in any material impact on morbidity or mortality.	No potential impact in the context of the proposed development
Noise and vibration	People with SMI may be more sensitive to changes in noise, potentially compounding anxiety and agitation, sleep disruption, sensory overload and exacerbation of symptoms. However, the proposed development is not considered to have any material impact on sleep disturbance across the population studied, and not of a nature or exposure sufficient to materially impact on health or wellbeing. As a result, there is limited potential for impacts on more sensitive individuals, including those with SMI.	No potential impact in the context of the proposed development
Transport, access and connections	People with SMI may experience barriers to public transport due to anxiety about crowds or unfamiliar environments, cognitive difficulties with planning journeys and fear of stigma. However, the proposed development would have no influence on public transport systems. The only potential impacts are on severance of communities, driver vehicle and passenger delay, non-motorised user delay,	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
	non-motorised user amenity, fear and intimidation on and by road users, and road user and pedestrian safety. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	
Diet and nutrition	People with SMI have high vulnerability to diet and nutrition impacts due to medication side effects increasing appetite and weight gain, low motivation affecting food preparation, and wider socio-economic factors limiting food choices or accessibility. On the request of LCC, impacts on diet and nutrition are assessed in the context of access to food banks, which would be influenced by severance of communities. However as stated above, the transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development
Community safety	People with SMI experience higher rates of exploitation and crime. The Equality Statement specifically covers “feelings or personal safety and security” and outlines the proposed mitigation measures to manage potential impacts on all differentially impacted sensitive groups and protected characteristics.	Covered in thematic assessment provided in the Equality Statement
Visual environment	Overstimulating or chaotic environments have the potential to compound anxiety for people with SMI. Conversely, clear, calm and predictable environments support stability, and good lighting and wayfinding reduces confusion. The proposed development would not have any influence on the factors described.	No potential impact in the context of the proposed development
Access to open space and PROW for physical activity, leisure/play and recreation	People with SMI can experience barriers to open space due to lack of motivation, safety concerns, anxiety and fear. However, there is no increased physical sensitivity to such factors and the proposed development only seeks to upgrade nearby PROWs to enhance accessibility.	No potential impact in the context of the proposed development
Socio-economic factors	People with SMI are more likely to experience poverty, unemployment, poor housing and social isolation. Impacts on people living in poverty/deprivation is covered separately and captures people with SMI who are more sensitive to changes in socio-economic factors.	Covered through the consideration of people living in poverty/deprivation in the population

Health determinants	Evidence/details of relationship	Summary
		and health ES chapter as a vulnerable group

Prisoners

- 1.3.13 As stated in the Population and Health ES chapter, there are no prisons within the vulnerable group study area. While this is the case, LCC advised that this JSNA-identified group should be expanded to include impacts on ex-prisoners.
- 1.3.14 Ex-prisoners can be particularly sensitive during the resettlement process due to institutionalisation effects, housing instability, poverty and unemployment, and having higher rates of physical and mental health problems.

Table 9: Potential differential impacts on prisoners

Health determinants	Evidence/details of relationship	Summary
Air quality	Ex-prisoners are more likely to experience poor housing or homelessness, increasing exposure to poor indoor air quality. In addition, higher smoking rates increase susceptibility to respiratory harm. However, worst-case changes in construction and operational air quality associated with the proposed development would not result in any exceedances of the relevant objective thresholds set to be protective of the environment and human health. At the individual level, even with increased sensitivity, the likely changes in personal exposure to air pollution would not be sufficient to result in any material impact on morbidity or mortality.	No potential impact in the context of the proposed development
Noise and vibration	Adjustment from highly controlled prison environments to chaotic urban settings can be stressful. Furthermore, PTSD, anxiety, or sleep disorders (common among prison leavers) can increase sensitivity to noise, and sleep disruption may compound pre-existing mental health conditions. However, the proposed development is not considered to have any material impact on sleep disturbance across the population studied. As a result, there is limited potential for impacts on more sensitive individuals, including ex-prisoners within the community.	No potential impact in the context of the proposed development
Transport, access and connections	For ex-prisoners, transport is essential to access probation appointments, employment, housing services and healthcare. Barriers include cost, digital exclusion and anxiety navigating unfamiliar systems.	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
	However, the proposed development would have no influence on public transport systems or the ability for someone to have their own private motorised transport. The only potential impacts are on severance of communities, driver vehicle and passenger delay, non-motorised user delay, non-motorised user amenity, fear and intimidation on and by road users, and road user and pedestrian safety. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	
Diet and nutrition	Ex-prisoners can experience food insecurity, lack of cooking facilities in temporary accommodation, poor nutrition habits and can include heightened risk taking behaviour (substance abuse) affecting appetite. On the request of LCC, impacts on diet and nutrition are assessed in the context of access to food banks, which would be influenced by severance of communities. However, as stated above, the transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development
Community safety	Ex-prisoners may be at risk of victimisation, vulnerable to exploitation and targeted due to stigma. The Equality Statement specifically covers “feelings or personal safety and security” and outlines the proposed mitigation measures to manage potential impacts on all differentially impacted groups. While being an ex-prisoner is not a protected characteristic and has not been specifically mentioned in this context, the mitigation measures remain applicable and protective for all.	Covered in thematic assessment provided in the Equality Statement
Visual environment	For ex-prisoners, overstimulating environments can be overwhelming after institutional settings, and confusing or unfamiliar environments may increase anxiety. However, the proposed development would not have any influence on the factors described.	No potential impact in the context of the proposed development
Access to open space and PROW for physical activity, leisure/play	Ex-prisoners may experience barriers to open space due to restrictions linked to parole conditions and limited time due to appointments and job searching. However, there is no increased physical sensitivity to such factors and the proposed development only seeks to upgrade nearby PROWs to enhance accessibility.	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
and recreation		
Socio-economic factors	Ex-prisoners may face higher rates of unemployment, poverty and social exclusion. Impacts on people living in poverty/deprivation is covered separately and captures ex-prisoners who are more sensitive to changes in socio-economic factors.	Covered through the consideration of people living in poverty/deprivation in the population and health ES chapter as a vulnerable group

People who have experienced trauma

- 1.3.15 People who have experienced trauma (including abuse, violence, conflict, disasters, or severe loss) can be more sensitive and vulnerable, particularly where trauma has led to conditions such as PTSD, anxiety, or depression.

Table 10: Potential differential impacts on people who have experienced trauma

Health determinants	Evidence/details of relationship	Summary
Air quality	People who have experienced trauma do not have any increased biological sensitivity to changes in air quality. However, trauma is associated with higher rates of smoking, chronic illness and poverty which can increase vulnerability to poor air quality. However, worst-case changes in construction and operational air quality associated with the proposed development would not result in any exceedances of the relevant objective thresholds set to be protective of the environment and human health. At the individual level, even with increased sensitivity, the likely changes in personal concentration exposure to air pollution would not be sufficient to result in any material impact on morbidity or mortality.	No potential impact in the context of the proposed development
Noise and vibration	People who have experienced trauma may have increased sensitivity to sudden or loud noise which can trigger distress or flashbacks. Sleep disturbance from noise can also worsen symptoms. However, the proposed development would not result in sudden large changes in noise, and is not considered to result in sleep disturbance. As a result, there is limited potential for impacts on more sensitive individuals.	No potential impact in the context of the proposed development
Transport, access and connections	Transport environments can trigger anxiety due to crowding, confinement, lack of control and association with past traumatic events.	No potential impact in the context of the

Health determinants	Evidence/details of relationship	Summary
	However, the proposed development would have no influence on public transport systems. The only potential impacts are on severance of communities, driver vehicle and passenger delay, non-motorised user delay, non-motorised user amenity, fear and intimidation on and by road users, and road user and pedestrian safety. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	proposed development
Diet and nutrition	Trauma can be linked to eating disorders, emotional eating or appetite loss, and substance use that can impact appetite. Food insecurity may also follow trauma-related socio-economic disruption. On the request of LCC, impacts on diet and nutrition are assessed in the context of access to food banks, which would be influenced by severance of communities. However as stated above, the transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance upon diet and nutrition.	No potential impact in the context of the proposed development
Community safety	Trauma survivors often experience heightened fear of harm and avoidance of unfamiliar places. The Equality Statement specifically covers “feelings or personal safety and security” and outlines the proposed mitigation measures to manage potential impacts on all differentially impacted groups. While people who have experienced trauma are not listed as a protected characteristic, and has not been specifically mentioned in this context, the mitigation measures remain applicable and protective for all.	Covered in thematic assessment provided in the Equality Statement
Visual environment	For people who have experienced trauma, certain visual cues can provoke distress, such as, enclosed spaces, locations resembling trauma settings, and signs of disorder or threat. However, the proposed development would not have any influence on the factors described.	No potential impact in the context of the proposed development
Access to open space and PROW for physical activity, leisure/play	People who have experienced trauma may experience barriers to open space due to fear of isolation, safety concerns and avoidance behaviours. However, there is no increased physical sensitivity to such factors and the proposed development only seeks to upgrade nearby PROWs to enhance accessibility.	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
and recreation		
Socio-economic factors	Those affected by trauma can be associated with increased risk of poverty, unemployment, housing instability and social isolation. Impacts on people living in poverty/deprivation is covered separately and captures people who have experienced trauma and are more sensitive to changes in socio-economic factors.	Covered through the consideration of people living in poverty/deprivation in the population and health ES chapter as a vulnerable group

Looked after children and care experienced adults

- 1.3.16 Children and adults in care are often more sensitive to some factors due to early life adversity and trauma, placement instability, higher rates of physical and mental health needs, educational and socio-economic disadvantage, and transitions out of care with limited support.

Table 11: Potential differential impacts on looked after children and care experienced adults

Health determinants	Evidence/details of relationship	Summary
Air quality	Many looked-after children live in urban or lower-income areas where pollution exposure is higher, or have pre-existing health conditions and limited continuity of healthcare which can increase risks associated with environmental exposure, including poor air quality. However, worst-case changes in construction and operational air quality associated with the proposed development would not result in any exceedances of the relevant objective thresholds set to be protective of the environment and human health. At the individual level, even with increased sensitivity, the likely changes in personal exposure to air pollution would not be sufficient to result in any material impact on morbidity or mortality.	No potential impact in the context of the proposed development
Noise and vibration	Looked-after children and care experienced adults may have higher prevalence of trauma and anxiety, sleep difficulties and sensory sensitivities. Noisy or chaotic environments can worsen stress and behavioural difficulties. However, noise impacts associated with the proposed development at the majority of residential receptors would be below the level required for the onset of human health effects to occur (Lowest Observed Adverse Effect Level) during the day and night time period at residential receptors.	No potential impact in the context of the proposed development
Transport, access and connections	For looked-after children and care experienced adults, transport affects contact with family, school stability, access to services,	No potential impact in the context of the

Health determinants	Evidence/details of relationship	Summary
	therapy and social networks. Frequent placement moves can disrupt this. However, the proposed development would have no influence on public transport systems or enabling access to these. The only potential impacts are on severance of communities, driver vehicle and passenger delay, non-motorised user delay, non-motorised user amenity, fear and intimidation on and by road users, and road user and pedestrian safety. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	proposed development
Diet and nutrition	Looked-after children are more likely to experience poor early nutrition, irregular eating patterns before entering care and emotional eating or food insecurity. Care leavers can then face additional challenges, including food poverty when living independently. On the request of LCC, impacts on diet and nutrition are assessed in the context of access to food banks, which would be influenced by severance of communities. However, as stated above, the transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development
Community safety	Looked-after children and care experienced adults face higher risks of exploitation (including criminal and sexual exploitation), bullying and stigma, and involvement in unsafe peer networks. Feeling unsafe can restrict participation in community life. The Equality Statement specifically covers “feelings or personal safety and security” and outlines the proposed mitigation measures to manage potential impacts on all differentially impacted groups. While looked after children and care experienced adults are not protected characteristics and have not been specifically mentioned in this context, the mitigation measures remain applicable and protective.	Covered in thematic assessment provided in the Equality Statement
Visual environment	For looked-after children and care experienced adults, institutional or chaotic settings can increase distress. However, the proposed development would not have any influence on the factors described.	No potential for differential impact due to a lack of relationship between the health determinant and vulnerable group

Health determinants	Evidence/details of relationship	Summary
Access to open space and PROW for physical activity, leisure/play and recreation	Looked-after children and care experienced adults can experience barriers to open space due to placement location, lack of supervision or transport and safety concerns. However, there is no increased physical sensitivity to such factors and the proposed development only seeks to upgrade nearby PROWs to enhance accessibility.	No potential impact in the context of the proposed development
Socio-economic factors	Care experienced people are more likely to experience poverty, unemployment, homelessness and poor educational outcomes. Impacts on people living in poverty/deprivation is covered separately and captures care experienced people who are more sensitive to changes in socio-economic factors.	Covered through the consideration of people living in poverty/deprivation in the population and health ES chapter as a vulnerable group

People living in poverty/deprivation

- 1.3.17 This JSNA-identified group has been scoped in for consideration within the population and health assessment across several health determinant themes. Where scoped out, this is clearly stated within the chapter narrative.

Racial and ethnic minorities

- 1.3.18 Racial and ethnic minorities are not inherently more biologically sensitive to factors as a result of ethnicity itself. However, they are often disproportionately exposed and more vulnerable to adverse effects due to structural inequalities, discrimination, and socio-economic factors.
- 1.3.19 The population within the wards surrounding the proposed development are predominantly white (approximately 93% of the population) and therefore the consideration of racial and ethnic minorities in the Equality Statement focussed on the following Gypsy/Traveller sites specified by LCC:
- Station Yard, Station Road Hemmington, DE74 2RD (1,353 m from DCO Order Limits);
 - Showmen Site at Hemmington, DE74 2RE (1,480 m from DCO Order Limits); and
 - Midsummer Stables, Netherfield Lane, Shardlow, DE72 2HP (1,809 m from DCO Order Limits).

Table 12: Potential differential impacts on racial and ethnic minorities

Health determinants	Evidence/details of relationship	Summary
Air quality	Ethnic minority communities are more likely to live in urban areas, high-traffic neighbourhoods and industrial zones, which increases exposure to air pollution and associated health impacts.	Covered in receptor-led assessment provided in the Equality Statement

Health determinants	Evidence/details of relationship	Summary
	However, as outlined above, the population within the wards surrounding the proposed development are predominantly white and therefore no disproportionate impacts on these communities would occur. The focus of air quality impacts on ethnic minority groups is on Gypsy/Traveller sites provided by LCC and shows no material change at these receptors.	
Noise and vibration	Ethnic minority communities are more likely to be in proximity to transport infrastructure with increased noise exposure (largely a feature of socio-economic circumstance). However, as outlined above, the population within the wards surrounding the proposed development are predominantly white and therefore no disproportionate impacts on these communities would occur. The focus of noise impacts on ethnic minority groups is on Gypsy/Traveller sites provided by LCC and shows no material change at these receptors.	Covered in receptor-led assessment provided in the Equality Statement
Transport, access and connections	There is greater reliance on public transport in some ethnic minority communities. Experiences of discrimination or harassment can result in barriers to use. However, the proposed development would have no influence on public transport systems or enabling access to these. The only potential impacts are on severance of communities, driver vehicle and passenger delay, non-motorised user delay, non-motorised user amenity, fear and intimidation on and by road users, and road user and pedestrian safety. The transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development
Diet and nutrition	Ethnic minority groups can experience structural vulnerability to diet and nutrition due to food poverty, limited access to affordable healthy food, lack of culturally appropriate food options and higher prevalence of diet-related health conditions in some groups. On the request of LCC, impacts on diet and nutrition are assessed in the context of access to food banks, which would be influenced by severance of communities. However, as stated above, the transport analysis undertaken as part of the ES shows that affected road links have limited pedestrian infrastructure and limited desire lines to cross; therefore, if no impact is reported for these reasons, there is also no potential for differential impacts or a material change to existing circumstance.	No potential impact in the context of the proposed development

Health determinants	Evidence/details of relationship	Summary
Community safety	Ethnic minority groups may face hate crime and racial harassment. The Equality Statement specifically covers “feelings or personal safety and security” and outlines the proposed mitigation measures to manage potential impacts on all differentially impacted groups.	Covered in thematic assessment provided in the Equality Statement
Visual environment	Impacts on wellbeing/amenity associated with changes to the visual environment from infrastructure projects are subjective. As a result, the impacts to individuals remain subjective regardless of ethnicity or race.	No potential for differential impact due to a lack of relationship between the health determinant and vulnerable group
Access to open space and PROW for physical activity, leisure/play and recreation	Ethnic minority groups may experience unequal access to open space due to living in areas with less green space, safety concerns, cultural factors and lack of facilities that meet community or cultural needs. However, there is no increased physical sensitivity to such factors and the proposed development only seeks to upgrade nearby PROWs to enhance accessibility.	No potential impact in the context of the proposed development
Socio-economic factors	Ethnic minority groups are more likely to experience poverty, unemployment or un-secure work, and poor housing conditions. Impacts on people living in poverty/deprivation is covered separately and captures ethnic minority groups who are more sensitive to changes in socio-economic factors.	Covered through the consideration of people living in poverty/deprivation in the population and health ES chapter as a vulnerable group

1.4 Omission of assessment of equality groups within the population and health assessment

- 1.4.1 It is important to note that the health assessment works on a whole community basis, while the Equality Act only explores specific protected characteristics. While there is overlap, there are different reporting requirements to satisfy different regulatory requirements. An EIA Population and Health Assessment and Equality Statement have been provided to meet both, with appropriate signposting and narrative between them.
- 1.4.2 It should be noted that the Equality Statement provides a thematic assessment (in addition to a receptor-led assessment) which focuses on potential impacts from the proposed development outside of the health determinants assessed within the Population and Health ES chapter. On this basis, the Equality Statement provides an additional layer to the assessment which the Population and Health ES chapter would not otherwise provide. There is therefore no gap or omission in the submission.

- 1.4.3 These groups are outlined below, and a summary is provided of the analysis provided in Section 1.3.
- 1.4.4 **People who identify as LGBT** are considered in the Equality Statement as “sexual orientation” and “gender reassignment” are protected characteristics. As outlined in Table 1, there is no potential for differential impacts due to a lack of relationship between LGBT people and several health determinants (air quality, noise and vibration, visual environment).
- 1.4.5 Furthermore, there is no potential impact on LGBT people in the context of the proposed development from several other health determinants (transport and access, diet and nutrition, access to open space and PROW). Community safety impacts on LGBT people associated with the proposed development is considered in the Equality Statement thematic assessment, while LGBT people who suffer from socio-economic deprivation is covered through consideration of “people living in poverty/deprivation” within the population and health ES chapter.
- 1.4.6 **People with a disability, including people with a learning disability** are considered in the Equality Statement as “disability” is a protected characteristic. As outlined in Table 2, there is no potential impact in the context of the proposed development across a range of health determinants (noise and vibration, transport and access, diet and nutrition, visual environment, access to open space and PROW). Impacts from changes in air quality and community safety are covered in the Equality Statement receptor-led and thematic assessments, respectively. Additionally, disabled people who suffer from socio-economic deprivation are covered through consideration of “people living in poverty/deprivation” within the population and health ES chapter.
- 1.4.7 **People with severe mental illness** are considered in the Equality Statement as “disability” is a protected characteristic. As outlined in Table 8, there is no potential impact in the context of the proposed development across a range of health determinants (air quality, noise and vibration, transport and access, diet and nutrition, visual environment, access to open space and PROW). Impacts from changes community safety are covered in the Equality Statement thematic assessment. Additionally, people with SMI who suffer from socio-economic deprivation are covered through consideration of “people living in poverty/deprivation” within the population and health ES chapter.
- 1.4.8 **Racial and ethnic minorities (particularly those who are Bangladeshi, Pakistani or Gypsy or Irish Travellers)** are considered in the Equality Statement as “race” is a protected characteristic. As outlined in paragraph 1.3.19, the focus for the Equality Statement is on Gypsy/Traveller receptors on the basis that the population within the wards surrounding the proposed development are predominantly white; the health determinants assessed in this context are air quality and noise and vibration.
- 1.4.9 As outlined in Table 12, for several other health determinants (transport and access, diet and nutrition, access to open space and PROW), there is no potential impact in the context of the proposed development. There is also no potential for differential impacts due to a lack of relationship between ethnic minority groups and the visual environment. Impacts from changes community safety are covered in the Equality Statement thematic assessment, and ethnic minority groups who suffer from socio-economic deprivation is covered through consideration of “people living in poverty/deprivation” within the population and health ES chapter.

1.5 Cumulative impact assessment on vulnerable groups

- 1.5.1 All cumulative developments relevant to the assessment of population and health (refer to Table 17.18 of the Population and Health ES chapter) are scoped in on the basis that they would contribute to employment opportunities locally, which is considered a cumulative benefit.
- 1.5.2 As outlined in Section 1.3, several JSNA-identified groups may experience socio-economic deprivation. Therefore, the socio-economic opportunities presented by the cumulative developments only have the potential to disproportionately benefit the JSNA-identified groups.
- 1.5.3 The distance between the cumulative developments and proposed development is considered too far for there to be any interaction between environmental health determinants of health, limiting the potential for adverse cumulative effects on the JSNA-identified groups. It should be noted that transport modelling within the main assessment (and associated impacts on air quality and noise) already take into consideration all cumulative developments.

1.6 Missing impact analysis on vulnerable receptors in respect of air quality and noise within the Equality Statement

- 1.6.1 The receptor-led assessment in the Equality Statement quantifies specifically the changes in air quality and noise exposure at identified vulnerable receptors. The process for this was to circulate the list of vulnerable receptors to be included in noise and air quality modelling outputs.
- 1.6.2 While all vulnerable receptors include noise modelling results, it is noted that some vulnerable receptors have not been assessed in relation to changes in air quality.
- 1.6.3 The scoping out of these vulnerable receptors from an air quality perspective was led by the air quality technical experts, and is generally on the basis that due to distance, changes in air quality would not be measurable and are considered to be at background levels. Therefore there would be not potential for a differential impact for JSNA-identified groups.

1.7 Conclusion

- 1.7.1 As detailed above, all items have been addressed through clarification, no gaps in the assessment have been found, and no countervailing evidence provided.
- 1.7.2 The approach and methodology meets both the EIA regulatory requirements and the demonstrates compliance with the Equality Act, where there is no measurable risk to public health, no illegal discrimination and no differential impact on any protected characteristic or sensitive community group.

APPENDIX 3

Update to the Statement of Common Ground Technical Note (March 2026)

East Midlands Gateway

Phase 2

Update to the Statement of Common Ground (SoCG) Technical Note

March 2026

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1 Update to the Statement of Common Ground Technical Note

1.1 Introduction

- 1.1.1 This update to the Statement of Common Ground Technical Note has been prepared following engagement with LCC to resolve initial comments on the draft Population and Human Health SoCG, which is due to be submitted as part of Examination Deadline 1.
- 1.1.2 This update to the SoCG Technical Note is intended to act as an aid during a Teams meeting on the 17th March 2026 to provide further clarity on, and resolve residual items, thereby reducing and focusing the remaining items to be carried into the SoCG submitted at Examination Deadline 1, and if necessary any Issue Specific Hearing on this subject matter.
- 1.1.3 The structure of this technical note is based around LCCs sole remaining comment, namely:
- re-assessment following updates to transport modelling, including which health determinants are influenced by this; and
 - the assessment approach for potential health effects from changes in air quality, including on particularly vulnerable groups.

1.2 Re-assessment following updates to transport modelling

- 1.2.1 It is agreed that should the transport assessment sensitivity testing show a higher impact, then a proportionate update to the health assessment (and potentially the Equality Statement) will be applied. If useful, the health assessment team can provide a briefing call to explain the changes and any such proportionate update to the assessment if required.
- 1.2.2 Conversely, should the transport assessment show a lower impact, resulting in reduced air quality and noise impacts, then a briefing would still be useful to explain if, where and how the previous health assessment might stand to offer another precautionary layer, and/or, if a more focused assessment might be justified.
- 1.2.3 If acceptable, it is suggested that the draft SoCG submitted at Examination Deadline 1 states that: *“Where appropriate and proportionate the population and health assessment will be updated accordingly following resolution of PRTM2023”*.

1.3 Assessment approach for potential health effects from changes in air quality

- 1.3.1 It is acknowledged that there is a linear relationship between changes in air quality and potential human health impacts, and that nitrogen dioxide and particulate matter are non-threshold pollutants.
- 1.3.2 However, the purpose of Environmental Impact Assessment (EIA) and planning is to assess impacts which are directly attributable to a proposed development. In this respect, the focus of any health-related air quality assessment within EIA is on the change associated with what is proposed.

- 1.3.3 The scoping out of specific vulnerable groups from the Equality Statement, as referenced by LCC, is due to air quality not changing (i.e. remaining at background levels because of the distance from the source). This conclusion is derived from air quality modelling, which the public health assessment utilises to determine the distribution and magnitude of impacts, and subsequently builds upon to establish the associated health outcomes.
- 1.3.4 Whilst it is acknowledged that certain emissions to air, have no lower threshold of risk, when there is no change in background concentrations, there is no potential for a health impact to occur (both on the general population or vulnerable receptors).
- 1.3.5 In the context of changes in air quality, the following receptors have been assessed in the context of health and equalities:
- general population (in the Population and Human Health Chapter);
 - people in poverty/deprivation (in the Population and Human Health Chapter);
 - children (at a receptor level basis in the Equality Statement);
 - older people (at a receptor level basis in the Equality Statement);
 - disabled people (at a receptor level basis in the Equality Statement); and
 - people who are pregnant (at a receptor level basis in the Equality Statement).
- 1.3.6 There are no specific thresholds for assessment relating to these more vulnerable receptors. However, for those more vulnerable receptors considered within the ES chapter, a sensitivity classification of “high” has been applied. This is the highest possible sensitivity classification and in comparison to the “low” sensitivity classification of the general population.
- 1.3.7 This “high” sensitivity classification could be hypothetically applied to any vulnerable receptor group and the conclusion would remain the same as that reported for people in poverty/deprivation i.e. minor (not significant).

1.4 Conclusion

- 1.4.1 As detailed above, all residual items should be able to be addressed through clarification. No gaps in the assessment have been identified, and no countervailing evidence has been provided.
- 1.4.2 The approach and methodology fulfil EIA regulatory requirements and demonstrate compliance with the Equality Act. Findings indicate no measurable risk to public health, no illegal discrimination, and no differential impact on any protected characteristic or sensitive community group.
- 1.4.3 Following transport assessment sensitivity testing, the necessity for a proportionate update to the health and equality impact assessment will be evaluated. Any such updates will be discussed with LCC and implemented where justified. In the instance where an update is deemed unnecessary, justification will be provided, alongside a statement regarding the precautionary value of the existing assessment.

APPENDIX 4

Technical Note following additional traffic modelling (August 2026)

East Midlands Gateway

Phase 2

**PRTM 2023 – Population and Health
Technical Note v2**

August 2026

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1 PRTM 2026 – Population and Health Technical Note v2

1.1 Introduction

- 1.1.1 Savills is commissioned by Segro to provide Population and Human Health advice on the East Midlands Gateway Phase 2 (EMG2) Project.
- 1.1.2 The core scenario for the Transport Assessment supporting the Development Consent Order was assessed using the 2019 version of the Pan Regional Transport Model (PRTM). As a sensitivity test, the transport impacts of the EMG2 project have however also been assessed using the 2023 version of PRTM.
- 1.1.3 The following health determinants assessed as part of the Environmental Statement (ES) are reliant on traffic modelling:
 - transport, access and connections – with regards to severance, non-motorised user delay, non-motorised user amenity, fear and intimidation, and road user and pedestrian safety;
 - diet and nutrition – where severance impacts occur and have the potential to influence access to food banks;
 - noise and vibration – with regards to changes in transport nature and flow rate; and
 - air quality – with regards to changes in transport nature and flow rate.
- 1.1.4 As requested by LCC, the purpose of this Technical Note is to review the PRTM 2023 traffic flow outputs as a sensitivity analysis to assess whether or not there would be any changes to the conclusions in the population and health, and equality assessments.

1.2 Potential health effects from transport, access and connections

Introduction

- 1.2.1 The PRTM 2023 Sensitivity Test Technical Note and Local Road Network Impact Assessment Note [\[REP1-058\]](#) identified two possible impacts that Leicestershire County Council (LCC) consider have not already been mitigated by the EMG2 Highway Works. These are along Derby Road in Kegworth and Castle Donington High Street.
- 1.2.2 The difference between the following scenarios are considered to assess the potential impacts:
 - Scenario 1A: 2038 Without Development (WoD);
 - Scenario 2A: 2038 With Development + Mitigation (WD + Mitigation); and
 - Scenario 3: 2038 With Development + Mitigation + Mezzanine (WD + Mitigation + Mezzanine).
- 1.2.3 Two road links (Derby Road, Kegworth and Castle Donington High Street) are assessed in further detail due to the magnitude of change in traffic flows.

1.2.4 In the morning peak (0800 to 0900):

- Derby Road, Kegworth is expected to experience an increase of 163 vehicles (12.7%) for both the “WD + mitigation” and “WD + mitigation + mezzanine” scenarios.
- Castle Donington High Street is expected to experience an increase of 44 vehicles (10.3%) for the “WD + mitigation” scenario and 52 (12.2%) for the “WD + mitigation + mezzanine” scenario.

1.2.5 In the evening peak (1700 to 1800), these road links experience a decrease in traffic due to redistribution onto the A6 Kegworth Bypass.

1.2.6 As such, it can be concluded that the impacts are within the morning peak hour only, and therefore short-term in nature. Furthermore, there is no material difference between the “WD + mitigation” and “WD + mitigation + mezzanine” scenarios.

1.2.7 As a sensitivity test, the results in the peak hour indicate that there would be no material difference to the conclusions of Chapter 6: Traffic and Transportation [\[APP-079\]](#) for themes relevant to population and human health (i.e. severance, non-motorised user delay, non-motorised user amenity, fear and intimidation, and road user and pedestrian safety).

1.2.8 Despite this, the PRTM 2023 Sensitivity Test Technical Note and Local Road Network Impact Assessment Note [\[REP1-058\]](#) explores impacts on the risk of accident and injury and provides justification for the proposed mitigation approach, which are outlined in the sub-sections below.

Risk of accident and injury

1.2.9 A review of Personal Injury Collision (PIC) data is analysed for several locations on Derby Road, Kegworth and Castle Donington High Street in DCO 7.23 PRTM 2023 Sensitivity – Kegworth and Castle Donington [\[REP6-045D\]](#) . In conclusion, there are no on-going patterns or safety problems.

1.2.10 The risk of accident and injury are a direct impact on human health and therefore, the analysis provided in in DCO 7.23 PRTM 2023 Sensitivity – Kegworth and Castle Donington [\[REP6-045D\]](#) is directly transferrable to any consideration from a population and human health perspective.

1.2.11 As stated in in DCO 7.23 PRTM 2023 Sensitivity – Kegworth and Castle Donington [\[REP6-045D\]](#), whilst there have been a small number of isolated PICs, the evidence shows that there are not due to any deficiencies in the highway layout and for these reasons it is considered that there are no safety problems that should be exacerbated by the EMG2 Project. It is for this reason that no mitigation is considered necessary at either Derby Road, Kegworth and Castle Donington High Street.

Proposed mitigation approach

1.2.12 The proposed mitigation approach focusses on improved signage to deter traffic from using Castle Donington High Street, and instead use the bypass. This is considered reasonable and proportionate in the context of the potential worst-case impacts on the local road network.

1.2.13 No mitigation is proposed for Derby Road, Kegworth on the basis that there would be no increase in vehicle movements in the evening peak, and the increase of 163 vehicles in the morning peak will not occur in reality, and instead this traffic would route via the A6 and A453 northbound (based on more accurate VISSIM modelling).

Conclusion

- 1.2.14 Overall, the potential worst case impacts outlined above (i.e. without the proposed mitigation) would not result in a more than negligible effect on themes relevant to population and human health. Furthermore, the proposed mitigation approach seeks to deter traffic from using Castle Donington High Street and limit additional traffic using this road link and any perceived risk to health and wellbeing associated with this.

1.3 Potential health effects from changes diet/nutrition

- 1.3.1 As outlined in Appendix A Informal Scoping Exercise with LCC [\[APP-181\]](#), and agreed with LCC, the assessment of changes in diet and nutrition relates to the impacts from changes in severance on accessing food banks.
- 1.3.2 Where there are no significant effects on severance reported, there would be no material impacts on access to food banks, or associated secondary impacts on human health from changes in diet/nutrition as a result.
- 1.3.3 As stated in paragraph 1.2.7, as a sensitivity test, the results in the peak hour indicate that there would be no material difference to the conclusions of Chapter 6: Traffic and Transportation [\[APP-079\]](#) for themes relevant to population and human health, including severance. This is considering the worst-case scenario where no signage is installed to deter the use of Castle Donington High Street.
- 1.3.4 On this basis, there is no potential for secondary impacts on access to food banks and diet/nutrition. Therefore, the conclusions relating to access to food banks and associated impacts diet/nutrition outlined in the ES remain valid and no further update of ES Chapter 17: Population and Human Health is considered necessary.

1.4 Potential health effects from changes in noise exposure

Castle Donington High Street

- 1.4.1 As stated in the Vanguardia Project Note following additional traffic modelling – August 2026 (see Appendix A of this note), Chapter 7: Noise and Vibration considered two residential receptors on Castle Donington High Street (R27 and R28).
- 1.4.2 While the assessment of noise levels in the “do something” scenario in Appendix 7C [\[REP3-030\]](#) are above the Significant Observed Adverse Effect Level (SOAEL) at both of these receptors, the maximum absolute change in noise level is 0.3 dB, which is considered negligible in noise terms.
- 1.4.3 The proposed mitigation described in paragraph 1.2.12 (i.e. signage) seeks to deter traffic using Castle Donington High Street. Therefore, assuming all other factors remain consistent, this would further reduce the already negligible noise impact and associated secondary health impacts.

Derby Road, Kegworth

- 1.4.4 Chapter 7: Noise and Vibration considered two residential receptors on Derby Road, Kegworth (R20 and R21). Similar to the above, while the assessment of noise levels in the “do something” scenario in Appendix 7C [\[REP3-030\]](#) are above the SOAEL at both of these receptors, the maximum absolute change in noise level is 0.2 dB, which is considered negligible in noise terms.

- 1.4.5 As stated in paragraph 1.2.13 of this technical note, there would be no increase in traffic flows during the evening peak, and the forecasted increase of 163 vehicles in the morning peak on Derby Road, Kegworth will not occur in reality, and instead this traffic would route via the A6 and A453 northbound (based on more accurate VISSIM modelling). On this basis, there would be no change to the impacts presented in Chapter 7: Noise and Vibration (negligible and not significant) or the secondary impacts on human health.

Conclusion

- 1.4.6 On this basis, the population and health and equality assessment conclusions outlined in the ES remain valid and no further update of ES Chapter 17: Population and Human Health is considered necessary.

1.5 Potential health effects from changes in air quality

Castle Donington High Street

- 1.5.1 As stated in the Vanguardia Project Note following additional traffic modelling – August 2026 (see Appendix A of this note), Chapter 8: Air Quality considered a number of receptors along Castle Donington High Street. At all receptors, it was concluded that there would be no significant effects in air quality terms.
- 1.5.2 The proposed mitigation described in paragraph 1.2.12 (i.e. signage) seeks to deter traffic using Castle Donington High Street. As stated in the Vanguardia Project Note following additional traffic modelling – August 2026 (see Appendix A of this note), this would reduce potential air quality impacts from the EMG2 Project at receptors on Castle Donington High Street, and where existing traffic would re-route, would have a beneficial impact on air quality (and human health) as Castle Donington is an Air Quality Management Area (AQMA).
- 1.5.3 The impacts of the redistribution of this traffic along the Relief Road has also been considered; as receptors along the Relief Road are offset by > 20m and no receptors are within 10m, receptors are not considered to be “roadside” in nature and the redistribution of traffic would have an insignificant impact in air quality terms. Therefore, the secondary impact on human health would also be insignificant.

Derby Road, Kegworth

- 1.5.4 Chapter 8: Air Quality also considered several receptors along Derby Road, Kegworth. As stated in paragraph 1.2.13 of this technical note, there would be no increase in traffic flows during the evening peak, and the forecasted increase of 163 vehicles in the morning peak on Derby Road, Kegworth will not occur in reality, and instead this traffic would route via the A6 and A453 northbound (based on more accurate VISSIM modelling). On this basis, there would be no change to the impacts presented in Chapter 8: Air Quality (negligible and not significant) or the secondary impacts on human health.

Conclusion

- 1.5.5 On this basis, the population and health and equality assessment conclusions outlined in the ES remain valid and no further update of ES Chapter 17: Population and Human Health is considered necessary.

1.6 Conclusion

- 1.6.1 Overall, it is clear that the while there may be some minor differences in traffic flows and associated air quality and noise impacts between the EMFM 2019 and PRTM models, the impacts and effects reported in the ES remain valid across all relevant health determinants assessed (transport, access and connections; diet/nutrition; noise; and air quality).

Appendix A: Vanguardia Project Note following additional traffic modelling – August 2026

Project Note

Project	East Midlands Gateway Phase 2
Subject	NWLDC Relevant Representation: PRTM 2023 Traffic Modelling and Noise & Air Quality Assessments – Part 2
Project no	0062108-0820
Date	5 August 2026

Revision	Description	Issued by	Date	Approved
01	First issue	AT/MP	05/08/2026	AT/MP

1 Introduction and Background

Previously, North West Leicestershire District Council (NWLDC), in its Relevant Representations, [RR-003](#) raised concerns regarding whether any updates would be required to the noise and vibration assessment, and air quality assessments, as a result of the further transport modelling and associated sensitivity tests being undertaken against the Pan Regional Transport Model (PRTM) 2023.

However, it was previously agreed with Leicestershire County Council (LCC) in September 2025 that the PRTM 2023 data would be used, only to inform a sensitivity test of the original VISSIM transport modelling, and would not be applied retrospectively to associated assessment workstreams, that had been based on the PRTM 2019 data. At the time the supporting DCO documentation and associated assessment work was produced, the relevant version of PRTM was the East Midlands Freeport Model (EMFM) (hereafter 'EMFM 2019').

Despite the above agreement, the initial concerns regarding the noise and air quality assessments were addressed in the project note produced by Vanguardia and included as an Appendix to the SOCG 'NWLDC Relevant representation: PRTM 2023 Traffic Modelling and Noise and Air Quality Assessments' dated 23rd April 2026 [[REP4-043](#)]. That note set out the reasons why a full quantitative assessment of this data could not be undertaken and concluded that while there may be some minor differences between the predicted road traffic noise levels and the predicted air pollutant concentrations, calculated using data produced by the EMFM 2019 (which is a cordoned part of the larger 2019 PRTM). These minor differences are not considered likely to alter the conclusions presented in Chapter 7 Noise or Chapter 8 Air Quality of the ES at the key receptor locations, and therefore no updates to the assessment were required.

Whilst the PRTM 2023 transport sensitivity test has been concluded and agreed, there is currently an outstanding issue with LCC regarding perceived transport impacts in Castle Donington and Kegworth, which appears to be preventing NWLDC from signing off the Noise and Vibration and the Air Quality Statements of Common Ground (SoCGs).

This note provides qualitative analysis of the potential changes to the noise and air quality assessments in Castle Donington and Kegworth that might occur when comparing the PRTM 2023 data to the EMFM 2019 data. It has been produced on the basis of *Document 7.23 PRTM 2023 sensitivity: Kegworth & Castle Donington EMG2 highway works dated 22.07.2026*. [[REP6-045D](#)]

2 Castle Donington

2.1 Introduction

Section 4 of Document 7.23 indicates that under the PRTM 2023 modelling, on Castle Donington High Street, there would be a slight increase in the morning peak hour and a slight reduction in the evening peak hour, between Scenario 1A and Scenario 2A. However, this is considered unlikely to occur in practice for various reasons which are outlined in Document 7.23. The Applicant's Transport Consultant (BWB) conclude that there is no residual transport impact along Castle Donington High Street.

Despite this, given the concerns of LCC, the Applicant propose mitigation in the form of changing the current signage on the approach and exit of the roundabout with the Castle Donington Relief Road. At present, the time difference between travelling along the Castle Donington Relief Road or Castle Donington High Street is minimal. Therefore, it is hoped that this signage encourages greater use of the relief road, discouraging traffic from travelling along Castle Donington High Street.

2.2 Noise

The noise assessment [[REP3-010](#)] considered two receptors on Castle Donington High Street; receptors R27 and R28 [[REP3-032](#)]. The assessment of road traffic noise presented in DCO 6.7C Appendix 7C [[REP3-030](#)] indicates that the noise levels at these receptors are above the Significant Observed Adverse Effect Level (SOAEL), and the maximum magnitude of change is 0.3 dB. This is classified as a negligible impact which is not significant.

Assuming all other factors remain consistent, a reduction in traffic flows along Castle Donington High Street is only likely to further reduce the magnitude of change at receptors R27 and R28. Therefore, the assessment presented in the ES remains valid and no further assessment work is required.

Regarding the potential impact of diverted trips along the Castle Donington Relief Road, the noise assessment did not consider impacts at receptors along this road. However, given the small increases in traffic noise predicted on Castle Donington High Street based on the 2019 EMFM, together with the only marginal changes in peak-hour traffic flows identified in the 2023 PRTM, it is considered unlikely that the additional traffic using the Relief Road would give rise to any significant noise effects at receptors in its vicinity.

2.3 Air Quality

The air quality assessment [] considered a number of receptors along Castle Donington High Street; its designation as an AQMA meant this was a key area for the assessment. The receptors within the AQMA are set out in Table 8c.1 and illustrated in Figure 8c.18 in Appendix 8C [[REP3-035](#)], with further receptors in Castle Donington also illustrated in Figure 8c.19 and Figure 8c.20 in Appendix 8C.

The discussion over the impacts of operational phase traffic on receptors adjacent to Castle Donington High Street, within the AQMA, was extensive, and concluded that the impacts could be described as negligible to moderate (adverse) at all receptors, and was concluded to be not significant. Crucially, the only non-negligible impacts experienced across the wider study area were within the Castle Donington AQMA. The signage and diversion of vehicle trips away from Castle Donington High Street, and by extension the AQMA, would reduce these impacts and improve air quality in the AQMA, and hence is seen as a beneficial effect.

Despite this, consideration should be given to the diverted trips which will use the Castle Donington Relief Road. The majority of receptors are offset by > 20 m from the Relief Road and no receptors are within 10 m. Therefore, no receptors relevant to the Castle Donington Relief Road can truly be classed as 'roadside'. As such, the impacts at receptors adjacent to the Castle Donington Relief Road are deemed to be insignificant and would not require detailed assessment.

In conclusion, the diversion of vehicle trips away from Castle Donington High Street and onto the Castle Donington Relief Road would be beneficial from an air quality perspective. As such, no further assessment is required and the conclusions of Chapter 8: Air Quality of the ES, remain valid.

3 Derby Road, Kegworth

3.1 Introduction

The PRTM 2023 modelling forecasted an increase in the morning peak hour along Derby Road in Kegworth and a slight reduction in the evening peak hour. This is entirely due to the reassignment of background traffic through Kegworth towards M1 J24, rather than traffic associated with EMG2 routing via the Kegworth Bypass and then through Kegworth.

PRTM is a strategic transport model, which accounts for traffic reassignment where congestion is expected, but it is not as detailed as VISSIM transport modelling, which more accurately represents future network performance (i.e. includes dynamic signal timings, journey times, queues and delays). The more accurate VISSIM modelling indicates that journey times would be improved along the A6 Kegworth Bypass and A453 northbound route. Therefore, in practice, traffic travelling northbound on the A6 towards Kegworth, is far more likely to route this way rather than via Kegworth, however this is not being accurately reflected in the PRTM 2023 model. As the increase along Derby Road would not occur in practice, there is no need for additional mitigation or to assess this any further from a noise or air quality perspective. The conclusions of the Noise and Vibration and Air Quality ES chapters remain valid and are summarised below in relation to receptors on Derby Road.

3.2 Noise

The noise assessment considered two receptors on Derby Road, Kegworth (R20 and R21) as set out in Appendix 7.D Receptor Plans [\[REP3-032\]](#), the highest magnitude of change at these receptors was 0.2 dB [\[REP3-030\]](#). This is classified as negligible and not significant.

3.3 Air Quality

The air quality assessment considered several receptors along Derby Road, Kegworth, as set out in Table 8c.1 and illustrated in Figure 8c.5 in Appendix 8C [\[REP3-035\]](#). The impacts at the receptors are classified as negligible and not significant.