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# **Canteen Building and Block H, Former Nestlé Factory, Hayes**

Equalities Impact Assessment

April 2023

**Canteen Building and Block H,  
Former Nestlé Factory,  
Hayes**

**Equalities Impact Assessment**

Prepared on behalf of BDW Trading Limited (Barratt London)

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## EXECUTIVE SUMMARY

### Introduction

The Equality Act 2010<sup>i</sup> mandates a duty to give due regard to equalities impacts in public sector decision making. The Act also defines the following '*protected characteristics*': age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation. A local authority needs to have consciously addressed the potential effects on equalities when making a decision on a development proposal. This Equalities Impact Assessment reviews the potential impacts on the defined protected characteristics.

### The Development

The Development comprises the partial demolition and redevelopment of the former canteen building to provide a new healthcare facility (Class E(e)), nursery (Class E(f)) and residential buildings (Block H) (Class C3) with a commercial unit at ground floor (Class E), including associated landscaping, access, car parking and other engineering works. The wider site is subject to existing planning permission and has mostly been built out since 2019. An Equalities Impact Assessment was prepared to support the original planning application for development of the wider site.

The Development has been designed to provide a high quality, attractive and healthy environment for future residents and users. The Development responds to the wider regeneration of the area, the strategic and emerging local planning policy context and increase in public transport accessibility from the upgrades to be made to Hayes & Harlington Station due to the introduction of the Crossrail service.

### The Assessment

The assessment has been undertaken using the Equalities Impact Assessment table provided by the London Borough of Hillingdon whereby the assessment is split into four different sections:

- STEP A) Description of what is to be assessed and its relevance;
- STEP B) Consideration of information; data, research, consultation, engagement;
- STEP C) Assessment; and
- STEP D) Conclusions.

**Conclusions**

Equality has been considered through the assessment when acknowledging the positive and negative impacts of the Development during the construction and operational phases. The Development will knit into the wider site and will provide various beneficial effects as seen the assessment section. This EqIA finds that the Development will not adversely impact on any protected groups and will contribute to a cohesive and high quality community.

## 1 INTRODUCTION

1.1 This Equalities Impact Assessment (EqIA) has been prepared on behalf of BDW Trading Limited (Barratt London) (the Applicant) to accompany a planning application to the London Borough of Hillingdon (LBH) for demolition and redevelopment to provide a new healthcare facility, nursery (former canteen building) and reconfigured residential building (Block H), including associated landscaping, access, car parking and other engineering works (the Development), at the former Nestlé Factory in Hayes, Middlesex (the Site).

1.2 This EqIA sets out:

- the legislative and planning policy context to EqIA;
- the background to the Site and Development;
- the methodology used in this assessment;
- the baseline data collected;
- the Equalities Impact Assessment; and
- the conclusions of the EqIA.

### Planning History

1.3 On 28<sup>th</sup> June 2018 planning permission was granted for the redevelopment of the former Nestlé Factory site (the wider site) to provide 1,381 dwellings, community facilities, retail / commercial uses, commercial floorspace, a data centre, amenity and play space and car parking (planning application ref. 1331/APP/2017/1883).

1.4 Following the 2018 consent, two Section 73 (S73) applications have been granted. The first (ref.1331/APP/2019/1666) in May 2019 and the second (ref.1331/APP/2021/751) in November 2021. Planning permission ref.1331/APP/2021/751 is now the Approved Scheme. A drop-in application has also recently been approved (1331/APP/2019/2314) in June 2021 which included Block H.

1.5 The relevant planning conditions have been discharged for the demolition phase of the approved scheme and the Applicant has commenced with the demolition work across the wider site. Since June 2019, much of the wider site has been built out and is now operational, occupied by residents.

### Site Context

1.6 The Site (see Appendix 1) is located within the former Nestlé Factory, Nestles Avenue, Hayes,

in west London, and is towards the south of the wider factory site.

- 1.7 The Site is located approximately 500m to the south-east of Hayes Town Centre, bounded to the north by the Great Western Railway Line and Grand Union Canal and to the south by Nestles Avenue. To the west is the existing Squirrels Trading Estate, accessed from Viveash Close and to the east is North Hyde Gardens, a public road. To the north-east of the Site is Hayes & Harlington Railway Station.
- 1.8 A residential area lies immediately to the south of the Site, on the opposite side of Nestles Avenue. The A312 (North Hyde Road) is located approximately 140m to the south of the Site and the M4 motorway is a further 1km away. Heathrow is approximately 4km to the south.

### **Site Description**

- 1.9 The Site extends to 0.34 hectares (ha) and currently comprises two vacant buildings; the former Nestlé Canteen and a conjoined 'L' shaped building. The buildings are locally listed by LBH. Construction on Block H has not yet commenced however Block H forms part of the Approved Scheme and will be amended by this Development.

### **The Development**

- 1.10 The Development comprises:
  - A Healthcare Facility (Use Class E): 2,233 square metres (sqm) Gross External Area (GEA)
  - A Nursey (Class E): 559sqm (GEA);
  - Block H:
    - 252sqm (GEA) (Class E);
    - The Development is providing an additional 6 units to Block H from the 35 units which comprise the operational consent (planning ref: 1331/APP/2021/751), which is a Section 73 application from the wider site masterplan; and
    - Two of the six additional residential units are affordable housing units whilst four will be private sales.
- 1.11 The maximum building height will be up to 21.5m Above Ordnance Datum (AOD). The canteen element of Parcel H at its tallest point (including plant) will be 11.5m AOD, with the main parapet being 9.6m AOD above ground level. Block H will be a 6-storey building.
- 1.12 The planning application for the Development states:

*"Partial demolition and redevelopment of the former canteen building to provide*

*a new healthcare facility (Class E(e)), nursery (Class E(f)) and residential buildings (Block H) (Class C3) with a commercial unit at ground floor (Class E), including associated landscaping, access, car parking and other engineering works."*

## 2 LEGISLATIVE AND POLICY CONTEXT

### The Equality Act 2010<sup>ii</sup>

2.1 The purpose of the Equality Act is to ensure that '*Ministers of the Crown and others when making strategic decisions about the exercise of their functions to have regard to the desirability of reducing socio-economic inequalities...*'. The act goes on to say at paragraph 1 that '*An authority to which this section applies must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage...*'. The Act outlines the three aims of the general duty to have due regard for Equality, across all organisations:

1. *'Eliminate discrimination, harassment, victimisation and other conduct that is prohibited by the Equality Act 2010;'*
2. *'Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and'*
3. *'Foster good relations across all protected characteristics – between people who share a protected characteristic and people who do not share it.'*

2.2 The Act also defines the following '*protected characteristics*': age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation. All of this means that a local authority needs to have consciously addressed their mind to the Equality Act duty and considered the impacts of any new plan in light of the potential impact on equalities.

### *The London Plan (March 2021)<sup>iii</sup>*

2.3 The London Plan plans for growth on the basis of its potential to improve the health and quality of life all Londoners, to reduce inequalities and to make the city a better place to live, work and visit. A key part of reviewing the London Plan is undertaking a full integrated Impact Assessment, which addresses the Mayor's legal duties to carry out a comprehensive assessment of the Plan. The integrated Impact Assessment incorporates a number of statutory requirements, including an Equalities Impact Assessment.

2.4 Policy GG1 refers to '*building strong and inclusive communities*' and part F (a) sets out that those involved in planning and development must '*support and promote the creation of an inclusive London where all Londoners, regardless of their age, disability, gender identity, marital status, religion, sexual orientation, social class, or whether they are pregnant or have children, can share in its prosperity, culture and community, minimising the barriers and challenges and inequalities*'.

2.5 Policy GG3 '*creating a healthy city*' states that to improve Londoners' health and reduce health inequalities, those involved in planning and development must:

- a) *'Ensure that the wider determinants of health are addressed in an integrated and co-ordinated way, taking a systematic approach to improving the mental and physical health of all Londoners and reducing health inequalities;*
- b) *Promote more active and healthy lives for all Londoners and enable them to make healthy choices;*
- c) *Use the Healthy Streets Approach<sup>1</sup> to prioritise health in planning decisions.*
- d) *assess the potential impacts of development proposals and development plans on the mental and physical health and well-being of communities, in order to mitigate any potential negative impacts, maximise potential positive impacts, and help reduce health inequalities, for example through the use of Health Impact Assessment<sup>2</sup>;*
- e) *plan for appropriate health and care infrastructure to address the needs of London's changing and growing population;*
- f) *seek to improve London's air quality, reduce public exposure to poor air quality and minimise inequalities in levels of exposure to air pollution;*
- g) *plan for improved access and quality of green spaces, the provision of new green infrastructure, and spaces for play, recreation and sports;*
- h) *ensure that new buildings are well insulated and sufficiently ventilated to avoid the health problems associated with damp, heat and cold; and*
- i) *seek to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options'.*

2.6 Paragraph 2.10.2 of the London Plan sets out that where proposed, large-scale development in Areas of Regeneration should seek to reduce spatial inequalities.

#### Housing Supplementary Planning Guidance (SPG), May 2016<sup>iv</sup>

2.7 The Mayor of London published the SPG on housing in March 2016 and subsequently updated in May 2016. The SPG replaced the 2012 Housing SPG and the Mayor's Housing Standards Policy Transition Statement.

2.8 Policy 3.5, Part B of the Housing Supplementary Planning Guidance, within the section Neighbourhood Scales, identifies at paragraph 2.2.8 that '*...An Equality Impact Assessment should be undertaken to ensure that the needs of all those with 'protected characteristics' are considered.*

<sup>1</sup> The Healthy Streets Approach is a long-term plan for improving Londoner's and visitors' experiences. The approach will help improve the air quality, reduce congestion and make the road networks.

<sup>2</sup> A Health Impact Assessment will be submitted as part of the planning application.

*Inclusive London, The Mayor's Equality, Diversity and Inclusion Strategy, May 2018v*

2.9 Inclusive London is a strategy set out by the Mayor of London which aims to: '*build strong, thriving and connected communities*' that '*overcome the barriers and inequalities*' and which everyone can share '*regardless of their age, social class, disability, race, religion, gender, gender identity, sexual orientation, marital status, or whether they are pregnant or on maternity leave*'. The strategy further highlights that '*Development in London should always create inclusive, barrier-free environments*' and that '*by placing the principles of inclusive design at the heart of the planning process, the Mayor will make sure the needs of all Londoners – but in particular older and disabled people and those with young children – are acknowledged and addressed*'. This EqIA has been prepared to ensure that equality opportunities have been considered in the design and broader pre-application process.

London Borough of Hillingdon Local Plan<sup>vi</sup>

2.10 The LBH Local Plan was adopted in November 2012 and sets out policies and guidance for development within the Borough up to 2026. Part 1 of the Local Plan (Strategic Policies<sup>vii</sup>) is the key strategic planning document for Hillingdon and supports the delivery of development within the region. The document sets out the long-term vision and objectives. Part 1 does not however set the guidelines for decisions about planning applications. This information is set out within Part 2 of the Local Plan (Development Management Policies<sup>viii</sup>).

2.11 Within the Core Policy – The Economy, Strategic Objective 6 seeks to promote social inclusion through equality of opportunities and equality of access to social, educational, health, employment, recreational, green space and cultural facilities for all within the Borough.

### 3 ASSESSMENT METHODOLOGY

#### Approach

- 3.1 The methodology and approach to the EqIA has been informed by the EqIA methodologies for existing LBH Council EqIAs<sup>ix</sup> and professional experience.
- 3.2 Other documents submitted in support of the planning application contain further information of use and should be read in conjunction with this report, including the Health Impact Assessment and the Economic Benefits Statement.

#### Baseline Conditions

- 3.3 Existing baseline demographic conditions are based on the latest published data sets available including the 2019 Mid – Year Population Estimates and Office for National Statistics (ONS) 2021 Census statistics unless otherwise stated.
- 3.4 No data are available for the residents that currently reside within the wider site therefore it is not known how the specific demographic groups differ from the Pinkwell ward and also LBH. Therefore, it is assumed that the baseline data collected at ward level and borough level is representative of the current population and will be used in this assessment.
- 3.5 The assessment draws upon the extensive community consultation undertaken with interested groups and residents and is reported in full in the Pre-Application Consultation and Statement of Community Involvement within the Planning Statement submitted with the planning application for the Approved Scheme.

#### *Healthcare Infrastructure Audit*

- 3.6 An audit of existing healthcare infrastructure, and the capacity available within the existing healthcare facilities within the surrounding area of the Site, is provided within Chapter 3. The levels of under or over-provision of GPs are determined through reference to the National Health Service (NHS) General and Personal Medical Services statistics<sup>x</sup> which provide total patient list size for individual GP practices and the number of full time equivalent (FTE) GPs at each practice as of February 2023. The location data relating to each Practice has been sourced from NHS Business Services<sup>xi</sup>. Assessment has been conducted by comparing the GP to patient ratios of local practices with the Healthy Urban Development Unit (HUDU) standard of 1 GP to 1,800 patients to determine under- or over-capacity.
- 3.7 The number of dental practices within 5km of the Site was also investigated and those

practices accepting new patients. It is not possible to determine the precise number of patient places available as no central census of dentists is conducted and no definitive ratio of patients per dentist exists. However, analysis has been drawn as to availability of new patient registrations for both private and NHS patients via the NHS 'service-search' website<sup>xii</sup>. They are all located within 1km of the Site.

#### *Nursery Facilities Audit*

3.8 An audit of nursery facilities has been carried out within 5km of the Site using the Department for Education's 'Get information About Schools' website<sup>xiii</sup>. The capacity of the nurseries is not provided, however, the number of places is provided through the service.

#### Assessment

3.9 The assessment has sought to identify the potential effects on protected characteristic groups during the construction works and on completion of the Development. A schedule of expected effects has been prepared using professional experience of EqIA, and the assessment has sought to address the effects on the future residents within the Development as well as future users and employees of the both the healthcare centre and nursery. Where detailed assessment has been undertaken in other planning documents, the information has been used in support of this EqIA.

3.10 As noted above, assumptions have been made on the demographics of the current residents in the wider site being concordant with the demographics at ward level. This assessment assumes that all '*protected characteristics*', as highlighted in the Equality Act, may be impacted by the Development during the construction and operational phases.

#### Summary

3.11 A summary of actions to be taken is provided at the end of this EqIA assessment.

## 4 BASELINE CONDITIONS

4.1 The Site is located within the Pinkwell Ward in LBH. To appropriately capture the baseline data relevant to the protected characteristics identified by the Equality Act, for the purposes of assessment, the baseline demographics for a Study Area comprising the ward of Pinkwell will be compared with those of the wider LBH.

**Table 1: Gender**

	<b>Pinkwell</b>	<b>LBH</b>
Males	8,444 (50.5%)	151,049 (49.4%)
Females	8,265 (49.5%)	154,860 (50.6%)
<b>TOTAL POPULATION</b>	<b>16,709</b>	<b>305,909</b>

Source: NOMIS derived ONS, 2021 Census Table 'Sex TS008'

**Table 2: Age**

	<b>Pinkwell</b>	<b>LBH</b>
Younger Population (0 to 15 years)	3,755 (22%)	64,032 (20.9%)
Working Age Population (16 to 64 years)	11,275 (68%)	200,709 (65.6%)
Older Population	1,683 (10%)	41,175 (13.4%)

Source: NOMIS derived ONS, 2021 Census Table 'Age by Single Year TS007'

**Table 3: Ethnicity**

	<b>Pinkwell</b>	<b>LBH</b>
White (English/Welsh/Scottish/Northern Irish/British/ Irish/Other)	3,600 (21.5%)	147,387 (48.2%)
Mixed/Multiple Ethnic Group (White and Black Caribbean/White and Black African/ White and Asian/Other)	523 (3.1%)	13,359 (4.4%)
Asian/Asian British (Indian/Pakistani/Chinese/Other)	9,142 (54.7%)	101,938 (33.3%)
Black/African/Caribbean/Black British (African/Caribbean/Other)	1,750 (10.5%)	23,955 (7.8%)
Other Ethnic Group (Arab/Other)	1,692 (10.1%)	19,268 (6.3%)

Source: NOMIS derived ONS, 2021 Census Table 'Ethnic Group TS021'

**Table 4: Country of Birth**

	<b>Pinkwell</b>	<b>LBH</b>
Europe (inc UK)	9,466 (56.6%)	221,188 (72.3%)
Africa	1,242 (7.4%)	18,523 (6.1%)
Middle East and Asia	5,790 (34.6%)	60,435 (19.8%)
The Americas and the Caribbean	187 (1.1%)	4,955 (1.6%)
Antarctica and Oceania	20 (0.1%)	687 (0.2%)

Source: NOMIS derived ONS, 2021 Census Table 'Country of Birth TS004'

**Table 5: Economic Activity**

	<b>Pinkwell</b>	<b>LBH</b>
Economically active (excluding full-time students)	7,815 (60.3%)	147,804 (61.1%)
Economically active (excluding full-time)	7,134 (55.1%)	138,302 (57.2%)

	<b>Pinkwell</b>	<b>LBH</b>
students): In employment		
Economically active (excluding full-time students):	681 (5.3%)	9,502 (3.9%)
Unemployed		
Economically active and a full-time student	377 (2.9%)	6,634 (2.7%)
Economically active and a full-time student:	109 (0.8%)	2,130 (0.9%)
Unemployed		
Economically inactive	4,764 (36.8%)	87,441 (36.2%)

Source: NOMIS derived ONS, 2021 Census Table 'Economic Activity Status TS066'

**Table 6: Occupation**

	<b>Pinkwell</b>	<b>LBH</b>
Managers, directors, senior officials	677 (9.1%)	18,524 (13.0%)
Professional occupations	982 (13.3%)	30,087 (21.1%)
Associate professionals, technical occupations	701 (9.5%)	18,036 (12.6%)
Administrative and secretarial occupations	692 (9.4%)	14,401 (10.1%)
Skills trades occupations	682 (9.2%)	13,152 (9.2%)
Caring, leisure and other services	693 (9.4%)	12,044 (8.4%)
Sales and customer service	792 (10.7%)	10,772 (7.5%)
Process, plant and machine operatives	873 (11.8%)	10,752 (7.5%)
Elementary occupations	1,309 (17.7%)	15,035 (10.5%)

Source: NOMIS derived ONS, 2021 Census Table 'Occupation TS063'

**Table 7: Level of Qualifications Gained**

	<b>Pinkwell</b>	<b>LBH</b>
No qualifications	3,105 (24.0%)	43,906 (18.2%)
Level 1 and entry level qualifications	1,563 (12.1%)	23,872 (9.9%)
Level 2 qualifications	1,496 (11.5%)	28,514 (11.8%)
Apprenticeship	475 (3.7%)	10,298 (4.3%)
Level 3 qualifications	1,732 (13.4%)	35,836 (14.8%)
Level 4 qualifications or above	3,866 (29.8%)	90,664 (37.5%)
Other qualifications	718 (5.5%)	8,788 (3.6%)

Source: NOMIS derived ONS, 2021 Census Table 'Highest Level of Qualification TS067'

NB: Based on a study of population 16 and over

**Table 8: Religion**

	<b>Pinkwell</b>	<b>LBH</b>
No religion	1,451 (8.7%)	59,214 (19.4%)
Christian	4,157 (24.9%)	119,434 (39.0%)
Buddhist	179 (1.1%)	2,621 (0.9%)
Hindu	1,784 (10.7%)	33,020 (10.8%)
Jewish	13 (0.1%)	1,392 (0.5%)
Muslim	3,743 (22.4%)	44,077 (14.4%)
Sikh	4,432 (26.5%)	26,339 (8.6%)
Other religion	157 (0.9%)	2,683 (0.9%)
Not answered	793 (4.7%)	17,129 (5.6%)

Source: NOMIS derived ONS, 2021 Census Table 'Religion TS030'

**Table 9: General Health**

	<b>Pinkwell</b>	<b>LBE</b>
Very good health	8,587 (51.4%)	156,976 (51.3%)
Good health	5,661 (33.9%)	103,725 (33.9%)
Fair health	1,803 (10.8%)	33,088 (10.8%)
Bad health	507 (3.0%)	9,244 (3.0%)
Very bad health	151 (0.9%)	2,876 (0.9%)

Source: NOMIS derived ONS, 2021 Census Table 'General Health TS037'

### Deprivation levels

4.2 The baseline conditions of health are also identified for the local area using the English Indices of Deprivation (EID) at small areas (or neighbourhoods) which are also known as lower super output areas (LSOAs) which on average contain around 1,500 people. There are 32,844 of these neighbourhoods across England as a whole.

4.3 The Site is located within LSOA Hillingdon 030A, within the Pinkwell Ward.

4.4 LSOA Hillingdon 030A is ranked 11,705 out of 32,844 LSOAs in England, on the 2019 IMD; where 1 is the most deprived LSOA. Table 10 below details how the LSOAs are ranked, both overall and by each deprivation domain, against all the boroughs within England.

**Table 10: IMD deprivation ranking for Hillingdon 030A (where the Site is located)**

Domain of Deprivation (Rank out of 32,844 where 1 is the most deprived)	Hillingdon 030A
Overall IMD Rank	11,705
IMD % Decile	40% most deprived
Income Rank	12,339
Income % Decile	40% most deprived
Employment Rank	17,784
Employment % Decile	50% least deprived
Education, Skills and Training Rank	15,732
Education % Decile	50% most deprived
Health, Deprivation and Disability Rank	26,024
Health % Decile	70% most deprived
Crime Rank	6,452
Crime % Decile	20% most deprived
Barriers to Housing and Services Rank	1,435
Housing % Decile	10% most deprived
Living Environment Rank	8,052
Environment % Decile	30% most deprived

### Healthcare Infrastructure Audit

4.5 There are currently three GP Practices operating within 1km of the Site. The Healthy Urban Development Unit (HUDU) sets a standard of 1 GP per 1,800 patients against which the existing GP to patient ratios of local Practices can be assessed. Data acquired from the NHS General and Personal Medical Services Statistics for February 2023<sup>xiv</sup> provides patient list size and number of full time equivalent (FTE) GPs at each Practice. Table 11 indicates that all three GP Practices are currently operating above the standard GP to patient ratio of 1 GP per 1,800 population and are therefore over capacity.

**Table 11: GP Practices as of February 2023**

No	Name	Postcode	Patients	GP	Ratio
1	North Hyde Road Surgery	UB3 4NS	7,196	3.24	1:2,221
2	Hayes Medical Centre	UB3 4NA	18,274	2	1:9,137
3	HESA Medical Centre	UB3 4DD	20,638	5.51	1:3,746

Source: NHS Digital (February 2023) General and Personal Medical Services

4.6 A study of local dentist provision also identifies three dental practices within 5km of the Site: Dr. Y. Nanavati & Dr. T. Mirza, Hayes Dental Clinic and 130 Dental Care. As of April 2023, 130 Dental Care and Hayes Dental Clinic are accepting new patients of all ages, however, following a desk-based search, it is unknown whether Dr. Y. Nanavati & Dr. T. Mirza are taking on new patients.

#### Nursery Facilities Audit

4.7 A total of three registered nurseries have been established with 5km of the Site, nurseries have been identified within the local authorities of Hillingdon and Ealing. As shown on Table 12, the number of places each nursery currently has been included.

**Table 12: Current Capacity of Primary Schools Within the Local Area**

Name	Local Authority	Spaces
Greenfields Nursery School and Children's Centre	Ealing	143
McMillan Early Childhood Centre	Hillingdon	166
Grove House Nursery School & Children's Centre	Ealing	119
<b>Total</b>		<b>428</b>

4.8 A total of 428 nursery places are currently provided, however, capacity data is not currently available for the nurseries.

#### Summary of Baseline Conditions for Pinkwell and LBH

4.9 The following section provides the summary of the baseline data collected for the ward of Pinkwell and LBH, where insufficient data have been available, a number of assumptions have been made on the baseline conditions on specific protected characteristics.

#### Sex

4.10 As informed by Table 2, Pinkwell and LBH shows very similar proportions of males and females in the areas. Within Botwell, 49.3% of the population are males whilst 50.7% are female. Similarly, 49% of the population within Botwell are males whilst 51% are female. As such, it is assumed that the wider site and those impacted by the Development will be an equal proportion of male and female.

### Age

4.11 The majority of the population in both Pinkwell (68.0%) and LBH (65.6%) is of working age (16-64 years). Pinkwell demonstrates a higher percentage the younger population (22%) than the LBH (20.9%) and fewer numbers of the older population than LBH with 10.0% in Botwell compared with 13.4% in the wider LBH as seen in Table 2. With an understanding of the population of Pinkwell being younger than that of the wider LBH population, the assessment will understand the impacts of the Development to ensure that the younger population (0-15) is not disproportionately affected.

### Disability

4.12 There are insufficient data to accurately assess the Development's impact with regard to those with disabilities. This assessment will assume that the Development will be used and occupied by those with varying disabilities.

### Gender Reassignment

4.13 There are insufficient local or national data to accurately assess the potential impact of the Development on gender identity. However, research suggests that transgender people are disproportionately impacted by mental health problems, hate crime and domestic violence. In this assessment it is assumed that the Development will be used and occupied by those with seeking to reassign their gender.

### Marriage and Civil Partnership

4.14 There are insufficient data to accurately assess the potential impact on those who are married and are in civil partnerships. This assessment will assume that the Development will be used and occupied by those who are married and in civil partnerships and ensure that the Development does not affect them disproportionately.

### Pregnancy and Maternity

4.15 There are insufficient live data on the number of women who are currently pregnant within the wider site.

### Race

4.16 In the Pinkwell ward, the Asian/Asian British ethnic group was the majority group with 54.7% which shows a difference to LBH where the majority group was the White ethnic group (English/Welsh/Scottish/Northern Irish/British/Irish/Other) with 48.2%. The full ethnicity breakdown of Pinkwell and LBH can be seen in Table 3.

4.17 In addition, the most common country of birth of both areas was Europe (including the UK) at 56.6% and 72.3% for Pinkwell and LBH, respectively. The second most common country of birth was the Middle East and Asia with 34.6% and 19.8% for Pinkwell and LBH respectively as seen in Table 4.

#### Sexual Orientation

4.18 This assessment does not currently contain sufficient data within the wider site of residents' sexual orientation to analyse the potential impacts of the Development concerning this characteristic. National data on sexual orientation taken from ONS reports that the percentage of over 16s identifying as heterosexual decreased from 95.3% in 2014 to 94.6% in 2018. Men are more likely to identify as LGB (lesbian, gay or bisexual) than women at 2.5% and 2.0% respectively. As identified from Table 2, the population demographic at ward level is younger than seen at borough level with 22% of population being 0-15 compared to 20.9% at borough level. As such, it may be assumed that there is likely to be a higher average percentage of the population who do not identify as heterosexual.

#### Social Class

4.19 Within Pinkwell, 7,815 (60.3%) are economically active (excluding full-time students) whilst within the LBH 147,804 (51.0%) are economically active (also excluding full-time students) and of those groups, 5.3% and 3.9% are unemployed respectively. 36.8% and 36.2% are economically inactive in the two areas as seen in Table 5.

4.20 Of the nine different occupation bands, both areas show generally an even distribution between the bands. The most common occupation group within the Pinkwell ward was elementary occupations at 17.7% whereas within LBH, the most common group was professional occupations at 21.1%. The full breakdown in occupation bands can be seen in Table 6.

4.21 The Pinkwell ward generally showed a lower level of educational attainment compared with the wider LBH with a lower percentage attainment of almost all qualifications, with the exception of Level 1 and entry level qualifications. Within Pinkwell the percentage of the population with no qualifications was 24.0% whereas within LBH the percentage was lower

at 18.2%.

4.22 As shown by Table 10, LSOA Hillingdon 030A has a range of domains of deprivation with generally performing lower than the national average for each domain. For the Crime, Hillingdon 030A demonstrates the lowest individual rank of 6,552 and is therefore among the lowest 20% in the country. This domain indicates that the risk of personal and material victimisation at a local level is high. The best scoring domain for the LSOA was Health, Skills and Disability, the LSOA ranked 26,024 and therefore was included in the 70% most deprived in the country.

#### Religion or Belief

4.23 As seen in Table 8, Christianity was the most common religious belief in both Pinkwell and LBH. 24.9% of the population of Pinkwell identify as a Christian compared with 39.0% in LBH. This was followed by Muslim in Pinkwell (22.4%) and 'no religion' in LBH (19.4%).

## 5 ASSESSMENT

5.1 This assessment is based on the LBH EqIA form to fulfil their statutory obligation to undertake equalities impact assessment. Where appropriate the form has been adapted for the purposes of this assessment.

### ***STEP A) Description of what is to be assessed and its relevance***

***What is being assessed?*** Please tick

Review of a service	X	Changing a policy	X
Staff restructure	X	Tendering for a new service	X
Decommissioning a service	X	A strategy or plan	✓

The Development assessed within this document relates to a planning application made to LBH for the redevelopment of a former Canteen building to provide a healthcare facility and nursery. The Development will also provide a reconfigured residential building (Block H), including associated landscaping, access, car parking and other engineering works. For completeness, a formal description of Development is shown below:

*"Partial demolition and redevelopment of the former canteen building to provide a new healthcare facility (Class E(e)), nursery (Class E(f)) and residential buildings (Block H) (Class C3) with a commercial unit at ground floor (Class E), including associated landscaping, access, car parking and other engineering works."*

***Who is accountable? E.g Head of Service or Corporate Director***

The Applicant is BDW Trading Limited (Barratt London) and the determining authority is LBH.

***Date assessment completed and approved by accountable person***

April 2023.

***Names and job titles of those carrying out the assessment***

Barton Willmore, now Stantec on behalf of the Applicant.

***A.1) What are the main aims and intended benefits of what are you are assessing?***

The specific aims of the Development within the scope of this EqIA are set out below:

The purpose of the planning application is to provide a new healthcare centre and nursery through the redevelopment of the existing Canteen and 'L' shaped building currently on the Site. The Development will respond to the wider regeneration of the area and sits within the wider site for which planning permission was granted in June 2018. Consent was granted for the part demolition of existing factory buildings to provide 1,386 dwellings, office, retail, community and leisure uses with additional commercial floorspace. The majority of this Development has been implemented and is occupied by residents.

The intended benefits of the Development include the provision of housing, a healthcare centre and a nursery on the Site, including employment opportunities during both the construction phase and operation phase of the proposed development. The employment opportunities include comprise temporary full-time jobs during the construction phase and permanent full-time jobs for the non-residential areas of the Site. The end users of the Development will more likely by those with protected characteristics, as defined by the Equalities Act.

As identified above within Table 10, the Site is located within LSOA Code Hillingdon 030A and is ranked 11,705 out of 32,844 LSOAs in England, on the 2019 IMD; where 1 is the most deprived LSOA. The LSOA ranked generally below average on all the indicators in the baseline assessment indicating that the area is deprived with the overall IMD score demonstrating the LSOA is contained within the 40% most deprived LSOA in the country. Living Environment and Crime the lowest ranked indicators at 30% and 20% most deprived respectively.

Additionally, as set out with Table 11, all three of the GP Practices identified were assessed to be currently working over their capacity of 1 FTE GP for every 1,800 patients.

With consideration of the baseline in that the LSOA 030A currently sits within the 40% most deprived LSOAs in the country and that there is currently a lack of GP provision within the local area, the Development will aim to decrease the current level of deprivation by providing construction and operational jobs to those in the local community whilst also providing additional spaces for GP provision for those in the local area.

***A.2) Who are the service uses or staff affected by what you are assessing? What is their equality profile?***

<p>People affected by the Development will include the residents occupying the wider site and the local community, future residents and employees as well as users of the nursery in the operational phase of the Development. The construction phase has the potential to affect existing residents on the wider site and the local community, of which it is assumed may include representatives from all protected groups.</p> <p>During the operation phase of the Development, it is likely that the users and employees will include representatives of protected groups, in particular from a variety of different ethnic backgrounds, which is supported by published statistics. As set out in Table 3 of the baseline assessment, the percentage of the population in Pinkwell who are white is lower than the wider LBH area with 21.5% compared to 48.2% respectively. The most common ethnicity for residents living in Pinkwell has been identified as Asian/ Asian British.</p>
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***A.3) Who are the stakeholders in the assessment and what is their interest in it?***

<b>Stakeholders</b>	<b>Interest</b>
Applicant	Ensure that they are supported in the application process by LBH.
Residents occupying the completed phases of development on the wider site.	Potential for construction phase disturbance. Ensure that construction phase effects are minimised as far as possible giving due regard for Protected Characteristics and differential impacts.
Local community	Potential for construction phase disturbance, benefits of construction phase employment and multiplier effects. The Development should be designed with the diverse population of Pinkwell in mind, having due regard for all Protected Characteristics.
Employees that will work at the Site during construction and operation.	Construction workers and employees of the proposed nursery may include representatives of Protected Groups.

***A.4) Which protected characteristics or community issues are relevant to the assessment? ✓ in the box***

<b>Age</b>	✓	<b>Religion / Belief</b>	✓
<b>Disability</b>	✓	<b>Sex</b>	✓
<b>Gender Reassignment</b>	✓	<b>Sexual orientation</b>	✓
<b>Marriage or civil partnership</b>	✓	<b>Community cohesion</b>	✓
<b>Pregnancy or maternity</b>	✓	<b>Community Safety</b>	✓
<b>Race/ ethnicity</b>	✓	<b>Other – Please state</b>	<b>N/A</b>

***STEP B) Consideration of information; data, research, consultation, engagement******B.1) Consideration of information and data – What have you got and what is it telling you?***

Chapter 2 of this EqIA contains the information used in this assessment. The comprehensive baseline data collection identifies the current demographics of the ward of Pinkwell and LBH. The baseline demographics identified include Gender, Age, Ethnicity, Country of Birth, Economic Activity, Occupation, Level of Qualification gained, Religion, Health and Level of Deprivation and can be seen in Tables 1-10. Additionally, a healthcare and nursery audit has been undertaken to assess the current number of GP practices and nursery spaces respectively, as seen in tables 11 and 12. Please refer to Chapter 4 for a summary of baseline conditions for Pinkwell and LBH.

In addition to the baseline demographics included in Chapter 2, the planning application is accompanied by the suite of documents including:

- Air Quality Assessment;
- Construction Management Plans;
- Demolition Reports;
- Design and Access Statement;
- Ecological Reports;
- Economic Statement;
- Energy Statement;
- Flood Risk and / Drainage Assessment;
- Health Impact Assessment;
- Planning Statement;
- Site Waste Management Plan;
- Statement of Community Involvement;
- Sustainability Statement;
- Townscape and Visual Impact Assessment; and
- Travel Plans.

These reports include baseline data on a variety of social, environmental and economic topics and demonstrate a good understanding of the conditions of the site and surroundings.

***Consultation******B.2) did you carry out any consultation or engagement as part of this assessment***

Stakeholders include existing residents of the surrounding local community, LBH and statutory consultees. A comprehensive engagement exercise was undertaken prior to submission of the planning application for the redevelopment of the wider site in 2017. This included consultation over the masterplan, listening to ideas from those in the local community and provided an opportunity for those to impact on the final design of the wider site. Methods of consultation involved a variety of communication channels to ensure that all groups were involved in the process and were as follows:

- **Website:** a dedicated website (<http://formernestlefactory.co.uk/>) was maintained to provide information on regarding the development and changes to the plans;
- **Meetings:** the development team organised a set of meetings throughout the pre-application period to engage with local stakeholders, community groups and local organisations;
- **Community Open Day:** a Community Open Day was held to introduce the vision for the development and welcome the community to provide feedback on the development plans;
- **Public Exhibition:** two further exhibitions were held for the key political and community stakeholders and members of the local community. The design of the development for the wider site was displayed and feedback was welcomed on the proposals;
- **Mailings:** invitations for the Community Open Day were distributed to 2,632 addresses and invitations to the public exhibitions reached 4,525 addresses.
- **Freephone helpline:** a dedicated helpline was maintained to allow members of the local community to enquire about future consultation activities;
- **Email:** an email database was maintained to update stakeholders and the local community on updates to the development; and
- **Newsletter:** regular newsletters were produced summarising the wider site development to members of the local community.

For the Development, the Applicant has held three pre-application meetings with LBH to discuss the redevelopment of the canteen building and Block H. The meetings were held on 13<sup>th</sup> January, 4<sup>th</sup> February, and 25<sup>th</sup> March 2022.

The first pre-application meeting was held virtually. It was confirmed that the North-West London Clinical Commissioning Group (CCG) formally agreed to operate a health centre on the Site.

The second pre-application meeting was also held virtually. Officers requested further information in relation to the need / demand of the space within the existing building and further justification for the redevelopment of the building, as well as further heritage assessment. This discussion was not relevant to equality issues.

The third pre-application meeting was held on Site and included a walk-around of the canteen building. During this pre-application meeting, it was demonstrated that there were structural issues with the existing Canteen building which prevents the retention of the L-shaped block. Officers requested further information in relation to the structure of the building. This discussion was also not relevant to equality issues.

Additionally, in order to reach the local community, which it is assumed includes representatives from all protected groups, Forty Shillings (a communications and engagement agency) were commissioned to engage with local residents about the Development, the engagement included a two-page A4 'Community Update' leaflet which was delivered to 551 address (512 houses and 39 businesses) in the local area, which asked the residents to respond with their opinion of the Development. The response rate was very low, with only six responses received. A summary is set out below:

- Two responses were positive and in favour; and
- Two objections were received. The objections related to noise and congestion and light and noise pollution.
- The remaining responses were neutral.

All responses were acknowledged and responded to through the engagement process. No comments relevant to protected characteristics were made but objections mentioned noise, light pollution and congestion, which may potentially affect some protected groups disproportionately if not addressed adequately.

### ***B.3) Provide any other information to consider as part of the assessment***

The Development is a small part of a much wider regeneration project, the majority of which has been constructed and is occupied. Therefore, it is considered that relying on available data, the extensive engagement and design evolution process undertaken for the original planning application for the wider site is a suitably proportionate approach to assessment of equalities effects.

### ***STEP C) Assessment***

***What did you find in B1? Who is affected? Is there, or likely to be, an impact on certain groups?***

**C.1) Describe any NEGATIVE impacts (actual or potential):**

<b>Group</b>	<b>Impact on this group and actions you may need to take</b>
All Groups: Age Disability Gender Reassignment Marriage or civil partnership Pregnancy or maternity Race/ ethnicity Religion / Belief Sex Sexual orientation Community cohesion Community Safety	<p>As outlined above, a variety of consultation methods were undertaken for the Development as well as for the wider site to ensure that all groups, including groups of protected characteristics, could access information on the design of the proposals and respond accordingly. The construction and operation phase negative impacts and their significance on protected groups has been outlined below:</p> <p><i>Construction Phase Effects</i></p> <p><b>Access to Play Space:</b> as mentioned above, the Development will comprise the redevelopment of brownfield land and therefore will not result in the loss of play space provision during the construction phase and not disproportionately impact those with protected characteristics;</p> <p><b>Impact on Community Cohesion:</b> the Development will provide additional housing, a nursery and a healthcare facility and will be contained within the wider site where residents are currently inhabiting. As such, the construction phase will inevitably cause disruption to the existing residents as expected for the construction of development of the scale proposed. However, best practice measures will be employed to mitigate the impacts and ensure that protected groups are not adversely impacted;</p> <p><b>Construction Noise and Air Quality</b></p>

	<p><b>Impacts:</b> the Development will result in noise and changes to the air quality in the local environment as expected for a housing, nursery, and healthcare development and may impact on the residents that currently reside within the wider site and the wider community. However, due to the scale of the Development and the incorporation of best practice measures, the impacts are not expected to be adverse and therefore not impact protected groups disproportionately;</p> <p><i>Operational Phase Effects</i></p> <p>No negative impacts have been identified during the operational phase of the Development that might adversely impact on protected groups.</p> <p>There are no significant negative impacts associated with the Development in terms of disproportionate impacts on protected groups.</p>
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**C.2) Describe any *POSITIVE* impacts:**

Group	Impact on this group and actions you may need to take
All Groups: Age Disability Gender Reassignment Marriage or civil partnership Pregnancy or maternity Race/ ethnicity Religion / Belief Sex Sexual orientation	The Development will also produce positive impacts on the local community and specifically the protected groups outlined in the methodology. The construction and operation phase positive effects and the significance they may cause to protected groups is set out below: <p><i>Construction Phase Effects</i></p>

<p>Community cohesion Community Safety</p>	<p><b>Access to employment:</b> the construction phase of the Development will provide employment opportunities and provide beneficial impacts across all protected groups and not adversely impact on any group.</p> <p><i>Operational Phase Effects</i></p> <p><b>Access to and through the site:</b> the Development will sit within the wider site and provide linkages to existing infrastructure that is contained on the wider site. The site contains two vacant buildings associated with the former nestle factory and therefore lies in a brownfield state, the Development will provide a beneficial impact in terms of the ability of residents to move around the wider site and the local environment. The Development will be built in line with M4(2) building regulations, as such, the Development will be 'accessible and adaptable'. This requirement is met when a new building or dwelling provides reasonable provision for most people to access and includes features that make it suitable for a range of potential occupiers and users. The users include older people, individuals with reduced mobility and wheelchair users. Therefore, the Development does not prejudice protected groups of age, disability and whether or not someone is pregnant or on maternity / paternity leave.</p> <p><b>Access to Education, Leisure and Healthcare Facilities:</b> the Development will provide a healthcare facility (2,233 sqm GIA), aiming to address the lack of GP provision in the local area, as set out within Table 11. Additionally, the Development will include a</p>
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	<p>nursery (559 sqm GIA) and therefore provide additional nursery spaces for the local community and residents of the wider site and future residents of the proposed development. The provision of the aforementioned facilities will positively impact on the younger people in terms of educational opportunities, and additional employment opportunities for the local community, and the additional healthcare provision will be local and accessible to all residents.</p> <p><b>Access to Affordable Housing:</b> the Development will provide the provision of 41 residential units and will retain 40% affordable housing affordable housing across the wider site. As set out within Table 10, the LSOA that the Site is contained in (030A) which ranks within the 40% most deprived with the country and in the 10% most deprived for barriers to housing in the country. The high provision of affordable housing will respond to the needs to the local environment and allow those who live in the local area access to housing.</p>
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#### ***STEP D) Conclusions***

The Development will provide the provision of a nursery level educational facility, a healthcare centre and 41 residential units. The Development has been shaped by thorough stakeholder engagement and community consultation in order to effectively provide a development that is required by the local area. Three pre-application meetings have been held with LBH as well a leaflet drop to 551 addresses.

Equality has been considered through the assessment when acknowledging the positive and negative impacts of the Development during the construction and operational phases. The Development will knit into the wider development site and will provide various beneficial effects as seen the assessment section. This EqIA finds that the Development will not adversely impact on any protected groups and will contribute to a cohesive and high quality community.

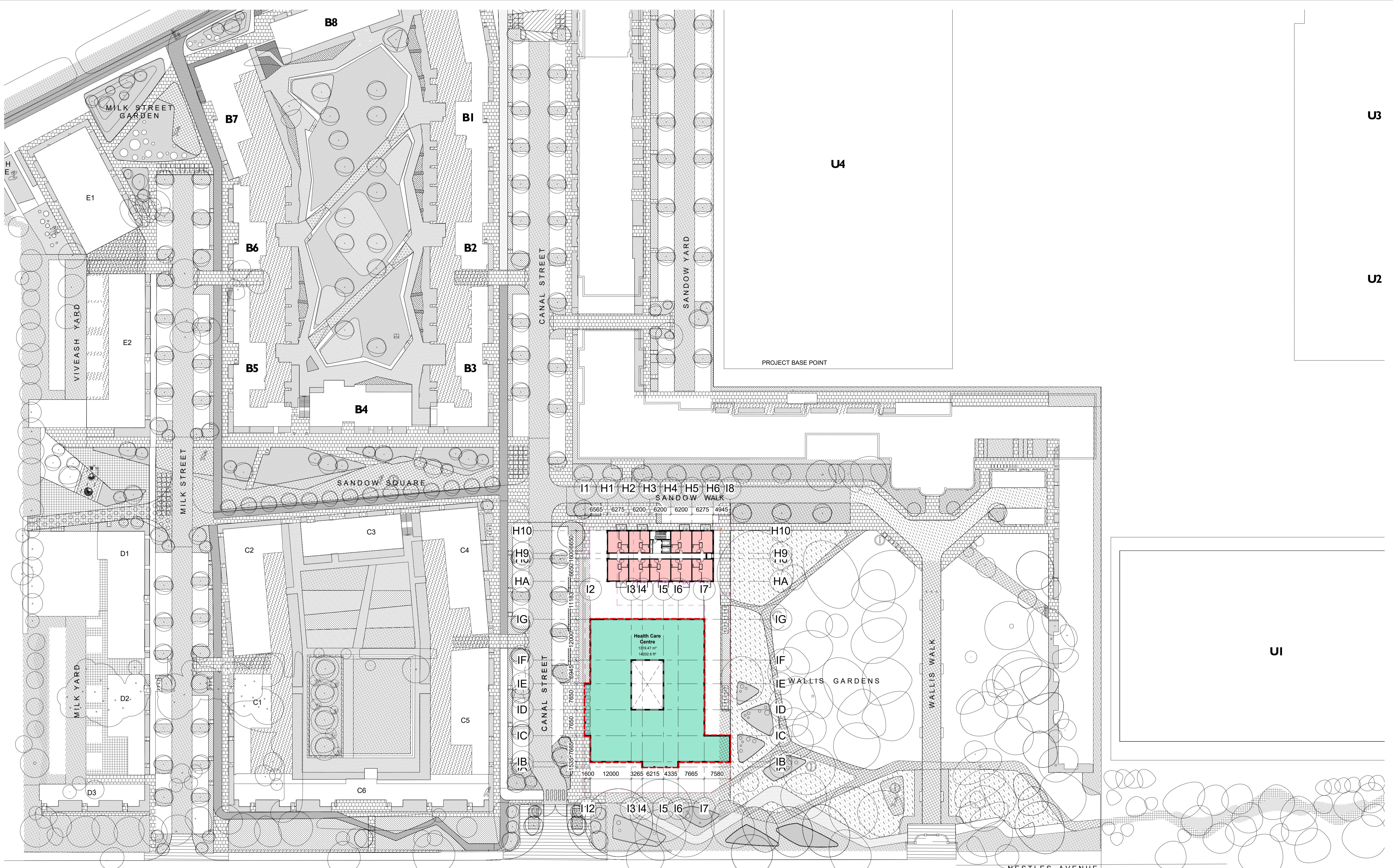
## REFERENCES

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- <sup>xii</sup> NHS, online access: <https://www.nhs.uk/Service-Search/Dentist/LocationSearch/3>
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## REFERENCES

## APPENDIX 1: SITE LOCATION PLAN



Date Rev Description Legend

07.03.2022 1 FOR INFORMATION

Notes

Key Plan

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0 5 10 15 20 25 metre  
1:500 Scale

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Scale  
1 : 500 @A1 @A3  
Drawn Checked Date  
MT JW

Project:  
Nestle Canteen  
Client:  
Barratt London

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