
The Hillingdon Hospital Redevelopment

Socio-Economic Report

Final Report



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1. Introduction

1.1. Purpose of the report

- 1.1.1. This Socio-Economic Report has been prepared by Savills to accompany the hybrid planning application being submitted by the Applicant, Hillingdon Hospitals NHS Foundation Trust, to the London Borough of Hillingdon.

1.2. Development Proposal

- 1.2.1. The Proposed Development is a hybrid planning application for:
- *FULL application seeking planning permission for demolition of existing buildings (excluding the Tudor Centre and the Old Creche) and redevelopment of the site to provide the new Hillingdon Hospital, multi-storey car park and mobility hub, vehicle access, highways works, associated plant, generators, substation, new internal roads, landscaping and public open space, utilities, servicing area, surface car park/ expansion space, and other works incidental to the proposed development*
 - *OUTLINE planning application (all matters reserved, except for access) for the demolition of buildings and structures on the remaining site (excluding the Grade II Furze) for a mixed-use development comprising residential (Class C3) and supporting Commercial, Business and Service uses (Class E), new pedestrian and vehicular access; public realm, amenity space, car and cycling parking.*

1.3. Methodology

- 1.3.1. To assess Socio-Economic impacts, we first review the subject site's existing uses and compare them with the uses in the Proposed Development.
- 1.3.2. We assess economic benefits such as jobs, Gross Value Added and residential expenditure. This follows guidance from the Homes and Communities Agency Additionality Guide (HCA, 2014) and HM Treasury's Green Book (2020). It includes the method and approaches to assess leakage, displacement, and the multiplier impacts of the development proposals. For the assessment of employment generation, we consider the study area to be Greater London.
- 1.3.3. The assessment of housing provision is based on housing targets set by the Greater London Authority (GLA) and based on the housing need identified by LBH.
- 1.3.4. The Proposed Development's impact on social infrastructure, such as open space, education and health facilities, is assessed based on the demand and supply for these services, following guidance from LBH, the NHS and the Department for Education.

1.4. Report Structure

- 1.4.1. We structured the report as follows:
- Section **2. Development Proposal** provides a summary of the development proposals for THHR, indicating the redline boundary and the quantum of uses;

- Section **3. Planning Policy** reviews the national, regional and local planning context relevant to socio-economic impacts;
- Section **4. Baseline Environment** illustrates the current socio-economic conditions in Hillingdon, discussing the population demographics, the economic profile, housing, deprivation, and social infrastructure provision;
- Section **5. Socio-Economic Impact Assessment** analyses the impacts of the Proposed Development on a set of population receptors,
- Section **6. Conclusion** summarises the key takeaways of our report, and where relevant provides recommendations.

1.5. Summary

- 1.5.1. The Proposed Development is expected to have a positive impact on people looking for jobs during the construction period, with the generation of 547 net additional jobs for London residents per annum for 4.7 years.
- 1.5.2. The operational phase of the Proposed Development is also anticipated to have a positive impact on London residents looking for employment during the operational phase. The Proposed Development will support 747 net additional on and off-site jobs in comparison to existing uses at the site. This includes jobs generated by proposed land uses as well as jobs supported by new resident expenditure in local shops and restaurants.
- 1.5.3. The phasing of the Proposed Development and the decant strategy will ensure that the existing hospital can continue to safely operate while the new hospital is under construction. This will have a neutral impact on existing hospital employees and on the local population using the existing hospital facilities.
- 1.5.4. The delivery of up to 327, including 163 affordable units, will have a positive impact on people looking to access the housing market.
- 1.5.5. With regards to education facilities, the Proposed Development is anticipated to have a negative impact on childcare provision, as childcare providers are understood to have limited spare capacity and might not be able to meet the need from the Proposed Development.
- 1.5.6. The Proposed Development is expected to have a neutral impact on primary schools services. Local primary schools have spare capacity to meet the demand from the Proposed Development, leaving 8 spare places.
- 1.5.7. The Proposed Development is expected to have a neutral impact on secondary education, which will retain substantial spare capacity after the scheme's needs are met.
- 1.5.8. The Proposed Development is expected to have a neutral impact on primary healthcare provision by GP surgeries. The redevelopment and expansion of Hillingdon Hospital is expected to have a positive impact on secondary healthcare provision in the area.
- 1.5.9. Given the proposed open space and play space provision, we expect the Proposed Development to have a positive impact on people using open space in the area.

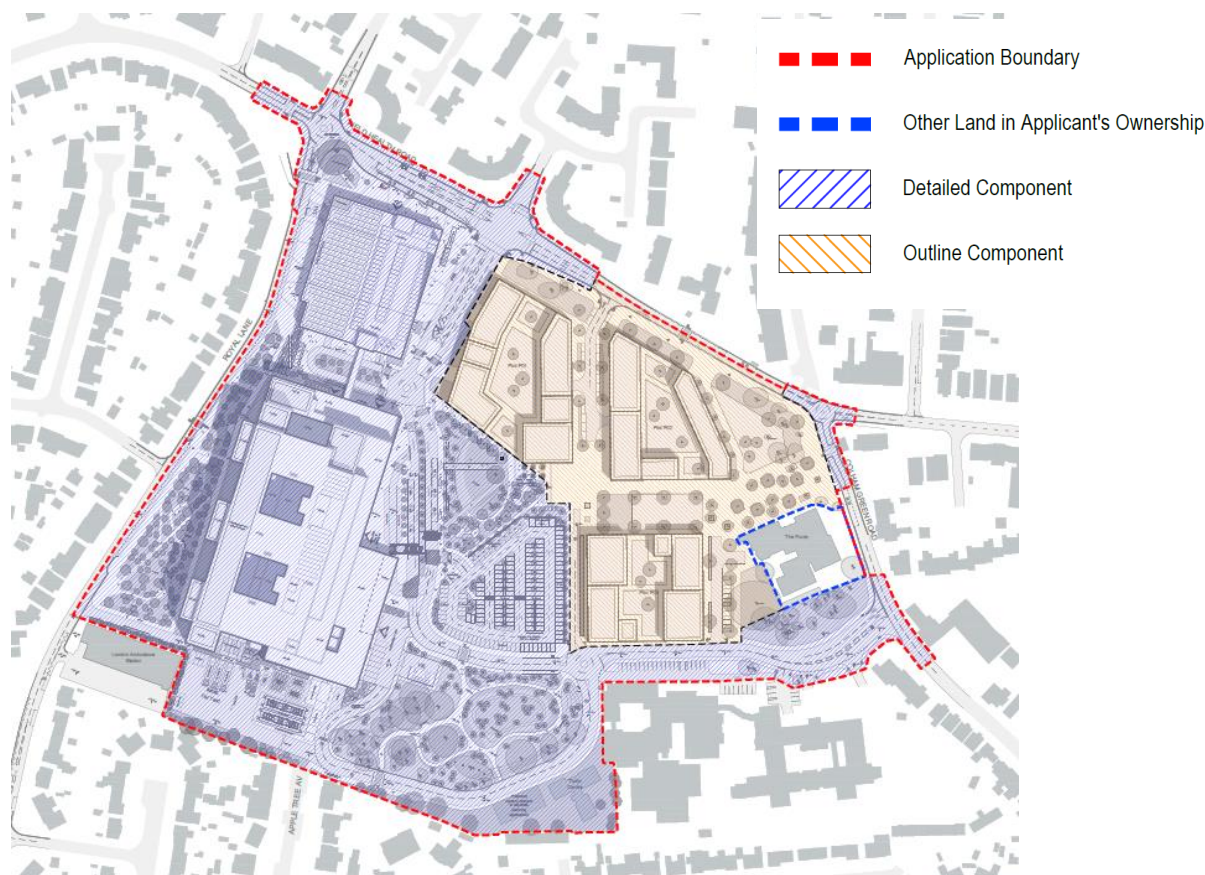
- 1.5.10. We would highlight that the single negative impact result as identified above is a result of the residential use which forms part of the outline component of the scheme. It is therefore recommended that childcare and primary education capacity and the need for financial contribution should be reviewed as part of the Reserved Matters Application stage. Additional financial contribution could be required, to mitigate any identified negative impact and to fund the provision of additional capacity. This will be discussed with the Local Authority during the course of the application.

2. Site and Development

2.1. The Site and its Context

- 2.1.1. The subject Site is the Hillingdon Hospital, Pield Heath Rd, Uxbridge UB8 3NN. It is located in the London Borough of Hillingdon, within the Brunel Ward. It is bound by Pield Heath Road in the North, Royal Lane in the West, Colham Green Road in the East, and residential development in the South. The Site boundary is shown in **Figure 2.1** below.
- 2.1.2. The site comprises a ten storey block built in the 1960s and a mix of other hospital buildings scattered across the site. Many of the acute beds are in single storey wards built in the 1940s, which are in very poor condition. The remainder of the site consists mainly of surface level car parking, interspersed with pockets of landscaping.
- 2.1.3. The total application boundary covers an area of 9.6 hectares

Figure 2.1 Site Area and Planning Application Boundary



Source: IBI Group, (2022) Design and Access Statement

2.2. Development Proposal

2.2.1. The Proposed Development of the subject Site is an hybrid application for:

- *FULL application seeking planning permission for demolition of existing buildings (excluding the Tudor Centre and the Old Creche) and redevelopment of the site to provide the new Hillingdon Hospital, multi-storey car park and mobility hub, vehicle access, highways works, associated plant, generators, substation, new internal roads, landscaping and public open space, utilities, servicing area, surface car park/ expansion space, and other works incidental to the proposed development*
- *OUTLINE planning application (all matters reserved, except for access) for the demolition of buildings and structures on the remaining site (excluding the Grade II Furze) for a mixed-use development comprising residential (Class C3) and supporting Commercial, Business and Service uses (Class E), new pedestrian and vehicular access; public realm, amenity space, car and cycling parking.*

2.2.2. **Figure 2.2** below shows the Illustrative Masterplan of the Proposed Development.

2.2.3. **Table 2.1** below summarises the quantum of existing and proposed floorspace on site. The Proposed Development will deliver an uplift of 22,065 GIA (Gross Internal Area) sq.m of hospital floorspace relative to the existing hospital. It will also deliver a 23,034 GIA sq.m Multi-Story Car Park, 800 GEA (Gross External Area) of Class E flexible commercial floorspace, and 34,110 GEA sq.m of residential space.

2.2.4. The residential floorspace will provide up to 327 units. **Table 2.2** further outlines the mix of units. The tenure mix is for 50% market units and 50% affordable, based on the number of habitable rooms. The 163 affordable units are anticipated to be split 30% as intermediate housing (or London Affordable housing) and 70% Social Housing. The final affordable housing mix is subject to the submission of Reserved Matters. The Proposed Development will deliver 94 1-bedroom flats, 118 2-bedrooms flats, and 115 3-bedrooms units (52 houses, 63 flats).

Table 2.1 Existing and Proposed Floorspace

Land Use	Existing	Proposed
Hospital (GIA Sq.m)	57,539	79,604
Multi-Story Car Park (GIA Sq.m)	-	23,034
Class E Flexible Commercial space (GEA Sq.m)	-	800
Residential (GIA Sq.m)	-	31,503

Source: IBI Group, 2022

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Table 2.2 Indicative Accommodation Schedule: Unit Tenure and Size Mix

Tenure	1 bedroom	2 bedrooms	3 bedrooms	Total
Market	57 flats	66 flats	16 houses 25 flats	164
Affordable	37 flats	52 flats	36 houses 38 flats	163
Total	94 units	118 units	115 units	327

Source: IBI Group, 2022

Figure 2.2 Illustrative Masterplan



Source: IBI Group, (2022) Design and Access Statement

3. Planning Policy

3.1. Introduction

- 3.1.1. In this section we review national, regional and local planning policy and guidance. We outline the key planning and development goals in Hillingdon, and the strategy implemented to reach these goals. At the core of all policy levels, housing, economic development and social infrastructure provision play a key role.

3.2. National Planning Policy Framework (2021)

- 3.2.1. The revised National Planning Policy Framework (NPPF) (2021) sets out the Government's planning policies for England, and how these should be applied. It provides a framework within which locally prepared plans for housing and other development can be produced. The NPPF must be taken into account in preparing development plans and is a material consideration in planning decisions. The following paragraphs of the NPPF are of relevance to the assessment. The following paragraphs of the NPPF are of relevance to the assessment of Socio-Economic effects.
- 3.2.2. The NPPF has a presumption in favour of sustainable development, stated in Paragraph 8. It highlights the three interdependent overarching economic, social and environmental objectives. Most importantly for this Socio-Economic Report, the social objective promotes the development of *“strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations, and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural wellbeing”*.
- 3.2.3. Paragraphs 60 and 62 state the importance of delivering a sufficient supply of homes which incorporate a mix of housing and the provision of affordable homes.
- 3.2.4. Paragraph 93 highlights the need to *“provide the social, recreational and cultural facilities and services the community needs”*, by planning for the provision, use, modernisation and protection of these facilities in an integrated approach, accounting for housing and economic activity. More specifically, Paragraph 94 emphasises that *“It is important that a sufficient choice of school places is available to meet the needs of existing and new communities.”*
- 3.2.5. In relation to open space and recreation, the NPPF states at Paragraph 98 that access to a network of high-quality open spaces and opportunities for sport and physical activity is important for the health and wellbeing of communities. Robust and up-to-date assessments of open space, sport and recreation facilities should be used to determine need.

3.3. Regional Planning policy – Greater London Authority

Adopted London Plan (2021)

- 3.3.1. The London Plan was adopted in March 2021. It outlines several ‘Good Growth’ (GG) objectives and policies aiming to guide and manage development in London.

- 3.3.2. Objective 'Good Growth' GG1 'Building strong and inclusive communities' outlines in its subsection C that the London Plan aims to "provide access to good quality community spaces, services, amenities and infrastructure that accommodate, encourage and strengthen communities". Subsection D emphasizes on providing a wide variety of jobs and economic opportunities.
- 3.3.3. Objective GG3 'Creating a healthy city' identifies the need to provide appropriate health and care infrastructure to London's current and future population in subsection E. Subsection G states that to improve Londoners' health and reduce health inequalities, planning and development must plan for better access to and quality of green spaces.
- 3.3.4. Objective GG4 'Delivering the homes Londoners need' aims to ensure that the optimal amount of good quality dwellings is delivered across London and accessible to those who need it.
- 3.3.5. To ensure these objectives are met, the London Plan also defined a range of policies surrounding housing, employment and social infrastructures:
- Policy H1 – Increasing housing supply: identifies for LB Hillingdon a delivery target of 10,830 dwellings over 10 years, and outlines policies to accompany this delivery;
 - Policy S2 – Health and Social care facilities: requires the identification of local health and social care needs;
 - Policy S3 – Education and childcare facilities: seeks to ensure that a sufficient supply of good quality education and childcare facilities are provided, by encouraging the identification of needs;
 - Policy S4 – Play and informal recreation: states that development proposals that are likely to be used by children and young people should increase the opportunities for play, informal recreation and independent mobility (at least 10 sq.m of play space should be provided per child);
 - Policy G4 – Open Space: intends to ensure the protection of open space to meet needs and address deficiencies.

3.4. Local Planning Policy – London Borough of Hillingdon

Local Plan Strategic Policies: A Vision For 2026 (2012)

- 3.4.1. LBH adopted its current Local Plan in 2012. The plan outlines the borough's long term development strategy and goals for 2026. The document defines the borough's vision around seven points to reach. The following points are relevant to this socio-economic assessment:
- The social and economic inequality gaps in Hillingdon are being closed;
 - Improved environment and infrastructure are supporting healthier living and helping the borough to mitigate and adapt to climate change;
 - Improved accessibility to local jobs, housing and facilities is improving the quality of life of residents.
- 3.4.2. To achieve this vision, the borough defined 25 Strategic Objectives. Relevant objectives include:
- SO3: aims to improve the quality of and accessibility to open spaces for recreation
 - SO4: will ensure that developments reduce crime

- SO6 and SO18: seek to improve access to social, educational, health, employment, and recreational facilities, and to promote equality of access.
- SO7: addresses housing need
- SO14 and SO17: aims to create 9,000 new jobs, and to link deprived areas with employment opportunities
- SO19: meet the dwelling delivery target of 435 new homes per annum

Local Plan Development Management Policies (2020)

- 3.4.3. Adopted in January 2020, the Development Management Policies provides detailed policies used in decision making when reviewing planning applications. Policies relevant to this assessment relate to the economy, town centres, the provision of new homes, and community infrastructures
- 3.4.4. The Site is located in proximity to the Pield Heath Road 'Local Parade'. Local parades are defined in Policy DMTC 3 (Town Centres): 'Maintaining the Viability of Local Centres and Local Parades'. These provide convenience shopping function and allow *"to meet the day to day needs of local residents, minimise the need to travel by car or public transport and address wider social, inclusion and accessibility objectives"*. The goal of the council is to:
- *"Protect and enhance the function of [...] local shopping parades by retaining uses that support their continued viability and attractiveness to the locality they service."*
- 3.4.5. Policy DMH 2: 'Housing Mix' requires *"the provision of a mix of housing units of different sizes in schemes of residential development to reflect the Council's latest information on housing need."*
- 3.4.6. Policy DMH 7: 'Provision of Affordable Housing' reiterates the Council's requirement for 35% of new homes to be delivered as affordable housing. This includes a tenure split of 70% Social/Affordable Rent and 30% Intermediate Rent.
- 3.4.7. Policy DMHB 19: 'Play Space' require new major residential developments to provide children and young people's place space on site. Where this cannot be achieved on site, financial contribution will be required and will go towards the improvement of existing facilities in the local area.
- 3.4.8. Policy DMCI 4: 'Open Spaces in New Development' outlines the borough's willingness to support major new residential developments that provide new open spaces or enhance existing open space. Those should meet the needs of future occupiers and mitigate any identified deficiencies in the quantity, quality and accessibility of open space.
- 3.4.9. Policy DMCI 5: 'Children's Play Areas' expands on Policy DMHB 19 above by identifying a need of 10sqm of play space per child and that playgrounds should be located within 400 meters of major developments.

Local Plan Site Allocations and Designations (2020)

- 3.4.10. Adopted in January 2020, this document identifies the sites allocated for development. The Site of the Hillingdon Hospital is not specifically identified for development and has no planning designation, as

confirmed by the Hillingdon Policies Map (2020). However, the document notes that improvement of healthcare facilities will be needed in Hillingdon Hospital.

Hillingdon Open Space Strategy 2011-26 (2011)

- 3.4.11. The Open Space Strategy (OSS) was prepared to understand the supply and demand for open space, to develop local standards and identify areas of deficiency, identify opportunities to address the deficiencies, and identify open spaces for improvement. It must be noted that this strategy and its observation are dated. The baseline context may have changed since the writing of this report. However, the quantity, accessibility and quality standards set by the Council nevertheless remain relevant to this assessment.
- 3.4.12. In 2011 there were 7 hectares of open space per 1,000 habitants. Excluding natural and semi-natural greenspaces, this goes down to 2.05 hectares per 1,000 residents. The distribution is however unequal, with the urban central areas having an average of 4.4 hectares per 1,000, compared to 16.5ha and 10ha for the south and north of the borough.
- 3.4.13. The council set a quantity standard of 6.0ha of unrestricted open space per 1,000 habitants. More specifically, the council set a quantity standard of 2.0ha of unrestricted 'recreational' open space per 1,000 residents. Recreational space includes more formal open space such as amenity green space, civic space, green corridors, outdoor sports, parks and gardens, and children's play space.
- 3.4.14. In line with London's Open Space Hierarchy, Hillingdon has defined the Open Space Hierarchy shown in Table 3.1. It defines the types of parks and the accessibility standard in terms of walking distance.

Table 3.1 Hillingdon Open Space Hierarchy

Category	Size Guideline	Walking Distance
Metropolitan Parks	60ha	3.2 km
District Parks	20ha	1.2 km
Local Parks & Open Spaces / Small Open Spaces	Up to 2ha	400 m

Source: Hillingdon Open Space Strategy, 2011

- 3.4.15. In terms of play space, the OSS outlines that children's play space should be accessible within 400m.
- 3.4.16. In the borough, the mean quality score of open space in 2011 was 3.4 out of 5, as defined by the Green Flag Award criteria. The OSS set a target for all open space to score a minimum quality score of 3 out of 5 by 2026.

Strategic Infrastructure Plan (2012)

- 3.4.17. The Hillingdon Strategic Infrastructure Plan (SIP) was prepared in May 2012. While the document is dated and might not reflect current infrastructure need, it provides some useful context. Relevant infrastructure categories covered in the SIP include health, education, learning and youth provision, and leisure, recreation and green spaces.
- 3.4.18. The SIP notes different needs for primary healthcare within Hillingdon. The South of the borough has higher deprivation levels and shorter life expectancy. Residents in the north of the borough require additional disease prevention promotion, home support, and end of life services. At the time of writing the SIP

proposed the centralisation of healthcare facilities in Yiewsley and Hayes, located south and south-east of Hillingdon Hospital. GP facilities were estimated to be over capacity, and between 7 and 10 new GP practices would be required over the local plan period. In terms of secondary and acute care, the SIP highlights that the phased redevelopment of Hillingdon Hospital will be beneficial to improve and expand facilities.

- 3.4.19. In terms of education provision, the SIP estimated a need of between 27 and 54 new forms of entry (FE) in primary schools over the plan period, to accommodate increases in birth and housing growth. The SIP highlighted that pressure on existing facilities would be the greatest in areas surrounding the Site, such as Uxbridge, Cowley, Yiewsley, West Drayton and Hayes. Pressure on secondary schools was lower, with some surplus capacity. The need for secondary school provision stood between 14 to 37 new FE.
- 3.4.20. The SIP highlighted that despite good open space provision per capita, the provision varies significantly within the borough. Population increase was expected to change the open space needs, which would be met with new green infrastructure provided through Section 106 contributions.

Planning Obligations Supplementary Planning Document (2014)

- 3.4.21. Adopted in July 2014, this Supplementary Planning Document (SPD) provides guidance on the use of planning obligations in LBH. It clarifies the likely type and scale of Section 106 and CIL planning obligations sought.
- 3.4.22. Planning obligations for affordable housing will be sought for residential developments of 10 units or more. This requires the delivery of at least 35% affordable housing on the number of habitable rooms, with a tenure split of 10% social rented and 30% intermediate housing. Off-site provision and payment in lieu are only considered in exceptional circumstances.
- 3.4.23. Open space and recreation obligations will be sought for residential developments of 15 units and above and for all non-residential developments regardless of floorspace. Developments will be required to provide open space, recreational space, and children play space to meet the need of the new residents, or to provide improvements to increase the accessibility or improve the quality of open space. Open space provision will be in line with the Open Space Strategy (2011).

3.5. Planning Guidance and Evidence Base

Strategic Housing Market Assessment Update (2018)

- 3.5.1. The Strategic Housing Market Assessment (SHMA) update was prepared to estimate the housing need in Hillingdon. The number of households is projected to increase by between 25,171 to 42,295 households between 2014 and 2036, based on the estimation method. This represents an average increase of between 1,144 to 1,923 households per year. It also estimated that 14,030 households will need affordable housing, or 641 per year. This includes both future need and currently unmet need.
- 3.5.2. Accounting for current market signals and pressures on the housing market, the SHMA estimated that the housing need should be increased by 15%. This results in an Objectively Assessed Need (OAN) of between

29,507 and 43,900 dwellings over 2014-36. This represents an average of up to 1,993 dwellings per year. Affordable housing provision represents 32.1% of the OAN.

Authority Monitoring Report (2015-19)

- 3.5.3. The Authority Monitoring Report (AMR) provides monitoring information and highlights the extent to which planning policies meet their objectives. It reviews progress from April 2015 to March 2019.
- 3.5.4. The AMR estimated that over the period a total of 3,859 dwellings had been delivered, or 965 units per annum, which was above the 2016 London Plan target of 559 units per annum. 8.3% of the dwellings delivered were affordable housing units.

Five-Year Supply of Deliverable Housing Sites (2021)

- 3.5.5. Published in July 2021, the Five-year Supply of Deliverable Housing Sites contrast the current housing delivery and its target with the available allocated sites.
- 3.5.6. Accounting for an average of 1,083 dwellings per annum – the London Plan target – and a 5% buffer, the five-year target for Hillingdon is 5,322 dwellings, or 1,064 per annum. LBH has identified sites with the capacity to deliver 6,701 units, or 1,379 units above the five-year target.
- 3.5.7. Hillingdon has a 6.3-year supply of deliverable housing site.

3.6. Conclusion and Summary

- 3.6.1. Planning policies and guidance support the Proposed Redevelopment of the Hillingdon Hospital. It encourages the improvement of secondary healthcare services, as well as the provision of residential dwellings and supporting commercial floorspace.
- 3.6.2. Relevant policies and guidance also seek to ensure that the provision of homes at the site will not have a negative impact on local social infrastructures such as schools, healthcare providers and open space.

4. Baseline Environment

4.1. Introduction

4.1.1. This section of the report provides details on existing conditions in LBH and the relevant impact areas. Where information is available and it is relevant, conditions are framed in the regional and national context. Unless otherwise stated, the baseline environment reviews the conditions prior to the Covid-19 pandemic.

4.1.2. The baseline is structured around the following subjects. These provide the context for the impact assessment:

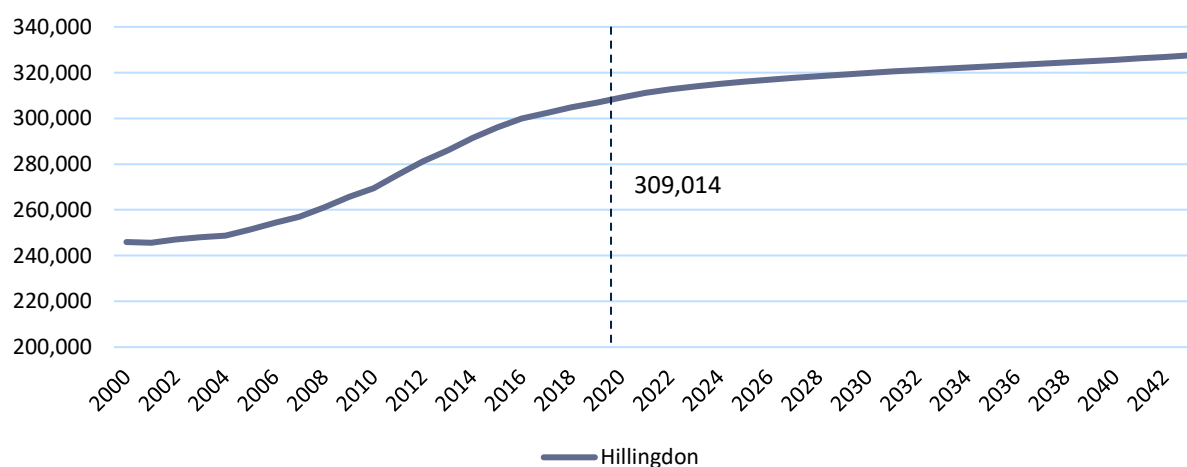
- Population demographics;
- Economic profile;
- Deprivation;
- Housing need; and
- Social infrastructures.

4.2. Population demographics: A Young and Well-Educated Population with a Lower Growth Rate

4.2.1. In this section we discuss data on Hillingdon's population demographics. This includes historic and past population and growth, its share of population by age groups, and qualification and skills levels.

4.2.2. According to the ONS Population estimates, in 2020 the population of LBH was 309,014 people. LBH's historic and forecast population is shown on **Figure 4.1** below. The population increased from nearly 246,000 people in 2000 and is projected to increase to nearly 328,000 people by 2043, which respectively represent growth rates of 25.7% between 2000 and 2020, and 6.0% between 2020 and 2043. This suggests that population growth in LBH is anticipated to slow down.

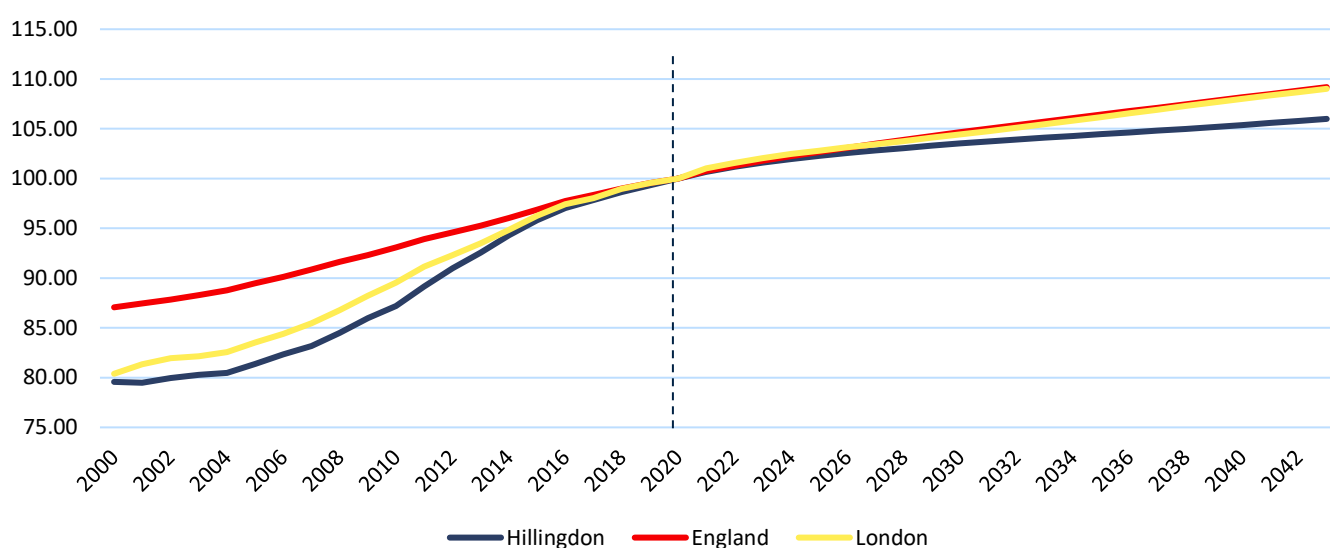
Figure 4.1 Historic and Forecast Population



Source: ONS Population estimates, Savills 2021

4.2.3. **Figure 4.2** below compares the indexed population growth of LBH with that of the Greater London and England. It shows that although Hillingdon's population has grown more rapidly in the last 20 years than the London and England population, it will grow more slowly in the future. London and England are anticipated to grow at similar pace, only marginally faster for England. Over the period 2020-2043, the population of Hillingdon, London and England are forecast to respectively grow by 6.0%, 9.0% and 9.2%.

Figure 4.2: Index Historic and Forecast Population (2020=100)

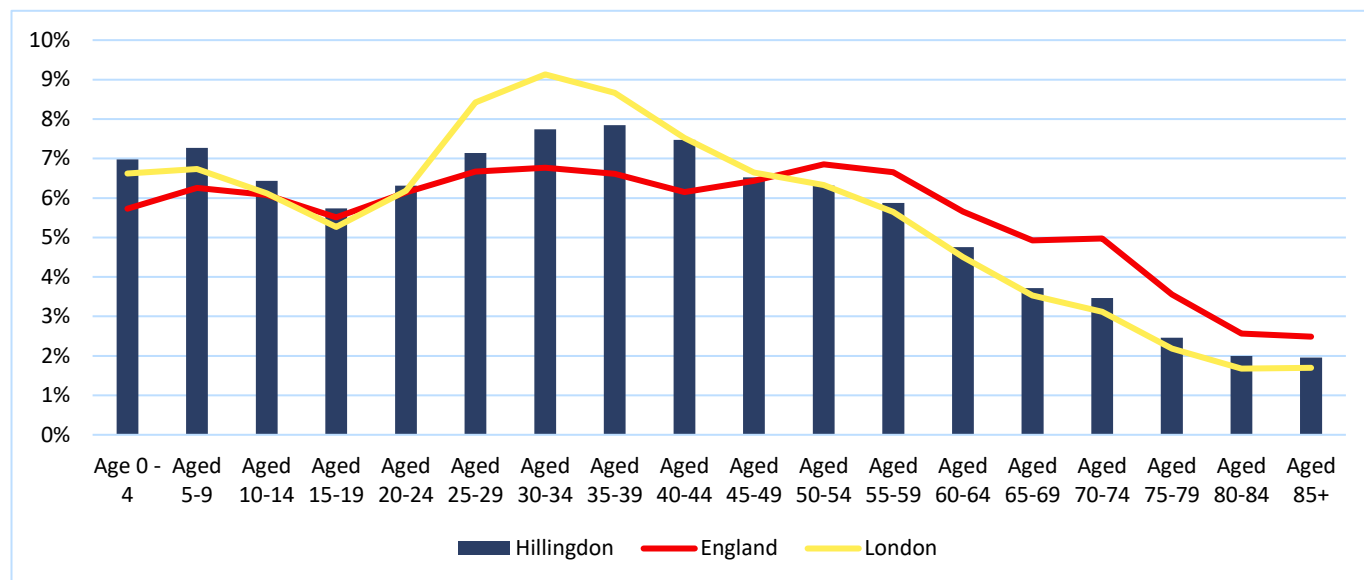


Source: ONS Population estimates and projections, Savills 2021

Age profile

4.2.4. **Figure 4.3** compares LBH's population age profile to that of London and England. LBH has a higher share of 0 to 14 and 20 to 44 years than England, but a lower share than London on average. The Borough's share of people aged 50 and over is in line with London, and both are lower than England's share.

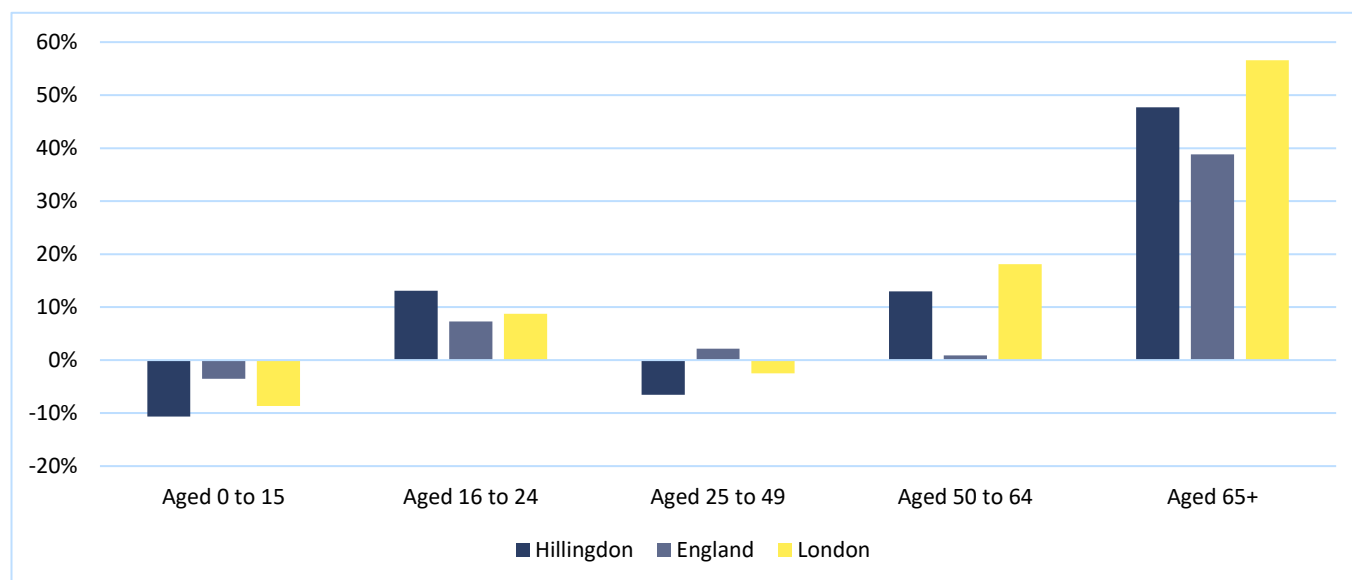
Figure 4.3: Population breakdown by age (2020)



Source: ONS Population estimates, Savills 2021

4.2.5. **Figure 4.4** shows the forecast growth in population for 5 age groups from 2020 to 2040, comparing the forecast for LBH, London and England. Overall LBH follows the same trends as London, but by different levels of magnitude. In all three areas the population of 0 to 15 years old is projected to shrink, by 11% and 9% for LBH and London, compared to -4% for England. The population of 16 to 24 years old will grow more in LBH than in London and England, at rates of 13%, 9% and 7% respectively. The population of 25 to 49 years old is forecast to shrink in Hillingdon and London, at rates of 7% and 2%, but will slightly grow in England, by 2%. The population of 50 to 64 years old will grow slowly in England, by 1%, and more rapidly in LBH (13%) and London (18%). Finally, of all ages groups the population of over 65 is expected to grow the fastest, from 39% growth in England on average to 48% in LBH and 57% in London.

Figure 4.4: Population growth by age groups (2020-2040)

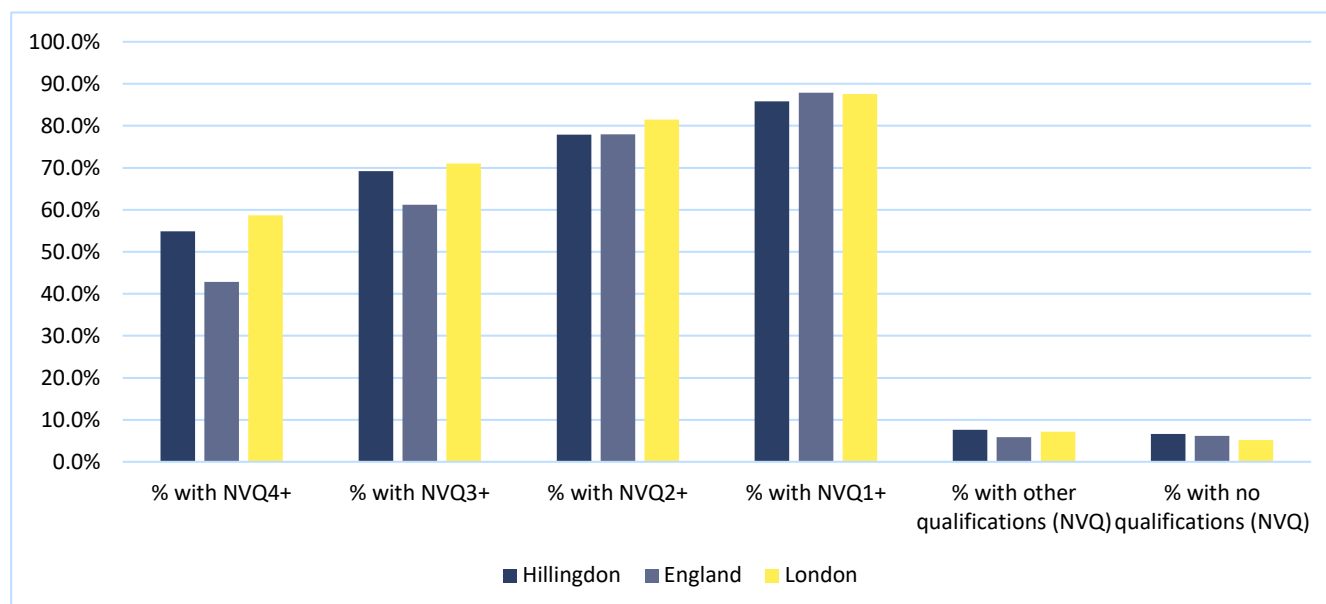


Source: ONS, Population estimates and projections, Savills 2021

Qualification and skills: Higher Qualification Levels than England, but Lower than London

4.2.6. **Figure 4.5** below shows the share of working-age population (16-64 years old) by National Vocational Qualifications (NVQ) categories, which are indications of qualification and skills levels. Overall, it shows that LBH residents are more qualified than the national average, and only slightly less qualified than the London average. 55% of LBH residents have achieved a NVQ level of 4 or above, compared to 59% in London and 43% in England. 6.6% of LBH residents have no qualifications, which is higher than England (6.2%) and London (5.2%).

Figure 4.5 Qualification levels of the working age population (16-64 years old)



Source: ONS, Annual Population Survey (2020), Savills (2021)

4.3. Economic profile: Higher Unemployment Rate and Lower Job Growth than in London

- 4.3.1. **Table 4.1** below provides data on the economic activity of Hillingdon residents in comparison to London and English averages. According to the ONS Annual Population Survey (APS), the employment rate in Hillingdon in the 12 months to September 2021 stood at 74.2%. This compares to a rate of 74.1% in London, and 74.9% in England.
- 4.3.2. The APS also provides figures for the unemployment rate in the same period for the working age population (16-64 years old) in LBH, with a rate of 7.3% in Hillingdon, compared to lower rates in London and England, 5.0% and 6.6% respectively.
- 4.3.3. Unemployment affects age groups differently across the three areas. For young workers (16-24 years old), unemployment rate in Hillingdon (17.1%) is lower than in London (20.2%) but higher than in England (13.7%). For people aged 50 years and over, it is higher in Hillingdon (8.5%) than in both London (5.7%) and England (3.6%).

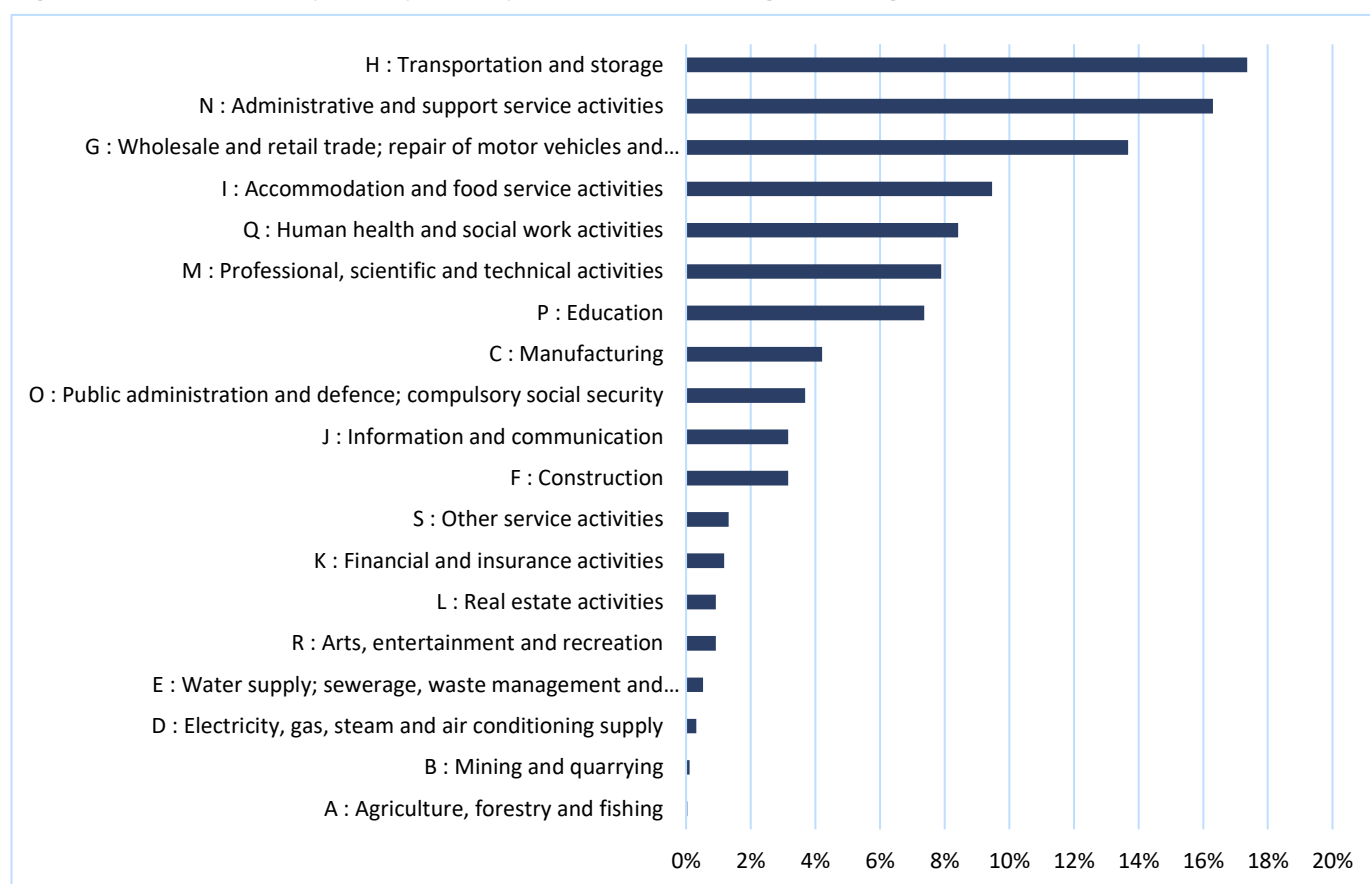
Table 4.1 Economic Activity in Hillingdon, London and England in the 12 Months to September 2021

Indicator	Hillingdon	London	England
Employment rate (%)	74.2%	74.1%	74.9%
Unemployment rate of 16-64 years old (%)	7.3%	6.6%	5.0%
Unemployment rate of 16-24 years old (%)	17.1%	20.2%	13.7%
Unemployment rate of 50+ (%)	8.5%	5.7%	3.6%

Source: ONS, Annual Population Survey, 2021

4.3.4. **Figure 4.6** below shows the share of employment by sector (by Standard Industrial Classification (SIC) 2007 codes) in Hillingdon. 'Transportation and storage' is the largest sector in LBH, with 17% of jobs (33,000), which is influenced by the presence of Heathrow Airport within the Borough. 'Administrative and support service activities' and 'Wholesale and retail trade' are second and third, representing 16% and 14% of all jobs, or 31,000 and 26,000 jobs. Combined these three sectors represent 47% of all jobs in the Borough, employing 90,000 people. 'Electricity, gas, steam and air conditioning supply', 'Water Supply, Sewage and waste management', 'Mining and quarrying' and 'Agriculture, Forestry and Fishing' all record very low job numbers, with a combined total of 1,875 jobs (1.0%).

Figure 4.6: Share of employment by Industry in the London Borough of Hillingdon



Source: ONS, Business Register and Employment Survey (2020), Savills (2021)

Economic growth: High Jobs Growth in Healthcare and Office-based Sectors

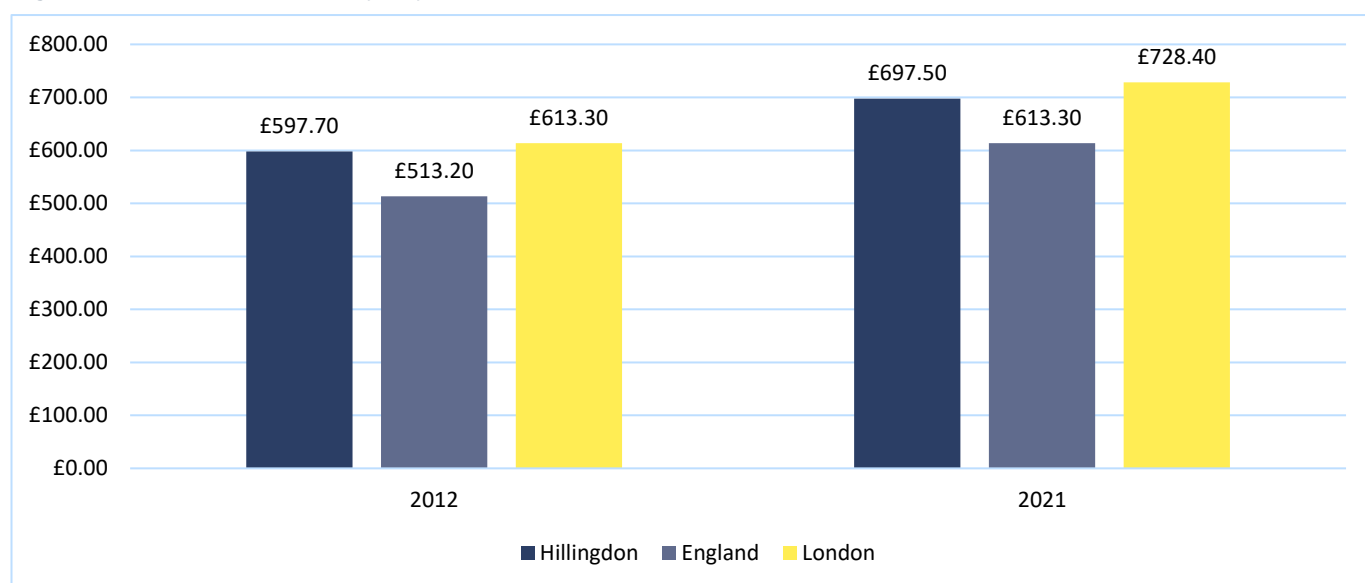
4.3.5. Oxford Economics produces the UK Local Authority Forecasts of growth in employment and economic output (GVA). This provides detailed data, forecasts and analysis on 19 industries for all Local Authorities in England from 2019 to 2040. Oxford Economics estimates that total employment in LBH will increase by 13,400 jobs over that period (6.5%), or a 0.3% growth per annum. This compares to a total growth of 13.5% in London over that same period, or 0.6% per annum.

4.3.6. 'Human health and social work', 'Administrative and support activities', and 'Real estate activities' are the sectors projected to grow the fastest in Hillingdon, growing by 34%, 24% and 22%, and representing the creation of 5,410, 6,290 and 460 jobs respectively. These three sectors are also forecast to grow the fastest at the London level but will be growing at faster rates (34%, 29% and 27% respectively). Other high growth sectors in LBH include 'Professional, scientific and technological activities' and 'Construction' (14% and 12%).

Income levels

4.3.7. **Figure 4.7** below shows the Median Gross Weekly Pay in LBH, England and London in 2012 and 2021. In 2021 Hillingdon residents earned a median pay of £697.50 per week, which is £84.20 higher than in England (£613.30) but £30.90 lower than London (£728.40). Between 2012 and 2021 the increase in median weekly pay was slightly lower in LBH (£99.80 or 16.7%) than in England (£100.10 or 19.5%) or London (£115.10 or 18.8%). This has led to a decrease in the wage gap with the rest of England, but an increase in the gap relative to the rest of London. In 2012, median weekly pay in LBH was 16% higher than England and 3% lower than London, but in 2019 it was 14% greater than in England, and 4% lower than in London.

Figure 4.7 Median Gross Weekly Pay in 2012 and 2019



Source: ONS, Annual Survey of Hours and Earnings, 2019

4.4. Lower Deprivation Levels in the Local Area than in Hillingdon on Average

4.4.1. The Ministry of Housing, Communities and Local Government (MHCLG, former Department for Levelling-Up, Housing and Communities (DLUHC)) publish the English Indices of Deprivation to measure relative deprivation in communities across the country. The last Indices were released in 2019, as an update to the 2015 Indices of Deprivation, and provide a measure for every Local Authority and Lower-layer Super Output

Area (LSOA) in England. Local authorities and LSOAs are ranked accordingly to how deprived they are relative to each other, from 1 to 317 for LAs and from 1 to 32,844 for LSOAs (with 1 being the most deprived area). LA and LSOA rankings are also set up as deciles, with the 1st decile containing the 10% most deprived areas in England.

4.4.2. These indices of multiple deprivation (IMD) consider 7 domains:

- Income: measures the proportion of the population experiencing deprivation relating to low income;
- Employment: measures the proportion of the working age population in an area involuntarily excluded from the labour market;
- Education: measures the lack of attainment and skills in the local population
- Health: measures the risk of premature death and the impairment of quality of life through poor physical or mental health;
- Crime: measures the risk of personal and material victimisation at local level;
- Barriers to Housing & Services: measures the physical and financial accessibility of housing and local services;
- Living environment: measures the quality of both the 'indoor' and 'outdoor' local environment.

4.4.3. Ultimately, a household is considered deprived if they meet one or more of the following conditions:

- Employment – Any member of a household, not a full-time student, is either unemployed or long-term sick;
- Education – No person in the household has at least level 2 education, and no person aged 16-18 is a full-time student;
- Health and disability – Any person in the household has general health 'bad or very bad' or has a long-term health problem; and
- Housing – Household's accommodation is either overcrowded, with an occupancy rating -1 or less, or is in shared dwellings, or as no central heating.

4.4.4. At the Local Authority level, LBH ranks at 151 out of 317 in England and ranks 21st out of 33 LAs in London. This suggests that Hillingdon shows some degrees of deprivation. There is nevertheless some variation at the LSOA level, with the most deprived LSOA in LBH ranking at 3,488 out of 32,844 (2nd decile, or part of the 20% most deprived areas), and the least deprived LSOA ranking at 32,164 (10th decile). This suggests that Hillingdon contains both some of the least deprived areas in the country and some very deprived areas, although no LSOA in the 10% most deprived.

4.4.5. The Site of the proposed Development is located within LSOA Hillingdon 017B (LSOA code E01002412). This LSOA sits within the 7th decile. This suggests that it is less deprived than average but is not amongst the least deprived LSOAs in the country. It is ranked 100 out of 161 LSOAs in Hillingdon, hinting at lower deprivation levels than on average in the Borough.

4.4.6. **Figure 4.8** shows the levels of deprivation in LSOAs in Hillingdon (yellow boundary) and surrounding areas by deciles. It indicates that LSOAs surrounding the Site's LSOA have a very diverse range of deprivation levels. Those south and east of the Site tend to experience higher deprivation levels than those in the north and west.

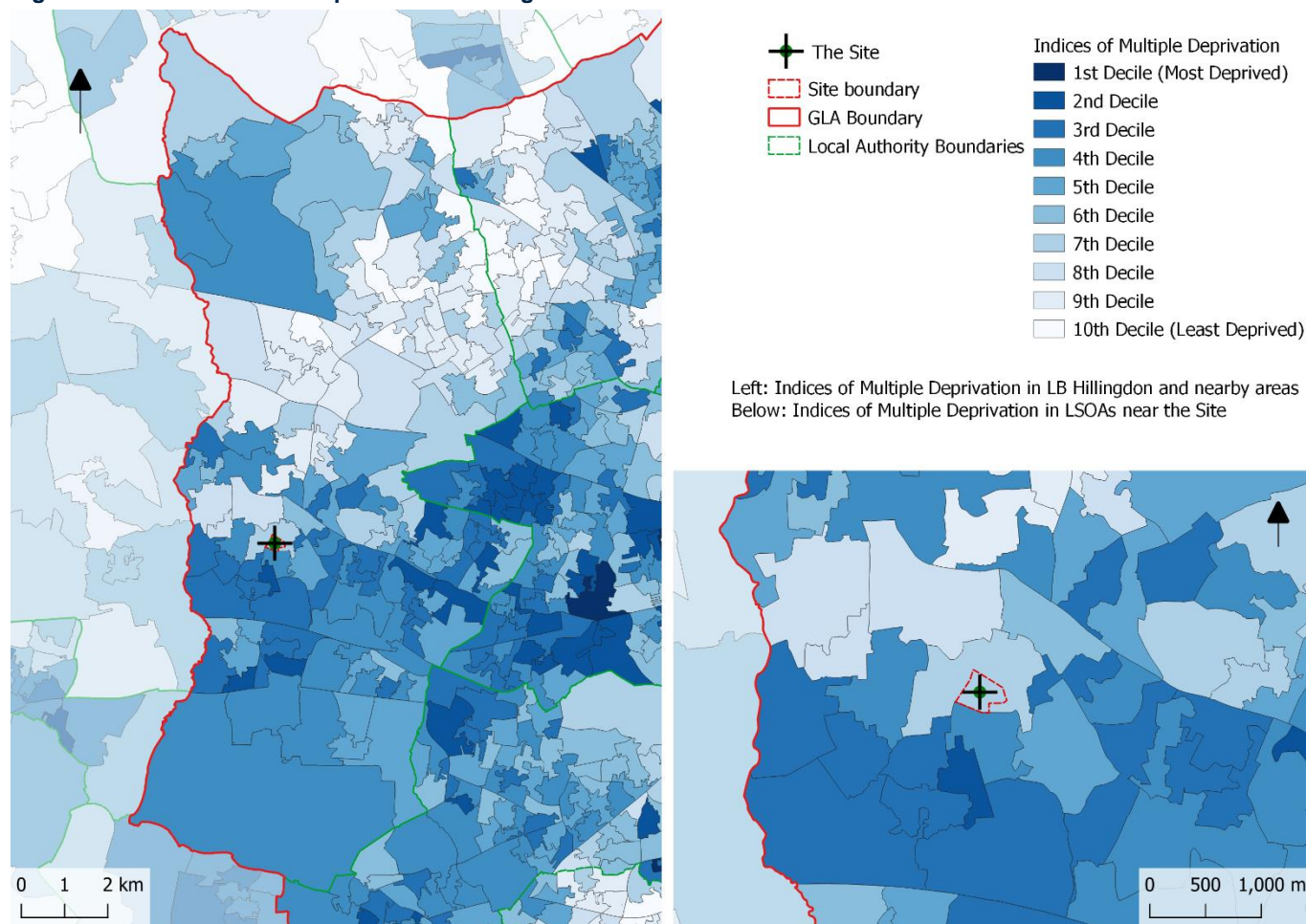
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4.4.7. However, it must be noted that deprivation levels within LBH have varied between 2015 and 2019, with both improvements and deteriorations. **Figure 4.9** shows the percentage distribution of LSOAs per IMD decile. The darker the area, the more deprived it is. There is a slightly higher share of LSOAs in the 20% most deprived areas in 2019 than in 2015. In 2019 there also was a lower share of LBH LSOAs in the 20-30% most deprived areas, with LSOAs experiencing less deprivation and moving up in the third and fourth deciles. The number of LSOAs in the 10% least deprived areas has also decreased, accompanied with an increase in the number of LSOAs in the 20% and 30% least deprived areas.

Figure 4.8: 2019 Indices of Deprivation in Hillingdon and surround areas



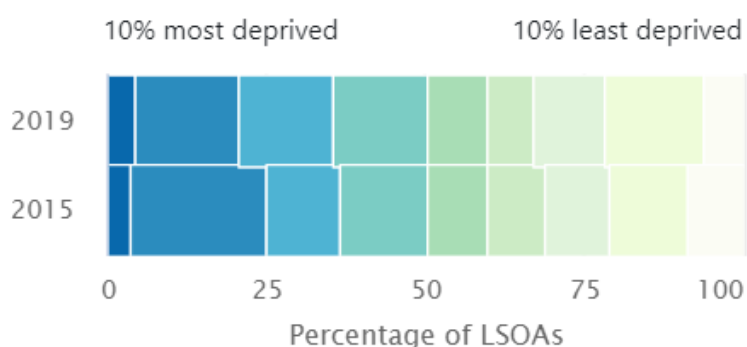
Source: [dclgqpps.communities.gov.uk](https://data.communities.gov.uk/datasets/dclgqpps)

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Figure 4.9: Share of Hillingdon LSOA by deprivation deciles in 2015 and 2019



Source: dclgqpps.communities.gov.uk

Domains of deprivation

4.4.8. **Table 4.2** shows that the Borough of Hillingdon ranks on varied levels across the seven domains of deprivation, ranking high on 'Employment' and 'Education, Skills and Training', but lower on 'Crime' and 'Barriers' to Housing and Services'. This pattern is also observed at the LSOA level, for Hillingdon 017B (site LSOA) as well as for both the maximum and minimum LSOA ranks. The maximum and minimum ranks confirm that there is high disparity in deprivation levels within the borough, which contains some of the top 10 least and most deprived LSOAs in England. The Site LSOA experiences different levels of deprivation for the various domains, relative to both the country and the borough. Relative to the country, it is most deprived in the 'Barriers to Housing and Services' domain ranking 8,012 out of 32,844. At the Borough level, it is most deprived in the 'Crime' domain, ranking at 48 out of 161 LSOAs.

Table 4.2 Domains of Deprivation in Hillingdon

Domain of Deprivation	Hillingdon (out of 317 LA in England) (Rank of average score)	Hillingdon 017B (out of 32,844)	Hillingdon 017B (out of 161 in LBH)	Max LBH LSOA (out of 32,844)	Min LBH LSOA (out of 32,844)
Income	142	22,569	121	32,345	2,664
Employment	197	21,625	98	32,661	4,815
Education, Skills and Training	209	20,920	103	32,229	3,934
Health Deprivation and Disability	193	22,860	88	31,364	5,385
Crime	81	8,634	48	28,232	441
Barriers to Housing and Services	27	8,012	83	25,081	101
Living Environment	136	19,981	125	26,687	2,839

Source: MHCLG 2019, Savills 2021

4.5. A Growing Housing Need and a Target of 1,083 Dwellings per year

- 4.5.1. In the context of this socio-economic baseline, the Housing Market Area is defined as the London Borough of Hillingdon.
- 4.5.2. LBH's Local Plan Strategic Policies sets in its policy a dwelling delivery target of 435 new dwellings per annum (dpa). This target was based on the 2011 London Plan target. This target has since then been updated numerous times.
- 4.5.3. The 2018 SHMA defined a OAN of 1,993 dwellings per annum from 2014 to 3036. This is a significant increase from the policy target outlined in the two previous iterations of the London Plan (559 dpa in the 2016 London Plan).
- 4.5.4. In its review, the 2015-2019 AMR referred to the 2016 target of 559 dwellings per annum. The AMR stated that housing delivery over the monitoring period was 965 units per annum on average, above the plan target. This was however below the OAN.
- 4.5.5. Most recently, the London Plan adopted in March 2021 set a target of 1,083 units per annum. This is a substantial increase from previous targets. This could suggest higher need than in the past. The target was used in the Five-year Housing Land Supply, which concluded that the Borough had 6.3 years' worth of supply on housing sites.
- 4.5.6. The progressive increase in delivery target suggests that there is an increasing need for housing in the borough. This is also suggested by the OAN, which is higher than all targets.

4.6. Social Infrastructure: Local Facilities Have Capacity but are Under Pressure

- 4.6.1. In this section we discuss the provision and capacity of local social infrastructures. These include GP surgeries, dental practices, hospitals and nursery, primary and secondary schools. For each infrastructure type, we list the facilities available in the area and estimate the spare capacity.

Healthcare: Good GP Provision but no Dental Care Services

- 4.6.2. The provision and capacity of healthcare services in the area includes GP surgeries, dental practices and hospitals. We use a distance of 2 kilometres from the Site to estimate the number of GP and dentists. In best practice this is estimated to be an acceptable walkable distance to access these services.

Three GP Surgeries Have Capacity for 9,000 People

- 4.6.3. **Figure 4.10** below maps out GP Surgeries in the local area and **Table 4.3** lists those located within 2km of the site. For each practice we show the numbers of patients registered and the Full-Time Equivalent (FTE) numbers of GP operating there. There are a total of 5 GP surgeries in the local area, of diverse sizes. They serve a total of nearly 32,000 patients, with 17.6 GP FTE.
- 4.6.4. To estimate the spare capacity, we compare the ratio of patient number per GP in each practice with the national average. In England, as of March 2021, 35,273 GPs serviced 60,650,740 registered patients. This represents an average of 1,719 patient per GP in the country. For each surgery in the local area, we use this average and the number of GP to estimate the total capacity. Finally, this figure is compared with the

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number of patients currently registered. Where the existing enrolment is over the total capacity, we report the practice has having no spare capacity. An assumption in this methodology is that the level of health is the same in England as in Hillingdon, which is not necessarily the case.

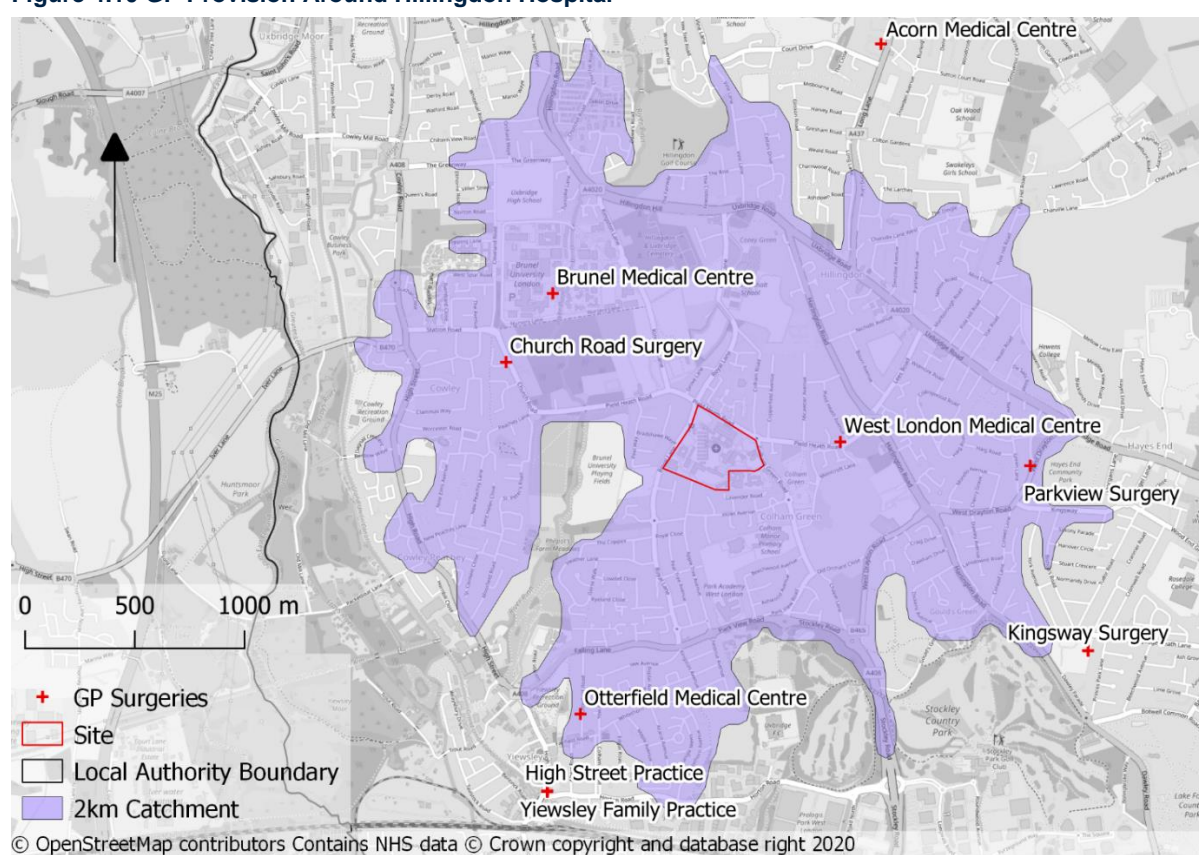
- 4.6.5. In local GP surgeries, there is spare capacity for 9,077 patients over three surgeries. The Otterfield Medical Centre has the highest spare capacity, at 6,270 patients. Two surgeries are over capacity.

Table 4.3 Spare Capacity in GP Surgeries Within a 2km Walkable Area

GP Surgery	Number of Patients	Number of GP (FTE)	Patients per GP	Total Capacity	Spare Capacity
West London Medical Centre	4,989	1.2	4,158	2,044	-
Church Road Surgery	2,675	0.7	4,012	1,135	-
Brunel Medical Centre	11,549	3.1	3,710	5,303	1,593
Otterfield Medical Centre	7,197	4.6	1,565	7,835	6,270
Parkview Surgery	6,623	2.4	2,806	4,020	1,213
Total	33,033	11.9	16,250	20,336	9,077

Source: NHS Digital, Savills 2021

Figure 4.10 GP Provision Around Hillingdon Hospital



Source: NHS Digital, Savills 2021

There are no Dental Practices in the Local Area

- 4.6.6. There are no dentists within a 2km walkable area. The closest dental surgery is The Orthodontics practice (2.1km), and the second closest is the West Drayton & Yiewsley Dental surgery (2.2km). The former is serviced by 4 dentists and the data is not available for the latter.

Secondary healthcare

- 4.6.7. The Hillingdon Hospital provides acute and emergency care to the local community. Its phased redevelopment and the expansion and improvement of its facilities are considered significant in the Strategic Infrastructure Plan.
- 4.6.8. In the Year 2020/21, the Hillingdon Hospitals NHS Foundation Trust attended to 46,644 patients in its emergency department, and 235,091 outpatients in its clinics. It must be noted that this is likely to overstate the patients number in Hillingdon Hospital, given that the Trust also provides some services in Mount Vernon Hospital, in the north of LBH.
- 4.6.9. The NHS's Emergency Care transit time standards targets for 95% of patients to be attended to within 4 hours. In 2020-21. The Trust ended the year with a performance of 82.37%. This compares to a rate of 85.1% overall in England in the same period.
- 4.6.10. The number of patients staying in the hospital for longer than 21 days has reduced from an average of 121 in 2018/19 to an average of 85 in 2019/20.
- 4.6.11. The latest inspection by the Care Quality Commission was undertaken in May 2021. The Hillingdon Hospital was rated as 'Overall Inadequate', with inadequate performance with regards to the CQC's 'Safe' and 'Well-led' criteria. 'Surgery' and 'Urgent and emergency care' were specific services also rated inadequate. Services such as 'Medical care', 'Critical care', and 'Outpatients' requires improvements, while 'Service for children and young people', 'Maternity' and 'End of life care' have good ratings.

Education: Sufficient Secondary School Provision, Low Early-years and Primary School Capacity

- 4.6.12. The provision and capacity of education infrastructure in the area includes nurseries, primary and secondary schools. We use a distance of 2 kilometres from the Site to estimate the number of nurseries and primary schools. In best practice, this is estimated to be an acceptable walkable distance to access these services, as referenced to in the Department for Transport's Manual for Streets (2007). The catchment area for secondary schools is extended to 4.5km, which is the average distance travelled by secondary school students in London (DfT, National Travel Survey 2020).

Early-years Education Facilities Have no Spare Capacity

- 4.6.13. There is no data available on the capacity and occupancy of nursery schools. The five primary schools discussed in below all include nursery classes, however the specific number of pupils is not provided.
- 4.6.14. LBH published its latest Childcare Sufficiency Assessment in December 2019. The document reviews the current levels of supply and demand for childcare. It also considers factors influencing demand and supply.

- 4.6.15. The assessment concluded that there were not sufficient childcare places available to meet demand. A rise in population, a greater demand for pre-school places, parents returning to work and changes to the welfare system have all influenced demand.
- 4.6.16. Between 2013 and 2018, LBH lost nearly 100 childcare providers, down to 400. However, the number of available places increased from 6,713 to 7,718 places in 2019. Additional provision will be needed to meet future demand.

Primary Schools Have Capacity for 76 Pupils

- 4.6.17. **Figure 4.11** below maps out the Primary Schools located in the local area. We also depicted a 2km walkable area from the site. **Table 4.4** lists the eight primary schools located within 2km of the Site. Combined, they have a total capacity of 4,637, with 4,642 pupils enrolled. National Office Audit Guideline requires a 7.5%¹ buffer to be applied to schools capacity, in order to respond to demand shocks. Accounting for this buffer, the capacity in local schools decreases to 4,289. Overall, there is not enough capacity in local primary schools to meet local demand.
- 4.6.18. On an individual school levels, three schools have spare capacity amounting to 76 places. These are Colham Manor Primary School, Highfield Primary School and the Rabbsfarm Primary School. The other schools are over capacity. This shows that overall, there is limited spare capacity in local primary schools. Primary education infrastructure might not be able to respond to substantial increase in population and demand.

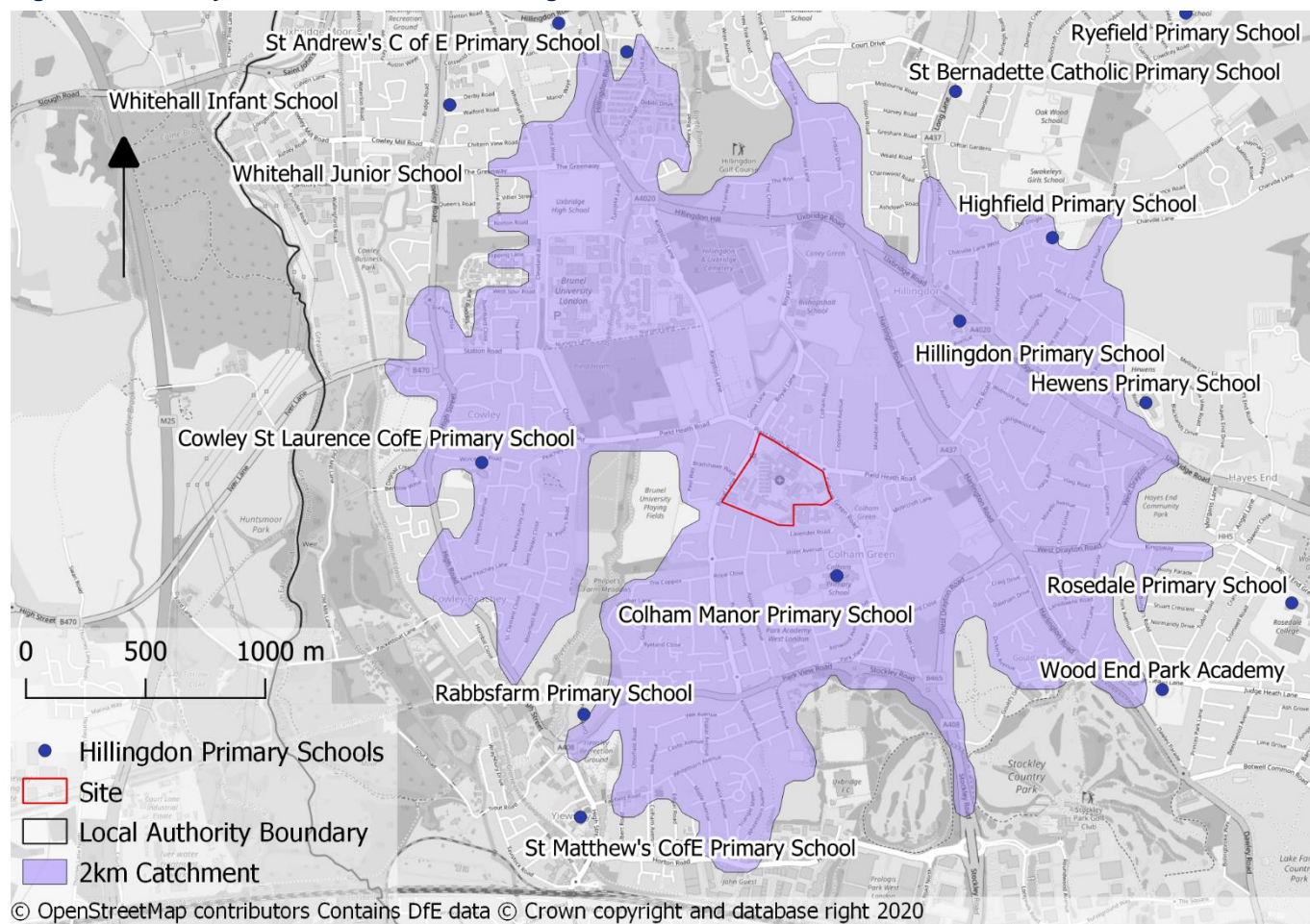
Table 4.4 Primary Schools Within a 2km Walkable Area

School Name	Capacity	Number of Pupils	Capacity with Buffer (7.5%)	Spare Capacity
Colham Manor Primary School	708	653	655	2
Highfield Primary School	450	349	416	67
Rabbsfarm Primary School	660	604	611	7
Wood End Park Academy	809	914	748	0
Cowley St Laurence CofE Primary School	420	397	389	0
Hewens Primary School	420	425	389	0
John Locke Academy	630	616	583	0
Hillingdon Primary School	540	684	500	0
Total	4,637	4,642	4,289	76

Source: DfE, Get Information About Schools, Savills 2021

¹ National Office of Audit (2013) Capital Funding for New School Place

Figure 4.11 Primary Education Provision in Hillingdon



Source: Department for Education 'Get Information about School', Savills 2021.

Note some schools bordering the catchment area are included in the analysis.

Secondary Schools Have Extensive Capacity for 1,900 Students

4.6.19. **Figure 4.12** maps out secondary school provision in the area. **Table 4.5** lists the thirteen secondary schools located within 4.8km of the Site. Combined, they have a total capacity of 12,882 students, with 11,503 students currently enrolled. Accounting for the 7.5% capacity buffer, secondary schools have a capacity of 11,916 students. Seven schools are currently over capacity. This results in a spare capacity of 1,888 places. Secondary education infrastructure would be able to appropriately respond to an increase in demand.

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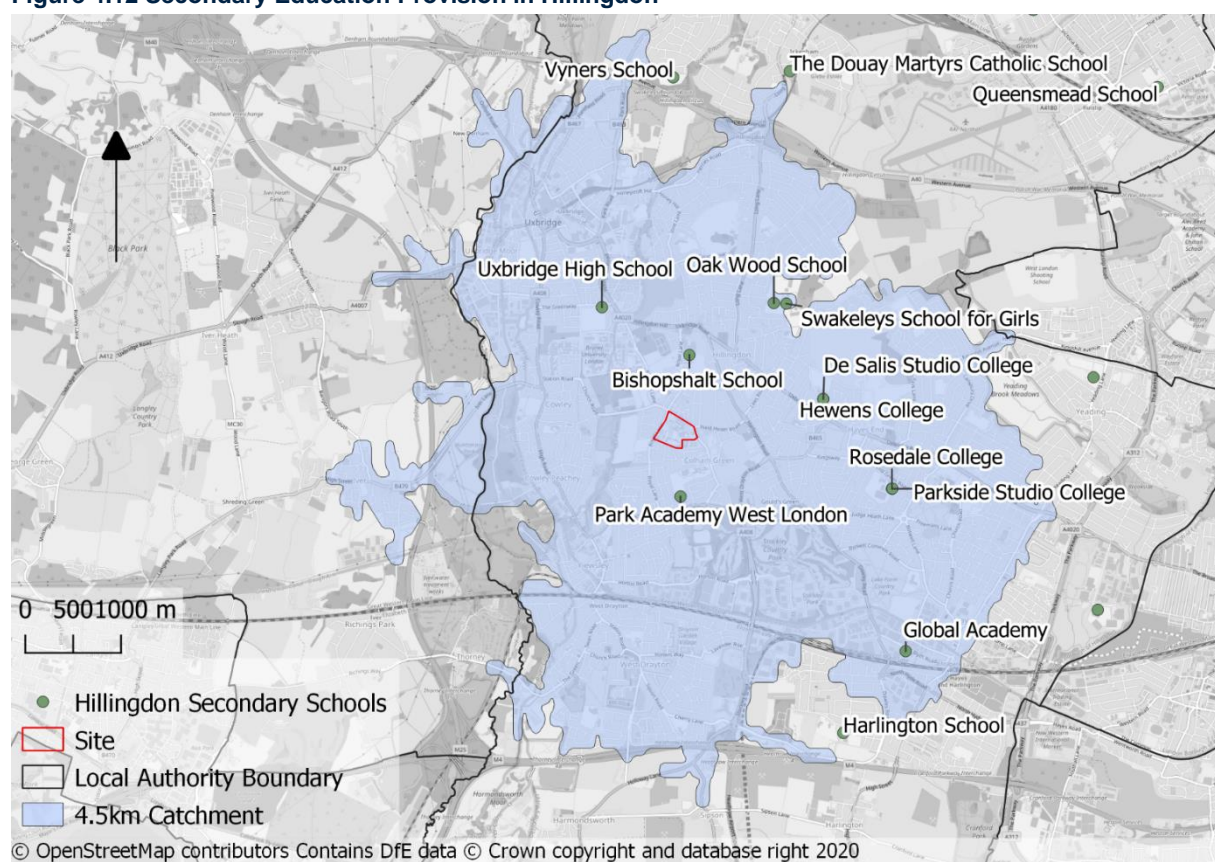


Table 4.5 Secondary Schools Within 4.8km of the Site

School Name	Capacity	Number of Students	Capacity with Buffer (7.5%)	Spare Capacity
Parkside Studio College	300	81	278	197
Swakeleys School for Girls	1174	1304	1086	0
Uxbridge High School	1298	1342	1201	0
Rosedale College	1660	817	1536	719
Hewens College	750	419	694	275
Oak Wood School	1350	1015	1249	234
Harlington School	1156	1252	1069	0
De Salis Studio College	300	128	278	150
Global Academy	NA	369	NA	NA
Park Academy West London	1150	749	1064	315
Bishopshalt School	1311	1285	1213	0
Vyners School	1136	1297	1051	0
The Douay Martyrs Catholic School	1297	1445	1200	0
Total	12,882	11,503	11,916	1,888

Source: Department for Education, Get Information About Schools, Savills 2021

Figure 4.12 Secondary Education Provision in Hillingdon



Source: Department for Education 'Get Information about School', Savills 2021.

Note some schools bordering the catchment area are included in the analysis.

The Local Area is Deficient in Open Spaces, with Low Accessibility Levels, Except for Child Play Spaces

- 4.6.20. The 2011-2026 Hillingdon Open Space Strategy (OSS) reviewed the quantity, quality and accessibility of open space in the Borough.
- 4.6.21. The Site is located within the ward of Brunel, which was identified as a ward with a deficiency of open space in comparison to both minimum quantity standard. The ward also had deficiencies in accessibility to all categories of open space. The Site of Hillingdon Hospital was deficient in access to District and Metropolitan open spaces, but not to local parks. It was estimated to be currently covered by small-scale pocket parks and linear green spaces.
- 4.6.22. The ward of Brunel did not experience play space deficiency. Several spaces were identified in proximity to the Site, which was covered by the 400m buffer. Three open spaces in the Brunel had a score below 3. Other open spaces in proximity to the site scored at least 3.
- 4.6.23. The OSS concluded that 58 additional hectares of open space would be needed in Brunel to meet the quantity standard including 13 hectares of recreational space. Potential upgrades of several parks would provide accessible district and metropolitan open space to meet the deficiency in Brunel ward.

4.7. Conclusion and Summary

- 4.7.1. Our review of the baseline environment shows that the population of Hillingdon has grown rapidly in the last two decades but is expected to slow down in the future. LBH's population is younger than England, but slightly older than London. However, the borough population's age profile will shift in the future.
- 4.7.2. The borough's working age population is slightly better skilled than England, but lower than London. Median gross weekly pay follows the same pattern. LBH has a higher unemployment rate than both London and England.
- 4.7.3. Over 17% of jobs in LBH are in the Transportation and Storage sector. This is likely influenced by the presence of Heathrow Airport in the borough. Other high employment sectors include Administrative and support service activities, as well as wholesale and retail trade. Sectors expected to experience the highest jobs growth include human health and social work, administrative and support services, and real estate activities.
- 4.7.4. There is a growing housing need in Hillingdon, evidenced by the continuous increase in housing targets in planning policy in the past few years. The 2021 London Plan has set a target for 1,083 units per year. Deprivation levels have decreased in LBH between 2015 and 2019. Hillingdon Hospital is located in an area with lower deprivation levels than in Hillingdon on average.
- 4.7.5. There is substantial capacity for new patients in local GP surgeries, however there are no dental practices in proximity to the Site. The redevelopment of Hillingdon Hospital is essential to the provision of better secondary healthcare services in the community. There is excellent secondary school provision, but local primary schools have limited spare capacity. The local area is deficient in open space, except for children play areas.

5. Socio-Economic Impact Assessment

5.1. Introduction

5.1.1. In this section, we assess the impacts of the Proposed Development on a range of socio-economic receptors. The population receptors reviewed in this report are:

- Population looking for employment opportunities during the construction and operation
- Existing hospital employees
- Population looking to access the housing market
- Local population using the existing hospital facilities during the construction phase
- Local and new population using existing social infrastructure, such as schools, healthcare facilities and open space
- Local population benefiting from improved supply of hospital services

5.2. Employment Generation: 547 Construction Jobs per Year and 747 New Operational Jobs

5.2.1. The Proposed Development is anticipated to generate jobs for the local population. These include temporary jobs during the construction phase and permanent during the operational phase, once the Development is completed. We estimate the jobs that will be directly created on-site, and the jobs that will be created indirectly, thanks to multiplier effects.

5.2.2. In the context of the employment generation, we consider the study area to be the Greater London.

The Construction of the Development will Support 547 On and Off Site Jobs for 4.7 Years

5.2.3. The construction of the Proposed Development would help support construction firms operating in the region and provide jobs in the industry. The Proposed Development would lead to the creation of new direct and indirect jobs, through supply chain benefits and new expenditure introduced to the local economy.

Direct Employment

5.2.4. To estimate the number of jobs required for the construction of the Proposed Development we followed the approach detailed below:

- Take the estimated demolition and construction cost of the Proposed Development (£606 million)²
- Divide this by average output per construction worker in London³ (£221,006), to approximate the number of workers required to complete the development.
- Divide the number of workers by the 4.67-year demolition and construction period, to give us a yearly figure⁴
- This estimates 587 on-site construction jobs per annum.

² Demolition and construction costs estimate provided by Ridge and Partners LLP

³ Business Population Estimates for the UK and regions detailed tables, 2019-2021 average

⁴ Demolition and construction duration period provided by AECOM

- 5.2.5. Given that construction is made up of many discrete elements of work undertaken by specialists, additional construction workers may be employed on the Site for shorter periods.
- 5.2.6. Due to the nature of the construction industry not all trades would be required on the Site permanently and some would be on the Site for less time than others. The construction process would include a range of occupational levels, including unskilled or labouring jobs to more senior positions, as well as across a range of professional disciplines. The Proposed Development could facilitate the growth of the local construction industry, thus enabling firms to expand and potentially take on employees.
- 5.2.7. Occupation and skill demand in the construction sector revolves around specialist skills, i.e., electricians, plumbers, bricklayers, carpenters, and plan operation trades. These skills tend to be contract labour offered by construction/building firms locally. In addition, low skilled manual labour would be expected to be in demand. In this case, employment tends to be contracted via Job Centres and Employment Agencies on a needs basis.

Indirect and Induced Employment

- 5.2.8. In addition, businesses in the local and regional economy would benefit from the trade linkages that would be established to construct the development, meaning that further indirect jobs would be supported locally in suppliers of construction materials and equipment. Local businesses would generally also benefit to some extent from temporary increases in expenditure as a result of the direct and indirect employment effects of the construction phase, for example, as construction workers spend some of their wages in local shops, accommodation and other facilities.
- 5.2.9. The Proposed Development would set off a chain reaction of increases in expenditure, such as through the sale of building materials, design services, legal services and insurance. This in turn can result in jobs close to the Site, generating an increase in demand for goods and services, and generate growth in the local economy. The above form the multiplier effects.

Additional Employment

- 5.2.10. There are further steps involved in estimating the ‘additionality’ of development. The first is leakage, which refers to the proportion of output that benefit those outside of the intervention’s target area or group. Taking into account the Proposed Development’s specific characteristics and the guidance in the Housing and Communities Agency’s (HCA) Additionality Guide (2014), leakage of workers from outside London is assumed to be 35%⁵.
- 5.2.11. The second step is estimating displacement. Displacement is where the proposed activity could displace another activity in the target area; thereby reducing its additionality. In this case, the amount of employment on-site per annum is a small proportion of the existing construction workforce in London, therefore it is likely to have a negligible impact. To be conservative, the Additionality Guide’s⁶ “Low” displacement level of 25%, has been applied. The Guide quotes that this level of displacement accounts for situations where “*There are expected to be some displacement effects, although only to a limited extent*”.

⁵ Based on NOMIS Distance Travelled to Work by Industry (Workplace Population) 2011

⁶ Homes and Communities Agency (2014) Additionality Guide

5.2.12. The third step is estimating the indirect benefits of the construction activity, the benefits to companies in the supply chain, and to the local economy by the new expenditure introduced to the area from the construction workers. The construction multiplier is 1.91⁷.

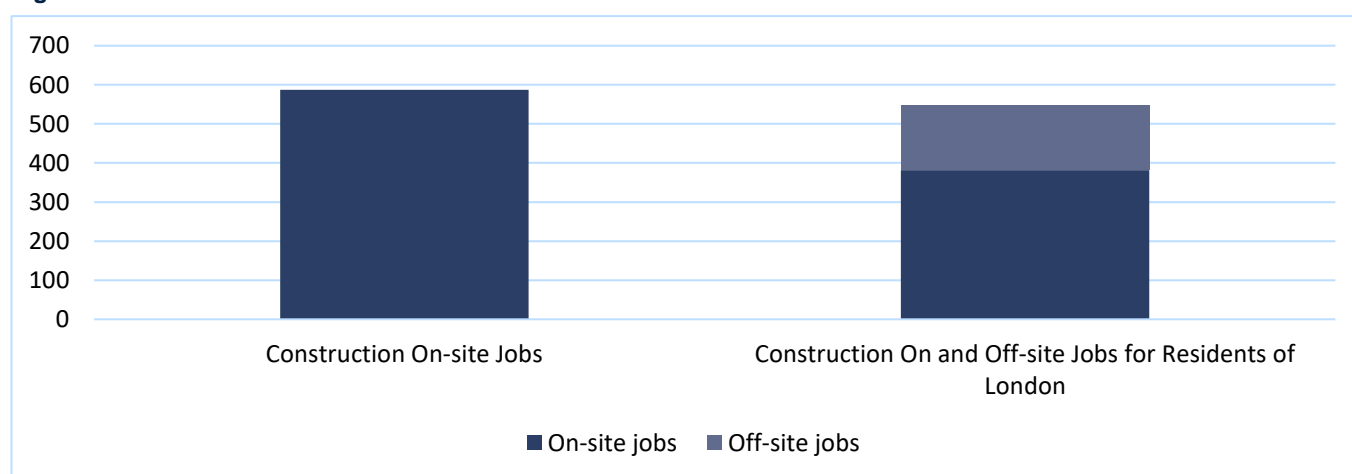
5.2.13. **Table 5.1** sets out the steps involved in estimating the additionality of the construction employment. **Figure 5.1** presents the estimate of the total on and off-site construction jobs created by the Proposed Development. The construction of the Proposed Development is expected to generate an average of 547 net additional jobs per annum over the 4.67-year construction period.

Table 5.1 Construction Jobs – Additionality

	Step Involved	Jobs Per Annum
A	Construction workers on-site (gross, direct, per annum)	587
B	Leakage to workers from outside study area (35%) ($A \times (0-35\%)$)	- 206
C	On-site jobs (direct, for residents from the study area) ($A-B$)	382
D	Displacement of other activities (25%) ($C \times (0-25\%)$)	- 95
E	Multiplier effects (1.71)	260
F	Employment off-site induced by construction employment (net, indirect) ($D+E$)	165
G	Net additional employment from construction of Proposed Development ($C+F$)	547

Source: Savills 2021, HCA Additionality Guide 2015, Note figures are rounded.

Figure 5.1 Estimated Construction Phase Jobs



Source: Savills, 2021

⁷ ONS Input Output Tables, 2017 FTE multiplier

Construction Gross Value Added Amounts to £37m per Year for 4.7 Years

- 5.2.14. Gross Value Added (GVA) is an indicator of wealth creation, measuring the contribution to the economy of an economic activity. The construction phase of the Proposed Development is expected to generate Gross Value Added in the London Economy. We base our estimate on the GVA generated per construction workers in London (£77,974)⁸, multiplied by the number of on-site jobs, net of displacement. The construction phase of the Proposed Development is anticipated to have a GVA of £37m per annum for 4.7 years.

Permanent Operational Employment: 747 New Jobs Created by the Proposed Development

- 5.2.15. Operational phase jobs would be generated once the construction has been completed and the Proposed Development is occupied. Jobs will be created thanks to the hospital and Class E flexible floorspace, and to lesser extent thanks to the multi-story car park. Employment will also be generated through homeworkers in new dwellings. The assessment also considers displacement of jobs elsewhere, and indirect multiplier effects as a result of the new jobs on Site.

- 5.2.16. The employment study area considered for operational employment is the Greater London.

Direct employment

- 5.2.17. Once operational, the Proposed Development could generate up to 4,950 on-site Full Time Equivalent (FTE) jobs upon completion, based on the employment densities for each use class within the Proposed Development, including 33 homeworkers.
- 5.2.18. To estimate the potential on-site FTE jobs upon completion, we take the floorspace delivered in the Proposed Development, and divide it by the assumed relevant employment density, as seen in **Table 5.2**. This gives an estimate of how many workers we would expect if the space is operating at full capacity.
- 5.2.19. Our estimates make a series of assumptions. We assume that employment density in the hospital remains the same in Proposed Development. We also assume that the “*supporting Class E*” flexible commercial floorspace will deliver retail space.
- 5.2.20. As outlined in the Design and Access Statement submitted as part of the planning application, the phasing and decant strategy of the Proposed Development has been prepared such that the existing hospital can remain operational while the new hospital is under construction. Hospitals wards situated on the site of the new hospital within the detailed application boundary will be temporarily relocated in modular buildings within the outline application boundary. We therefore understand that the construction of the hospital floorspace will not result in the temporary loss of operational employment.

⁸ ONS (2019), Labour Productivity. Output per Job (Current Price) in London.

Table 5.2 On-site Operational Jobs

Use Class	Assumed Employment Density	Justification	Estimated Employment (FTE)
Hospital	17.1 GIA sq.m per FTE	Based on existing floorspace and employment ⁹	4,653
Multi-story Car Park	2,000 NIA sq.m per FTE	Based on past experience	12
Class E Flexible Commercial Floorspace	17.5 NIA sq.m per FTE	HCA 2015 Employment Density Guide, Density for retail space	39
Residential	NA	770 projected residents ¹⁰ , 72% aged 16-65, 80% economically active, 9% homeworking ¹¹ , 83% FTE	33

Source: ONS, Hillingdon Hospital NHS Foundation Trust (2021), Homes and Communities Agency (2015), Savills (2022),

Indirect Employment

5.2.21. We also estimate the total net local employment effects in accordance with the Additionality guide (HCA, 2014), incorporating leakage, multiplier, and displacement effects. Additionally, we account for small vacancy levels, typical to the local market. **Table 5.3** presents the assumptions used to calculate the total net local employment effects.

5.2.22. The Proposed Development is also likely to have indirect/off-site economic benefits. These are considered as indirect multiplier effects which include:

- Supply linkage multiplier: such effects occur due to purchases made as a result of the Proposed Development, and further purchases associated with linked firms along the supply chain.
- Income/induced multiplier effects: Such effects are associated with local expenditure as a result of those who derive incomes from the direct and supply linkage impacts of the Proposed Development.

Table 5.3 Operational Employment Assumptions

Land Use	Leakage	Displacement	Multiplier	Vacancy
Hospital	32%	10%	1.14	0%
Multi-story car park	40%	25%	-	0%
Class E floorspace	29%	25%	1.11	1%
Homeworkers	0%	-	1.87	-

⁹ 55,000 sq.m GIA for a count of 3,363 FTE existing employees

¹⁰ Estimated based on the GLA Population Yield Calculator version 3.2 <https://data.london.gov.uk/dataset/population-yield-calculator>

¹¹ ONS (2021), Homeworking hours, rewards and opportunities in the UK: 2011 to 2020

Notes:

- Leakage assumptions are based on distance travelled to work by industry (workplace population) available through NOMIS, and HCA Additionality Guide (2014)
- We use Homes and Communities Agency Additionality Guide (2014) to estimate displacement effects
- We use ONS Input Output tables (2017) to estimate multiplier effects

Source: Savills 2022

5.2.23. The Proposed Development would further support jobs in local retail shops and restaurants and cafes thanks to residential expenditure from the 327 new households.

5.2.24. To estimate the additional expenditure from these new residents, we take the average household expenditure for convenience goods, comparison goods and food and beverages, as detailed in **Table 5.4**. This is then multiplied by the 327 additional dwellings delivered in the Proposed Development, which provides an estimate of the additional weekly residential expenditure the Proposed Development will bring in London. Multiplying this figure by 52 yields the yearly estimate. It is assumed in this calculation that all residential spending on convenience and comparison goods and on food and beverage remains within London. We estimate that the Proposed Development will introduce £3.1m in new retail expenditure per annum, and £828,000 new food and beverage expenditure.

5.2.25. This additional expenditure is expected to support additional jobs in retail and food and beverage. Using average turnover per employee in these sectors, outlined in **Table 5.4**, we estimate that this will support 19 jobs.

Table 5.4 Average Household Expenditure and Average Turnover pe Employee in London

Type of Good	Average Weekly Expenditure (London)	Average Turnover pe Employee (London)
Convenience Goods	£79	£505,100
Comparison Goods	£98	£505,100
Food and Beverage	£37	£62,100

Source: ONS (2019) Detailed Household Expenditure by Countries and Regions: Table 35; Department for Business, Energy & Industrial Strategy (2019-2021), Business Population Estimates for the UK and Regions Detailed Tables: Table 17; Savills 2022

Additional Employment

5.2.26. **Table 5.5** Sets out the steps and assumptions taken in estimating the net additionality of the Proposed Development, in accordance with the HCA Additionality Guide.

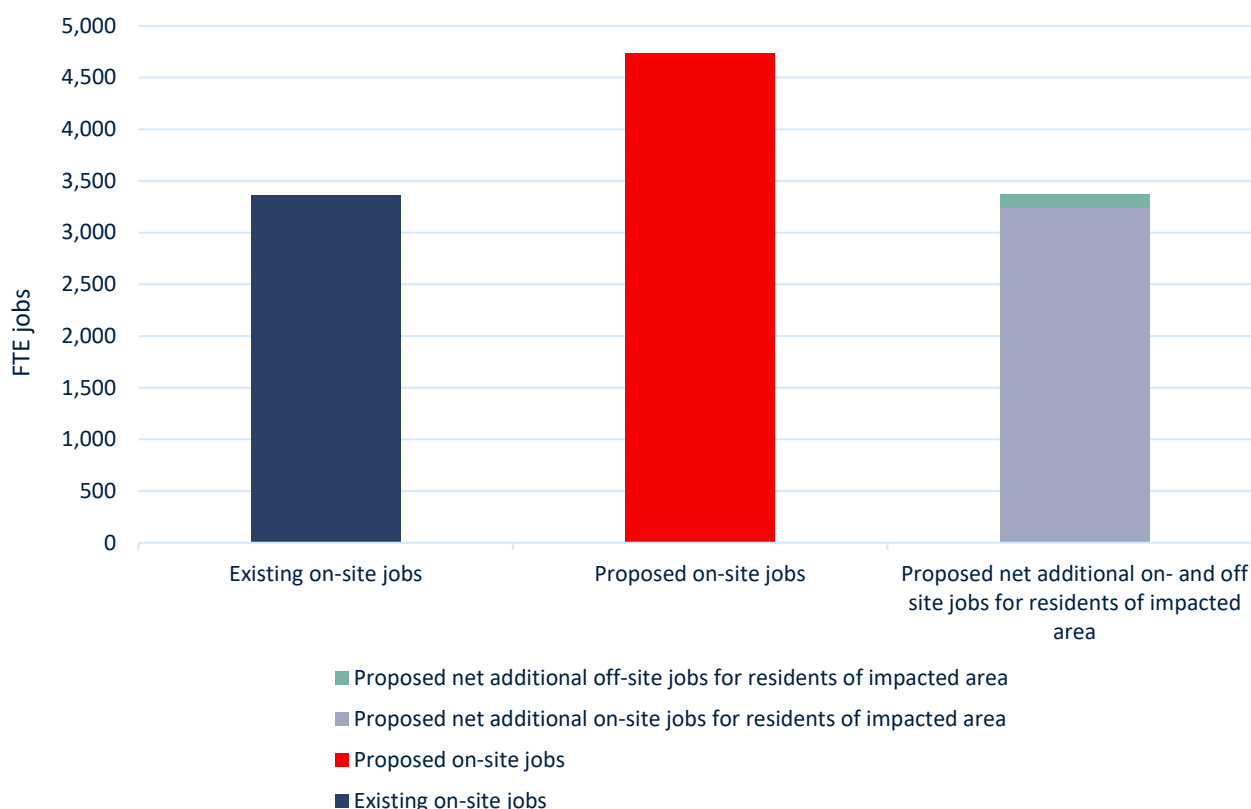
Table 5.5 Operational Jobs per Annum – Additionality

	Step Involved	Reference Case	Proposed Development	Additional jobs
A	Operational workers on-site (gross, direct, occupied)	3,363	4,736	1,373
B	Leakage to workers from outside of London ($A * (0 - \% \text{ Rate})$)	-1,067	-1,492	-425
C	On-site jobs (direct, for residents within London) ($A + B$)	2,296	3,244	948
D	Displacement ($C * (0 - \% \text{ Rate})$)	0	-326	-326
E	Multiplier effects ($(C + D) * \text{Rate}$)	327	453	126
F	Total off-site jobs ($D + E$)	327	127	-200
G	Net additional employment from Proposed Development ($C + F$)	2,623	3,370	747

Source: Savills 2022, HCA Additionality Guide 2014. Note figures are rounded and may not add up.

- 5.2.27. **Table 5.5** shows that the Proposed Development would support approximately 4,736 operational on-site jobs. Once the effects of leakage, displacement and multiplier effects have been considered, this equates to 3,370 FTE jobs, which accounts for the range of land uses across the Proposed Development and for retail jobs supported by new residential expenditure.
- 5.2.28. **Table 5.5** shows that the Reference Case supports 3,363 operational on-site jobs. Once the effects of leakage, displacement and multiplier effects have been considered, this equates to 2,632 FTE jobs.
- 5.2.29. To assess the additional employment benefits that the Proposed Development would contribute to London per annum, we compare the potential jobs offered by the Proposed Development to the jobs offered in the Reference Case scenario. We can conclude that the Proposed Development would bring 747 net additional operational jobs once leakage, displacement and multiplier effects have been considered, as seen in **Table 5.5**.
- 5.2.30. **Figure 5.2** presents the proposed on-site jobs and total net additional jobs associated with the operation of the Proposed Development and the Reference Case. The Proposed Development is therefore estimated to generate positive economic benefits with regards to operational employment opportunities.

Figure 5.2 Proposed On-Site Jobs and Total Net Additional Jobs



Source: Savills 2022

Annual Gross Value Added from Operation Increases by £45.4m

5.2.31. The operation phase of the Proposed Development is expected to generate Gross Value Added in the London Economy. We base our estimate on the GVA generated per workers in London¹² for the land uses included in the Proposed Development, multiplied by the number of on-site jobs, net of displacement. The operational phase of the Proposed Development is anticipated to have a GVA of £182m per annum, relative to annual GVA of £137m in the reference case. This results in additional GVA of £45.4m per annum.

5.3. A Positive Impact on the Hillingdon Housing Market

5.3.1. The Proposed Development will provide up to 327 new dwellings on site. The mix of size and tenure is shown in **Table 5.6** below. 50% of units delivered will be Affordable homes, with a tenure split of 70% social housing (or London Affordable rent) and 30% intermediate housing. The 2021 London Plan set a delivery

¹² ONS (2019), Labour Productivity. Output per Job (Current Price) in London.

target of 1,083 new units per annum for LBH. Accounting for a construction period of 3.5 years, on average the Proposed Development will deliver 93.4 units per year, which represents 8.6% of LBH's annual target.

- 5.3.2. The provision of new homes on site is expected to have a positive impact on households looking to access the housing market in Hillingdon, including those seeking affordable homes.

Table 5.6 Indicative Housing Mix and Tenure in the Proposed Development

Tenure	1 bedroom	2 bedrooms	3 bedrooms	Total
Market	57 flats	66 flats	16 houses 25 flats	164
Affordable	37 flats	52 flats	36 houses 38 flats	163
Total	94 units	118 units	115 units	327

Source: The Hillingdon Hospital NHS Foundation Trust, 2022

5.4. What is the Impact of the Proposed Development on Social Infrastructures?

- 5.4.1. In this section, we review the impact of the Proposed Development on social infrastructures. These include primary and secondary education, primary (GP) and secondary (hospital) healthcare, and open provision. Evaluating the Proposed Development impact on social infrastructures requires an estimate of the population living in the proposed development. This has been estimated using the GLA Population Yield Calculator, in line with GLA guidance.

A Negative Impact on Childcare Provision due to Constrained Capacity

- 5.4.2. The baseline assessment highlighted that there is limited capacity in local childcare providers. According to the GLA Population Yield Calculator, the Proposed Development will increase demand for such services, with 88 new children aged 0-4 years old. This suggests that the development would have a negative impact on childcare provision.

Another planning application, Ref. 76613/APP/2022/37, was submitted in January 2022 for the demolition of existing modular building (named the Old Creche) on Site and erection of new two storey building for use as a nursery (Use Class E). It will allow for the relocation of the existing Busy Bees Nursery, currently located southwest of the Site, to the new proposed nursery, southeast of the Site.

A Neutral Impact on Primary Education Facilities

- 5.4.3. The baseline assessment concluded that there are eight primary schools within 2km of the Site. Only three have spare capacity, for a total of 76 pupils. Based on the GLA Population Yield Calculator, the Proposed Development will yield 68 children in primary school ages (5-11 years old). Local primary schools will have

space to accommodate the increase in demand from the Proposed Development, but spare capacity will be limited thereafter for any other development coming forward in the area.

- 5.4.4. The Proposed Development is estimated to have a neutral impact on primary school provision, as local schools have capacity to meet the proposal's need.

Neutral Impact on Secondary Education Provision

- 5.4.5. The baseline assessment concluded that there are thirteen secondary schools located within 4.8km of the Site. Seven schools have spare capacity, for a total of 1,888 students. Based on the GLA Population Yield Calculator, the Proposed Development will generate demand for 49 secondary school places. Local secondary schools have substantial spare capacity to meet the need of the Proposed Development or any other schemes coming forward in the area. The Proposed Development is anticipated to have a neutral impact on the provision of secondary education.

Neutral Impact on Primary Healthcare Services

- 5.4.6. There are nine GPs within 2km of the Site. Three surgeries have spare capacity for a combined total of 9,077 patients. Based on the GLA Population Yield Calculator, the incoming population from the Proposed Development is estimated to be 770 people. Local GP surgeries would have spare capacity to meet the need of the new population. The Proposed Development is estimated to have a neutral impact on the provision of primary healthcare.

A Positive Impact on Secondary Healthcare Services

- 5.4.7. The Proposed Development will deliver an uplift of 22,065 sq.m of hospital floorspace, which will generate 1,409 net new on-site jobs. This uplift is assumed to improve and expand the hospital's existing offering, allowing it to service a larger number of people.
- 5.4.8. Moreover, as outlined previously, the phasing of the Proposed Development and the decant strategy will ensure that there is no short-term negative impact on the provision of services at hospital. This will allow continued and safe operation of the existing hospital to continue while the new hospital is being constructed.
- 5.4.9. The Proposed Development is therefore expected to have a positive impact on secondary healthcare provision in the area. The construction phase will have a neutral impact on secondary healthcare provision.

A Positive Impact Open Space Provision Thanks to a Surplus in Public Amenity Space

- 5.4.10. The baseline assessment identified that the Ward of Brunel, where the Site is located, is deficient in open space, with low amounts of open space and low levels of accessibility.
- 5.4.11. The Design and Access Statement provides details on the provision of public amenity space in the Proposed Development. The Proposed Development provides 7,000 sq.m of communal amenity space for the residential properties in the form of podium gardens, along with 1,310 sq.m of private balconies, terraces and gardens. A total of 8,104 sq.m of mixed-use open space will also be provided across two areas (central open space and woodland area) as illustrated on the open space provision plan.

- 5.4.12. Based on the GLA Population Yield Calculator, the Proposed Development will yield a children population of 205. In line with London Guidance, the Proposed Development is required to provide 10 sq.m of play space per child, for a total of 2,049 sq.m. The Proposed Development is anticipated to provide 2,438 sq.m of play space which will lead to a small surplus of 389 sq.m.
- 5.4.13. Given the proposed open space and play space provision, we expect the Proposed Development to have a positive impact on people using open space in the area.

5.5. Conclusion and Summary

- 5.5.1. The Proposed Development is expected to have a positive impact on people looking for jobs during the construction phase, with the generation of 547 net additional jobs for London residents per annum for 4.7 years.
- 5.5.2. The operational phase of the Proposed Development is also anticipated to have a positive impact on London residents looking for employment during the operational phase. The Proposed Development will support 747 net additional on and off-site jobs in comparison to existing uses at the site. This includes jobs generated by proposed land uses as well as retail and restaurant jobs supported by new resident expenditure.
- 5.5.3. The phasing of the Proposed Development and the decant strategy will ensure that the existing hospital can continue to safely operate while the new hospital is under construction. This will have a neutral impact on existing hospital employees and on the local population using the existing hospital facilities.
- 5.5.4. The delivery of up to 327, including 163 affordable units, will have a positive impact on people looking to access the housing market.
- 5.5.5. With regards to education facilities, the Proposed Development is anticipated to have a negative impact on childcare provision, due to constrained capacity. The Proposed Development will have a neutral impact on primary education schools, which have some spare capacity to meet the demand but will retain limited capacity thereafter. The Proposed Development is also expected to have a neutral impact on secondary education, which will retain substantial spare capacity after the scheme's needs are met.
- 5.5.6. The Proposed Development is expected to have a neutral impact on primary healthcare provision by GP surgeries. The redevelopment and expansion of Hillingdon Hospital is expected to have a positive impact on secondary healthcare provision in the area.
- 5.5.7. Given the proposed open space and play space provision, we expect the Proposed Development to have a positive impact on people using open space in the area.

Recommendations: Financial Contribution to Mitigate Impact and Expand Capacity

- 5.5.8. The negative impact on childcare provision and the reduction of primary school capacity result from the residential development as part of the outline component. It is therefore recommended that primary education and childcare capacity should be reviewed as part of the Reserved Matters Application stage. Additional financial contribution could be required, to mitigate any negative impact and to fund the provision of additional capacity through the extension of primary schools and childcare facilities.

6. Conclusion

- 6.1.1. The Proposed redevelopment of the site of the Hillingdon Hospital will deliver an uplift in employment floorspace and will provide additional dwellings to LBH housing market.
- 6.1.2. Our review of national, regional and local planning policies and guidance shows that these are in support of the Proposed Redevelopment of the Hillingdon Hospital. It encourages the improvement of secondary healthcare services, as well as the provision of residential dwellings and commercial floorspace. Relevant policies and guidance also seek to ensure that the provision of homes at the site will not have a negative impact on local social infrastructures such as schools, healthcare providers and open space.
- 6.1.3. In the Baseline Environment section, we analysed the level of provision in these social infrastructures. There is substantial capacity for new patients in local GP surgeries. The redevelopment of Hillingdon Hospital is essential to the provision of better secondary healthcare services in the community. There is excellent secondary school provision, but local primary schools have limited spare capacity. The local area is deficient in open space, except for children play areas.
- 6.1.4. We estimate the Proposed Development to have several **positive socioeconomic impacts**, including:
- The creation of 547 net additional construction jobs for London residents per year for 4.7 years;
 - The creation of 747 net additional on and off-site jobs in comparison to existing uses at the site. This includes jobs generated by proposed land uses as well as retail and restaurant jobs supported by new resident expenditure;
 - The delivery of up to 327 (163 affordable units), allowing more people to access the housing market;
 - The redevelopment and expansion of Hillingdon Hospital is expected to have a positive impact on secondary healthcare provision in the area;
 - The proposed provision of open space, resulting in a surplus of public amenity space.
- 6.1.5. Our assessment of socioeconomic impact also concludes that the Proposed Development will have **neutral impacts** on some population receptors:
- The phasing of the Proposed Development and the decant strategy will ensure that the existing hospital can continue to safely operate while the new hospital is under construction. This will have a neutral impact on existing hospital employees and on the local population using the existing hospital facilities;
 - Local and new residents attending primary and secondary schools;
 - Local and new residents requiring the services of local GP surgeries;
 - A neutral impact on primary healthcare provision.
- 6.1.6. However, the Proposed Development is anticipated to have a **negative impact on childcare provision**. Additionally, while local primary schools have spare capacity to meet the increasing demand from the Proposed Development, there will be little spare capacity left (8 places) once its needs are met. Additional financial contribution could be required, to mitigate any negative impact and to fund the provision of additional capacity through the extension of primary schools or childcare facilities. We recommend that this should be reviewed as part of the Reserved Matters Application stage.

Appendix 1

Glossary, Definitions and Accuracy

Glossary

AMR	Authority Monitoring Report
APS	Annual Population Survey
DfE	Department for Education
DLUHC	Department for Levelling-Up, Housing and Communities
FTE	Full Time Equivalent
GEA	Gross External Area
GG	'Good Growth'
GLA	Greater London Authority
GIA	Gross Internal Area
GP	General Practice
GVA	Gross Value Added
HCA	Homes and Communities Agency
HM Treasury	Her Majesty's Treasury
IMD	Indices of Multiple Deprivation
LBH	London Borough of Hillingdon
LSOA	Lower-layer Super Output Area
MHCLG	Ministry for Housing, Communities and Local Government
NIA	Net Internal Area
NPPF	National Planning Policy Framework
NVQ	National Vocational Qualifications
OAN	Objectively Assessed Need
ONS	Office for National Statistics
OSS	Open Space Strategy
SHMA	Strategic Housing Market Assessment
SIC	Standard Industrial Classification
SIP	Strategic Infrastructure Plan
SPD	Supplementary Planning Guidance
THHR	The Hillingdon Hospital Redevelopment

Definitions

Relevant concepts used in the analysis are:

Term	Definition
Leakage	'The proportion of output that benefit those outside of the intervention's target area or group'.
Displacement	'The proportion of intervention outputs/outcomes accounted for by reduced outputs/outcomes elsewhere in the target area'.
Multiplier effects	'Further economic activity (jobs, expenditure or income) associated with additional local income and local supplier purchases'.
On-site Jobs	Jobs created on-site.
Off-site Jobs	Jobs in a supply chain and services. The result of multiplier effects after allowing for leakage and displacement.

Accuracy

By its nature, estimation of employment and GVA benefits is subject to a range of uncertainties. Our estimates are based on good practice, guidance, data and estimates based on knowledge and experience. There will though remain a degree of uncertainty around estimates. We estimate that actual impacts are likely to be in a range of +/-20% of figures given.

Revenue figures are given based on current rates and values and could be significantly higher in real terms given the long timescale before completion and anticipated growth in the economy.

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