



Hyde Park Hayes

Health Impact Assessment

Prepared for:
Columbia Threadneedle Investments

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INTRODUCTION

- 1 This Health Impact Assessment (HIA) has been prepared on behalf of Columbia Threadneedle Investments (hereinafter referred to as the 'Applicant'), in support of an outline planning application for the land at Hyde Park Hayes, Millington Road, London UB3 4AZ (the 'Site'), located within the London Borough of Hillingdon (LBH).
- 2 The scheme proposals (the 'Proposed Development') comprise:

"Outline planning permission (with all matters reserved excluding access) for demolition of existing buildings (above basement level) and delivery of residential development (Class C3), flexible residential / commercial floorspace, new public realm, landscaping, play space, car parking, cycle parking and associated works."

Overview of this HIA

- 3 In accordance with The London Plan¹ Policy GG3 this HIA has been undertaken to systematically define and address any likely health impacts associated with the Proposed Development. As such, reference has been made to a range of data sources and assessments located in standalone planning deliverables, all of which are cited appropriately as they appear.

The Site and Existing Uses

- 4 The Site is bound by:
 - North Hyde Road (A347) to the north, beyond which lie residential properties and National Rail railway tracks;
 - Millington Road to the east, beyond which lie commercial premises including a building merchant supplier;
 - Millington Road to the south, beyond which lie commercial premises and residential uses; and
 - Millington Road to the west, beyond which lies surface car parking and commercial uses, and beyond this Dawley Road.
- 5 The Site is irregular in shape and currently occupied by a surface car park of 0.2ha, two largely vacant commercial buildings of three and five storeys in height, and a multi-storey car park of six storeys. The Site also comprises of areas of hardstanding and limited areas of public realm. The Site currently contains limited vegetation with some trees around the Site boundary.
- 6 The Site is allocated for development within the Hillingdon Local Plan Part 1², Hillingdon Local Plan Part 2³ and Hillingdon Adopted Policy M. The Site is also adjacent to the LBH's Hayes Housing Zone⁴.
- 7 The Site boundary is shown in **Error! Reference source not found.** below.

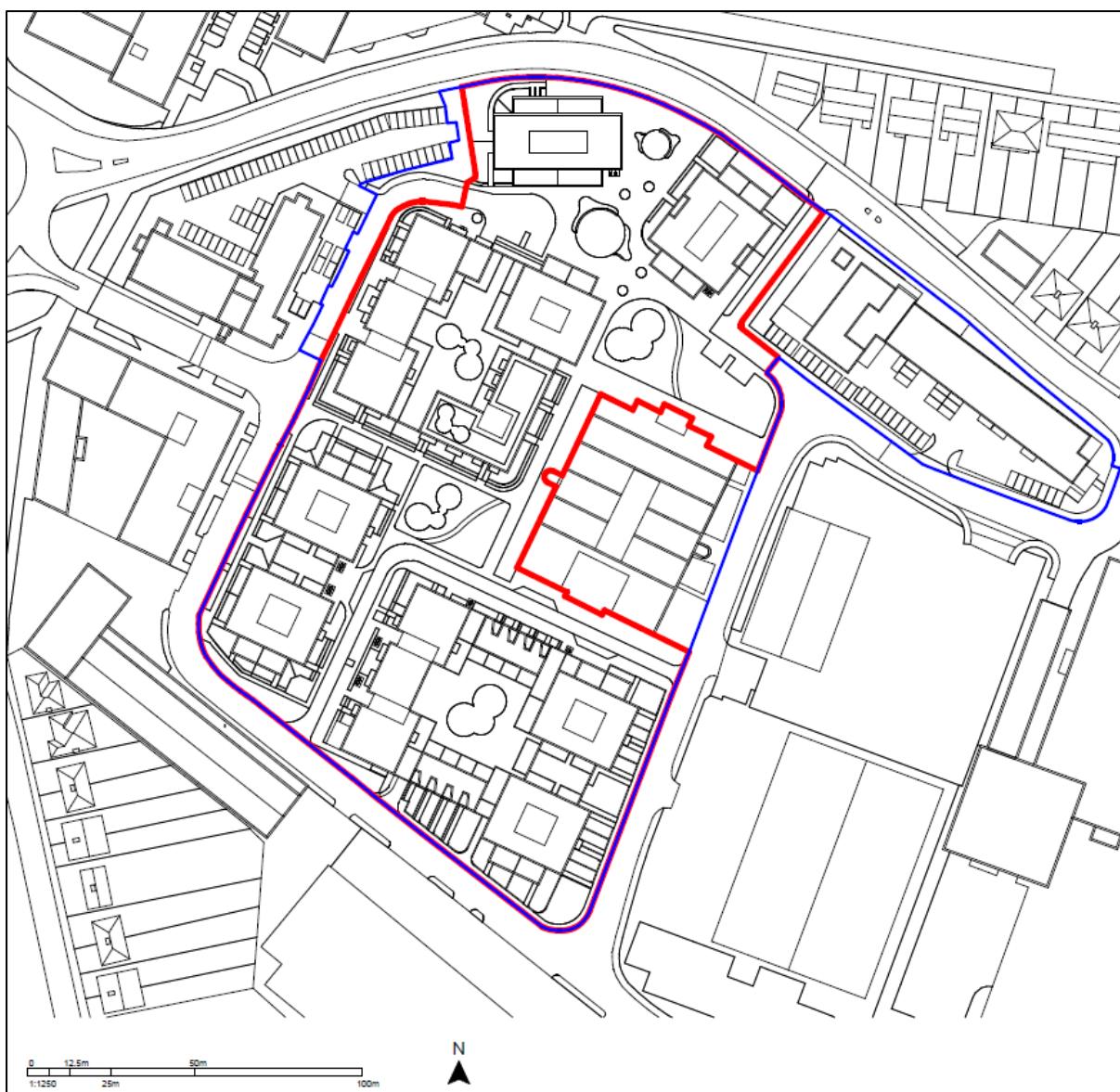
¹ GLA (2021). *The London Plan: The Spatial Development Strategy for Greater London*.

² LBH (2012). *Hillingdon Local Plan Part 1*.

³ LBH (2020). *Hillingdon Local Plan Part 2*.

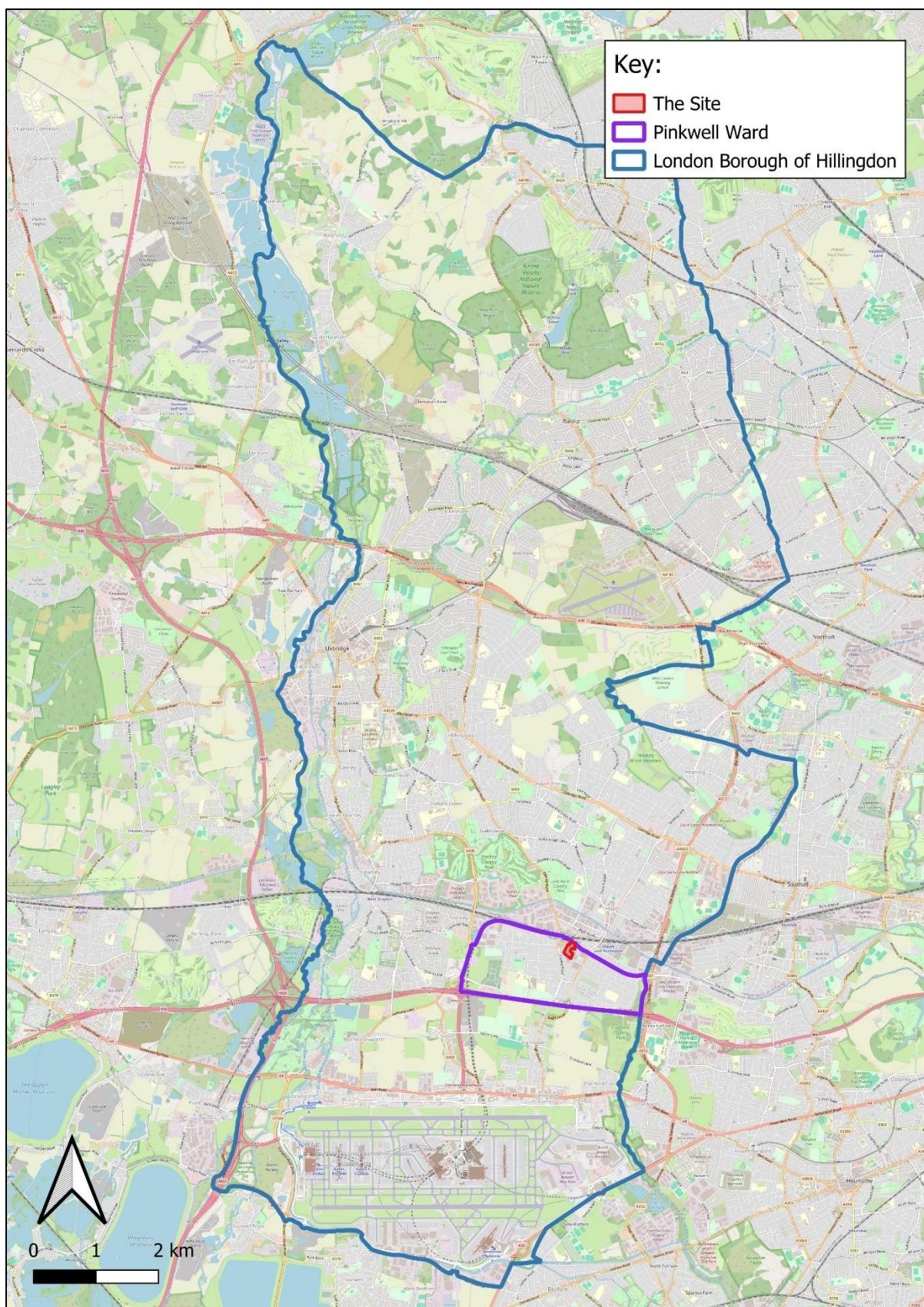
⁴ London Assembly (n.d.). *Housing Zones*. Available at: <https://www.london.gov.uk/programmes-strategies/housing-and-land/mayors-priorities-londons-housing-and-land/housing-zones?ac-26804=26781>. Accessed 06/05/2025.

Figure 1 Planning Application Boundary



The Surrounding Area

8 The Site forms part of a larger business and retail park between North Hyde Road to the north, Station Road to the east, Redmead Road to the south and Dawley Road to the west. The area immediately surrounding this business and retail park is predominantly residential, with the communities of Pinkwell to the west and south and North Hyde to the east. To the northeast, the Site borders the 'Keith Road triangle', a former Metroland area, characterized by semidetached houses arranged around Keith and Albert Roads. To the north, beyond the National Rail line, lies the Botwell: Thorn Electric and Music Industries Ltd (EMI) Conservation Area.

Figure 2 Site Location

Base Map Source: OpenStreetMap (2024) and OS data © Crown copyright and database right 2024.

The Proposed Development

- 9 The Proposed Development will bring forward the demolition of existing structures on Site, and the construction of a residential development (Use Class C3), with locally scaled flexible commercial uses (Use Class E).
- 10 The Proposed Development will bring forward 652 market rate residential units (Use Class C3). The illustrative unit mix for the housing provision is outlined in Table 1.

Table 1 Illustrative Unit Mix

Unit Type	Number of Units
1 Bedroom	276
2 Bedroom	269
3 Bedroom	107
TOTAL	652

Table 2 Proposed Development Commercial Floorspace

Function	Gross Internal Area (GIA)	Net Internal Area (NIA) ⁵
Flexible Commercial (Use Class E)	150m ²	127.5m ²

Population Yield

- 11 Using the Greater London Authority's (GLA) most up to date Population Calculator⁶, the Proposed Development is expected to accommodate approximately 1,285 residents across the scheme's private residential homes.
- 12 The age distribution of these homes' expected population is presented in Table 33.

Table 3 Proposed Development Residential Population Breakdown

Age	Population Distribution
Early Years (0-4 years)	96
Primary School (5-11 years)	64
Secondary School (12-17 years)	16
Working Age (18-64 years)	1,075
65+ years	26
TOTAL	1,285

⁵ NIA is calculated as 85% of GIA.

⁶ GLA (2019). Population Yield Calculator (v3.2).

LEGISLATION AND PLANNING POLICY

13 A review of key health related legislation and national, regional, and local planning policy is provided in Appendix A of this HIA. The following legislative and planning policy documents have been considered within this assessment:

- The Localism Act 2011⁷;
- The Health and Care Act 2022⁸;
- The National Planning Policy Framework (NPPF)⁹;
- Planning Practice Guidance (PPG)¹⁰;
- *Fair Society, Healthy Lives (The Marmot Review)*¹¹ and *The Marmot Review 10 Years On*¹²;
- Healthy Lives, Healthy People: Our strategy for public health in England¹³;
- Public Health England's (PHE) Health Impact Assessment in Spatial Planning¹⁴
- The London Plan 2021: The Spatial Development Strategy for Greater London;
- The GLA London Health Inequalities Strategy¹⁵;
- The GLA Social Infrastructure Supplementary Planning Document (SPD)¹⁶;
- The Hillingdon Local Plan;
- The LBH's Supplementary Planning Document: Planning Obligations¹⁷; and
- The Hillingdon Open Space Strategy 2011-2026¹⁸.

⁷ His Majesty's Stationery Office (HMSO) (2011). Localism Act 2011.

⁸ HMSO (2022). Health and Social Care Act 2022.

⁹ Ministry of Housing, Communities & Local Government (MHCLG) (2025). National Planning Policy Framework.

¹⁰ MHCLG (Live Document). Planning Practice Guidance.

¹¹ University College London (2012). Fair Society, Healthy Lives (the Marmot Review) 2010.

¹² The Institute of Health Equity (2020). Health Equity in England: The Marmot Review 10 Years On.

¹³ Department of Health (2010). Healthy Lives, Healthy People: Our strategy for public health in England

¹⁴ PHE (2020). Health Impact Assessment in Spatial Planning.

¹⁵ GLA (2018). London Health Inequalities Strategy 2018.

¹⁶ GLA (2015). Social Infrastructure Supplementary Planning Document.

¹⁷ LBH (2014). Supplementary Planning Document: Planning Obligations.

¹⁸ LBH (2011). Hillingdon Open Space Strategy.

METHODOLOGY

Policy Requirements

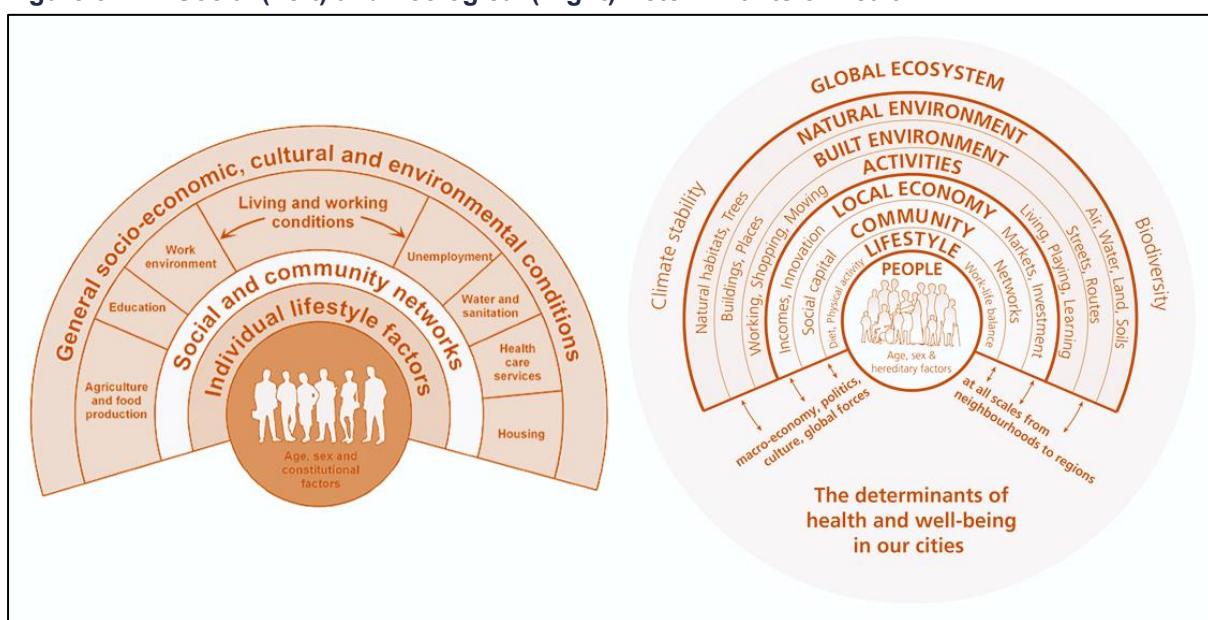
14 This HIA considers Policy GG3 of The London Plan, 'Creating a Healthy City', which states:

"To improve Londoners' health and reduce health inequalities, those involved in planning and development must...assess the potential impacts of development proposals and Development Plans on the mental and physical health and wellbeing 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 Assessments."

Assessment Methodology

15 This assessment is based on a broad socio-economic model of health and wellbeing encompassing conventional impacts such as disease, accidents and environmental risks, along with wider determinants such as employment and local amenity. In its breadth, the model considers both physical and mental health, as well as both 'social' and 'ecological' (environmental) determinants of health, as illustrated in Figure 3.

Figure 3 Social (Left) and Ecological (Right) Determinants of Health¹⁹



16 The methodology and assessment criteria for preparing this HIA is derived from the NHS London Healthy Urban Development Unit (HUDU) Rapid HIA Tool²⁰ and the HUDU Healthy Urban Planning Checklist²¹ (collectively referred to as 'HUDU Guidance'). These tools are designed to assess the likely health impacts of development plans and proposals and are partly based on the World Health Organisation (WHO) publication by Hugh Barton and Catherine Tsourou, *Healthy Urban Planning*²². *Healthy Urban Planning* emphasises the importance of considering health and quality of life in urban planning and guides planners in making health objectives central to the decision-making process.

17 The overarching outline of this HIA follows the determinants of health categories included in the HUDU Guidance as this provides sufficient information on the health baseline of the Site and surrounding area

¹⁹ G. Dahlgren and M. Whitehead (1991). "Policies and strategies to promote social equality in health." Institute for Futures Studies, Stockholm.

²⁰ NHS HUDU (2019). *Rapid Health Impact Assessment Tool*.

²¹ NHS HUDU (2017). *Healthy Urban Planning Checklist*.

²² WHO (2000). *Healthy Urban Planning*. ISBN: 113515936X.

to allow for a systematic consideration of the likely health implications of the Proposed Development. The HUDU Guidance also provides opportunities to suggest mitigation and enhancement measures as appropriate to the findings of the assessment.

Baseline

18 The HIA begins with a baseline assessment outlining existing conditions at the Site and in the surrounding area as they relate to human health, against which impacts resulting from the Proposed Development are measured. The baseline includes key trends in the demographic profile of the area, deprivation, physical and mental health and wellbeing, and social infrastructure, drawn from a range of nationally recognised data sources which have been cited appropriately as they appear.

19 The Site is located in Pinkwell ward, within the LBH, London, England. For the purposes of establishing a baseline, Pinkwell ward will be the primary study area (the 'Local Area'), with the LBH, London and England used as geographic comparators, depending on available data.

Assessment

20 The HUDU Guidance identifies 11 key determinants of health to be considered in assessments, including:

1. Housing Design and Affordability;
2. Access to Health and Social Care Services and Other Social Infrastructure;
3. Access to Green Space and Nature;
4. Air Quality, Noise and Neighbourhood Amenity;
5. Accessibility and Active Travel;
6. Crime Reduction and Community Safety;
7. Access to Healthy Food;
8. Access to Work and Training;
9. Social Cohesion and Inclusive Design;
10. Minimising the Use of Resources; and
11. Climate Change.

21 As a mixed-use scheme, all 11 of these determinants of health apply to the Proposed Development and have thus been scoped into this HIA. Tables outlining the respective health assessment criteria defined within the HUDU Guidance, and whether each criterion is relevant to the assessment of each health determinant, are clearly presented within the relevant section of the '*Assessment of Health Determinants*' below.

22 HIAs are predominantly qualitative rather than quantitative assessments, due to the wide and diverse, and often overlapping, range of health determinants requiring consideration. As detailed in the HUDU Guidance, impacts on health determinants will be categorised as positive, negative, neutral or uncertain, with appropriate explanations for assessment decisions provided and based on information included in the wider planning application.

Conclusions and Further Recommendations

23 Following assessment of the Proposed Development's impacts on determinants of health, advice has been provided on measures to mitigate any potentially negative effects. Further advice on measures to enhance health and wellbeing through opportunities associated with the development of the Site is also included.

Assumptions and Limitations

24 Wherever possible, the baseline year for this assessment is 2024, the latest year for which at least some complete data is available. For some data, including some health and Census data, the next most recent year is used, often 2021.

BASELINE

Demographic Profile

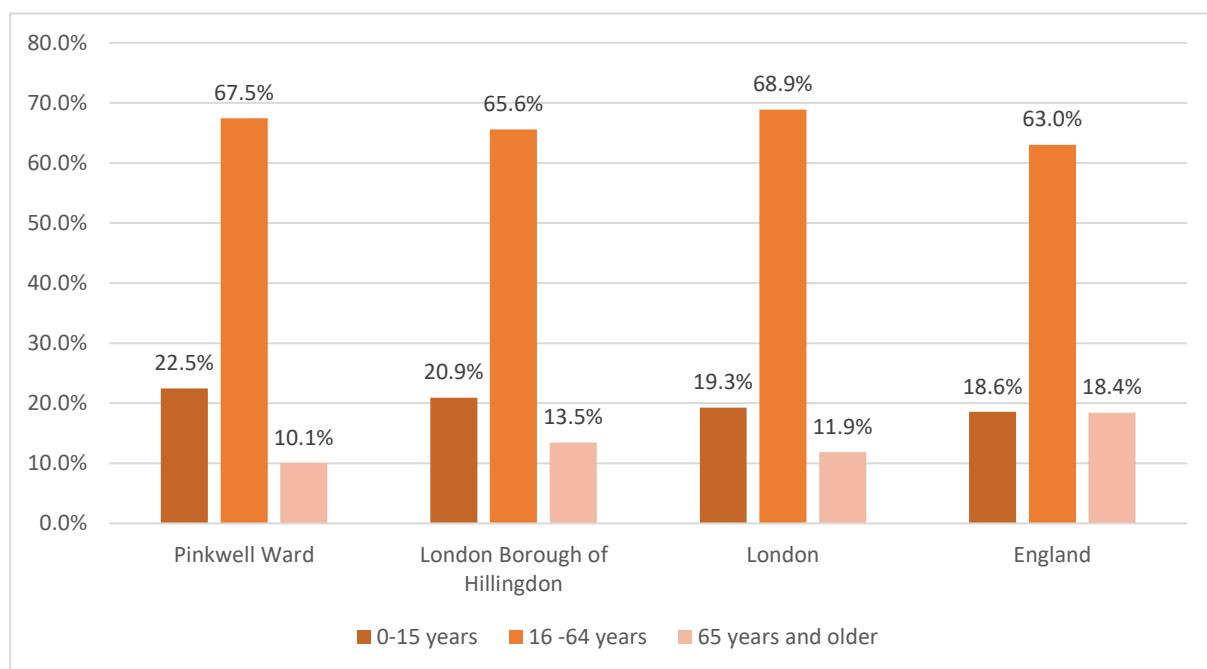
Population and Density

26 Approximately 16,700 people live in Pinkwell ward, which is 5.5% of the LBH's total residential population (305,900) and less than 1% of London's (8.8 million)²³. Pinkwell ward has a population density similar to London levels (5,598 people per square kilometre), housing approximately 5,225 people per square kilometre, but which is lower than the density of the LBH (2,644 people per square kilometre)²⁴.

Age

27 As illustrate in Figure 4, Pinkwell ward's proportion of working age people, aged 16-64 years (67.5%), is generally on par with what is typical for the LBH (65.6%), London (68.9%) and England (63.0%). However, its proportion of older people, aged 65 years and older (10.1%), is lower than across other sampled areas while its population of children and young people, aged 15 years and younger (22.5%), is higher compared to other comparative areas.

Figure 4 Population by Age²⁵



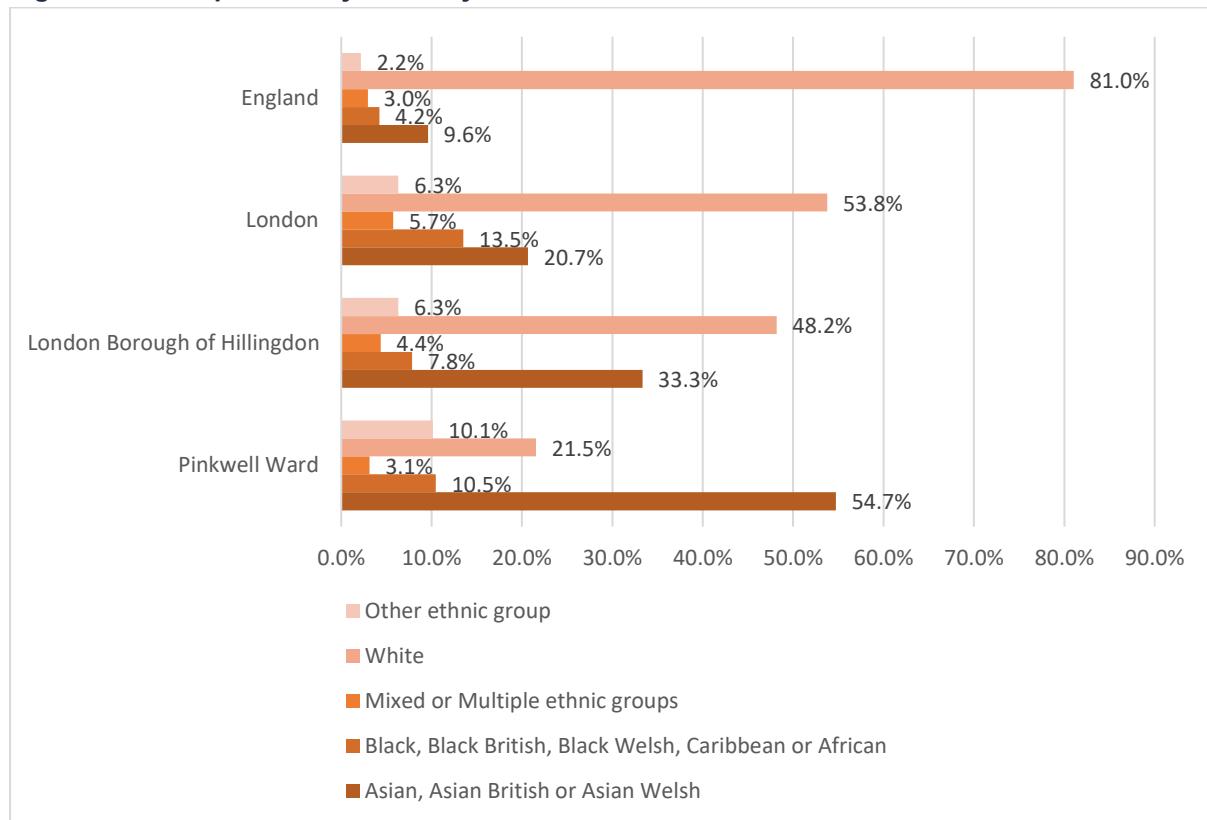
Ethnicity

28 Pinkwell ward's population is relatively diverse, with a lower proportion of residents identifying as White (21.5%) than the LBH (48.2%), London (53.8%) and national average (81.0%). Amongst ethnic minorities in the ward, those identifying as Asian, Asian British or Asian Welsh are most common, representing 54.7% of the total population. This trend is consistent across all other geographical aggregations, with this group proportionately representing the largest ethnic minority.

²³ Office for National Statistics (ONS) (2022). Dataset ID TS007 – Age by single year.

²⁴ ONS (2022). Census 2021: Dataset ID TS006 – Population density.

²⁵ ONS (2022). Census 2021: Dataset ID TS007 – Age by single year.

Figure 5 Population by Ethnicity²⁶

Deprivation

29 The English Indices of Deprivation (IoD)²⁷ is the official measure of relative deprivation in England. It is based on seven distinct domains of deprivation, which are weighted and combined to form the overall index. These seven domains include:

1. Income;
2. Employment;
3. Education, skills and training;
4. Health deprivation and disability;
5. Crime;
6. Barriers to housing and services; and
7. Living environment.

30 IoD scores are assessed at the Lower Layer Super Output Area (LSOA) level and ranked to provide a relative score for each LSOA. The lower the decile score, the worse off an LSOA is in that domain, with scores of 1 indicating a ranking in the first decile, or amongst the 10% most deprived LSOAs in the country.

31 LSOAs comprise 400 to 1,200 households or 1,000 to 3,000 people. There are eight LSOAs included in the Local Area (Pinkwell ward), shown in Figure 6 and listed in Table 4 below, which face varying levels of deprivation across the seven domains. The Site is situated in Hillingdon 030C.

²⁶ ONS (2022). *Census 2021: Dataset ID TS021 – Ethnic group*.

²⁷ MHCLG (2019). *English Indices of Deprivation 2019*.

Figure 6 IoD Decile Rank, Local Area Map



Base Map Source: OpenStreetMap (2024) and MHCLG, 2019 and ONS, licensed under the Open Government Licence v.3.0. Contains OS data © Crown copyright and database right 2020.

32 Overall, Pinkwell ward experiences moderate levels of deprivation, with its LSOAs' scores for overall deprivation ranging from the third decile (amongst the 30% most deprived) to the sixth decile (amongst the 50% least deprived).

Table 4 Study Area Deprivation (IoD Decile Scores)²⁸

	Overall Deprivation	Income	Employment	Education, Skills and Training	Health Deprivation and Disability	Crime	Barriers to Housing and Services	Living Environment
Hillingdon 028A	4	3	4	4	8	4	1	4
Hillingdon 028B	4	4	4	4	8	5	1	4
Hillingdon 030B	5	5	5	5	8	4	2	4
Hillingdon 030C	6	5	7	6	8	4	3	5
Hillingdon 030D	4	4	6	4	8	3	3	2
Hillingdon 030E	5	4	5	4	8	4	3	3
Hillingdon 032D	4	3	4	3	7	4	2	4
Hillingdon 032E	3	3	4	2	5	4	1	6



²⁸ MHCLG (2019). English Indices of Deprivation 2019. File 2: Domains of deprivation.

33 All LSOAs score poorly in the domains of 'barriers to housing and services', with all LSOAs scoring across the 10% to 30% most deprived neighbourhoods in the country. The ward also sees some low scores for 'education, skills and training' and 'living environment' (within the 20% and 30% most deprived) and within 'income' and 'crime' (within the 30% most deprived).

34 The domain of 'health deprivation and disability' sees the best scores across the ward, with six LSOAs in the Local Area amongst the top 30% best scoring LSOAs nationally, one LSOA amongst the top 40%, and the remaining LSOA in the 50% most deprived.

35 Within Hillingdon 030C, which contains the Site, overall deprivation is moderate, with the LSOA amongst the 50% least deprived neighbourhoods in the country. This LSOA scores worst in the 'barriers to housing and services' and 'crime' domains, landing in the third and fourth decile respectively, indicating that there is a need for affordable and quality housing and programmes which offer an alternative to anti-social and criminal activity. As with other LSOAs, its best score is represented under 'health deprivation and disability', with the LSOA ranking amongst the 30% least deprived nationally for this domain.

Poverty

36 These IoD trends are broadly consistent with other deprivation measurements, including the Income Deprivation Affecting Children Index (IDACI) and Income Deprivation Affecting Older People Index (IDAOP). Rates of children and older people in poverty in the ward are higher than both the proportion across the LBH and nationally, as shown in Table 5Table 5. In the LBH more widely, the proportion of children in poverty is lower with the national rate, however the proportion of older people in poverty is marginally higher than the national rate.

Table 5 Age-Related Deprivation²⁹

Indicator	Pinkwell Ward	London Borough of Hillingdon	England
Child poverty (IDACI)	18.1%	15.7%	17.1%
Older people in poverty (IDAOP)	20.4%	14.5%	14.2%

Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are approximately equal to the national average, and figures highlighted in green are better than the national average.

Physical Health and Wellbeing

37 Trends identified across the local population's physical health profile provide an indication of relative good or ill-health, as well as providing insight into the possible causes of poor overall wellbeing.

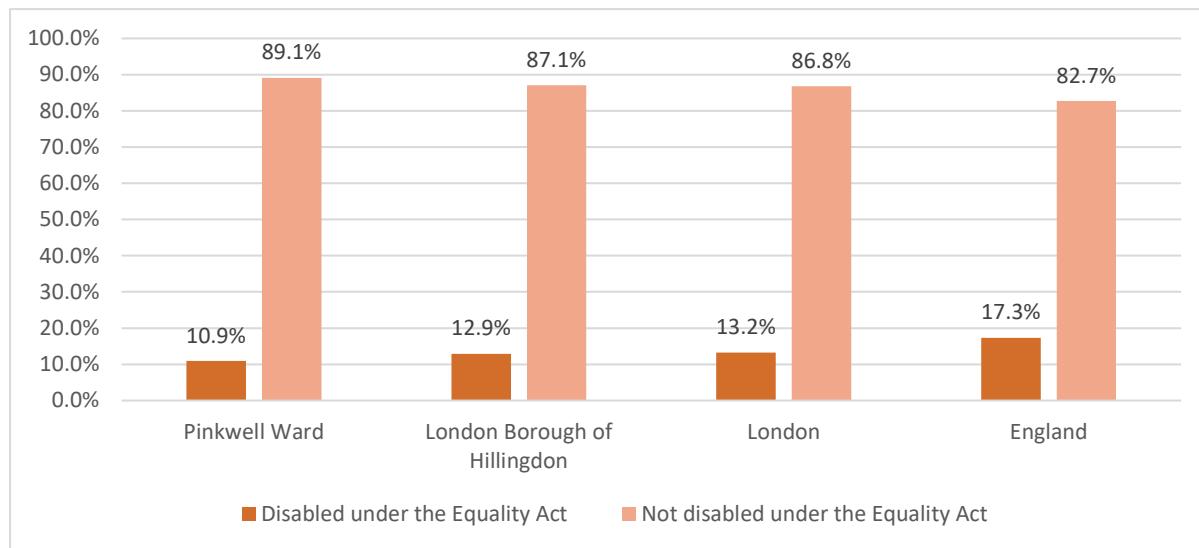
Disability

38 Under the Equality Act³⁰, an individual who has a physical or mental impairment which has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities is classed as disabled. 'Substantial' effects are those which result in a more than 'minor' or 'trivial' inconvenience and 'long-term' effects must last 12 months or more.

39 The ward has a relatively small proportion of disabled residents (10.9%) compared to local, regional and national comparators (12.9% in the LBH, 13.2% in London and 17.3% in England).

²⁹OHID (2019). *Fingertips: Public health data*.

³⁰HMSO (2010). *Equality Act 2010*.

Figure 7 Population by Disability³¹

Life Expectancy and Cause of Death

40 Life expectancy within the Local Area is generally comparable to, or somewhat better than, regional and national trends. Additionally, residents in the ward demonstrate lower levels of mortality due to common diseases such as circulatory, coronary heart and respiratory disease compared to the LBH and England. However, Pinkwell ward residents are more likely to die of cancer than their counterparts across the LBH and England. Circulatory, coronary heart and respiratory disease, as well as cancer, are often linked to compounding factors including poor diet, lack of exercise, weight gain, alcohol consumption, smoking and air pollution. With the exception of the marginally higher cancer rates in the Local Area, this suggests that fewer residents engage in these negative lifestyle factors compared to the national average.

Table 6 Life Expectancy and Cause of Death³²

Indicator	Pinkwell Ward	London Borough of Hillingdon	England
Life expectancy for women, years	84.9	83.9	83.2
Life expectancy for men, years	81.3	80.2	79.5
Deaths from all cancer, all ages, standardised mortality ratio (SMR)	100.9	90.3	100.0
Deaths from circulatory disease, all ages, SMR	90.3	102.8	100.0
Deaths from coronary heart disease, all ages, SMR	82.0	105.8	100.0
Deaths from respiratory disease, all ages, SMR	82.0	98.3	100.0

Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are approximately equal to the national average, and figures highlighted in green are better than the national average.

Obesity

41 The prevalence of obesity and overweightness amongst both children in Reception and Year 6 in the Local Area exceeds the national, regional and borough rates, demonstrating an area of concern for the ward. Obesity and overweightness amongst those in Year 6 across the LBH also exceeds the national rate, although obesity and overweightness amongst children in Reception across the LBH are in line or marginally lower than national and regional rates.

³¹ ONS (2022). Census 2021: Dataset ID TS038 – Disability.

³² OHID (2016-2020). Fingertips: Public health data.

42 Obesity in childhood is particularly concerning as poor lifestyle habits established at this stage can carry on into adulthood, causing or exacerbating lasting ill-health as individuals age. These findings also align with the findings associated with the IDACI figures, supporting the link between childhood poverty and childhood obesity. The Site is situated in an area of relative deprivation in this regard.

Table 7 **Obesity³³**

Indicator	Pinkwell Ward	London Borough of Hillingdon	London	England
Prevalence of obesity (including severe obesity) at Reception	13.1%	9.5%	10.0%	9.6%
Prevalence of overweight (including obesity) at Reception	23.0%	20.0%	20.9%	21.9%
Prevalence of obesity (including severe obesity) in Year 6	29.0%	24.2%	24.9%	22.7%
Prevalence of overweight (including obesity) in Year 6	45.0%	39.2%	39.0%	36.7%
Adults (18+) classified as obese	*	22.8%	20.2%	26.5%
Adults (18+) classified as overweight or obese	*	63.0%	57.8%	64.5%

* Data not available.
Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are about equal to the national average, and figures highlighted in green are better than the national average.

Diet

43 Weight gain and associated illnesses can be attributed to poor diet, which in turn can be caused by a lack of access to fresh, unprocessed foods, as well as an overabundance of hot food takeaways, in areas known as food deserts. In food deserts, residents' access to affordable, nutritious food is limited due to the absence of grocery stores within convenient traveling distance. Such areas tend to be inhabited by residents in lower income brackets with poor access to transportation or digital tools, which make them less desirable as consumers to major supermarket chains.

44 The immediate area surrounding the Site scores moderately well on the Consumer Data Research Centre (CDRC) E-Food Desert Index, as showed in Figure 8. Local scores typically range from the fifth to the eighth decile, with a few areas to the east and west of the Site scoring slightly lower, in the first to fourth deciles. These higher scores in the local area reflect the diverse food availability, with provision of fresh and unprocessed foods i.e. fruits, vegetables and whole protein sources.

45 The nearest grocery store to the Site is a Co-op Food, approximately 480m walking distance to the east on Station Road and North Hyde Road.

³³ OHID (2021/2022-23/24). *Fingertips: Public health data*.

Figure 8 E-Food Deserts³⁴

Base Map Source: CDRC (2024)

46 The local area's lack of healthy food options is countered by its relatively high number of unhealthy food options, demonstrating only a marginally lower density for hot food takeaways to both London and England, as seen in Table 8.

Table 8 Density of Fast-Food Outlets³⁵

Indicator	London Borough of Hillingdon	London	England
Density of fast-food outlets per 100,000 people	112.5	138.5	115.9

Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are approximately equal to the national average, and figures highlighted in green are better than the national average.

Exercise

47 Physical activity has been in decline across the UK since the 1960s. In March 2022, it was considered that the UK population was approximately 20% less active than in the 1960s, and it is anticipated that the UK population will be 35% less active by 2030³⁶. Physical inactivity is associated with one in six deaths in the UK and exercise is widely understood to benefit both physical and mental health.

48 Physical activity levels amongst adults within the LBH (56.2%) are lower than those recorded across London (66.7%) and England (67.4%). Similarly physical activity levels amongst children and young people within the LBH (43.5%) are also lower to those recorded across London (47.3%) and England (47.8%).

³⁴ Consumer Data Research Centre (CDRC) (2023). E-Food Desert Index.

³⁵ OHID (2024). Fingertips: Public health data.

³⁶ OHID (2023). Physical activity: applying all our health.

Table 9 Exercise³⁷

Indicator	London Borough of Hillingdon	London	England
Physically active children and young people	43.5%	47.3%	47.8%
Physically active adults	56.2%	66.7%	67.4%
Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are about equal to the national average, and figures highlighted in green are better than the national average.			

Mental Health and Wellbeing

49 High rates of deprivation and poor physical health can negatively impact mental health and overall wellbeing by causing or exacerbating mental health conditions and stress. Such conditions can also be compounded by other external factors including individuals' living conditions, economic standing and access to social infrastructure.

50 Rates of suicide and rates of self-harm in the LBH are in line with regional benchmarks and lower than national benchmarks, although it should be noted that these are only two indicators of many which may be used to measure relative mental wellbeing.

Table 10 Self-Harm³⁸

Indicator	London Borough of Hillingdon	London	England
Suicide rate, per 100,000 people	9.5	7.0	10.7
Emergency hospital admissions for intentional self-harm, per 100,000 people	61.4	51.7	117.0
Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are about equal to the national average, and figures highlighted in green are better than the national average.			

Living Environment

51 Poor living conditions within and around residential dwellings can be detrimental to physical and mental health as well as an indicator for wider socio-economic challenges including poverty.

Decent Homes Standard

52 Housing quality is improving across London, with the proportion of non-decent homes falling from 25% in 2010 to 12% in 2020³⁹. Likewise, the number of homes with reported incidence of damp decreased from 8% to 5% in the same period. These figures are consistent with national trends as the number of non-decent homes across England decreased from 26% to 15% and the number of homes with incidents of damp decreased from 6% to 4%.

Affordability

53 The affordability of home ownership in the LBH is consistent with the rest of London, which has a higher cost for ownership than England as a whole. The LBH also sees a slightly lower proportion of households experiencing fuel poverty than both London and England.

³⁷ OHID (2024). *Fingertips: Public health data*.

³⁸ OHID (2023). *Fingertips: Public health data*.

³⁹ Department for Levelling Up, Housing & Communities (DLUHC) (2020). *English Housing Survey: Housing quality and condition 2020*.

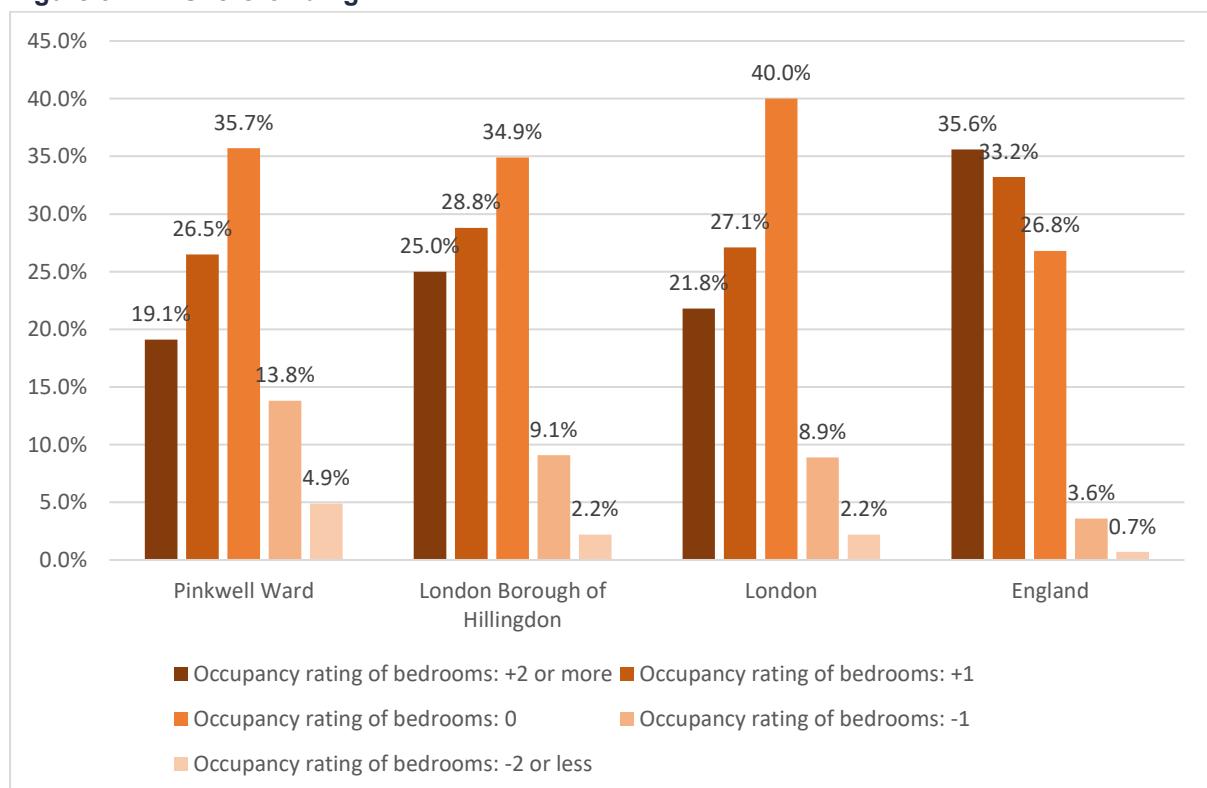
Table 11 Home and Fuel Affordability⁴⁰

Indicator	London Borough of Hillingdon	London	England
Home ownership affordability ratio (number of annual incomes a resident can expect to pay for a home)	12.0	12.7	8.3
Fuel poverty (low income, low energy efficiency methodology)	9.1%	10.4%	13.1%

Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are approximately equal to the national average, and figures highlighted in green are better than the national average.

Overcrowding

54 Overcrowding is more of a problem within the Local Area (affecting 18.7% of households) than it is across the LBH (11.3%). Overcrowding in Pinkwell ward is also more prevalent than is typical for London (11.1%) and much more prevalent than is typical for England (4.3%)⁴¹.

Figure 9 Overcrowding⁴²

Social Infrastructure

55 Access to infrastructure including health and social care services, open and play space, and other community facilities can impact physical and mental health and wellbeing, with limited access to such infrastructure often causing ill-health, exacerbating existing conditions, or restricting access to timely or appropriate care.

⁴⁰ OHID (2022/2023). *Fingertips: Public health data*.

⁴¹ ONS (2021). *TS052 – Occupancy rating for bedrooms*.

⁴² ONS (2022). *Census 2021: Dataset ID TS052 – Occupancy rating for bedrooms*.

Community Services

56 The LBH provides a wide range of health and social care services including, but not limited to, adult social care, including safeguarding vulnerable adults such as the elderly and victims of domestic abuse, and children and family care, including children's safeguarding, social care and adoption.

Emergency Healthcare

57 The nearest hospital with an Accident and Emergency (A&E) department to the Site is Hillingdon Hospital, approximately 4.3km walking distance, or 4.7km driving distance, northwest.

58 Ealing Hospital is also approximately 6.8km walking distance, or 7.6km driving distance east of the Site, and has an A&E department.

Primary Healthcare

59 There are six GP surgeries within a 1.6km walking distance of the Site, as shown on Figure 10. Although these surgeries all accept new patients, they also exceed the NHS' recommended GP full-time equivalent (FTE) to patient ratio of 1,800 patients per GP FTE⁴³ by 1,461 patients per GP FTE. This information is shown in Table 12 and Figure 11 below.

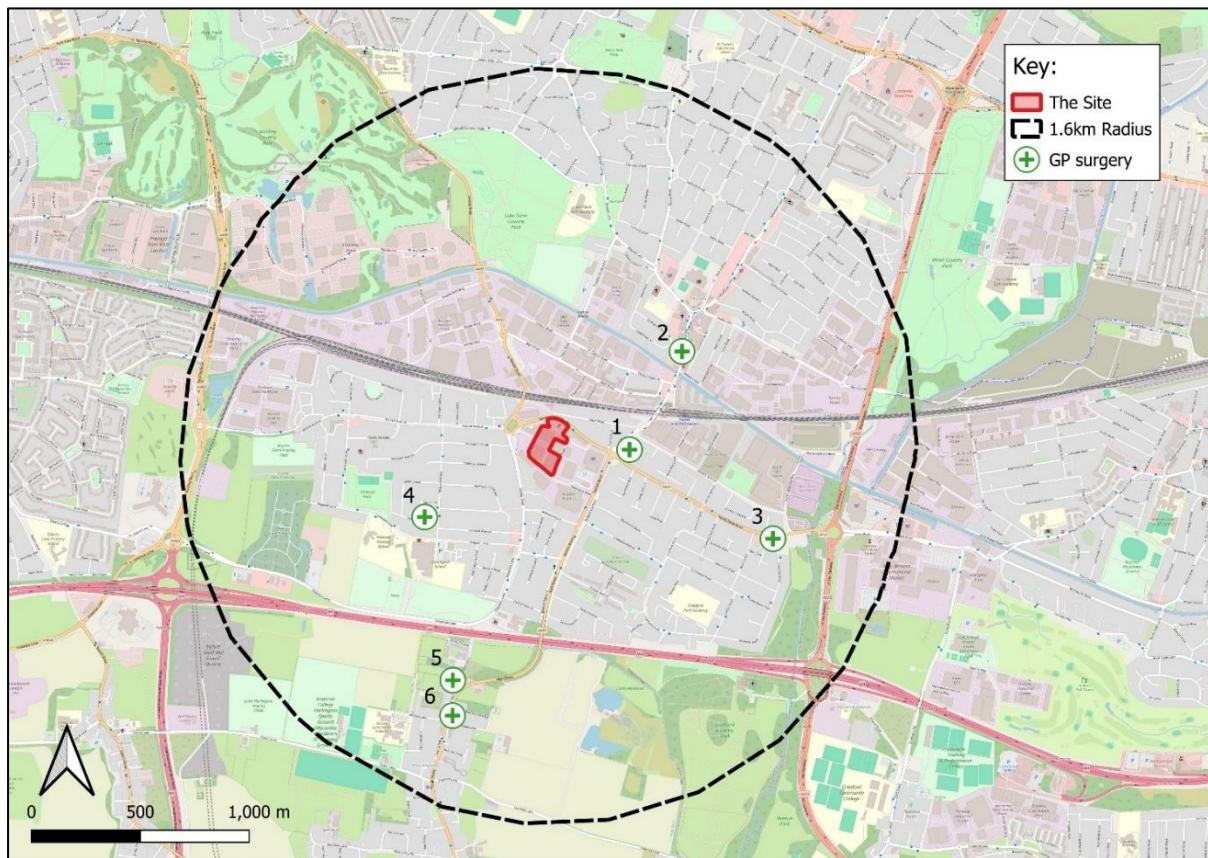
Table 12 Local GP Capacity⁴⁴

Map Ref.	Surgery Name	Walking Distance	Registered Patients	GP FTEs	Patients per GP FTE	Above / Below Capacity	Accepting New Patients
1	Hayes Medical Centre, UB3 4NA	450m E	19,599	4.5	4,355	-2,555	Yes
2	HESA Medical Centre, UB3 4DS	950m NE	22,191	7.6	2,920	-1,120	Yes
3	Shakespeare Health Centre, UB3 1NY	1.0km SW	5,222	2.3	2,270	-470	Yes
4	North Hyde Road Surgery, UB3 4NS	1.2km SE	8,148	2.2	3,704	-1,904	Yes
5	Heathrow Medical Centre, UB3 5AB	1.5km S	6,047	1.6	3,779	-1,979	Yes
6	Glendale Medical Centre, UB3 5DA	1.6km S	6,949	2.7	2,574	-774	Yes
Total			68,156	20.9	3,261	-1,461	-

⁴³ HUDU (2009). *HUDU Planning Contribution Model Guidance Notes*.

⁴⁴ NHS (2025). *General Practice Workforce: Selected Sub-ICB Location Information*. Available at:

<https://app.powerbi.com/view?r=eyJrIjoiYTM4ZTA3NGItMTM2Mi00NzAwLWEyY2QtNDgyZDkxOTk3MmFliwidCI6IiUwZjYwNzFmlWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMilsImMiOjh9>. Accessed 10/05/2025.

Figure 10 GP Surgeries within 1.6km Walking Distance of the Site

Base Map Source: OpenStreetMap (2024) and OS data © Crown copyright and database right 2024.

Primary Schools

60 There are 14 community or voluntary aided primary schools within a 3.2km walking distance of the Site⁴⁵, which have an overall surplus capacity of 698 places, or 7.0% of overall capacity at 95% of actual capacity⁴⁶.

61 Six primary schools exceed recommended capacity, but the two closest primary schools to the Site, Pinkwell Primary School and Cranford Park Academy, have surplus capacity (6.0% and 1.2%, respectively). Information on local primary school capacity is shown in Table 13 and Figure 12.

Table 13 Local Primary School Capacity⁴⁷

Map Ref.	Primary School Name	Walking Distance	Capacity (Number of Pupils)	Capacity at 95% (Number of Pupils)	Number of Pupils on Roll	Surplus / Deficit Number at 95% Capacity	Surplus / Deficit % at 95% Capacity
1	Pinkwell Primary School, UB3 1PG	1.2km SW	690	656	616	40	6.0
2	Cranford Park Academy, UB3 4LQ	1.3km SE	960	912	901	11	1.2
3	Botwell House Catholic Primary School, UB3 2AB	1.3km NE	720	684	705	-21	-3.1
4	Lake Farm Park Academy, UB3 1JA	1.7km N	720	684	702	-18	-2.6
5	William Byrd Primary Academy, UB3 5EW	2km SW	708	673	567	106	15.7

⁴⁵ Department for Education (DfE) (2024). Travel to school for children of compulsory school age, Statutory guidance for local authorities.

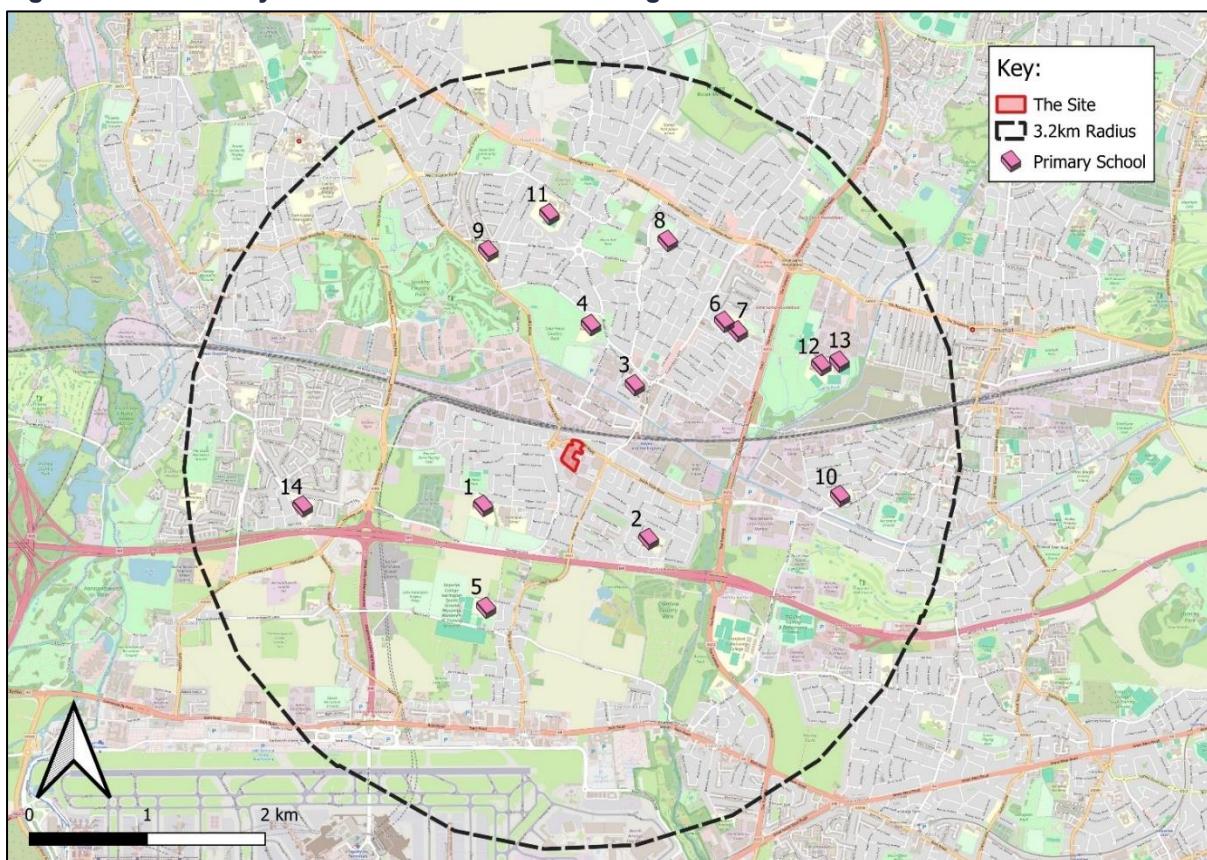
⁴⁶ Audit Commission for Local Authorities and the National Health Service in England and Wales (1996). Trading Places: The Supply and Allocation of School Places.

⁴⁷ Department for Education (DfE) (2024). Get Information about Schools. Available at: <https://get-information-schools.service.gov.uk/Search?SelectedTab=Establishments>. Accessed 10/05/2025.

6	Minet Junior School, UB3 3NR	2.3km NE	480	456	410	46	10.1
7	Minet Infant and Nursery School, UB3 3NR	2.2km NE	480	456	431	25	5.5
8	Dr Triplett's CofE Primary School, UB3 2JQ	2.5km NE	420	399	452	-53	-13.3
9	Wood End Park Academy, UB3 2PD	2.3km NW	1104	1,049	952	97	9.2
10	Featherstone Primary and Nursery School, UB2 5JT	2.7km E	630	599	682	-84	-14.0
11	Rosedale Primary School, UB3 2SE	2.8km N	480	456	411	45	9.9
12	Guru Nanak Sikh Academy, UB4 0LT	3.2km NE	1500	1,425	1560	-135	-9.5
13	Nanaksar Primary School, UB4 0LT	3.2km NE	840	798	145	653	81.8
14	Cherry Lane Primary School, UB7 9DL	3.2km W	690	656	669	-14	-2.1
Total			10,422	9,901	9,203	698	7.0

Note: Any discrepancies in totals are due to rounding

Figure 11 Primary Schools within 1.6km Walking Distance of the Site



Base Map Source: OpenStreetMap (2024) and OS data © Crown copyright and database right 2024.

Secondary Schools

62 There are 22 secondary schools within the LBH, which are currently operating at a surplus capacity of 1,045 places, or 4.4% of overall capacity at 95% of actual capacity. The closest secondary school to the Site, Global Academy, has 26.5% surplus capacity, however, the second and third closest schools are both over capacity. Full information on local secondary school capacity is shown in Table 14 and Figure 13.

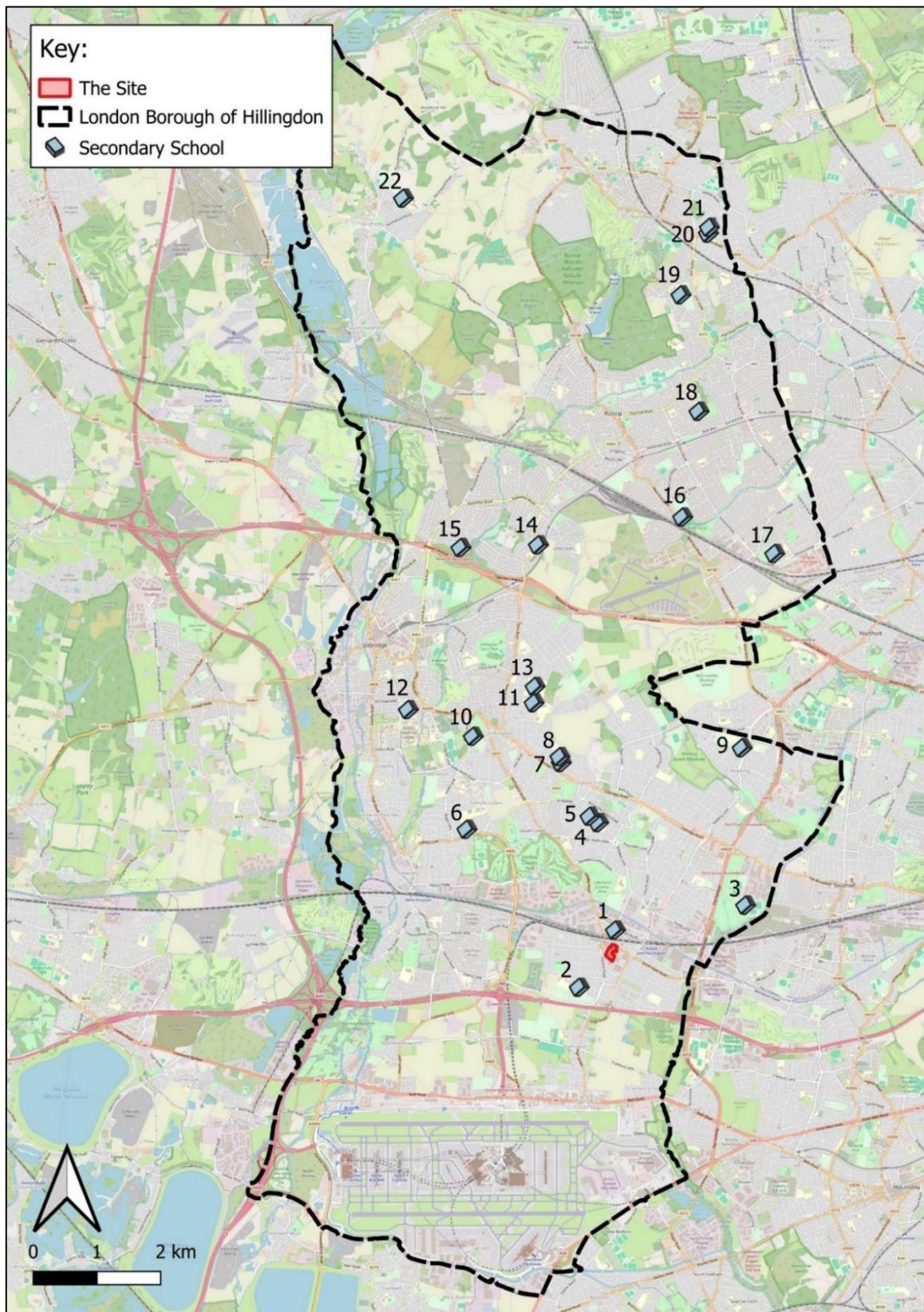
63 Baseline analysis of secondary schools is carried out at a wider geographic level to account for older pupils' ability and willingness to travel further based on interests and school specialisms.

Table 14 Local Secondary School Capacity⁴⁸

Map Ref.	Secondary School Name	Walking Distance	Capacity (Number of Pupils)	Capacity at 95% (Number of Pupils)	Number of Pupils on Roll	Surplus / Deficit Number at 95% Capacity	Surplus / Deficit % at 95% Capacity
1	Global Academy, UB3 1DH	700m N	600	570	419	151	26.5
2	Harlington School, UB3 1PB	1.1km SW	1,156	1,098	1,317	-219	-19.9
3	Guru Nanak Sikh Academy, UB4 0LT	3.1km NE	1,500	1,425	1,560	-135	-9.5
4	Rosedale College, UB3 2SE	2.8km N	1,660	1,577	912	665	42.2
5	Parkside Studio College, UB3 2SE	2.9km N	300	285	61	224	78.6
6	Park Academy West London, UB8 3GA	3.5km NW	1,150	1,093	878	215	19.6
7	De Salis Studio College, UB4 8JP	3.5km NW	300	285	151	134	47.0
8	Hewens College, UB4 8JP	3.7km NW	750	713	482	231	32.4
9	Barnhill Community High School, UB4 9LE	4.2km NE	1,422	1,351	1,574	-223	-16.5
10	Bishopshalt School, UB8 3RF	4.8km NW	1,311	1,245	1,292	-47	-3.7
11	Swakeleys School for Girls, UB10 0EJ	5.2km NW	1,174	1,115	1,375	-260	-23.3
12	Uxbridge High School, UB8 2PR	5.6km NW	1,298	1,233	1,358	-125	-10.1
13	Oak Wood School, UB10 9HT	5.8km NW	1,350	1,283	1,247	36	2.8
14	The Douay Martyrs Catholic School, UB10 8QY	7.5km N	1,297	1,232	1,506	-274	-22.2
15	Vyners School, UB10 8AB	8.2km NW	1,136	1,079	1,489	-410	-38.0
16	Ruislip High School, HA4 0BY	8.5km N	1,300	1,235	1,290	-55	-4.5
17	Queensmead School, HA4 0LS	8.8km NE	1,476	1,402	1,491	-89	-6.3
18	Bishop Ramsey Church of England School, HA4 8EE	10.8km N	1,245	1,183	1,265	-82	-7.0
19	Haydon School, HA5 2LX	12.6km N	2,040	1,938	1,677	261	13.5
20	Northwood School, HA6 1QN	13.8km N	1,080	1,026	1,007	19	1.9
21	UTC Heathrow, HA6 1QG	13.8km N	600	570	209	361	63.3
22	Harefield School, UB9 6ET	14.3km NW	1,000	950	283	667	70.2
Total			25,145	23,888	22,843	1,045	4.4
Note: Any discrepancies in totals are due to rounding.							

⁴⁸ DfE (2024). Get Information about Schools. Available at: <https://get-information-schools.service.gov.uk/Search?SelectedTab=Establishments>. Accessed 10/05/25.

Figure 12 Secondary Schools within the LBH



Base Map Source: OpenStreetMap (2025) and OS data © Crown copyright and database right 2025.

Open and Play Space

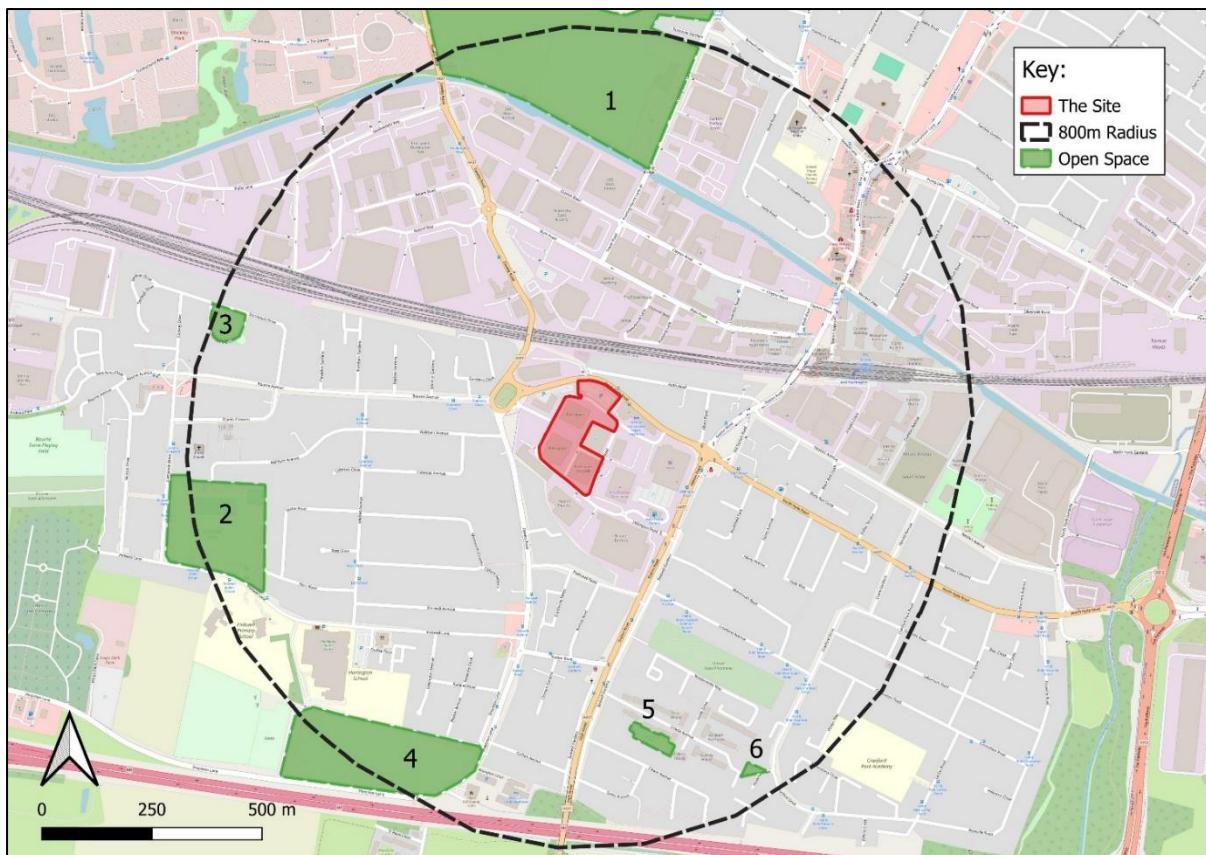
64 Pinkwell ward is considered to have insufficient open space, recreational space, and equipped play, not meeting the minimum standards set out in the LBH's Open Space Strategy. However, the Site itself is considered to have adequate access to open spaces within 1200m.

65 There are six open and play spaces within a 1.2km walking distance of the Site, including Lake Farm Country Park and Pinkwell Park. These facilities offer a range of park, garden and play facilities for the local community. Table 15 and 0 show the provision of public open space in relation to the Site.

Table 15 Local Public Open Space

Map Ref.	Facility Name	Walking Distance	Description of Facilities
1	Lake Farm Country Park, UB3 1EJ	1.0km N	Large park and gardens including a car park, skateboarding area, children's playground and BMX course.
2	Pinkwell Park, UB3 1TF	1.0km W	Park and garden including a children's playground, basketball court and skateboarding area.
3	Snowdon Crescent Open Space, UB3 1RJ	1.0km W	Open green space within Snowdon Crescent.
4	Sam Philip's Recreation Ground, UB3 4AH	1.1km SW	Open green space with football posts and a mix of fields and trees.
5	Croyde Avenue Children's Playground, UB3 4EN	1.2km SE	Small children's playground and surrounding open green space.
6	Hoskins Close Playground, UB3 4LD	1.2km SE	Small children's playground.

Figure 13 Local Public Open Space with 800m Walking Distance of the Site



Base Map Source: OpenStreetMap (2025) and OS data © Crown copyright and database right 2025.

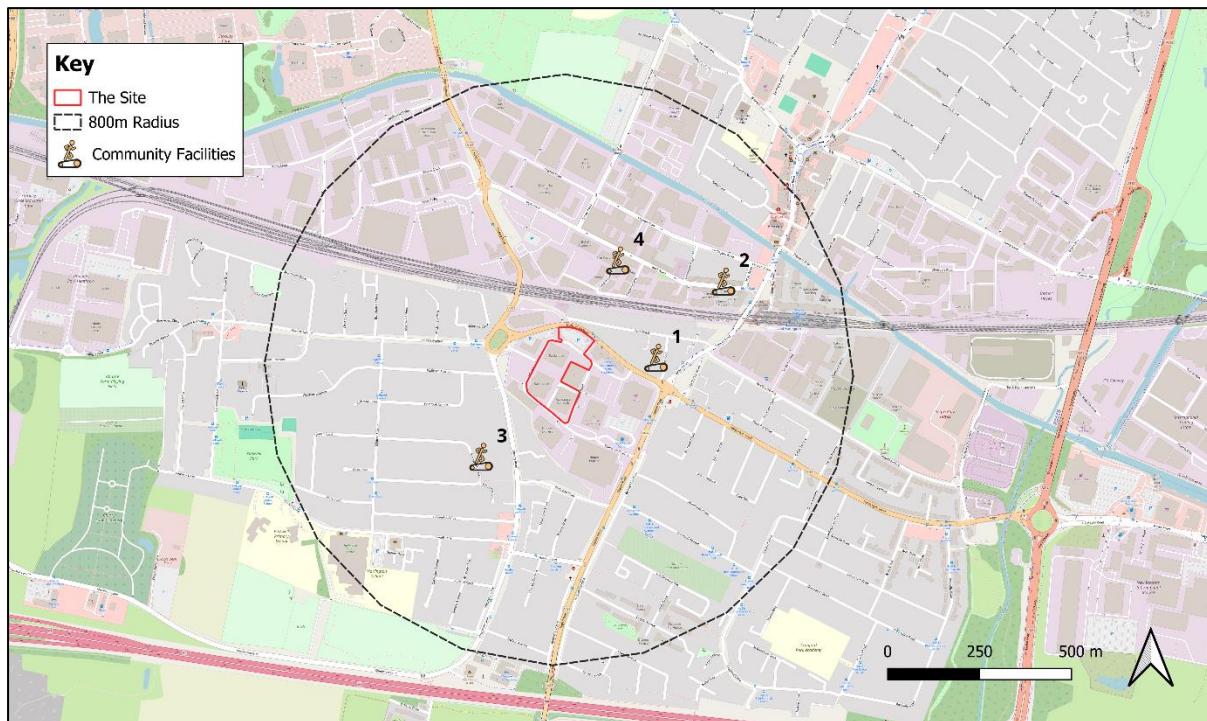
Community Facilities

66 There is a total of four secular community facilities available within an 800m walking distance of the Site, offering diverse opportunities for social interaction for the local community. Three of these centres are gyms/ leisure facilities, and one is a formal community centre.

Table 16 Community Facilities

Map Ref.	Facility Name	Walking Distance	Description of Facilities
Community Centres			
1	Hayes & Harlington Community Centre, UB3 4HR	350m E	Community centre which can be used to hold meetings, activities, local clubs, celebrations for different occasions and traditions. The centre also houses a bar where members can meet.
Gyms and Leisure Centres			
2	Energie Fitness, UB3 1BY	750m NE	Gym providing equipment and free classes.
3	Shaolin Gym Kung Fu, UB3 1NW	750m S	Martial arts school.
4	The Nest Climbing, UB3 DP	800m N	Rock climbing gym.

Figure 14 Community Facilities within 800m Walking Distance of the Site



Base Map Source: OpenStreetMap (2025) and OS data © Crown copyright and database right 2025.

Travel and Transport

67 The Site has mid-range public transport connections to the wider area with a Transport for London (TfL) public transport accessibility level (PTAL) score of 4.

68 The Site is located approximately 600m from Hayes & Harlington Station, which provides services to the TfL Elizabeth Line and Great Western Railway. There are two additional stations further from the Site, Southall Station (approx. 4.1km to the east) and West Drayton Station (approx. 4.3km to the west), both also providing TfL Elizabeth Line and Great Western Railway services.

69 In addition, several bus stops offering TfL bus services are within a reasonable walking distance, the closest of which is directly outside the Site on North Hyde Road, from which the U5 bus route operates.

Crime

70 Between May 2024 and April 2025 approximately 30,326 offences were recorded in the LBH (97.5 offences per 1,000 people), an increase of 24.9% compared to the previous 12 months⁴⁹. The most common offences during this period were 'violence against person' (8,262), 'theft' (7,780) and 'vehicle offences' (3,615).

71 Although the increase in crime over the past year is relatively high, the LBH is still one of London's safer boroughs. In comparison, over the same period London saw approximately 941,130 recorded offences (106.9 offences per 1,000 people), an increase of 0.1% over the previous year. While the LBH sees lower rates of crime overall, the breakdown of recorded offences across the LBH and London is similar. In London, 'theft' (319,292) was recorded as the most common, followed by 'violence against the person' (236,888), then 'vehicle offences' (96,555).

72 Furthermore, in March 2025, 166 crimes were reported within the local area, with the most common offences being 'violence and sexual offences' (50 reports), 'anti-social behaviour' (41 reports), and 'vehicle crime' (18 reports)⁵⁰. This is generally consistent against the 12 months prior, whereby the highest reported offences were in June 2024 with 193 reports and the lowest reported offences was in February 2025, with 154 reports.

Local Economy

Labour Market

73 London's gross value added (GVA) to the economy is approximately £519.18 billion and England's GVA is approximately £1.94 trillion.

74 Approximately 218,000 workers operate in the LBH, at a density of 1.09 jobs per working age resident, which is on par with what is typical for London (1.07 jobs per working age resident)⁵¹. 73.2% of jobs in the LBH are full-time and 26.8% are part-time, which is comparable to London overall in which 74.7% of its jobs are full-time and 25.3% are part-time⁵².

75 The most prevalent industry within the LBH is 'transportation and storage' (19.1% of employee jobs), followed by 'administration and support service activities' (18.0%) and 'wholesale and retail trade; repair or motor vehicles and motorcycles' (11.3%)⁵³. This differs from London more widely for which the largest sector is 'professional, scientific and technical activities' (14.6%).

76 Full-time workers operating in the LBH see weekly gross pay of £803.00, which is notably lower than is typical for London (£905.50), but higher than is seen across the rest of England (£729.60)⁵⁴. This discrepancy in pay between the borough and the region is likely due to the nature of the jobs within these areas and their corresponding sectors, as well as the higher cost of living associated with urban areas.

Economic Activity

77 As shown in Figure 4 above, the majority of the LBH's population is of working age, aged 16 – 64 years (65.6%). Table 17 below demonstrates that the majority of LBH residents of working age are economically active (83.7%), at rates which are similar to the rest of London (80.0%)⁵⁵. Likewise, the

⁴⁹ Metropolitan Police (2025). *Crime Data Dashboard: Overview of Crimes*.

⁵⁰ Metropolitan Police (2025). *Hillingdon – Crimes and Priorities*. Available at:

<https://public.tableau.com/app/profile/metropolitan.police.service/viz/MonthlyCrimeDataNewCats/Coversheet>. Accessed: 20/05/2025.

⁵¹ NOMIS (2022). *Labour Market Profile – Hillingdon*.

⁵² NOMIS (2023). *Labour Market Profile – Hillingdon*.

⁵³ NOMIS (2023). *Labour Market Profile – Hillingdon*.

⁵⁴ NOMIS (2024). *Labour Market Profile – Hillingdon*.

⁵⁵ ONS (2023). *Labour Market Profile – Hillingdon*.

majority of LBH residents who are economically active are in employment (81.0%), at rates which are somewhat higher than the rest of London (75.9%).

78 Modelled rates of unemployment in the LBH (4.7%) and London (5.1%) are higher than the national average (3.7%). In addition, the claimant count across the LBH of unemployed individuals who qualify for Universal Credit is 5.6%. This is consistent with aforementioned rates of unemployment and is similar to the rest of London (6.1%)⁵⁶.

79 As demonstrated amongst workers employed within the LBH, median earnings for employed residents of the borough and London are also notably higher than the national average.

Table 17 Employment Amongst Working Age Residents (16 – 64 years)⁵⁷

Indicator	LBH	London	England
Economic activity rate	83.7%	80.0%	78.4%
Employment rate	81.0%	75.9%	75.5%
Unemployment rate	4.7%	5.1%	3.7%
Gross weekly pay, full-time workers	£804.10	£853.40	£729.80
Claimant count for individuals qualifying for Universal Credit (16+)	5.6%	6.1%	4.2%

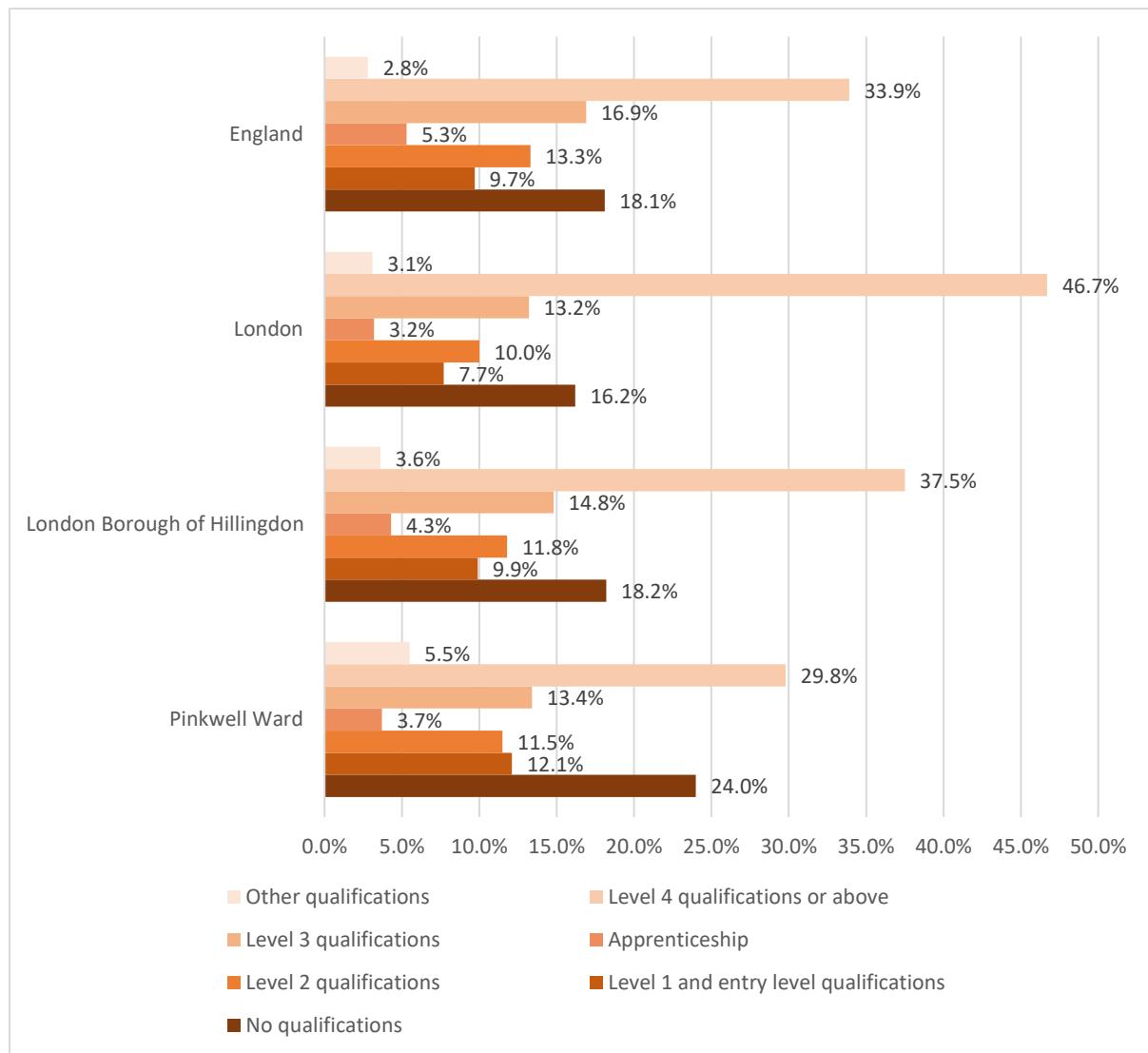
Note: Figures highlighted in red are poorer than the national average, figures highlighted in orange are about equal to the national average, and figures highlighted in green are better than the national average.

Education and Skills

80 As illustrated in **Error! Reference source not found.**, 29.8% of Pinkwell ward's working age population holds Level 4 qualifications or higher (equivalent to a bachelor's degree or higher), which is lower than is typical for the rest of the LBH (37.5%), London (46.7%) and England (33.9%). 24.0% of the ward's working age residents do not hold any qualifications, which is higher than is typical for the LBH (18.2%), London (16.2%) and England (18.1). These educational attainment rates may also contribute to the prevalence of certain industries in the borough and the relatively low average salary of LBH residents compared to London more widely.

⁵⁶ ONS (2025). *Labour Market Profile – Hillingdon*.

⁵⁷ NOMIS (2024). *Labour Market Profile – Hillingdon; Labour Demand*.

Figure 15 Highest Level of Qualification amongst Working-Age Residents⁵⁸

Environmental Factors

Air Quality

81 The Site is within a borough-wide Air Quality Management Area (AQMA) for exceedances of the LBH's annual mean NO₂ objectives. The closest AQMA monitoring system is North Hyde Gardens, located approximately 1.3km east of the Site.

82 The Site is also located in a GLA air quality Focus Area⁵⁹, one of a number in the LBH, covering North Hyde Road, Station Road and Millington Road.

Noise and Vibration

83 The noise climate around the Site is mainly characterised by road traffic noise from North Hyde Road and Dawley Road.

⁵⁸ ONS (2022). Census 2021: Dataset ID TS067 – Highest level of qualification.

⁵⁹ Focus Areas are locations that not only exceed the annual mean limit value for NO₂ but also have high levels of human exposure. There are 160 air quality Focus Areas in London.

Climate Change

84 Climate change has a range of far-reaching effects which go beyond change in climatic patterns such as rising air temperatures, increased drought, more severe storms, and warming, rising oceans. It also contributes to land loss, habitat and biodiversity loss, loss of agricultural and food stocks, heat-related illness, pollution-related illness, increased risk of other disease, and rising mental health pressures⁶⁰.

85 The Met Office publishes UK Climate Projections (UKCP) which give “probabilistic projections” for key atmospheric variables and consider the local climate effects arising from different emissions scenarios⁶¹. This provides a range of possible climate change outcomes and their relative likelihoods.

86 A review of the key climatic variables within UKCP18 projections for the London area has identified that:

- By the 2080s, the mean average air temperature is projected to increase by +2.94°C annually, to 13.39°C. The mean daily maximum temperature is projected to increase by +3.1°C, and the mean daily minimum temperature is projected to increase by +2.89°C;
- Annual average precipitation is due to decrease by 0.53%, with a +16.23% increase in average winter precipitation, and a -26.31% decrease in average summer precipitation. The autumn and spring averages have small decreases of between 5.1% and 5.25%;
- Annual average wind speed (measured in metres per second (m s⁻¹)) is projected to marginally decrease in speed in the 2080s, by -0.065m s⁻¹; and
- Total cloud cover is projected to decrease annually by 6.22%. This decrease in total percentage cloud cover is most prevalent in the summer average, when it is due to decrease in the 2080s by 15.21%. There is projected to be a marginal increase of 0.93% in average winter cloud cover.

Vulnerable Groups

87 Based on the findings of the baseline assessment, the following vulnerable groups have been identified:

- People with disabilities or other long-term conditions;
- Children and young people;
- Older people; and
- People experiencing notable socio-economic deprivation.

⁶⁰ United Nations (2023). *Causes and effects of Climate Change*. Available at: <https://www.un.org/en/climatechange/science/causes-effects-climate-change>.

⁶¹ Met Office (2023). About UKCP. Available at: <https://www.metoffice.gov.uk/research/approach/collaboration/ukcp/about>.

ASSESSMENT OF HEALTH DETERMINANTS

Health Determinant 1: Housing Quality and Design

“Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness since urban planning was formally introduced. Post-construction management also has impact on community welfare, cohesion and mental wellbeing.” – HUDU Planning for Health

Summary of Baseline Conditions

88 Pinkwell ward scores poorly on the IoD in terms of ‘barriers to housing and services’, with three LSOAs scoring in the first decile (within the 10% most deprived), two scoring in the second decile, and the remaining three in the third decile. The majority of homes in the ward are at or below capacity (81.3%), with 18.7% of households overcrowded, which is higher than is typical across the LBH (11.3%). At the borough level, 9.1% of households face fuel poverty, which is below the rate for London and England; however, the affordability of home ownership in the LBH (12.0) is consistent with London-wide trends, but notably higher than the national average.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation requirement M4(2)?	Yes
Does the proposal address the housing needs of older people, i.e. extra care housing, lifetime homes and wheelchair accessible homes?	Yes
Does the proposal include homes that can be adapted to support independent living for older and disabled people?	Yes
Does the proposal promote good design through layout and orientation, meeting internal space standards?	Yes
Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?	Yes
Does the proposal contain homes that are highly energy efficient (e.g. a high SAP rating)?	Yes

89 The Proposed Development is designed to suit the need of a varied and changing population by offering homes in a range of sizes, including one- to three-bedroom apartments. It is also committed to meeting relevant legislation and guidance, including complying with recommendations in Building Regulation M4 regarding accessibility, and will seek to ensure 10% of units being large enough to be adaptable dwellings (M4(2) compliant).

90 The Proposed Development does not offer extra care housing for older people; however, it does provide larger three-bedroom apartments which may be suitable for multi-generational families including households with older residents. As described above, it also complies with recommendations made in Building Regulation M4, including providing wheelchair adaptable (M4(2) compliant) dwellings. It is understood that over 10% of total units are large enough to be designated as wheelchair adaptable dwellings.

91 As described above, the Proposed Development offers wheelchair adaptable units across its residential provision, which would support independent living for older and disabled people.

92 All dwellings have been designed to meet legislative requirements and follow architectural best practice, including following guidance on internal space standards, layout and orientation. All residential units meet the Nationally Described Space Standards and the London Plan Housing Design Standard London Plan Guidance (LPG).

93 A range of housing sizes are to be provided on-Site including one- to three-bedroom apartments, although there are no affordable units proposed.

94 Homes in the Proposed Development are designed in line with the London Plan and other GLA guidance, including targeting net zero for operational energy, minimising embodied carbon through lean design and low carbon specifications, and implementing air source heat pumps (ASHPs) and photovoltaic (PV) panels on all roofs to offset grid electricity.

95 Overall, the Proposed Development, will have a **positive** effect on this determinant of health by offering quality residential dwellings in a range of sizes which are suitable for changing households and individuals with varying needs, although this benefit would be improved by providing some affordable housing.

Health Determinant 2: Access to Healthcare Services and other Social Infrastructure

“Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Access to social infrastructure and other services is a key component of Lifetime Neighbourhoods. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered. Access to good quality health and social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion.” – HUDU Planning for Health

Summary of Baseline Conditions

96 As well as Pinkwell ward scoring poorly in terms of ‘barriers to housing and services’ on the IoD, local GP surgeries are currently over capacity and may struggle to maintain timely and quality services should they need to enrol new patients. However, both primary and secondary schools in the local area have capacity to accommodate new students, and there are a number of varied open and play spaces, gym and leisure facilities, and a community centre within a reasonable walking distance of the Site.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal retain or re-provide existing social infrastructure?	No
Does the proposal assess the impact on health and social care services and has local NHS organisations been contacted regarding existing and planned healthcare capacity?	Yes
Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?	No

Assessment Criteria	Relevant to This Assessment?
Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g. primary, secondary and post 19 education needs and community facilities?	Yes
Does the proposal explore opportunities for shared community use and co-location of services?	Yes

97 The Proposed Development does not retain or re-provide community-facing social infrastructure, as there are no such assets currently on-Site.

98 The Proposed Development's impacts on health and social care services have been assessed within this HIA, with baseline data and identified impacts based on information produced by the NHS. All of the GP surgeries nearest to the Site are currently accepting new patients, however in total these GPs exceed the NHS' recommended GP FTE to patient ratio by 1,461 patients per GP FTE. Furthermore, it is expected that the Site will be subject to S106 Agreements or Community Infrastructure Levies (CIL) to help offset an increase in demand, to be determined in line with LBH guidance.

99 The Site does not provide, nor does the Proposed Development offer, a healthcare facility.

100 The Proposed Development's impacts on social infrastructure including educational and community facilities have been assessed within this HIA. Local primary and secondary schools in the local area have capacity to accommodate new students, and there are a number of varied open and play spaces, gym and leisure facilities, and a community centre within a reasonable walking distance of the Site.

101 The Proposed Development provides shared and flexible uses across the Site's open and public spaces. These spaces' accessibility and proximity to introduced and existing residential areas will encourage access by active travel or public transport, which should improve physical and mental health outcomes, as well as encouraging shared and co-use by future residents and the wider community, which should positively impact social cohesion.

102 Overall, the Proposed Development will have a **positive** effect on this determinant of health by considering current and future residents' access to health, educational and other social infrastructure, and by seeking to address any likely negative effects through the potential provision of S106 Agreements or CIL.

Health Determinant 3: Access to Open Space and Nature

"Providing secure, convenient and attractive open/green space can lead to more physical activity and reduce levels of heart disease, strokes and other ill-health problems that are associated with both sedentary occupations and stressful lifestyles. There is growing evidence that access to parks and open spaces and nature can help to maintain or improve mental health. The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children and young people are missing out on regular exercise, and an increasing number of children and young people are being diagnosed as obese. Access to play spaces, community or sport facilities such as sport pitches can encourage physical activity. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation." – HUDU Planning for Health

Summary of Baseline Conditions

103 There are six open and play spaces within 1.2km walking distance of the Site, the nearest of which are Lake Farm Country Park and Pinkwell Park, as well as Snowdon Crescent Open Space. These facilities offer a range of park, garden and play facilities for the local community.

104 The Local Area's health profile, which demonstrates higher than average rates of obesity and overweightness amongst both children and adults compared to the LBH, London and nationally, indicates that the local population are less active than wider benchmarks. Therefore, the LBH's population would benefit from improved access to open and green spaces which may facilitate continued exercise and further improved health outcomes.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal retain and enhance existing open and natural spaces?	Yes
In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?	Yes
Does the proposal provide a range of play spaces for children and young people?	Yes
Does the proposal provide links between open and natural spaces and the public realm?	Yes
Are the open and natural spaces welcoming and safe and accessible for all?	Yes
Does the proposal set out how new open space will be managed and maintained?	Yes

105 The majority of the Site currently is occupied by buildings and sealed hard surfaces to support vehicular movement and parking. In addition, existing planting and soft landscaping mainly lines building frontages, with little contribution to pedestrian experience. The Proposed Development will enhance existing open space and natural spaces, supporting a vision to deliver sequence of spaces that are pedestrian-friendly, navigable and framed by greenery, encouraging walking, play and neighbourly exchange throughout the Site. As part of this, generous front gardens and landscaped verges will soften the interface between private dwellings and the public realm. These planted frontages will aim to enhance visual amenity and biodiversity, contributing to a greener streetscape to encourage social interaction and comfortable movement, while subtly delineating private space.

106 The Proposed Development provides green open space in the form of public realm and external shared and private amenity space. The Proposed Development will provide approximately 1,752m² of play space and 5,626m² of open space (including The Gateway, The Social Heart and the Nurture Garden). These elements support the aims of the LBH Open Space Strategy, which identifies the quantity of open space in Pinkwell ward as not meeting the minimum required. In particular, the Proposed Development will contribute to the delivery of the further 69 hectares of open space with unrestricted access required, of which nearly 16 hectares should be 'recreational' open space.

107 The Proposed Development's landscape has been designed to provide diverse play spaces, to ensure that all children have access to play facilities whether it be incidental play opportunities or more structured and focused play. The proposals outline how 1,752m² of play spaces are integrated throughout the masterplan, from informal natural play routes to dedicated play areas within courtyards and open spaces, ensuring accessible and engaging environments for all ages. The Planting Strategy also outlines how through the community pedestrian routes, planting becomes progressively softer and more layered, with increased greenery and informal natural play spaces for children.

108 Open and natural spaces are integrated into the design of the public realm on-Site and in the surrounding area. Connected spaces are prioritised to knit the neighbourhood together, ensuring clear and attractive walking routes between homes, communal areas and wider surroundings. To facilitate these links, streets and shared surfaces are designed to slow movement and prioritise pedestrians and cyclists, reinforcing a safe and inclusive environment for all. Additionally, three distinct character spaces are outlined in the Design and Access Statement (DAS) to anchor the landscape framework and enrich the experience of moving through the Site. The Gateway is the entrance to the neighbourhood, and

provides an attractive welcoming threshold defined by high-quality hard and soft landscaping. The Social Heart is centrally positioned and easily accessible, providing a vibrant green space forming the social hub of the community. The Nurture Garden, located at the centre of the Site, is ecologically richer, and features meandering paths, secluded seating and habitat-friendly features to create a peaceful retreat for residents. In addition, the Site is in an accessible location (PTAL 4), several green open spaces are within a 10-minute walk, and several play spaces are within a 15-minute walk.

109 As an integral element of the placemaking capacity of the Site, open and natural spaces in the Proposed Development are designed to be flexible, multi-functional and accessible for everyone. Not only are facilities provided which should suit people of varying backgrounds and needs, they are also co-located and multi-functional to promote social interaction across backgrounds and ages. Key features of the Proposed Development's Landscape Strategy (within the DAS) include the provision of a robust lighting strategy; seating areas and gathering places; varied play and recreation spaces suitable for varying age groups; planting of new and retention of existing trees on-Site to enhance green open space; accessible travel routes and entrances with step-free access; pedestrian prioritisation and safety; and cycle infrastructure.

110 Initial plans for how open and natural space will be managed and maintained on-Site are included in the Landscape Strategy, with an appropriate agreement to be finalised following approval of the Planning Application.

111 Overall, the Proposed Development will have a **positive** effect on this determinant of health by offering quality open and natural spaces which are easily accessible, target a range of recreational interests and abilities, and promote biodiversity.

Health Determinant 4: Air Quality, Noise and Neighbourhood Amenity

"The quality of the local environment can have a significant impact on physical and mental health. Pollution caused by construction, traffic and commercial activity can result in poor air quality, noise nuisance and vibration. Poor air quality is linked to incidence of chronic lung disease (chronic bronchitis or emphysema) and heart conditions and asthma levels of among children and young people. Noise pollution can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and psycho-physiological effects. Good design and the separation of land uses can lessen noise impacts." – HUDU Planning for Health

Summary of Baseline Conditions

112 The Site is within a borough-wide AQMA declared by the LBH for exceedances of the LBH's annual mean NO₂ objectives. These are pollutants associated principally with road traffic emissions. The Site is also located within a GLA air quality Focus Area covering North Hyde Road, Station Road, and Millington Road.

113 The noise climate around the Site is mainly characterised by road traffic noise from North Hyde Road and Dawley Road.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal minimise construction impacts such as dust, noise, vibration and odours?	Yes
Does the proposal minimise air pollution caused by traffic and energy facilities?	Yes

Does the proposal minimise noise pollution caused by traffic and commercial uses?	Yes
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114 Measures to minimise effects during the construction phase, including those arising in relation to dust, air quality, noise and vibration, as well as other environmental controls, will form the basis of the Construction Environmental Management Plan (CEMP) that will be implemented for the duration of the construction works. The detailed CEMP will be agreed prior to the commencement of works and secured via a suitably worded planning condition. The CEMP will detail the necessary mitigation measures to be followed in order to reduce or prevent potential health impacts associated with enabling and construction works including, but not limited to, hours of operation, specifications for hoarding, dust control measures, noise and vibration control measures and vehicle emission controls. Although some temporary negative impacts will be unavoidable, these are not expected to be excessive or cause undue harm if an appropriate CEMP is enforced and best practice is followed.

115 To minimise air pollution caused by operational traffic, the Proposed Development promotes active travel and public transport through the provision of pedestrian and cycle routes which link to existing travel infrastructure. In addition, the Planning Application includes a Transport Statement, Delivery Servicing and Management Plan, and Construction Logistics Plan, which are intended to identify potential pinch points in localised travel, as well as ways to mitigate likely negative impacts. To reduce emissions associated with energy consumption, the energy strategy for the Proposed Development aims for its energy supply to be electric. In addition, there will be no centralised combustion plant and thus there no significant sources of emissions within the Proposed Development.

116 As with the minimisation of air pollution, noise pollution caused or exacerbated by operational traffic and commercial uses associated with the Proposed Development will be reduced through the facilitation of active travel and public transport use. In addition, the Planning Application includes a Transport Assessment and associated deliverables, as outlined above, which are intended to identify potential pinch points in localised travel, as well as ways to mitigate likely negative impacts. There are also no commercial uses proposed which would generate notable acoustic disturbance.

117 Overall, the Proposed Development will have a **positive** effect on this determinant of health by safeguarding current residents' health and wellbeing during the demolition and construction phase, and by promoting a quality living environment once complete and operational.

Health Determinant 5: Accessibility and Active Travel

"Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. Discouraging car use and providing opportunities for walking and cycling can increase physical activity and help prevent chronic diseases, reduce risk of premature death and improve mental health." – HUDU Planning for Health

Summary of Baseline Conditions

118 The Site is very well connected, as demonstrated by a PTAL score of 4, with nearby links to local walking, cycling, bus and rail infrastructure, as well as National Rail services serving areas beyond London.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal address the ten Healthy Streets indicators?	Yes
Does the proposal prioritise and encourage walking (such as through shared spaces?)	Yes
Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and cycle lanes)?	Yes
Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?	Yes
Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	Yes
Is the proposal well connected to public transport, local services and facilities?	Yes
Does the proposal seek to reduce car use by reducing car parking provision, supported by the controlled parking zones, car clubs and travel plans measures?	Yes
Does the proposal allow people with mobility problems or a disability to access buildings and places?	Yes

119 A Healthy Streets Transport Assessment has been prepared in support of the Proposed Development and will be submitted with the Planning Application. This assessment considers the effect of the proposals on transport issues including sustainable travel, healthy streets, trip generation, the operation of the local highway network, parking and servicing. The principles of Healthy Streets and active travel are considered to be at the heart of the Proposed Development and the nature of the development itself (i.e., its conversion of existing office use to residential, with a lower parking ratio) helps to deliver the Healthy Streets Approach by encouraging a modal shift towards walking and cycling. It will also help the local urban fabric to become a greener, healthier and a more attractive place to live, work, and play.

120 To prioritise and encourage walking, the Proposed Development will be well integrated into existing travel networks, linking up to infrastructure surrounding and near to the Site via continuous and accessible routes. The access and movement strategy, outlined in the DAS, establishes a safe, efficient and legible framework that supports sustainable travel choices while balancing the needs of pedestrians, cyclists, vehicles and service access. Pedestrian movement is at the heart of the layout, with a clear network of attractive, direct and safe walking routes linking homes to key spaces such as community areas, green spaces and surrounding amenities. Generous footways, traffic-calmed streets and shared surfaces promote walkability and neighbourly interaction, creating a pedestrian-friendly environment.

121 The Proposed Development directly encourages cycling with an integrated cycle strategy, outlined in the DAS, defining how everyday cycling will be supported for residents and visitors. Safe, continuous cycle routes provide connectivity within the Site and to external cycle networks, while secure and convenient cycle parking is provided at homes and key destinations to encourage uptake of cycling as a primary mode of transport. The Proposed Development's cycle parking provision includes 1.5 spaces per one-bedroom unit, and two spaces per two- or three--bedroom unit. These will be divided into the following categories: 75% two-tier racks, 20% Sheffield stands and 5% wider Sheffield stands.

122 The Proposed Development connects public realm and internal routes to local and strategic cycle and walking networks by offering a public realm which is highly pedestrianised but will accommodate easy access for cyclists to access stores and open green spaces. Additionally, clear signage and wayfinding systems are implemented throughout the area to guide users effectively and promote safe navigation.

123 To help reduce and minimise road injuries, the Proposed Development seeks to limit car use to the minimum, with the main road to the south acting as the primary approach and all other roads closed off or used for emergency use. There is an existing cycle network adjacent to the roundabout to the west

of the Site, and along North Hyde Road, with the new crossing to be detailed to account for cycle and bus routes.

- 124 The Site is within close proximity to varied commercial and community uses including grocery stores, cafés, pubs, restaurants, parks and a leisure centre, as well as very well connected to a range of public and active travel infrastructure which provide access to services across London and beyond.
- 125 The Proposed Development will seek to limit car use to the minimum, with the main road to the south acting as the primary approach and all other roads closed off or used for emergency use. This should incentivise residents to utilise active and sustainable travel modes, such as walking, cycling, buses and rail. However, the Site will not be car-free, with the planning application including 272 car parking spaces (48 Block B podium, 56 Block D podium, 148 Basement and 20 on-street). There will be other car parking on-Site for retained commercial tenants, including 112 commercial spaces of which 62 spaces will be retained for the existing office occupier and 50 spaces for the Premier Inn. This level of car parking is a significant reduction from the original multi-storey car park's 696 parking spaces. As well as this, the new crossing on North Hyde Road will reduce car trips by enhancing connectivity to Hayes town centre and Hayes & Harlington Station. These improvements will support a reduction in car use and in turn support the Healthy Streets Approach. Furthermore, the sustainable travel initiatives put forward as part of the development are considered to help encourage future occupiers to use cars less and to walk, cycle and use public transport more.
- 126 To facilitate access for those with a disability or mobility challenges, the Proposed Development will provide parking for up to 20 cars at the front of the building, including four spaces reserved for Blue Badge Holders. Flexible cycle parking will also be offered, including Sheffield stands. Access for all is further promoted through the use of step free entrances and routes across interior and exterior spaces, delivered through ramps, dropped kerbs and lifts.
- 127 Overall, the Proposed Development will have a **positive** effect on this determinant of health by facilitating active travel and access for all.

Health Determinant 6: Crime Reduction and Community Safety

“Thoughtful planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the ‘fear of crime’, both of which impacts on the mental wellbeing of residents. As well as the immediate physical and psychological impact of being a victim of crime, people can also suffer indirect long-term health consequences including disability, victimisation and isolation because of fear. Community engagement in development proposals can lessen fears and concerns.” – HUDU Planning for Health

Summary of Baseline Conditions

- 128 Crime is a moderate determination of health and wellbeing in the local area, with all eight of the LSOAs scoring between the third and fifth deciles in this domain of deprivation. Whilst all of the LSOAs are in the 50% most deprived areas in terms of ‘crime’ nationally, the offences per head ratio in the LBH (98.4 per 1,000) is lower than the London average (107.0 offences recorded per 1,000). However, crime rates in the LBH have increased (24.9%) compared to the previous 12 months, which is a significantly larger increase in crime across London during the same period (0.1%).

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal incorporate elements to help design out crime?	Yes
Does the proposal incorporate design techniques to help people feel secure and avoid creating 'gated communities'?	Yes
Does the proposal include attractive, multi-use public spaces and buildings?	Yes
Has engagement and consultation been carried out with the local community and voluntary sector?	Yes

129 The Proposed Development is supported by adherence to Secured by Design principles. As such, the scheme incorporates a range of elements meant to deter criminal and anti-social behaviour, and to promote community cohesion. These include active ground floor frontages and passive surveillance across the Site. Such measures will contribute towards the Proposed Development's vision of creating a thriving neighbourhood, and in doing so will decrease stress for residents and other users as crime is not a significant cause for concern.

130 To avoid 'gated communities' and promote a sense of security, public spaces are permeable and overlooked and designed to feel welcoming for both residents and visitors. Seating and play spaces encourage people to stop and linger, and the integration of active ground floor frontages will contribute to varied use throughout the week. One of the key aspects of the Proposed Development's vision and design principles is to establish a thriving neighbourhood. This is because it's believed that a thriving residential community will prioritise wellbeing, ensuring that people feel physically, mentally, and socially supported in their daily lives. This ties into security, as a safe environment is fundamental to ensuring people feel secure.

131 The Proposed Development is well designed, and great consideration has been given to the effective and attractive inclusion of public spaces with potential for multiple uses. The Proposed Development is designed to be cohesive across the Site, regardless of users' age, background or need, as well as with the surrounding area, to encourage community cohesion beyond the boundaries of the Site.

132 Consultation with the local community and local government has been undertaken throughout the pre-application and design process, with details of this consultation outlined in the Communication Plan and Strategy submitted in support of the Planning Application.

133 Overall, the Proposed Development will have a **positive** effect on this determinant of health by creating an urban fabric which actively seeks to reduce criminal and anti-social behaviour and create a community-oriented destination.

Health Determinant 7: Access to Healthy Food

"Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. People on low incomes, including young families, older people are the least able to eat well because of lack of access to nutritious food. They are more likely to have access to food that is high in salt, oil, energy-dense fat and sugar. Opportunities to grow and purchase local healthy food and limiting concentrations of hot food takeaways can change eating behaviour and improve physical and mental health." – HUDU Planning for Health

Summary of Baseline Conditions

134 The LBH has a lower preponderance of fast-food outlets than both London and England and the surrounding area scores moderately well on the E-Food Desert Index, indicating that there is not an immediate need for a grocer or similar vendor serving whole and fresh foods. However, Pinkwell ward has higher rates of obesity and overweightness amongst children and adults than the LBH, London and England, indicating that children and their families may benefit from having increased access to these healthier options.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal facilitate the supply of local food, i.e. allotments, community farms and farmers' markets?	Yes
Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	Yes
Does the proposal avoid contributing towards an overconcentration of hot food takeaways in the local area?	Yes

135 The Proposed Development includes a diverse range of outdoor amenity spaces to support residents' wellbeing and encourage social interaction. Private gardens, terraces and balconies provide direct outdoor space for individual homes, offering privacy and a connection to the landscape. Whilst these do not directly facilitate the supply of local food through allotments, community farms and farmers markets', the provision of private gardens and terraces may allow for residents to grow their own produce.

136 While the Proposed Development contains a small commercial unit, it is to be determined whether this will offer retail or food and beverage uses.

137 As stated above, it is to be determined whether the Proposed Development will offer retail or food and beverage uses, however, given the Use Class being sought for approval, it is unlikely that this will be a hot food takeaway. Therefore, it is unlikely that the Proposed Development will contribute to an overconcentration of such retailers in the area.

138 Overall, the Proposed Development will have a **neutral** effect on this determinant of health by offering open space with some potential for food-growing capacity, and by not directly contributing to an unhealthy urban foodscape.

Health Determinant 8: Access to Work and Training

"Employment and income is a key determinant of health and wellbeing. Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Works aids recovery from physical and mental illnesses." – HUDU Planning for Health

Summary of Baseline Conditions

139 Pinkwell ward is relatively deprived on the IoD in terms of 'income', with three LSOAs scoring in the third decile (30% most deprived), three in the fourth decile, and two in the fifth decile. In terms of employment the ward scores slightly better with one LSOA in the seventh decile and another in the sixth, however the other LSOAs score in the fifth and fourth deciles. Across the LBH more widely, rates of economic activity are higher than across London and England, with the employment rate similarly

higher. Additionally, residents are relatively well paid, earning more than the average across England but falling short of the figure for London. However, modelled rates of employment in the LBH (4.7%) are higher than the national average (3.7%).

140 Furthermore, local people are less well educated than benchmark areas, with only 29.8% of the ward's residents holding Level 4 qualifications or higher. The levels of deprivation for 'education, skills and training' are correspondingly high, with one LSOA scoring in the second decile (20% most deprived), and seven of the eight LSOAs scoring in the sixth decile and lower.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?	Yes
Does the proposal provide childcare facilities?	No
Does the proposal include managed and affordable workspace for local businesses?	Yes
Does the proposal include opportunities for work for local people via local procurement arrangements?	Yes

141 Although the Proposed Development is residential led, there is potential for it to provide local employment and training opportunities through the small commercial unit proposed on-Site. However, this unit's specific use is yet to be determined. Whilst construction employment is difficult to quantify due to the fluctuation of work throughout the construction period of the Proposed Development, there will also be opportunity for employment through temporary construction work.

142 The Proposed Development does not explicitly mention the inclusion of childcare for employees on-Site, nor is this strictly relevant as a residential-led scheme.

143 The Proposed Development will provide Use Class E flexible commercial space on-Site. It is to be determined whether this will include managed and affordable workspaces for local businesses, although this space may be used by such businesses.

144 The Applicant intends to meet all local requirements pertaining to local and sustainable procurement; however, the details of these arrangements will be determined through discussions with the LBH during the validation process.

145 Overall, the Proposed Development will have a **neutral** effect on this determinant of health as details of how it will support training, employment and economic opportunity for local people in particular are limited and will be determined at a later stage.

Health Determinant 9: Social Cohesion and Lifetime Neighbourhoods

“Friendship and supportive networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve wellbeing. Fragmentation of social structures can lead to communities demarcated by socio-economic status, age and/or ethnicity, which can lead to isolation, insecurity and a lack of cohesion. Voluntary and community groups, properly supported, can help to build up networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing. Planning proposals should be developed in consultation with differentiated community groups (such as children, young people, residents, families, businesses, faith groups, community organisations). They should be involved in the planning of the project from the beginning and throughout the life cycle of the project. Opportunities for post-planning qualitative consultations should be considered with these different groups to explore a range of social, emotional and health needs. Lifetime Neighbourhoods places the design criteria of Lifetime Homes into a wider context. It encourages planners to help create environments that people of all ages and abilities can access and enjoy, and to facilitate communities that people can participate in, interact and feel safe.” – HUDU Planning for Health

Summary of Baseline Conditions

146 Pinkwell ward's proportion of working age people, aged 16-64 years (67.5%), is generally on par with what is typical for the LBH, London and England; however, its proportion of older people, aged 65 years and older, is lower than across other sampled areas while its population of children and young people, aged 15 years and younger, is higher compared to other comparative areas. The ward is also quite diverse, with 21.5% of residents identifying as White, which is lower than the national, regional and London average. Amongst ethnic minorities, those identifying as Asian, Asian British, or Asian Welsh are most common, representing 54.7% of the total population.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal consider health inequalities by addressing local needs through community engagement?	Yes
Does the proposal connect with existing communities, i.e. layout and movement which avoids physical barriers and severance and land uses and spaces which encourage social interaction?	Yes
Does the proposal include a mix of uses and a range of community facilities?	Yes
Does the proposal provide opportunities for the voluntary and community sectors?	Yes
Does the proposal take into account issues and principles of inclusive and age-friendly design?	Yes

147 The Planning Application is supported by a Communication Plan and Strategy which details the community consultation undertaken to date and the ways in which the Proposed Development seeks to address the issues raised in this consultation, including health and other relevant community and development topics.

148 To better connect to existing communities, the Proposed Development is designed to be physically connected to and visually cohesive with the surrounding area, including providing active travel links with existing infrastructure and architectural elements which are sympathetic to the surrounding built fabric.

In addition, the Proposed Development seeks to avoid ‘gated communities’ and promote a sense of security by offering public spaces which are permeable, overlooked and designed to feel welcoming for both residents and the wider community.

- 149 The Proposed Development includes a mix of uses, with the majority being residential and a small commercial unit being proposed in an active and prominent location facing North Hyde Road. Alongside this, the Site will incorporate external communal amenity in the form of shared open and play spaces. These improvements to the public realm, alongside new pedestrian and cycle routes will enhance the local area and provide benefits to both residents and the wider community.
- 150 The Proposed Development plans do not yet include direct mention of opportunities for the voluntary and community sectors. However, the open space provided across the public realm could potentially be used by voluntary and community organisations to congregate and host community events and activities.
- 151 As discussed above, the Proposed Development has a strong, design-led approach which includes consideration of inclusive and age-friendly design. This includes a number of design elements intended to promote accessibility and comfort for older people and people with disabilities. For example, over 10% of the Proposed Development’s units are large enough to be designated as Category M4(3) wheelchair accessible dwellings, the public realm offers accessible routes and areas for congregating across the Site, and integrated play spaces will facilitate interaction across age demographics.
- 152 Overall, the Proposed Development will have a **positive** effect on this determinant of health by seeking to be cohesive with the wider community and offering a built environment which is inclusive of varying needs and welcoming to all.

Health Determinant 10: Minimising the Use of Resources

“Reducing or minimising waste including disposal, processes for construction as well as encouraging recycling at all levels can improve human health directly and indirectly by minimising environmental impact, such as air pollution.” – HUDU Planning for Health

Summary of Baseline Conditions

- 153 One of the key means of promoting sustainability and mitigating against climate change (see ‘Health Department 11: Climate Change’) is reduced resource consumption. According to the Waste Hierarchy⁶², reducing consumption and reusing existing resources is preferable to recycling and composting, while disposal should only be a last resort⁶³.
- 154 The LBH has a number of ‘reduce, reuse, recycle’ style campaigns and plans such as a Reduction and Recycling Plan (RRP) and the West London Waste Plan, as well as partnerships with ReLondon, formerly the London Waste and Recycling Board.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal make best use of existing land?	Yes
Does the proposal encourage recycling (including building materials)?	Yes

⁶² Department for Environment, Food & Rural Affairs (Defra) (2011). Guidance on applying the Waste Hierarchy.

⁶³ LBH (2025). Rubbish and recycling in Hillingdon. Available at: <https://www.hillingdon.gov.uk/rubbishandrecycling>

Does the proposal incorporate sustainable design and construction techniques?	Yes
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155 The Site comprises a highly accessible, previously developed landholding within Hayes town centre, with office uses across the Site, which does not maximise the space's potential uses. The Proposed Development, on the other hand, provides more residential- and commercial-focused uses in an area which would benefit from such infrastructure. In addition, the Proposed Development includes the demolition of existing structures on-Site to facilitate the delivery of a maximum development scenario.

156 The design and construction of the Proposed Development appears to prioritise re-use and recycling wherever possible, as well as utilising sustainability sourced materials. During operation the Proposed Development is expected to comply with all relevant recycling legalisation including providing appropriate waste and recycling storage and disposal facilities. The Planning Application will also be supported by an Operational Waste Management Plan demonstrating how the scheme can support a future municipal waste recycling rate of 65% by 2030. Further details of the Proposed Development's approach to recycling are provided in the CEMP, Operational Waste Management Plan, Energy Statement, Whole Lifecycle Carbon Assessment, and Circular Economy Statement, all of which are submitted in support of the Planning Application.

157 As described above, the design and construction of the Proposed Development prioritises sustainability by using recycled and other sustainably sourced materials, integrating green infrastructure on-Site, maximising natural lighting and ventilation, and employing building techniques designed to minimise environmental impacts. Further details of the Proposed Development's approach to sustainable design and construction are provided in the DAS, CEMP and other sustainability reports listed above.

158 Overall, the Proposed Development will have a **positive** effect on this determinant of health by utilising sustainable materials and techniques in design and construction, and by prioritising the re-use and recycling of materials where feasible throughout the project's lifecycle.

Health Determinant 11: Climate Change

"Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments to cope with higher temperatures, more uncertain rainfall, and more extreme weather events and their impacts such as flooding. Poorly designed homes can lead to fuel poverty in winter and overheating in summer contributing to excess winter and summer deaths. Developments that take advantage of sunlight, tree planting and accessible green/brown roofs also have the potential to contribute towards the mental wellbeing of residents." – HUDU Planning for Health

Summary of Baseline Conditions

159 The LBH declared a climate emergency in 2020, followed by the publication of a Climate Emergency Declaration in the same year and a Strategic Climate Action Plan in 2021. A relatively new area of focus for the borough, there is little study area or LBH-specific data on the effects of climate change. However, the Plan and associated initiatives aim to reduce emissions and waste, promote energy efficiency and a wider green economy, and protect human and environmental health in the face of rising temperatures and extreme weather events.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal incorporate renewable energy?	Yes

Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?	Yes
Does the proposal maintain or enhance biodiversity?	Yes
Does the proposal incorporate sustainable urban drainage techniques?	Yes

160 The Proposed Development will incorporate an on-Site heating and water network powered by ASHPs and variable refrigerant flow (VRF) systems. This system will be future proofed for potential integration with a future District Heating Network. PV systems will also be implemented on the roof of the Site. With ASHP and PV panels added to the design, it is calculated within the Energy Statement that there will be a 67% carbon reduction against the 'Be Lean' results and a 79% carbon reduction compared to baseline (Site-wide).

161 The Proposed Development's design has been carefully planned to ensure that every unit has adequate access to daylight, opportunities for sunlight on every balcony/ terrace, multiple aspects where possible, and adequate mitigation to prevent overlooking and privacy concerns. Dual aspect windows, across approximately 75% of units, will also facilitate ventilation, while green infrastructure on-Site will help to regulate temperatures and mitigate against the ill-effects of urban heat islands.

162 The Proposed Development will achieve an urban-greening factor (UGF) of 0.4, in line with London Plan Policy G5. It does this by firstly maximising the green space available for planting and secondly by choosing the best plant species to encourage biodiversity. The design utilises green roofs at every level where possible, and the Site's public realm and landscape will be complemented by the enhancement of existing tree-lined streets, reinforcing green infrastructure and biodiversity. Introducing new green infrastructure into the design has been an integral part of the design process, as has been the development of a pedestrian led landscape with lots of green amenity. Further improvements to desire lines and connections to existing and emerging developments work to make this a green neighbourhood.

163 The Site falls within a low-risk Flood Zone 1. The Site is not located within a Critical Drainage Area (CDA) and not within the extent of flooding for a Thames Tidal Breach Event. To combat other forms of flooding and high rainfall, Sustainable Drainage Systems (SuDS) are proposed in the form of green roofs, podium decks, permeable paving and an attenuation basin. The SuDS features will ensure excess water will be safely contained within the Site boundary for all storm events up to and including the 1 in 100-year event plus 40% climate change.

164 Overall, the Proposed Development will have a **positive** effect on this determinant of health by seeking to promote climate change resilience, although it should be noted that effects of the Proposed Development in isolation will be limited and would be better captured at a wider geographic level and in tandem with other regional development.

CONCLUSIONS AND FURTHER RECOMMENDATIONS

165 In line with relevant legislation, policy and guidance, this HIA assesses the Proposed Development's likely impacts on 11 key health determinants. Health-related impacts on future users, as well as the wider community, have been assessed against an existing baseline and geographic comparators at varying spatial levels. Evidence forming the basis of the assessment is gathered from information provided in supporting documentation which have been submitted alongside the Planning Application.

166 Overall, the Proposed Development is expected to have a **positive** effect on health for people on-Site and in the surrounding area.

Table 18 Summary of Health Effects

	Determinant of Health	Impact
1	Housing Quality and Design	Positive
2	Access to Health and Social Care Services and Other Social Infrastructure	Positive
3	Access to Open Space and Nature	Positive
4	Air Quality, Noise and Neighbourhood Amenity	Positive
5	Accessibility and Active Travel	Positive
6	Crime Reduction and Community Safety	Positive
7	Access to Healthy Food	Neutral
8	Access to Work and Training	Neutral
9	Social Cohesion and Lifetime Neighbourhoods	Positive
10	Minimising the Use of Resources	Positive
11	Climate Change	Positive

Further Recommendations

167 This assessment has identified a potential negative effect on local primary healthcare services, which may be offset through S106 Agreements or via CIL.

168 In addition, some improvements could be made to further enhance the Proposed Development's positive impacts on the local community including residents, workers and visitors to the local area. These suggestions include:

- Continuing to engage with operational phase users and the local community to ensure changing needs are met;
- Establish local procurement, training and employment agreements; and
- Ensuring a publicly accessible Automated External Defibrillator (AED) is provided on-site.

APPENDIX A POLICY AND LEGISLATION SUMMARY

Localism Act 2011

The Localism Act 2011 aims to:

“... make provision about the functions and procedures of local and certain other authorities; to make provision about the functions of the Commission for Local Administration in England; to enable the recovery of financial sanctions imposed by the Court of Justice of the European Union on the United Kingdom from local and public authorities; to make provision about local government finance; to make provision about town and country planning, the Community Infrastructure Levy and the authorisation of nationally significant infrastructure projects; to make provision about social and other housing; to make provision about regeneration in London; and for connected purposes.”

In short, the Act enshrines the ‘neighbourhood plan’, a new layer of development plan. Neighbourhood Development Plans are initiated by communities and become part of the Local Plan. The policies contained within these are then used in the determination of planning applications. Neighbourhood Development Orders and Community Right to Build Orders allow communities to grant planning permission either in full or in outline for the types of development they want to see in their areas.

Health and Care Act 2022

The Health and Care Act 2022 was introduced following the Health and Care Bill 2021. The Act was established to facilitate greater collaboration within the NHS and between the NHS, local government and other partners, and to support recovery from the Covid-19 pandemic.

The Health and Care Act removes existing competition rules and formalises Integrated Care Systems (ICS) as commissioners of local NHS services. It also grants the health secretary authority over the health service. In addition, CCGs will be absorbed into their ICSs, which are then formed of two component parts: the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP).

National Planning Policy Framework (2025)

The National Planning Policy Framework (NPPF), which was adopted in 2021, and most recently updated in 2025, sets out the Government’s planning policies for England and how these are expected to be applied. The NPPF provides a framework for which local people and their respective councils can produce their own local and neighbourhood plans, which are relevant to the needs and priorities of their communities.

The achievement of sustainable development is a key theme within the NPPF, and the three key themes to sustainable development (economics, social and environmental) are present throughout the NPPF. The NPPF states that the following objectives are required from the planning system when considering the social dimension of sustainable development:

“...to support 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 well-being”.

Section 8 of the NPPF, ‘Promoting Healthy and Safe Communities’, states:

“Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:

- *promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments,*

- strong neighbourhood centres, street layouts that allow for east pedestrian and cycle connections within and between neighbourhoods and active street frontages;
- are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high-quality public space, which encourage the active and continual use of public areas; and
- enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shop, access to healthier food, allotments and layouts that encourage walking and cycling.”

Planning Practice Guidance (2025)

The Planning Practice Guidance (PPG), launched in March 2014, is an online resource which collates planning guidance on various topics into one place.

Of relevance to 'Health and Wellbeing' (updated 2022), the PPG states:

"Local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making...."

The PPG provides guidance on a range of health and wellbeing issues, including:

- The links between health and planning, and how to effectively incorporate these into local plans, development proposals etc.;
- How planning can help create a healthier food environment;
- The key health organisations local authorities should contact in regard to health;
- How health and well-being and health infrastructure should be considered in planning decision making; and
- What defines a healthy community.

Fair Society, Healthy Lives (the Marmot Review) (2012)

The Marmot Review is a comprehensive independent review of the intersection of planning and health inequalities in England, undertaken by Prof. Michael Marmot. In its aims, it proposes the most cost-effective evidence-based strategies for reducing health inequalities in England. The Review had four main tasks:

- "Identify, for the health inequalities challenge facing England, the evidence most relevant to underpinning future policy and action
- Show how this evidence could be translated into practice
- Advise on possible objectives and measures, building on the experience of the current PSA target on infant mortality and life expectancy
- Publish a report of the Review's work that will contribute to the development of a post- 2010 health inequalities strategy".

The review states that reducing health inequalities will require action on six policy objectives:

- "Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all

- *Ensure healthy standard of living for all*
- *Create and develop healthy and sustainable places and communities*
- *Strengthen the role and impact of ill health prevention*".

Healthy Lives, Healthy People: Our strategy for Public Health in England (2010)

This report focuses on public health in England, with regard to its current state, and commitments to:

- Protect the population from serious health threats;
- Help people live longer, healthier and more fulfilling lives; and
- Improve the health of the poorest, fastest.

'Healthy Lives, Healthy People" was produced in response to The Marmot Review and adopts its framework for tackling the wider social determinants of health.

As stated in paragraph 7 of the document:

"People living in the poorest areas will, on average, die 7 years earlier than people living in richer areas and spend up to 17 more years living with poor health. They have higher rates of mental illness; of harm from alcohol, drugs and smoking; and of childhood emotional and behavioural problems. Although infectious diseases now account for only 1 in 50 deaths, rates of tuberculosis and sexually transmitted infections (STIs) are rising, and pandemic flu is still a threat."

Public Health England's Health Impact Assessment in Spatial Planning (2020)

Public Health England, now the Office for Health Improvement and Disparities (OHID), existed to protect and improve the nation's health and wellbeing and reduce health inequalities. This guide is for local authority public health and planning teams and supports the use of HIA in the spatial planning process. It describes the health and wellbeing outcomes that are influenced through planning and how these outcomes can be optimised through the process of plan-making (when developing policies in local plans) and planning applications (designing proposals for development projects). It also describes how these health outcomes can be considered in other impact assessments (such as strategic and environmental impact assessments). The guide is targeted towards local authority public health and planning teams, planning applicants, impact assessment practitioners, and others involved in the planning process.

The London Plan: The Spatial Development Strategy for Greater London (2021)

The New London Plan was adopted in March 2021. Under legislation establishing the GLA, the Mayor of London is required to publish a Spatial Development Strategy (SDS) and keep it under review, namely, The London Plan. As the overall strategic plan for London, it sets out an integrated economic, environmental, transport and social framework for the development of London over the next 20-25 years. The New London Plan contains a number of policies relevant to HIA, the key ones of which are outlined below.

Policy GG1 Building strong and inclusive communities

This policy puts the onus on those involved in planning and development to seek to ensure that London continues to generate a wide range of economic and other opportunities benefiting all residents, as well

as ensuring that good quality services, public places and open space, buildings and streets are well designed well, to promote and build strong and inclusive communities.

Policy GG3 Creating a healthy city

This Policy states:

“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 ...;*
- B) Promote more active and healthy lives for all Londoners ...;*
- C) Use the Healthy Streets Approach to prioritise health in all planning decisions;*
- D) Assess the potential impacts of development proposals and development plans on the mental and physical health and wellbeing of communities ...for example through the use of Health Impact Assessments;*
- DA) plan for appropriate health and care infrastructure to address the needs of London’s changing and growing population;*
- DB) seek to improve London’s air quality, reduce public exposure to poor air quality and minimise inequalities in levels of exposure to air pollution.*
- E) Plan for improved access to and quality of green spaces, the provision of new green infrastructure, and space for play, recreation and sports;*
- F) Ensure that new buildings are well-insulated and sufficiently ventilated to avoid the health problems associated with damp, heat and cold.*
- G) Seek to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options.”*

The Greater London Authority’s London Health Inequalities Strategy (2018)

This document sets out the Mayor of London’s aims and objectives for addressing health inequalities in London. It provides a vision for the health of Londoners and sets a direction for collaboration across institutions over the next ten years. Part 1 of the Strategy outlines the Mayor’s key objectives, actions and targets, arranged under five themes (healthy children, healthy minds, healthy places, healthy communities and healthy living), while Part 2 outlines the 14 population health indicators to be used to monitor progress in reducing inequalities.

The Greater London Authority’s Social Infrastructure Supplementary Planning Document (2015)

Social infrastructure includes services and facilities that contribute to quality of life, such as health, education, recreation and sports facilities, community and faith facilities, emergency facilities and so on. This SPG focuses on elements of social infrastructure facing strategic challenges, specifically health, education, sport, faith and burials.

In the introduction to the SPG, then Mayor of London Boris Johnson states:

“The purpose of this Supplementary Planning Guidance (SPG) is to help anyone engaged in development or plan-making to understand the quantity and types of social infrastructure needed to support growth. Against a changing background of provision in our public services it provides sensible guidance that will help planners and non-planners to work together. This SPG sets out realistic steps

to promote the delivery of infrastructure that is well-phased and located to meet identified need. One way of achieving this is through colocation of social infrastructure facilities with each other and with housing development so that we can help to meet both housing and social infrastructure needs at the same time.”

Hillingdon Local Plan 2012 – 2026 (2012)

The LBH's Local Plan sets out the council's strategic vision for growth and prosperity in the LBH, as well as defining key locations for growth. It supersedes the policies and allocations previously set out in earlier local plans and defines key policies including those set out below:

- **Policy DMH 2 Housing Mix** – The LBH will require new residential development to provide a mix of housing unit sizes.
- **Policy DMH 3 Office Conversion** – Where offices are found to be redundant, their demolition and redevelopment will be supported by the LBH in support of bringing forward additional housing.
- **Policy DMH 7 Provision of Affordable Housing** – New residential development should provide sufficient affordable housing, with a minimum of 35% affordable units delivered with a tenure split of 70% Social/ Affordable Rent and 30% Intermediate Rent (subject to viability). Affordable housing should be built to the same standards and share the same level of amenity as private housing.
- **Policy DMHB 18 Private Outdoor Amenity Space** – All new residential development should provide good quality private outdoor amenity space in accordance with the standards set out in Table 5.3 of the Local Plan (Part 2).
- **Policy DMHB 19 Play Space** – New major developments (resulting in ten or more children within its residential population) will be required to provide play facilities on-site.
- **DMCI 4 Open Spaces in New Development** – Proposals for major new residential development will be supported where they make provision for new open space or enhance existing open space.
- **DMCI 5 Children's Play Areas** – For all major development proposals, 10m² of play space should be provided per child with an accessibility standard of 400m walking distance to equipped playgrounds.

Supplementary Planning Document: Planning Obligations (2014)

The Planning Obligations supplementary planning document (SPD) provides additional guidance for planning applications in the LBH, with a specific focus on affordable housing; transportation, accessibility, air quality and noise; training and employment; community safety in the public realm; environmental impacts; and open space and recreation.

Hillingdon Open Space Strategy 2011-2026 (2011)

The LBH Open Space Strategy sets out the strategies for improving access to nature and protecting wildlife habitats throughout the borough. The strategy guides the development and management of open spaces, including new parks and play areas in major developments, and sets out the minimum standards for open space, recreational space, and equipped play.

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