

Harrow Public Health Team in partnership with the Housing, Planning and Regeneration teams at Harrow Council have completed a draft health impact assessment of the Grange Farm Development.

A Health Impact Assessment is a process which looks at a new project or policy and develops ways to increase the benefits and reduce the negative impacts to health and wellbeing on the residents affected.

Please find attached the report which is followed by some recommendations.

Please read the report and we will attend the next steering group meeting to answer your questions. In the meantime please feel free to write any comments in the below box

Any Comments

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**Rapid Health Impact Assessment (HIA) -  
Grange Farm, Harrow on the Hill, Harrow.**

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## **Section 1 Introduction and Methodology**

Harrow Public Health Team, in partnership with Housing and Regeneration teams, has been asked to undertake a Health Impact Assessment (HIA) to support the redevelopment of the Council's Grange Farm housing estate in Harrow-on-the-Hill ward, Harrow. The current estate in Grange Farm is showing significant signs of age and the onsite community facilities appear to be not fit for purpose and little used. The Council has assessed that the area could be developed to have better housing which is more suited to resident's needs. The planning application for the redevelopment is due to be submitted in June 2016 with onsite work due to start Spring 2017.

A HIA uses quantitative and qualitative data using participatory techniques to determine the impacts upon health of the given development or project and gives evidence based recommendations on ways to maximise health benefits<sup>1</sup>.

The objectives of the Grange Farm HIA are:

1. To identify the priority groups impacted on by the proposed Grange Farm redevelopment (based on the Grange Farm proposal January 2016).
2. To engage and involve local community (via public consultation) for their views on the impact of the development
3. To provide a series of recommendations in which the positive impacts can be maximised and negative impacts minimised after their identification and assessment.

Harrow's Health and Wellbeing Strategy 2016-20 makes a commitment to improve the environment to support residents to make healthier lifestyle choices. Good quality housing, access to green space and active transport options are all emphasised.

### HIA Framework and approach

A rapid HIA framework has been adopted as it will be important to have the recommendations available prior to the planning process beginning in May 2016 to ensure they can contribute to the strategic approach. The approach will be guided using the framework from the London Health Urban Development Unit Rapid Health Impact Assessment Guide and guidance documents from the training provided by the Welsh Health Impact Assessment Unit (WHIAU) in January 2016.

### Contributors

The Harrow Council Public Health team have written the report with close collaboration with Housing and Planning teams and consultation with the Economic Development team.

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<sup>1</sup> Health Impact Assessment: A practical guide, Wales Health Impact Assessment Unit

### Governance

Harrow Public Health team will be developing a HIA in partnership with colleagues in Housing, Regeneration. The draft recommendations and key points from the HIA will be presented and discussed with the Grange Farm Steering group comprised of 18 local residents in June 2016. The HIA will be presented to the Harrow Council Regeneration Board in June 2016 and shared also with the Harrow Clinical Commissioning Group Strategic Estates Group for their involvement.

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## **Section 2 The Grange Farm Development**

The Council has identified the opportunity to make better use of its existing estate at Grange Farm in South Harrow which has 282 (mainly 1 and 2 bed) housing units and to create a more mixed-tenure housing estate. The proposal includes increasing the number of units from 282 to 547 units with a greater range of property sizes. The location of the estate is shown in Figure 1 (Appendix). The Council has undertaken a series of consultations with a steering group of residents to understand their needs and to gain a clearer idea of what life is currently like on the estate, and how this can be improved throughout the regeneration design.

Harrow has one of the lowest proportions of affordable housing in London, ranking 29<sup>th</sup> for council housing and 31<sup>st</sup> for Housing Association homes out of 32 Boroughs. The estate is currently mainly comprised of resiform units, which have not aged well and have come to the end of their life. The existing social rented homes will be re-provided, along with around 265 additional new homes for private sale in order to subsidise the affordable housing.

For more detail on the proposed changes to housing tenure please see Table 1 in the Appendix.

For more detail on the construction and how tenants will be housed please see the Appendix.

The initial plan identified several benefits of the proposed regeneration in addition to the increase in housing and redevelopment of current council housing on the estate and these are as follows:

- The current community centre is not used to maximum capacity. In the new development there will be a stand alone Community centre open to all of the local community (not just Grange Farm residents) and located near to Northolt road entrance. The community centre will be used by several agencies including a nursery and also the community organisation Carama, and it is expected that local residents will play a key role in the management committee of the centre.
- Sufficient bins and bike storage will be included
- Bin stores located off street
- Existing cul de sac road network will be removed

## **Section 3 Literature review and evidence**

Poor housing is associated with a range of physical and mental health conditions. In the short term, housing refurbishment can be disruptive and intrusive. In the longer term, improvements have been reported in general self-reported physical and mental health, as well as reductions in symptoms and use of health services. While there is potential for health gain for the people moving into improved housing, the health effects for the wider population of rehousing or housing refurbishment may be mixed. Housing regeneration programmes do not always improve housing equally for all local populations.

Dunn and Hayes present a conceptual model of housing and health, arguing that inequalities in housing, and housing satisfaction, are due to a combination of individual attributes, such as age, gender and income, employment status and housing attributes such as tenure and type of housing. The attributes of housing (especially its physical condition) can have direct impacts on physical and mental health,<sup>2</sup> as well as education and general feeling of well being.

Ambrose describes a programme of work, including housing improvements, on an estate in East London. Original residents from the estate who were rehoused after the improvements reported high levels of satisfaction with the new flats. Kempson describes how families often have to buy kitchen equipment and furniture for their new and larger homes. Bills for utilities have to be paid so resources for food often become restricted<sup>3</sup>. The Grange Farm Regeneration includes both high levels of insulation and an Energy centre that will provide metered heat and hot water to all dwellings.

Improvements to transport infrastructure is often included as part of urban regeneration schemes. Transport has a number of features that contribute positively to determinants of health, by improving access to a range of services, facilities and amenities and providing social interaction. Improvements to transport infrastructure such as major roads or airports may also impact negatively on health through pollution, accidental injury and sustainable transport, such as walking and cycling. Socially and economically disadvantaged communities are particularly at risk of these detrimental effects and so it is important to maximize or mitigate the potential negative health effects of transport development to avoid exacerbating health inequality<sup>4</sup>.

There is significant evidence that access to good quality green spaces can offer a number of health benefits including reduced weight, improved mental health and wellbeing (such as depression, stress and dementia) and increased longevity. High streets can have a influential impact on wellbeing and a healthy high street and neighbourhood is one in which there is 'clean

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<sup>2</sup> **Regeneration & neighbourhood change**, Sarah Curtis, Ben Cave, Adam Coutts, Paper for HDA Seminar, London Queen Mary University, June 2002

<sup>3</sup> **Regeneration & neighbourhood change**, Sarah Curtis, Ben Cave, Adam Coutts, Paper for HDA Seminar, London Queen Mary University, June 2002

<sup>4</sup> **Regeneration & neighbourhood change**, Sarah Curtis, Ben Cave, Adam Coutts, Paper for HDA Seminar, London Queen Mary University, June 2002

air, less noise, more connected neighbourhoods, things to see and do, and a place where people feel relaxed'<sup>5</sup>

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<sup>5</sup> Harrow Health and Wellbeing Strategy 2016-20, Harrow Council

## **Section 4 Community Profile**

### Population data

The Grange Farm Estate is situated in the Harrow-on-the-Hill ward, which is currently home to 12,850 people and 2,098 living within the lower super output area (LSOA) (027A) covering Grange Farm<sup>6</sup>. This LSOA has an unemployment of 8.2%. Black and minority ethnic groups make up 65% of the population with almost two fifths of people describing themselves as Asian and Asian British (38%) and over a third describing themselves as White (35%) (See Appendix for more detail).

### Population segmentation information

The Experian Mosaic Customer Segmentation Model shows the population of the LSOA have a large proportion of working age population. They tend to be long-term social renters living in low-value, multi-storey flats in urban locations, or small terraces on outlying estates. The area contains two mosaic population types and these are well served by public transport. While trying to get into regular employment, incomes are significantly lower than the national average with higher levels of unemployment.

### Income

Individuals in the surrounding LSOAs consist of a higher proportion of people who do not have an A level or 5+ GCSE at A\*-C or the equivalent (51%) than in England (37%). The LSOAs in and around Grange Farm are challenged neighbourhoods with limited employment options and correspondingly low household incomes, and 50% are employed compared to the national mean of 62%. This group has a higher than average claimant rate for most state benefits, especially council tax and housing benefits, the state pension is the exception. As a result 47% of households report some financial stress<sup>7</sup>.

### Health related behavior and health services

In the 2011 Census the majority of people living within the Grange Farm LSOA report that that their day-to-day activities are not limited (79%) while 92% report having very good (77%) or fair(16%) health. Both the Mosaic population groups of this area report high levels of physical inactivity and higher smoking rates than nationally(59%) and play no sport compared to 46% and 75% nationally.

There are four GP practices within a short distance of the estate and names and list size for each practice are detailed in Figure 8 in the Appendix. Discussions have begun with practices about the implications on the demand for their services. The allocations from the Primary Care Transformation Fund have been identified as a possible means to meet any changes in demand for primary care services in the area. We have begun discussion with Harrow Clinical

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<sup>6</sup> GLA population Projection data and Mid year estimate 2015

<sup>7</sup> LSOA Atlas <http://data.london.gov.uk/dataset/lsaa-atlas>

Commissioning Group Strategic Estates group to ensure that these plans and any other housing changes in the area are built into their strategic plans.

#### Information on existing Grange Farm population

Data on the socially renting population currently residing in the existing housing stock on the Grange Farm estate has come from a questionnaire completed by the council's housing team. The dataset includes information on 456 individuals from the 282 properties. It should be noted this is not everyone in the estate but still provides us with useful information on the population.

The data shows that the majority of people renting from the council are aged between 45 and 54 years of age, with 21% of the population under the age of 20 and 7% aged 80+ years (Figure 6). English is spoken as the first language in 51% of households, with the other major languages being Somali (3.5%) and Gujarati (2.6%) (Figure 7). According to the information from the survey, 7% of respondents reported ill health and 37% of those completing the survey had a medical condition that has led them to put in a request for ground floor residence. A third of the residents completing the survey have reported a disability. The types of disability range from hearing (2.1%), learning (2.1%), mobility (24%) and vision (2.5%). Just less than one in ten (9%) of these respondents reported the need for a carer.

#### Resident's consultation

When consulted with by the Harrow Council Housing department most residents wanted a two bedroom property (53%) (Full details of the consultation responses in the appendix).

## **Section 5 Vulnerable groups**

The WHIAU vulnerable group and health and wellbeing checklist was used as starting point and together with the analysis completed in this report and its appendix covering the census data, population segmentation and data from consultation with existing community was examined to identify the groups and listed in the following points<sup>8</sup>;

### **1) People living with long term conditions**

Of current residents 7% of reported ill health and 37% of those completing the survey had a medical condition that has lead them to put in a request for ground floor residence.

### **2) Older people**

The Grange Farm resident's survey shows 7% aged 80+ years.

### **3) Ethnic groups**

Black and minority ethnic groups make up 65% of the population. Of existing Grange Farm residents English is spoken as the first language in 51% of households.

### **4) Resident living with a disability**

A third of the residents completing the survey have reported a disability and one in ten of these respondents reported the need for a carer.

### **5) Children**

Around quarter of the current properties house children and in the LSOA 16% of households had dependent children and 16% were lone parent households.

### **6) Low income households**

The LSOAs information shows the area has limited employment options and correspondingly low household incomes. The average household income is under the national average and most likely to be finding it difficult to cope on their incomes and they often receive benefits.

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<sup>8</sup> Welsh Health Impact Assessment Unit, Greater London Authority Health Impact Assessment training session March 2016

### The Impacts

The potential impact the Grange Farm development on the the population, with focus on the identified vulnerable groups, is summarised in the following points:

<b>Lifestyles</b>	
<b>Positive Impacts</b>	<b>Negative Impacts</b>
There will be more outdoor space including play areas for children, planting area and green space	There is a high density of hot food takeaways in the area and this is relevant for everyone but particularly for children living in the area <sup>9</sup>
There will be secure storage for bikes to enable more active transport options	
There will be more and safer attractive walk ways to other transport links	
There will be community centre space for other healthy lifestyle services to use	
There is potential for promotion and engagement with the residents and new residents for wellbeing services	
There is potential for engagement with people with long term conditions living on the estate	
There is potential for more community projects which would encourage a healthy lifestyle and improved mental wellbeing	
For those residents who have a need for a carer there is potential for promoting services to improve the health of carers in Harrow	
Reconfigured open space offers the opportunity to provide new play space a greater opportunity for social interaction between households and incorporate biodiverse habitats	

<sup>9</sup> Harrow Obesity Needs Assessment 2014

<b>Social and Community Influences on Health</b>	
<b>Positive Impacts</b>	<b>Negative Impacts</b>
<p>Development to provide a more mixed tenure of housing.</p> <p>Having greater income and employment diversity within the estate can help to lift aspirations among lower income groups</p>	<p>There is a high amount of people for whom English is not their first language meaning a risk of people finding services hard to access and experience feelings of isolation</p>
<p>Development to provide replacement of social housing which has the potential to be more appropriate for the needs of the housing register (more 3/4 bedroom properties)</p>	<p>Potential change in the make up of existing communities – may lead to existing people moving away, impacts on community could therefore have short term negative impacts on community cohesion, well being and quality of life</p>
<p>There is potential to revitalise the community facilities on site and ask the community what they would like to include in them</p>	
<p>There is potential for more community projects which would encourage intergenerational and other different groups such as faith and ethnic groups mixing and reduce the risk of social isolation and promote</p>	
<p>Safety concerns about the existing estate (dead ends, lighting) can be addressed to improve the area against potential risk of crime and ASB</p>	
<p>Formation of Steering Group and dedicated support to empower these local residents will leave lasting legacy of trained and experienced individuals to contribute to the future community development of the estate.</p>	
<b>Living Environmental Conditions Affecting Health</b>	
<b>Positive Impacts</b>	<b>Negative Impacts</b>
<p>Minimum space standards to be met</p>	<p>Vulnerable people living in the estate will potentially have to move once or twice</p>
<p>All dwellings meet lifetime homes standards</p>	<p>Temporary negative effect during construction</p>

and 10% wheelchair homes standards	on air quality and noise – considerate construction programme should be implemented to mitigate this
Meet equivalent of Code for Sustainable Homes level 4	Likely loss of overall quantum of open space which could have impacts upon recreation and drainage, however the open space retained will be much more accessible and useable for a variety of positive uses.
Well-designed buildings orientated to benefit from dual aspect and natural light	A small number of one bed flats will have single aspect but will have southerly aspect.
Close proximity to shops services and jobs	
Close proximity to transport links including new walk ways to main road	
<b>Economic Conditions Affecting Health</b>	
<b>Positive Impacts</b>	<b>Negative Impacts</b>
There is potential for a social value opportunity in construction contract which could boost the local skills, training and job opportunities. Potential for apprentices – approximately 1 for every £1m construction cost and or other social investment	Home owners in the current offered the opportunity to sell may not find an equivalent property due to the low value of this type of unit (however, council offering interest free equity loans to ameliorate this impact.
New residents will have good access to jobs and services	
<b>Access and Quality of Services</b>	
<b>Positive Impacts</b>	<b>Negative Impacts</b>
There is potential for outreach services to be provided onsite. There is a possibility that the Primary Care Transformation Fund could support an increase in primary care services.	Current primary care services in the area are reaching capacity and some may have difficulty taking on all the new residents (recommend exploring outreach services to use community centre on sessional basis)
Site is in an area close to shops and services with good public transport accessibility – this	Schools in the area may struggle to take additional pupils and so families may have a

will benefit any new residents who moves in	long commute to schools with a place
<b>Macro-economic, Environmental and Sustainability Factors</b>	
Opportunity to incorporate Biodiversity Action Plan (LBH 2015) habitats within the redevelopment	

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## **Section 6 Recommendations**

### **Lifestyle**

1. The Housing team will continue to develop a plan led by residents for the shared community use of the community hub including the incorporation of health and wellbeing services such as Stop Smoking Services and Health Champions and that an evaluation is completed in an appropriate amount of time after completion that includes a review of use of this space
2. Public Health and Active Travel Council Officers to ensure that a travel plan is developed in collaboration with the active travel team and residents for the development that includes traffic calming measures and active travel and that traffic issues are monitored
3. Public Health and Housing to ensure that residents and their carers are given a pack which includes;
  - details of physical activity options such as Harrow Health Walks, cycle lanes, outdoor gyms
  - other wellbeing services such as Stop Smoking Services,
  - other services for people with long term conditions such as Expert Patient Programme and Health Champions
  - the Green Grid,
  - membership to local library,
  - the route to local parks and green space
  - local transport routes

Events for the development should also take the opportunity to give the pack to all carers and also any neighbouring residents who attend. Packs should be made available in the relevant languages.

4. Public Health to ensure that links are made with the local growing organisations to support community growing and the opportunities to access to affordable fresh fruit and vegetables. Potential is scoped for the social value aspect of the contract with the developer to resource growing initiatives or local business contributions.
5. Lead for Environmental Health and Public Health work together to ensure that local takeaways are offered the Healthy Catering Commitment accreditation

### **Social and Community Impacts**

1. Housing to ensure the available tenancies are allocated appropriately from the housing register
2. Public Health and Housing ensure that a meaningful consultation on the use of the shared community space is conducted so that the use is led by the residents needs and

that once developed the engagement and use of the space is monitored after the development is complete to ensure the effective use

3. Lead officers from all teams ensure that relevant promotion of services to residents has information translated into the languages required.

### **Living Environment**

1. Housing ensure the quality and performance management of the construction of the development ensures that;
  - the BfL12 rating is maintained
  - standards in London Housing Guide (2010) and ), and London Mayor's Housing Supplementary Planning Guidance (2016) on floor space and outdoor space is maintained or improved
  - reaches Code 4 (Code for Sustainable Homes)
2. Housing ensure that new homes are compliant with Harrow Accessible Homes SPD
3. Housing ensure that the construction of the development includes;
  - the public, communal and private gardens detailed in the bid as directed by residents
  - and maintenance is also included a
  - and that use of this space is monitored
  - the arrangement of pedestrian routes and the delineation of landscaped areas with natural progression
4. Housing ensure construction impacts are considered and where possible reduced when allocating the appointment of a developer and monitored throughout the construction phase to mitigate any issues that are reported
5. Housing ensure that parking on site should be monitored , including residents' experience of parking and use of car club
6. Highways or Transport team ensure that a full traffic assessment is developed of current and future use and impact. Road and pedestrian areas designed to encourage safe driving speeds and discourage use of this residential area as a short cut.
7. Housing ensure that 1) design elements on permeability are implemented in construction and residents views are incorporated through the consultation process, 2) that social cohesion is measured in the baseline questionnaire which is followed up after the development is in place
8. Lead Council team (tbc) Officer ensures recycling is monitored as part of borough wide recycling

9. Housing ensure review of energy use is incorporated into the monitoring of the estate
10. Lead Council team (tbc) ensures biodiversity assessment

### **Economic Conditions**

1. Housing and Economic Development to develop the contracts for the developer that capture social value which facilitate investment in local training opportunities. Economic Development to approve and monitor social value contributions; provide information and report on progress
2. Education team monitors the take up of childcare facilities by residents and local neighbourhoods including reviewing capacity and demand.
3. The Economic Development team monitors demand and use of the workspace in the new community hub including promotion to community services/sector and local business of space. Economic Development can advise on supporting start-ups and running workshops.
4. Housing with support from Procurement ensure the tender specifies supply chain and local employment opportunities are maximised. Economic Development / Xcite project to advise on local employment initiatives

### **Access and Quality of Services**

1. Housing to work with Public Health to assess the impact on local healthcare services by contacting relevant practice managers, pharmacists and service managers, and develop a plan to ensure any requirements that are needed to ensure they can meet the new developments increased capacity are made in consultation with the providers and with residents
2. Public Health to provide link with the CCG and CCG Strategic Estates group on capacity and opportunities to enhance services such as those practices receiving the Primary Care Transformation Fund.
3. Education team continue to assess any impact on schools and other community facilities including social care to ensure there exists both the appropriate services and capacity for the increase in people in Grange Farm
4. Education and Economic Development assess the post 19 educational needs of the new residents and liaise with the relevant schools, colleges and career advice services.

**Other**

1. Housing oversee the consultation with resident through the steering group comprised of residents and complete an evaluation of the HIA recommendations with this group annually after 2017

**Section 7 Conclusion**

The above findings should be utilised to guide and shape the development process for the Grange Farm proposal, and to help understand the further studies and engagement that is needed to maximise health and wellbeing as a result of this redevelopment. This report will be consulted on further among Council colleagues and the residents' steering group. The report will be used as a basis for undertaking engagement with the community and stakeholders. It is crucial that a timetable is set for monitoring the implementation of the HIA recommendations with the appropriate teams or individuals taking responsibility for leading delivery. The appropriate governance for reporting this is currently being considered but it is likely the Harrow Council Regeneration Board (June 2016) with close collaboration with Harrow Clinical Commissioning Group Strategic Estates Group.

## **Section 9 Appendix**

### **Council housing tenure within Grange Farm and redevelopment proposal**

The new development will create twice the amount dwellings and the increase in capacity will be sold to private owners whilst the capacity for Council properties will remain the same.

There is a change in the makeup of the number of bedrooms in the dwellings, currently the majority of dwellings are one and two bedroom units with a small amount of three bedroom, the new development will have proportionately less one and two bedroom units and more three and four bedroom units (see Figure 2 in Appendix).

The exact allocation of the tenure of the council owned dwellings within the estate is still under review but will include more three and four bedroom units to allow for the demands of those waiting for council housing in Harrow.

### **Construction process and housing tenants**

Existing housing owners have been offered market value plus 10% (7.5% if non-resident) to sell their property back to the council. Social tenants in the estate have been offered the opportunity to move permanently or temporarily to other social housing and or remain in the newly built estate. The construction will be undertaken in stages and the estates vacant properties will be used to house the tenants who do not wish to move whilst the remainder of the estate is developed. The process will entail a number of residents moving off the estate for a period but wherever possible “decanting” is kept to a single move.

Figure 1: Grange Farm Estate Location

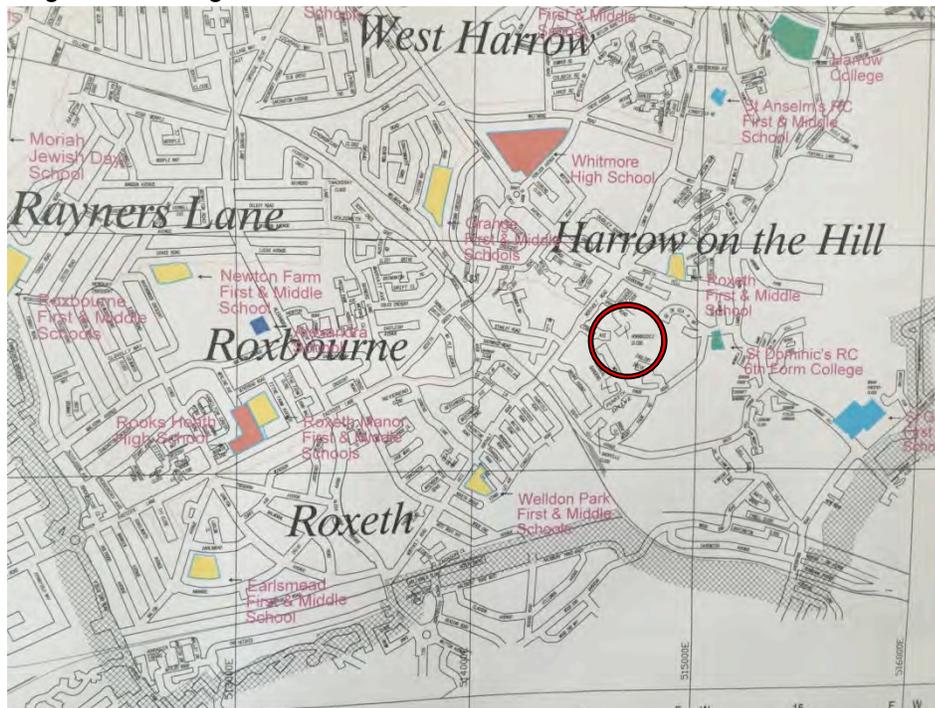
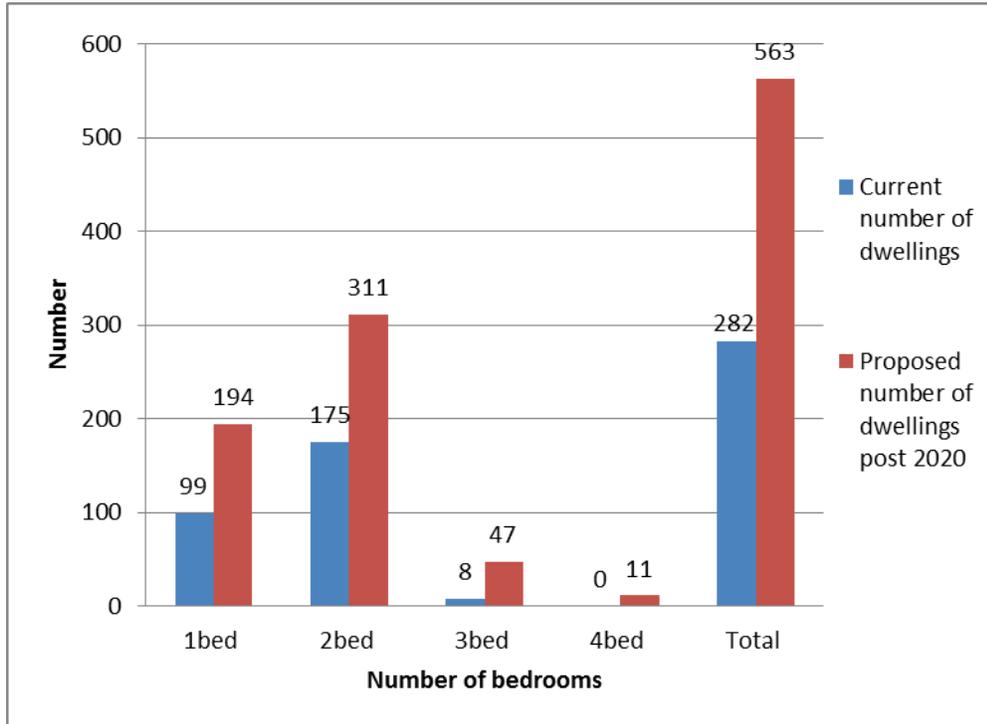


Table 1 Existing housing tenure (2016) and proposed housing tenure 2020 (as of April 2020)

Unit size	No. of units		No of units by	
	2016	2016%	2010	2020%
1 bed 2 person	27	12	54	24
2 bed 4 person	110	48	127	55
3 bed 5 person	64	28	38	17
4 bed 6 person	16	7	10	4
5 bed 7 person	11	5	0	0
<b>Total</b>	<b>228</b>	<b>100</b>	<b>229</b>	<b>100</b>

Figure 2: Chart showing the total current (Social housing and private) and proposed (Social housing and private housing tenure of the Grange Farm housing development



#### Experian data Customer Segmentation

The Experian Mosaic Customer Segmentation Model provides us a different interpretation by segmenting our residents in terms of their lifestyle choices and preferences. It enriches our understanding of our population providing useful insight at times when we are redesigning services or regenerating areas as it personalizes the customer journey. Residents are segmented into one of 15 groups and 66 detailed types.

Around 61-80% of the LSOA covering Grange Farm has been categorised as the group O, Municipal challenge. People living in the municipal challenge are typically of working age. Some of the households have children, but most of technology is not high, but mobile phones are important and are the preferred means of contact. On average they spend more time watching television than they do on the internet are single occupant households. Individuals living in these households tend to be are long-term social renters living in low-value, multi-storey flats in urban locations, or small terraces on outlying estates. Given their income and urban location, car ownership is very low. Generally, ownership and they prefer making purchases in local shops than buying online. The key features of the group are:

- Social renters
- Low cost housing
- Challenged neighbourhoods
- Few employment options
- Low income
- Mobile phones

The Grange Farm LSOA contains two mosaic types, described as “crowded kaleidoscope” (41-50% of households) and “inner city stalwarts” (31-40% of households).

The core features of **crowded kaleidoscope** suggest that these are often families that do not live in traditional nuclear family structures. Adults are typically aged 45 or under and two-thirds have children, ranging from nursery to secondary school age. Many households are headed by a single parent and can also include elderly parents and other homesharers. Since homes are typically one or two bedroom flats, living conditions can be cramped. A significant proportion of the adults were not born in the UK, and there is a diverse mix of people from countries all around the world.

While trying to get into regular employment, incomes are significantly lower than the national average with higher levels of unemployment. Those in employment can earn reasonable incomes thanks, in part to greater job opportunities in central London. Others rely on jobs with high turnover paying little more than the minimum wage.

These neighbourhoods are well served by public transport and people can get by without a car – people travel to work by bus.

Despite the challenges faced, these are reasonably settled communities and residents do not frequently move on, with most people having lived in their homes for between four and ten years.

Crowded kaleidoscope often shop at local markets and independent stores as well as high street supermarkets. They like new technology and many have a smartphone. They will use the internet to listen to music, watch videos, check cinema listings and look for jobs.

The core features of **inner city stalwart** are older people, over 55, who often live on their own. The low income services jobs in which they are, or were once, employed mean that buying their own home was not an affordable option, and eight out of ten inner city stalwarts rent their flats from the council or a housing association. Now that they are older, they get by on a combination of lower wages or pensions, supported by benefits.

Flats are usually small, one-bedroomed homes in post-war purpose-built blocks often found in traditionally low income areas of inner London and other major cities. The market value of these flats, particularly those in London can now be relatively high because of their central locations.

### **Surrounding LSOAs**

The areas close to the Grange Farm regeneration are made up LSOAs characterised as “rental hubs” and “urban cohesion”. **Rentals hubs** contains predominantly young, single

people in their 20s and 30s who live in urban locations and rent their homes from private landlords while in the early stages of their careers, or pursuing studies. **Urban cohesion** are settled extended families and older people who live in multi-cultural city suburbs. Most have brought their own homes and have been settled in these neighbourhoods for many years, enjoying the sense of community they feel there.

Figure 3: Numbers of people in the Grange Farm LSOA by age group, 2013

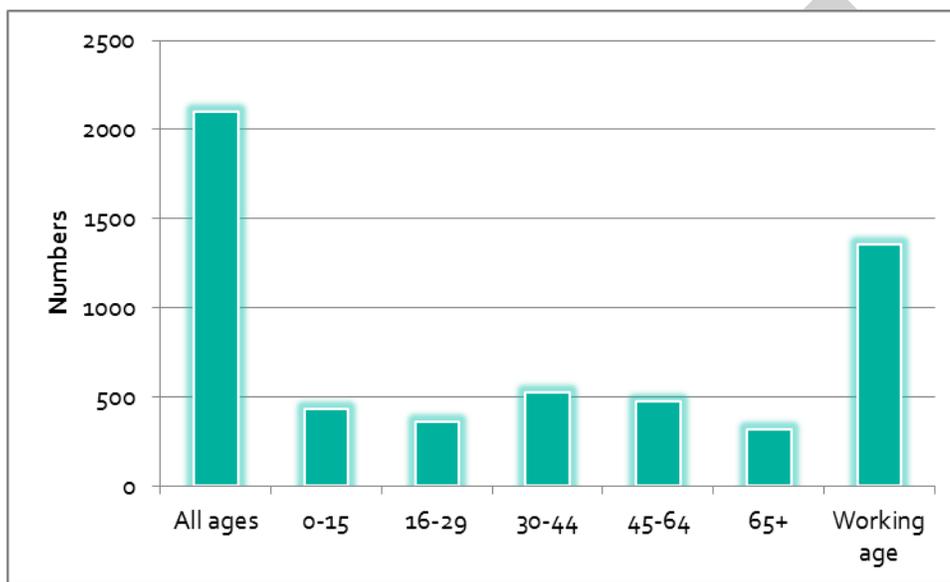


Figure 4: Tenure within the Grange Farm LSOA, 2011



Figure 5: Household composition within the Grange Farm LSOA, 2011

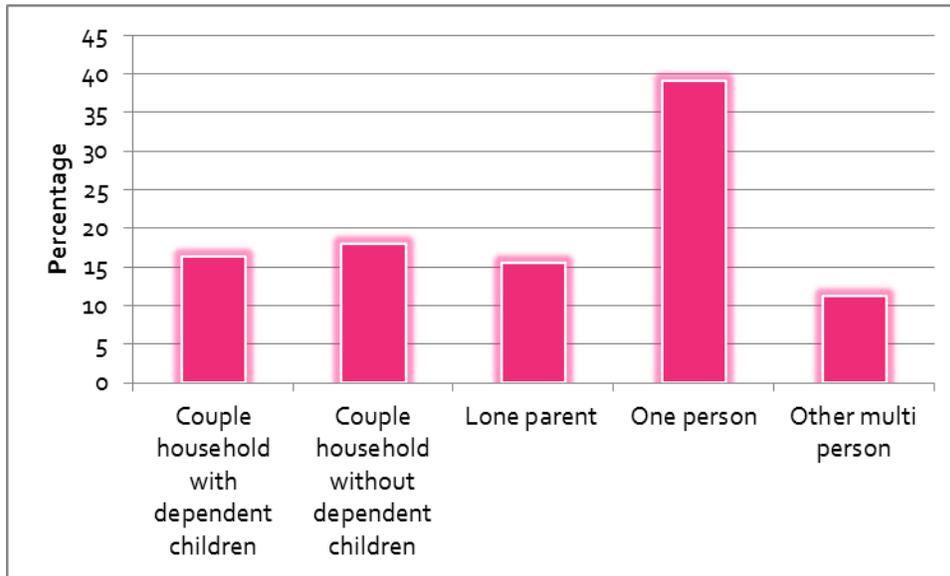


Figure 6: Grange Farm residents by age at 31.12.2015

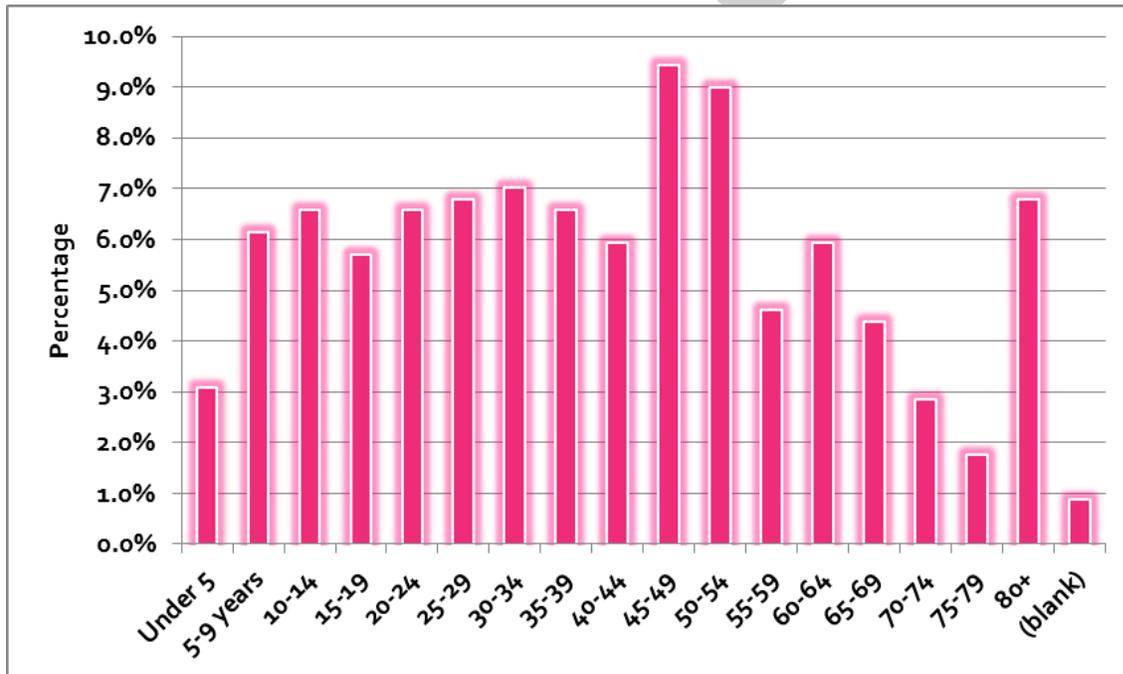
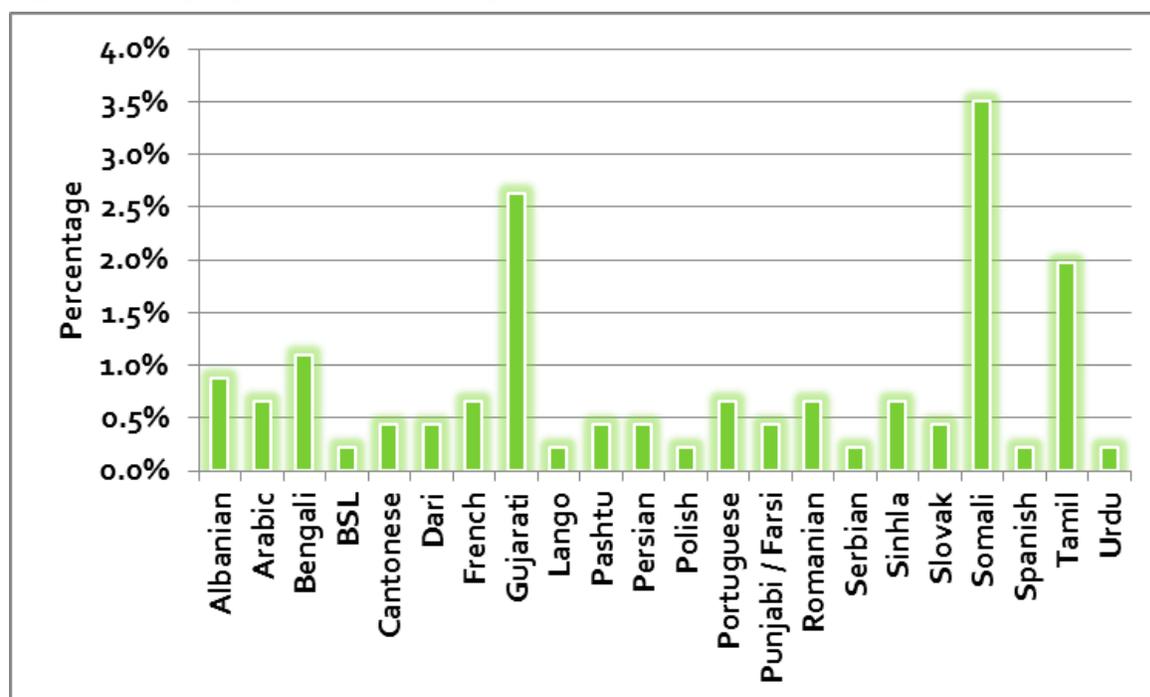


Figure 7: Languages spoken of Grange Farm tenants



#### Full details of resident's consultation on housing preferences

When consulted with by the Harrow Council Housing department most residents wanted a two bedroom property (53%) with lower proportions wanting three bedrooms (1.4%) and one bedroom properties (32%). The majority of respondents suggested that one adult (42%) will be living in their property, 26% reported two adults residing in the smaller proportion reporting three adults (5.7%) and four adults (1.4%). Eleven percent of people reported that one child would live in the properties, 10% of survey respondents reported two children, with smaller proportions reporting three (1.1%) and four (0.4%) children living with them.

Similar proportions of respondents reported their preference as being a flat (33%) or a house (32%) with much lower proportions favouring a bungalow (5.0%), either a flat or house (1.8%), either flat or bungalow (0.4%) and those that were unsure of the type of property they would prefer (0.4%).

Almost three in ten people reported having at least one vehicle and just over a quarter have no vehicles, 5.3% of individuals had two vehicles and 0.4% reported having three vehicles. However, only 0.4% of respondents to the survey reported that they have a car while 1.1% reported having a scooter.

#### Health services

The names and list size for each practice are:

1. Shaftesbury Medical Centre, 39 Shaftesbury Parade, South Harrow, HA2 0AH – 4,375
2. GP Direct, 5-7 Welbeck Road, Harrow, HA2 0RQ – 16,538
3. Roxbourne Medical Centre, 37 Rayners Lane, South Harrow, HA2 0UE – 6,782
4. St Peter's Medical Centre, Colbeck Road, West Harrow, HA1 4BS – 7,402

There is no cap on a practice accepting additional numbers on their list. However naturally there are various resource implications which may influence how many patients a practice can additionally take on such as capacity, space, recruitment and infrastructure.

Figure 8 : Location of GP practices (numbered) and Grange Farm (pink circle)

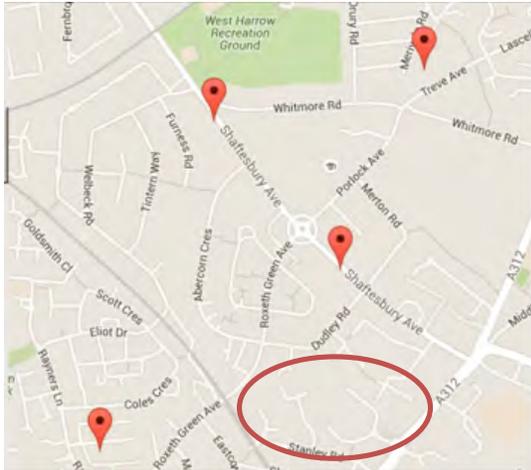


Table 2 GLA Population projections (accessed 2016)

Ward	Date	Population
Roxbourne	2016	12829
	2025	12966
	2040	13690
Roxeth	2016	11831
	2025	11787
	2040	12192
Harrow on the Hill	2016	13333
	2025	13903
	2040	14730