THE CASTLEFIELDS REGENERATION MASTERPLAN HEALTH IMPACT ASSESSMENT

FINAL REPORT

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We have learnt a great deal about Castlefields during the process of this health impact assessment (HIA), most importantly about the people who live and work there. Everyone we met demonstrated the passion and commitment that is necessary if the health, wellbeing, and quality of life for current and future residents of Castlefields is to be improved.

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THE CASTLEFIELDS REGENERATION MASTERPLAN HEALTH IMPACT ASSESSMENT

CONTENTS

LIST OF TABLES AND FIGURES

List of tables

List of figures

EXECUTIVE SUMMARY

1. What is the Castlefields Regeneration Masterplan Health Impact Assessment?

1.1 This Executive Summary of the Castlefields Regeneration Masterplan Health Impact Assessment (HIA) encapsulates the work undertaken by IMPACT, the International Health Impact Assessment Consortium at the University of Liverpool. The Castlefields Steering Group, via Taylor Young, commissioned IMPACT,

> **'... To identify and assess the health impacts of the Strategy proposals for the regeneration of Castlefields...'**

1.2 The primary purpose of this HIA is to inform the decision-making in the regeneration strategy development process. The expected outcome of this is that the revised Castlefields Regeneration Masterplan will both protect and enhance the health of Castlefields residents.

2. What is the Castlefields Regeneration Masterplan?

2.1 The Castlefields Regeneration Masterplan has been developed by Taylor Young in response to a brief from English Partnerships in April 2002 to 'guide the sustainable regeneration of Castlefields in partnership with key stakeholders and the local community' and establish the following vision for the area:

> **'To create a prosperous, integrated and vibrant community by improving their environmental, economic and social well being, and which achieves the highest possible standards in terms of design and development.'**

2.2 The Castlefields Steering Group has been responsible for directing the strategy development process and consists of the following partners: Halton Borough Council, English Partnerships, CDS Housing, Liverpool Housing Trust, the Housing Corporation and North West Development Agency.

2.3 The regeneration strategy and action plan defines vision and values, objectives and 'placemaking' themes as well as a three-year action plan, the main elements of which are:

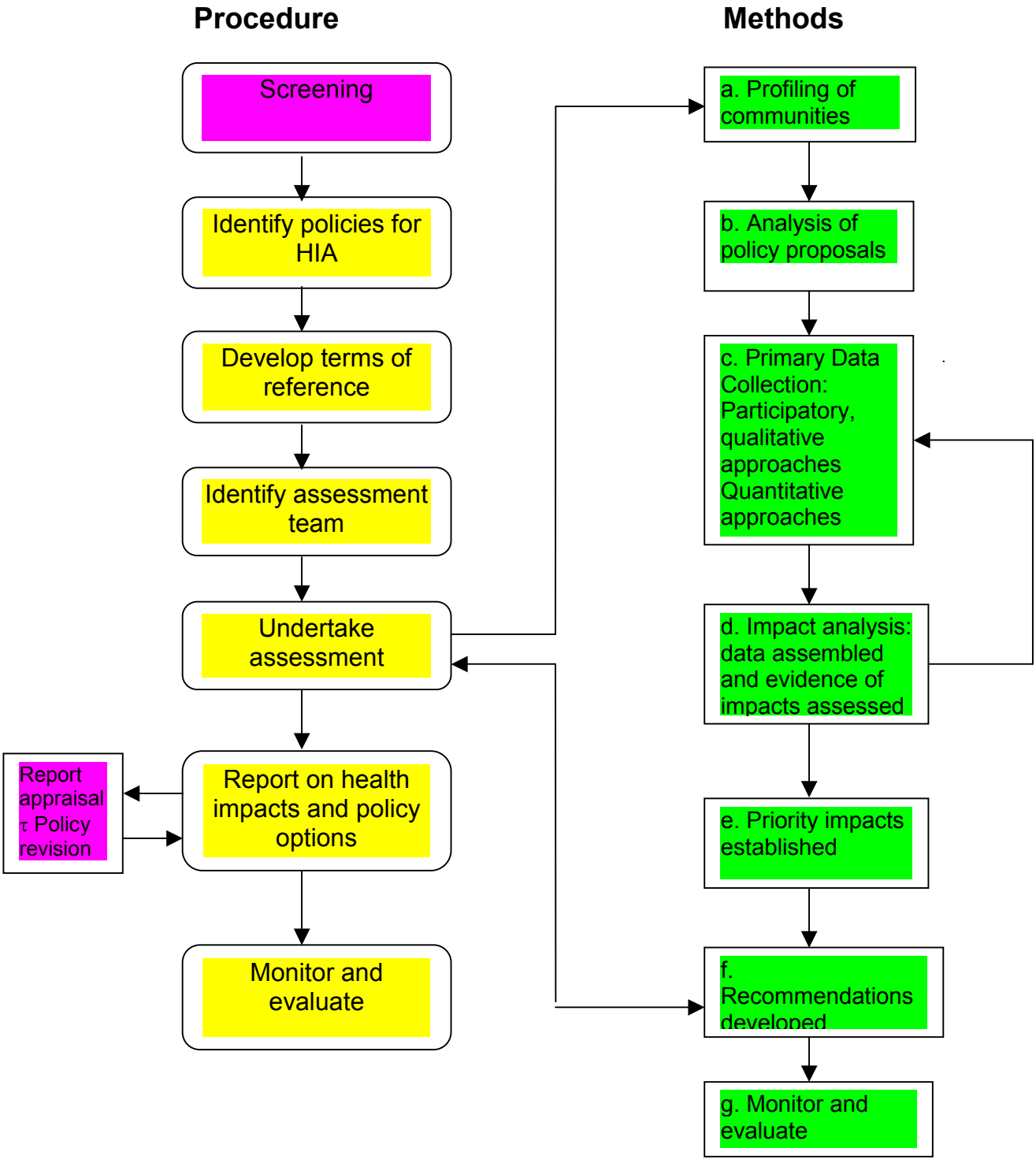
- Housing
- People, community and employment
- Infrastructure
- Environment & leisure

2.4 The funding requirements to deliver this action plan are £43.6m, of which £28.4m is for housing, £7.7m is for infrastructure, £5.2m is for environment and leisure and £1.6m is for people, community and employment. £0.7m is reserved for co-ordination of the action plan.

3. What methods were used in this Health Impact Assessment?

3.1 The HIA methods were based on the 'Merseyside Guidelines for Health Impact Assessment' (Scott-Samuel et al, 1998); this methodology is the most widely used in the UK (Ison & Griffiths, 2000). It is a systematic process involving a set procedure and the use of a number of different methods as follows:

Figure 1 A Generic HIA Methodology based on the Merseyside Guidelines



4. What are the key findings from the Health Impact Assessment?

4.1 Data from the profiling, policy analysis and from fieldwork have been collated and analysed to identify evidence of the potential health impacts of the Castlefields regeneration strategy proposals on the population. Over 40 interviews and focus groups were conducted with community and organisational stakeholders, as well as with key informants, independent witnesses with expertise in regeneration or regeneration and health.

4.2 The matrices below define the *Potential Health Impacts* of the scheme on different health determinants and their subsequent effect on health outcomes (the impacts on health status are described after the impacts on health determinants and follow the arrow symbol). The *Direction* indicates whether this impact is a health gain (+) or loss (-). *Scale* is a measure of the severity of the impact (in terms of effects on mortality, morbidity and well being) and the size/proportion of the population affected - is represented by the number of symbols as follows:

Severity/population proportion	High	Medium	Low
Death	---- or ++++	--- or +++	-- or ++
Illness/injury	--- or +++	-- or ++	- or +
Well being	-- or ++	- or +	negligible

4.3 The *Likelihood* of impact describes the probability that the impact will occur. The likelihood can be definite (in the case of retrospective assessments, that is where the project has been partially or fully completed), probable, possible or speculative - which in turn relates to the strength of the evidence. Where there is a close correlation between evidence from all data sets (which includes published literature and information from stakeholders/key informants), this is regarded as strong evidence. In addition to the analysis of the potential health impacts on the population as a whole, the potential impacts on health inequalities are also discussed.

Executive Summary: Table 1 Strategy Development

Potential Health Impacts	*Direction*	*Likelihood*
Population - Castlefields ward		
Poor engagement across population population disenfranchised from policy-makers	-	Definite
Health Inequalities - Castlefields estate residents		
Poor engagement on Estate Prolonged uncertainty, lack of control/involvement in decision-making process, fear of unknown short term effects on psychosocial well being: anxiety, anger/aggressive behaviour, mistrust, poor self-esteem.	--	Definite
Increased risk over medium to long term of psychological ill health.	--	Probable

Potential Health Impacts	*Direction*	*Likelihood*
Population - Castlefields ward		
Improvement of deprivation score for ward	+	Probable
Net reduction in population	-	Probable
Some disruption from contractor traffic/works	-	Definite
Some resentment towards investment on Estate without clear borough-wide approach to regeneration	-	Probable
Health Inequalities - Castlefields estate residents		
Individuals & families		
Change in population composition due to housing demolition, outward migration:		
Reduction in single, young people with demolition of flats		Probable
Reduction of low income households, households claiming housing benefit		Probable
Removal of 'problem' households from Castlefields to unknown locations, shifting problems across Halton or elsewhere		Probable
Deprivation		
Change in population composition improvement of deprivation score	+	Probable
Community Life/Social Support		
Social support impacts on health outcomes directly and indirectly - reducing risk of all cause mortality, heart disease mortality, ill health, mental health development and child development		
Co-ordination of decanting isolation of families increased anxiety, fear for safety	---	Definite
Disruption of social networks reduced social support short term reduction in psychosocial well being	-	Definite
Reduction in safe play areas for children increased risk of accidents on insecure construction sites, with contractor traffic	--	Definite
Lack of facilities to meet, hold community activities reduced social support, community involvement	-	Probable
Crime		
Crime and the fear of crime impact on psychological distress and ill health, and social well being		
Short term increase in opportunistic crime on building sites, undemolished flats (vandalism, fire) increased anxiety, fear for safety	--	Definite
Increase in domestic violence with increased anxiety in family circumstances	--	Speculative

Employment **Employment is 'health enhancing', associated with reduced risk of premature mortality (3 excess deaths for every 2000 unemployed men), physical and psychological ill health**		
Increase in short term construction jobs on Estate	+	Definite
Some increase in employment for residents	+	Speculative
Education & Training **Education attainment is associated with better health in adult life, primarily as a result of effects on occupation and income levels, but also lifestyle choices**		
Some increase in education and training attainment for residents	+	Speculative
Housing **Poor housing is associated with poor health, eg damp allergic and inflammatory lung diseases, design accidents, falls, older/unmodernised housing cold hypothermia, 'fuel poverty', housing environment psychological distress, temporary housing psychological distress, accidents, infectious illness**		
Decanting increase in anxiety	---	Definite
Co-ordination of decanting process with residents severe anxiety	--	Definite
Co-ordination of decanting process between agencies health/socialcare packages not provided	---	Definite
Construction site management/enforcement of contract standards eg damping down, maintaining secure site, access to homes increase in accidents/accidental risk, chronic anxiety	--	Definite
Physical environment Poor aesthetics during construction work increase in depression, reduced quality of life	-	Probable
Amenities Reduced amenities, eg shops, community, play areas reduced access to basic goods and services	--	Definite
Access Reduced mobility with construction works increased social isolation	--	Definite
Difficulty accessing public and private transport during construction works increased social isolation	--	Definite
Services Impacts on public transport via busway	--	Definite
Impact on community development sustainable community	-	Probable
Partnership working increased	+	Probable
Impact on schools during development of local strategy	-	Probable
Health Inequalities - within Castlefields estate Older people, people with physical disabilities, people with mental health problems, young children, and young mothers, and people with existing respiratory conditions were all seen as particularly vulnerable groups on the Estate during this phase		

Executive Summary: Table 3 Operational Phase (2004+)

Potential Health Impacts	*Direction*	*Likelihood*
Population - Castlefields ward		
Further improvement in deprivation score	+	Probable
Health Inequalities - Castlefields estate residents		
Individuals & families		
Inward migration increase in more affluent households in new housing areas		
Deprivation		
Further improvement in deprivation score with change in population composition	+	Probable
Community Life		
Re-establishment of some social networks on estate	+	Probable
Distinct , separate communities: new private-sector areas and social housing areas reduced community spirit across area	--	Probable
Employment		
Slight increase in employment on 'Castleside',	+	Speculative
Overall increase in employment due to change in population on 'Canalside' & 'Lakeside'	+	Probable
Enhanced job opportunities for skilled workers with new Mersey Crossing and developments on Astmoor	+	Probable
Education & Training		
Slight increase in education and training attainment for residents	+	Speculative
Housing		
Improved housing conditions of social housing	++	Definite
Reduction in social housing 'cramped' housing	--	Definite
Overall reductions in available housing	-	Probable
Increased range of housing tenure, may not be affordable to existing residents	-	Speculative
Physical environment		
Enhanced & extended natural environment	+	Probable
Amenities		
Enhanced shopping facilities, but less accessible to majority of Castleside	+/-	Probable
Enhanced multi-purpose community and youth facilities	++	Speculative
Access		
Enhanced access for car users	+	Probable
Enhanced access/mobility for pedestrians, cyclists	+	Speculative
Maintained access for public transport users	+/-	Speculative
Services		
Increased recreational services, eg youth activity centre not readily accessed by existing residents	-	Probable

5. Conclusion and recommendations

5.1 The Castlefields regeneration strategy Masterplan is a positive step in the building of a sustainable community. There was much support for the clear, positive vision and the ethos that underpins this as represented in the values. Similarly the strategy's objectives were holistic and well founded. However there are two indications which suggest a difference between vision and reality.

5.2 Firstly, the emphasis in the action plan, outputs and funding allocations did not reflect this balanced, holistic approach. This is a cause for concern. It suggests at least a lack of context in the development of the action plan, which may affect the ultimate success of the Masterplan. There is strong evidence of the importance of a holistic approach in Masterplanning.

5.3 Secondly, the experience to date in the development of the Masterplan shows a difference between policy and practice, with poor community engagement and a lack of shared ownership by policy makers. This poses a risk to the Masterplan's efficient and effective implementation.

5.4 There was also concern, borne out by strong evidence, of the potential division between communities as the new neighbourhoods are formed. The proposals for private sector-only developments in the new neighbourhoods, to relocate some key facilities, and for infrastructure developments geared to the needs of these new neighbourhoods, may further contribute to social housing tenants' feelings of exclusion.

5.5 The recommendations:

Recommendation 1

Amend the regeneration action plan to enhance funding and initiatives for:

Increasing employment -

- develop programmes appropriate for the needs of long-term unemployed people and vulnerable groups, eg community-based, community enterprises, ILMs;
- explore Local Labour Agreements for contractors (Knowsley MBC, 2000);
- examine day care needs;
- examine transport needs;

Increasing education and training -

- review and extend training at the neighbourhood Learning Centre, reflecting needs of people with low educational attainment and future employment areas (SEU, 2001);

Increasing and sustaining social support -

- develop a multi-sectoral community involvement strategy for Castlefields, defining and implementing formal and informal mechanisms for community involvement and networking;
- extend and refurbish the Health Centre as a multi-purpose resource centre (for example, Peckham, Bromley-by-Bow) including community and youth facilities;
- establish the multi-purpose resource centre as a community trust (Manchester, Salford, Trafford LIFT), 'owned' and jointly managed with local people;
- establish a Castlefields community well being fund for activities promoting social support;
- appoint local people as Neighbourhood wardens with a remit for providing social support and environmental management (ODPM, 2003);
- explore the notion of 'Young People's Councillors'

Improve the physical environment

- develop 'Green Park' standards for the care of parks (ODPM, 2003);
- involve Groundwork in community-focused environmental projects;
- appoint local people as Neighbourhood wardens with a remit for providing social support and environmental management (ODPM, 2003)
- undertake a traffic impact assessment to assess the road traffic (and health) implications of the new developments and the new Mersey Crossing on the

Recommendation 2

Amend the phasing of the regeneration action plan to ensure early (2004/5) developments in:

- Employment
- Education and training
- Social support
- Multi-purpose resource centre

offsetting upset from demolition and construction works

Recommendation 3
Amend existing proposals of the regeneration action plan to ensure:

- agreement to a proportion of social housing (rent or buy) is developed in the Lakeside area (for example, Norris Green)
- some shopping facilities remain at the heart of the existing Castlefields estate
- public transport to and from the estate is protected, if not extended

Recommendation 4
Improve community involvement in the Regeneration Strategy planning and co-ordination process:

- Establish a Castlefields Neighbourhood Board whose terms of reference includes the aim to develop, monitor, implement and evaluate the Castlefields Regeneration Strategy. Membership is to include local residents, and the public, private and voluntary sectors. The majority of Board members would be local residents, including the 3 ward councillors; a proportion of these would be nominated through a newly established Castlefields Community Forum.
- Develop a Castlefields Community Forum open to all residents supported by community development officers (other officers to attend by invitation) with an initial objective to provide a monthly forum for discussing the regeneration of the estate and the Community and Estate Agreements
- Develop a Castlefields Estate Agreement with the Castlefields Partnership Group membership (below) and contractors detailing the standards of service the residents have a right to expect, including standards for involvement in decisions, demolition and construction phase of the estate's regeneration
- Develop a Castlefields Community Agreement (residents to develop NOT agencies) detailing the standards within the community by which residents want to live, eg respect for the property of others, consideration of older people, use of reasonable language, consideration of others when making noise etc
- Develop a Community Involvement Strategy for Castlefields, which defines formal and informal mechanisms and an infrastructure by which residents wish to be engaged in decisions about their neighbourhood

Recommendation 5
Extend and improve partnership working in the Regeneration Strategy planning and co-ordination process

- Establish a Castlefields Partnership Group to act as a multi-sectoral senior management group to the Castlefields Neighbourhood Board.
- Extend the membership of the Castlefields Partnership Group from the former Castlefields Steering Group to include representatives from the LEA, Halton PCT, 'Halton people into jobs', the police and voluntary sector.
- Develop clearly defined terms of reference for the Castlefields Partnership Group, including the level of delegated decision-making

authorised by the host organisation and the decision-making process of the Group.

- Hold a team building event for the new Castlefields Partnership Group to explore shared agenda, enhance integrated planning and identify opportunities for pooling resources (eg, budgets and personnel).
- Develop 'shared practice' initiatives for middle managers and front line staff for service providers in Castlefields.

Recommendation 6

Reduce the variation between policy and practice

- Establish formal reporting of the Castlefields Neighbourhood Board to the Halton Partnership, ensuring a borough wide perspective to the neighbourhood developments.
- Establish direct communication access between front line staff and the Chair of the Castlefields Partnership Group.
- Ensure project proposals detail how it will contribute to the general vision and values of the regeneration strategy.

Recommendation 7

Monitor and evaluate the HIA (as described in section 9).

1. INTRODUCTION

1.1 Background

1.1.1. IMPACT, the International Health Impact Assessment Consortium at the University of Liverpool was commissioned by Taylor Young on behalf of the Castlefields Steering Group to undertake a rapid Health Impact Assessment (HIA) of the Castlefields Regeneration Masterplan and Delivery Strategy (the Strategy). The brief from the Castlefields Steering Group, a partnership group consisting of Halton Borough Council (HBC), English Partnerships (EP), CDS Housing (CDS), Liverpool Housing Trust (LHT), the Housing Corporation, and North West Development Agency (NWDA), was to identify and assess the health impacts of the Strategy proposals from existing data and also from new data from stakeholders and key informants.

1.1.2 This report describes the process, findings and recommendations from this HIA. It also defines proposals for the monitoring and evaluation of the HIA process and outcomes. It is supplemented by an executive summary as well as a lay summary for a wider audience such as community stakeholders.

1.2 Health Impact Assessment

1.2.1 It is now generally accepted that non-health care policies are key determinants of public health. This reflects evidence from the Black Report (Townsend et al, 1982), The Health Divide (Whitehead, 1987) and more recently the Independent Inquiry into Health Inequalities (Acheson et al, 1998). Health Impact Assessment (HIA) builds on the understanding that a community's health is determined by a wide range of variable economic, environmental and psychosocial influences as well as fixed factors such as heredity and age. HIA aims to identify what potential changes in health determinants might result from a new policy, for example a regeneration policy, and what effects these changes might have on a defined population, for example Castlefields' residents.

1.2.2 The elements of this approach have much in common with the established field of environmental impact assessment (EIA), however it was recognised that impacts on human health were not an explicit concern of EIA. As such HIA methodology has been developed. The Departments of Health in England, Northern Ireland, Scotland, and Wales (eg, DoH, 1999) now recommend HIA for policy or project developments at national and local levels. In addition the European Community advocates HIA of EC policies and actions (EC, 2002).

1.2.3 The HIA methodology adopted in the Castlefields Regeneration Strategy HIA reflects the Merseyside Guidelines for HIA (Scott Samuel et al, 1998), the most well-used HIA methodology in the UK (Griffiths and Ison, 2000), which adopts a socio-environmental model of health; this will be discussed in section 3.

2. SUMMARY OF THE CASTLEFIELDS REGENERATION MASTERPLAN AND DELIVERY STRATEGY

2.1 Background and context

2.1.1 From the Index of Multiple Deprivation (IMD, 2000), Castlefields is known to have an extremely high level of deprivation compared with neighbouring wards in Halton. When health, housing, education, employment and income indicators are taken together, it is ranked 145 out of 8414 wards (where 1 is the most deprived) in England. This and other data as well as personal experiences have meant that both residents and agencies have long recognised that improvements in Castlefields were needed.

2.1.2 The Castlefields Regeneration Masterplan and Delivery Strategy has been developed by Taylor Young in response to a brief from English Partnerships in April 2002 to 'guide the sustainable regeneration of Castlefields in partnership with key stakeholders and the local community' and establish the following vision for the area:

> 'To create a prosperous, integrated and vibrant community by improving their environmental, economic and social well being, and which achieves the highest possible standards in terms of design and development.'

2.1.3 The brief is underpinned by the need for collaborative working between the many agencies with an interest in Castlefields in developing and delivering the different components of the Masterplan. This approach has been reflected in the composition and operation of the Castlefields Steering Group:

- Halton Borough Council (HBC),
- English Partnerships (EP),
- CDS Housing (CDS), Liverpool Housing Trust (LHT),
- the Housing Corporation,
- North West Development Agency (NWDA)

2.1.4 Earlier consultations (Halton BC et al, 2003a - consultation leaflet) identified the need to:

- Improve the quality of housing
- Improve security
- Replace the Castlefields Centre
- Improve the road layout and pedestrian linkages
- Enhance access to and increase use of open spaces
- Improve community facilities and services
- Improve levels of maintenance of buildings and spaces around them

2.2 'Castlefields: an ambition for regeneration & a plan for action'

2.2.1 This strategy and action plan document sets out the strategic vision, the masterplan and a three-year programme action plan for the regeneration of Castlefields (Halton BC et al, 2003b - masterplan). In addition a Delivery Strategy defines a 'funding strategy and expenditure, outputs and benefits, implementation and management' considerations (Halton BC et al, 2003c - delivery strategy). 'Pen pictures' describing the projects to be implemented over the next three years are also documented (Halton BC et al, 2003d - priority projects). A more detailed funding plan details confirmed and provisional funding allocations (Halton BC et al, 2003e - funding plan).

2.2.2 The masterplan document emphasises the guiding values in the preparation of the strategy:

- Partnership and collaborative working
- Holistic regeneration
- Community-led regeneration
- Effective use of existing resources
- Sustainable mixed-use communities

2.2.3 The objectives of the Masterplan strategy are defined (Halton et al, 2003f - presentation overheads) as:

- To provide more housing choice
- To improve quality of life and the environment
- To improve transport and accessibility
- To improve the local economy and training

2.2.4 A key theme of 'Placemaking' has been proposed with corresponding themes of:

- Movement
- Visual structure
- Character areas - Castleside, Canalside, Lakeside
- Public space
- Built form

Placemaking is meant to provide 'an ambition for Castlefields over the next 10-15 years'. The proposals refer to sustainability principles, the Commission for Architecture and the Built Environment umbrella principles as well as English Partnerships Urban Design guidance (Halton BC et al, 2003b).

2.2.5 The main elements of the three year action plan are as follows (Halton BC et al, 2003d):

i. Housing priorities

- Demolition/part demolition of some deck-access blocks
- Replacement of some deck-access blocks with new social housing/flats

- Land deal (green field) and development of site for new RSL-led housing for sale and rent on Canalside
- Development of green field site for private-sector housing on Canalside
- Development of green field site for private-sector housing on Lakeside
- Reinvest in remaining social housing

ii. People, community & employment

- Extension of the 'People into Jobs' initiative
- Development of Astmoor Review Strategy for business and employment
- Development of education strategy for Castlefields primary schools
- Castlefields 10 year action plan

iii. Infrastructure

- Replacement of part of Astmoor busway, including elevated bridge, with new multi-mode access highway linking to new Village Square
- Introduction of cycleway along busway
- Introduction of pedestrian link from Castlefields to Norton Priory through the Town Park
- Introduction of pedestrian and cycle links between new housing developments along the lake and in the park to Windmill Hill
- Pedestrian crossings for Castlefields Avenue East and to replace subways, as well as traffic calming management measures
- Removal of shopping centre, development of new retail provision at Canalside
- Removal of youth centre, replacement with 'youth space' in Village Square and outdoor youth activity centre at former school site
- Development of multi purpose youth & community facility, including health centre, pharmacy, library

iv. Environment & leisure

- Redesign of Castlefields Centre as Village Square, including vehicle/bus turning space
- Redesign/enhancement of Town Park
- Landscaping and environmental improvements within Castlefields with priority for redevelopment areas
- Enhancement of Bridgewater Canal corridor - improve access, safety and amenity to Canalside
- Development of street lighting strategy

2.1 Key outputs from the three-year action plan (Halton BC et al, 2003b) have been defined as follows in table 2.1:

Table 2.1 Outputs from Castlefields Masterplan

Key Outputs	***Total Programme***
Deck access blocks demolished	614
Residential units facilitated (net additional)	725
Residential units improved	600
Future total commercial floorspace (sq. m)	370
Jobs created/safeguarded (including construction jobs)	300
Brownfield land developed (ha)	7.74
Greenfield land developed (ha)	12.75
Brownfield land reclaimed (ha)	6.71
Greenspace upgraded (ha)	36.25
Private sector investment (£m) levered	£58m
Public: Private sector funding ratio	1: 2.5
New and improved highways (linear m.)	400
New and improved cycle & pedestrian links (linear m.)	3,300
Traffic calmed road (linear m.)	3,100
Canal towpath upgraded (linear m.)	1,900
Community facilities improved and/or created	2

2.2 The funding requirements associated with delivering the above three-year action plan are £43.6m (Halton BC et al, 2003e - funding plan).

- Housing

Total expenditure for the priority housing projects, except the private sector housing developments, is £28.4m.

Currently approximately £13.5m is confirmed funding from the RSLs, with the Housing Corporation contributing an additional £8.4m; a further £3m from the Housing Corporation is also being sought. £3.5 m public funding on top of the income from the Housing Corporation is also needed for the housing developments; potential sources identified include monies from HBC land sales (£0.7m) and 'clawback' (£1.4m), EP (£0.5m), NWDA (£0.7m) and the Neighbourhood Renewal Fund (NRF) (£0.1m).

- Infrastructure

Total expenditure for the infrastructure developments is £7.7m.

Confirmed funding for the transport infrastructure developments includes approximately £1m from HBC's Local Transport Plan. Potential funding sources include EP (£1.5m), NWDA (£0.3m), HBC clawback (£0.3m) and the Lottery (£0.3m).

There is no confirmed funding for other infrastructure developments, including the community & youth facility, youth activity centre, and acquisition and removal of existing shopping centre. Potential funding sources are EP (£0.9m), NWDA (£1.1m), HBC clawback (£1.2m), NRF (£0.05m), the Lottery (£0.6m), and other (£0.6m).

- People, Community & Employment

Currently total expenditure for these projects is £1.6m, although there is the scope for expansion.

No funding is confirmed. Potentially £0.7m is available from HBC clawback, £0.5m from NWDA and £0.4m from the European Regional Development Fund (ERDF) or the European Social Fund (ESF).

- Environment & Leisure

Funding requirements for these projects amounts to £5.2m.

Funding from NRF for the Town Park development (£0.02m) is the only confirmed NRF monies. However a further £0.4m is being applied for. Other potential funding sources are EP (£0.7m), NWDA (£0.9m), HBC clawback (£2.4m), the Lottery (£0.2m), CABE (£0.1m), and other (£0.4m).

3. METHODS

3.1 Introduction

3.1.1 This section describes **how** we got people on board and collected people's views, opinions and beliefs as to how the Masterplan for the Regeneration of Castlefields may affect their health, wellbeing and quality of life. The process we adopted for this assessment is underpinned by our values:

Participation: involving people in decisions that affect their lives is fundamental to good health
Equity: fairness and justice are essential in working to reduce inequities in health experience
Power sharing: by working towards a more equitable balance of power in our communities we can improve health
Meaningful process: engaging in empowering processes with people and communities will have a beneficial effect on their wellbeing
Integrity: we have to demonstrate our accountability to all those with whom we work, based on openness, honesty and mutual respect

Ethical committee approval was obtained for this research from the North Cheshire Local Ethical Committee and written and verbal consent was obtained from participants.

3.2 Research design

3.2.1 The research design followed the methodology outlined in the Merseyside Guidelines and is summarised in table 3.1.

Table 3.1 Framework for Health Impact Assessment

HIA Procedures	HIA Methods
• Establish a Steering Group and Terms of Reference • Carry out the health impact assessment • Negotiate the favoured option(s) • Monitor and evaluate	• Policy analysis • Profile the area and communities • Involve stakeholders and key informants • Assess the importance, scale and likelihood of predicted impacts • Consider alternative options • Make recommendations for action to enhance positive or mitigate negative impacts

3.2.2 Social model of health

At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment and individual behaviour. Factors such as housing, income, employment,

where you live, the range of services you have access to such as schools, shops etc., influence the degree of health, wellbeing and quality of life achievable by individuals and communities. These factors are referred to as 'determinants of health (Black, 1980; Acheson, 1998; Whitehead et al, 2000). Health Impact assessment uses a socio-environmental model of health (Dahlgren & Whitehead, 1991) to encompass these broader determinants to gain a clearer picture as to how a strategy such as the Masterplan may impact upon health.

3.3 Establishing a steering group

3.3.1 An important influence in planning to undertake a health impact assessment is the success or otherwise, in engaging and maintaining commitment of key stakeholders to the process and outcome of the assessment. It is important to have a steering group comprising of key stakeholders with a range of expertise and perspectives that can also 'open doors' and ensure the outcomes of the health impact assessment are acted upon. A partnership approach is more likely to facilitate ownership and develop a more realistic understanding of what can and can't be achieved when reviewing any recommendations for changing a policy, programme or project. Steering group membership included representatives from:

- LHT
- CDS
- Ward councillors
- Residents' forum
- Castlefields Health Centre
- Halton Borough Council SRB section
- Three Castlefields residents
- Halton PCT
- Project manager and researchers from IMPACT
- Taylor Young

Steering group members agreed to meet three times

3.4 Getting people involved

3.4.1 Community engagement

- Prior to the fieldwork the researchers did a 'walk about' around Castlefields to familiarise themselves with the typology and geography of the area and identify the areas discussed in the Masterplan.
- Existing networks and naturally occurring groups were identified with the help of members of the Steering Group, Castlefields Community Centre staff and local community development worker.
- Students attending a class in ICT skills development at the Acorn Lifelong Learning Centre designed leaflets and poster about the HIA.
- Local people contacted through the Residents Forum and Camelot Way Residents Association delivered 2000 leaflets to local residents inviting them to the workshops, written personal invitations to named contacts were also sent.
- A press release about the health impact assessment appeared in the local free newspaper the two weeks prior to data collection.

- Free training was provided for local people to learn about health impact assessment and take part in data collection. Their integrity and trustworthiness was vouched for by a local GP. Three of the five invited were able to participate. The group volunteered to facilitate the workshop groups and some focus groups with support from IMPACT researchers. One lay researcher dropped out due to ill health half way through data collection. Expenses were reimbursed and a thank you gift made at the end of the work for their time and commitment.

3.5 Development of questions

3.5.1 The research team developed the questions collaboratively with representatives of the regeneration partnership to ensure appropriateness. In addition, further development of questions was organic taking into account the participants area of knowledge and ease with which people understood and could discuss each theme. The questions were composed so that the initial question would evoke a response from everybody, funnelling down to focus specifically on the key features of the Masterplan proposal that is: housing, movement and linkages, community facilities, environment and opens space, and employment. Interview schedules with key informants were designed to draw on their area of expertise. Examples of the schedules can be found in the **appendix.** Table 3.2 summarises the key themes used for community and organisational groups and individuals.

Table 3.2 Themes for workshops and focus groups

	Community Groups	**Organisation Groups**
THEME 1	'What makes us healthy?	Perspectives on Castlefields
THEME 2	What is it like living and working in Castlefields?' (Past and present)	Perspectives on health in Castlefields
THEME 3	What is the health and well being of people in Castlefields currently like?	Perspectives on the regeneration proposals
THEME 4	What are your views on the regeneration Masterplan proposals?'	Perspectives on the potential effects of the regeneration proposals
THEME 5	What will the effects be on the health and well being of people in Castlefields as a result of the proposed regeneration Masterplan?	General remarks

Participants were asked to identify 5 of the most positive and negative impacts of the proposals and make recommendations as to possible changes to include in the health impact assessment report.

3.6 Sampling

3.6.1 Purposive, snowballing and convenience sampling methods were used to generate the community and organisational stakeholder groups once the sectors most likely to effect, and be affected by, the regeneration strategy had been confirmed. Representatives from the following groups and organisations were invited to participate:

Table 3.3 Groups invited to participate

Community Groups	Organisations
◆ Achilles Court Residents ◆ Allotment Association ◆ Astmoor County Primary ◆ Bungalow Residents (as ◆ Camelot Way Residents ◆ Castlefields Youth club ◆ Christchurch Pastoral Centre ◆ Connexions ◆ Credit Union ◆ Mums and Tots group ◆ St Augustine's RC School ◆ St Marys CE Primary School ◆ Sure Start ◆ The Park Primary School ◆ Toc H ◆ Weight Watchers Group	◆ Building contractors ◆ Community development ◆ Education ◆ Environmental management ◆ Health sector- public health, general practice, health visiting, specialist nursing, drugs prevention, mental health ◆ Housing - housing officers and neighbourhood workers ◆ Local businesses ◆ Police ◆ Regeneration and economic development ◆ Transport

3.7 Data collection

3.7.1 Documentary analysis

The documentary audit and analysis normally draws on four document sources:

◆ The policy proposals and supporting documentation - in this case the Masterplan strategy, delivery plan and funding plan

◆ Official policy documents at national and local level on regeneration, and related to the main targets and outcomes of the Masterplan strategy

◆ Evidence of the social, economic, political, cultural scientific context of the policy

◆ Evidence from the literature defining the relationship between policy interventions, the effects on health determinant and health outcomes - in this case a literature search was undertaken to establish the evidence base associated between regeneration and regeneration interventions and health outcomes

The audit involves document and literature searches followed by their systematic qualitative and quantitative analysis in order to identify:

- the rationale, context and strategies of the policy
- the targeted populations and sub-populations who are affected, positively or negatively, by the policy
- key informant and stakeholder sample groups
- the health determinants affected and if known the magnitude of the effects
- health promotion opportunities
- the impacts of the proposed policy on other policies and vice versa
- the results from output evaluations of other similar policies

3.7.2 Health and demographic profile

Existing data was collected from a variety of different sources were used for the health profile. These included: aggregated datasets of routinely collated information held by the North West Public Health Observatory (NWPHO) at different levels (health authority, local authority and PCT) to enable a contextualised exploration of health in Castlefields. Other relevant sources included the Compendium of Clinical Health Indicators (2001), the Health, Lifestyle and Community Survey (2001), and evidence from a study exploring the factors affecting health in Halton (Clark et al, 2002). The 2001 Census provided an overview of the demographic, social, economic and housing characteristics of the area.

3.7.3 Stakeholder and key informants

Data collection methods for community and organisational stakeholders consisted of

- Workshops
- Focus groups
- One to one semi structured interviews
- Observation notes and written submissions.

Separate focus groups lasting one hour were held with young people arranged via the youth club coordinator and Primary School head teachers. Letters were sent to parents requesting permission for their child to participate.

3.8 Transcription and data analysis

3.8.1 Thematic analysis

As soon as possible after each workshop and focus group the facilitator and co-facilitators wrote down their broad impressions; feelings about how the group process worked; and any limitations or procedural variations they were aware of. Notes that were taken during the focus group were written up in full and the scribe expanded upon any points. Organisational and key informant interviews were tape recorded and transcribed verbatim. The key themes identified by each group identified were fed back to check for accuracy and allow for further comment.

Qualitative data was coded and analysed systematically for similarities and differences, drawing out the key themes.

3.8.2 Content analysis

Content analysis was used to analyse qualitative data by the systematic identification and analysis of key words and phrases in documents, transcripts, fieldnotes and recordings.

3.9 Limitations to the study

3.9.1 All studies have limitations. In this study, the timing of the fieldwork and consultation, the format of the consultation materials, and engaging particular groups and individuals proved difficult. Involvement of lay researchers throughout the process may have compensated for this to some extent, increasing the sense of shared ownership locally and enabling greater facilitation of partnership working that includes the community as true partners.

3.9.2 Timing

July and August are not good times for public consultation for the obvious reasons that many people take holidays and schools are closed. The additional child care responsibilities and additional expenses may have put some parents off attending workshops and focus group sessions.

People who live and work in Castlefields had little time to absorb the scale and depth of the plans when we met them as the 4-day consultation period ran in parallel to the HIA. Posters were on display for only one day on the estate with officers from CDS, LHT and HBC on hand to answer any questions. This brief snapshot of the plans may have contributed to the increase in speculation and rumour encountered in some groups as the HIA progressed.

For some the plans raised considerable concern and anxiety, for example during the first workshop, one resident asked if her property was to have a compulsory purchase order as on the plans it was replaced by a 'green space'. Anxiety was also created in the schools as none of the head teachers had prior knowledge of the plans and the implications for the future sustainability of their school. This was also the position of many of the businesses approached in the Castlefields centre.

The tight timescale did not allow for a more robust process to be developed in order to network more effectively with local agencies and groups.

3.9.3 Consultation materials

In addition to the issues raised above, the poster displays developed to graphically depict the Masterplan proposals were complicated to follow and did not consider the reportedly poor literacy levels in Castlefields.

3.9.4 Silent voices

We were not successful in reaching young men aged 18-25 years who are notoriously difficult in research such as this. Local businesses although approached did not participate in the HIA. Some senior managers, decision-makers and front line staff although approached for interviews, declined to be involved. Young children could not be involved because of the short timescales.

3.9.5 Lay researchers

Ideally the lay researchers and community development worker would have been involved throughout the process, including research design, question theme development, analysis and write up. The lay researchers gave their time and commitment freely. Although the HIA funded the training of local people as lay researchers, there are arguments to suggest that the HIA would also have benefited from employing lay researchers eg through 'Sure Start' or the Community Empowerment Fund.

4. HEALTH PROFILE OF CASTLEFIELDS

4.1 Aim of the Health Profile

4.1.1 The purpose of this health profiling exercise is to evaluate the population of Castlefields' experience of health according to a range of health indicators. It seeks to contribute to the general profile of the regeneration area through identifying, retrieving and analysing routinely collected health data. Furthermore, it seeks to achieve this primarily by comparing the health experiences of the Castlefields population with those of people living in neighbouring wards within Halton U A.

4.2.1 However, it also seeks to provide some context to this exercise by drawing upon comparative health data which juxtaposes the health experiences within Halton U A in relation to other neighbouring local authorities in Cheshire. As little information is currently available from Halton PCT regarding these health indicators, further contextual analysis compares data from the former North Cheshire health authority in comparing health experience with those of people living within the boundaries of other former Merseyside and Cheshire health authorities. Consequently through evaluating comparative data sets held at ward, local authority and health authority, this health profile seeks to explore Castlefields population's experience of health, yet place this within the context of the region's health experience.

4.2 Methodology

4.2.1 This health profile has been produced using a variety of different sources. Exploring online aggregated datasets of routinely collated information held by the North West Public Health Observatory (NWPHO) at different levels (health authority, local authority and PCT) has enabled a contextualised exploration of health in Castlefields. Other sources of exploration have included the Compendium of Clinical Health Indicators (2001) and the Health, Lifestyle and Community Survey (2001), and evidence from a study exploring the factors affecting health in Halton (Clark et al, 2002).

This health profile largely focuses on comparing the health experience of the Castlefields population with that of the six neighbouring wards containing populations greater than 7,000 residents: Brookfields, Farnworth, Halton Brook, Hough Green, Norton and Riverside.

4.3 Castlefields: Context and Location

4.3.1 Halton Unitary Authority consists of 19 wards, which have varying geographical and population sizes. The 1997 Attribution Data Set provides estimated population levels for each ward, although these are likely to be less accurate for non-metropolitan areas such as Cheshire. Halton wards range in size from Hale approximately 1,800 residents to Farnworth with approximately 9000 residents. Castlefields has approximately 7,200 residents, which places it as the 13th most populated ward in Halton.

4.3.2 Since April 2002, health and social care services have been provided by Halton PCT. Prior to this reorganisation, services were provided by North Cheshire health authority.

4.4 Castlefields and the analysis of ward statistics

4.4.1 One of the challenges of analysing small area statistics is that geographical changes can take place at varying times. In 1997 a boundary review undertaken by Halton UA resulted in a few changes to ward boundaries: Farnworth ward has been roughly divided in half and now comprises Farnworth and a new Birchfield ward. Brookfields ward has been renamed Palace Field ward, and includes a small portion of another new ward: Brookvale. All other wards in Halton UA have remained virtually unaltered.

4.4.2 Given that online aggregated datasets (particularly those provided by North West Public Health Observatory) have not yet accommodated these changes – and that the changes themselves are relatively minor – it has been deemed appropriate to remain with the existing labels.

4.5 Comparison of Halton UA with neighbouring districts

4.5.1 England is subdivided into 354 separate districts. Deprivation at this level is recorded according to six separate criteria:

- Employment scale (number of people deprived of employment)
- Income scale (number of people deprived of an income)
- Average of ward scores (average of ward scores after population weighted)
- Average of ward ranks (in each district)
- Extent (proportion of a district's population living in wards that rank amongst the most deprived 10% in the country)
- Local concentration (the population weighted average of the ranks of a district's most deprived wards containing exactly 10% of the district's population.

4.5.2 The table below compares the Halton UA district with its neighbouring districts in relation to relative levels of deprivation. Where a district has been accorded a ranking of 1 in relation to deprivation, this would mean that the district would be deemed the most deprived of all 354 districts.

Similarly a district accorded a ranking of 354 would be deemed the least deprived of all 354 districts.

Table 4.1 Deprivation in Halton and neighbouring districts, 2000

District	**District ranking (based on wards) out of 354 districts 1 = most deprived; 354 = least deprived**
Halton	18
Ellesmere Port and Neston	156
Knowsley	6
Liverpool	5
St Helens	36
Vale Royal	186
Warrington	181

4.5.3 Key points: Halton at District level

There are huge differences between some districts experiencing some of the very worst deprivation in the whole of England (Liverpool, Knowsley) and others occupying the middle range of English deprivation (Vale Royal, Warrington). Halton experiences high levels of deprivation, which may not place it at the highest point in comparison with its neighbours, but neither is it as comfortably placed in avoiding higher levels of deprivation.

4.5.4 A comparison of Castlefields within Halton

The index of multiple deprivation 2000 has been prepared by the Department of Social Policy and Social Work at the University of Oxford. It is an innovative and detailed ward level Index based upon six separate 'domains' of deprivation:

- Income (people who are on a low income),
- Employment (based upon people unable to work through unemployment, sickness or disability),
- Health deprivation and disability (based upon people whose quality of life is impaired by poor health or disability),
- Education, skills and training (based largely upon lack of qualifications),
- Housing (based upon people living in unsatisfactory housing or homeless)
- Geographical access to services (ie post office, food shops, GP and a primary school).

4.5.5 The national neighbourhood statistics website provides a breakdown of the index of deprivation for all of England (http://www.neighbourhood.statistics.gov.uk).

It ranks each of the English wards for each of the separate 'domains' of deprivation, as well as producing a multiple rank which collectively considers all of these domains.

There are 8,414 wards throughout England. Thus if a ward has a ranking of 1 in relation to health, for example, this would mean that the ward is deemed the least healthy of all of the 8,414 wards. Similarly a ward carrying a rank of 8,414 would be deemed the healthiest of all of the 8,414 wards.

The following table highlights the significant level of deprivation within Castlefields and the other selected wards in Halton. Unfortunately the neighbourhood renewal website for aggregated deprivation data does not provide information regarding the geographical access to services domain.

Table 4.2 Indices of deprivation for selected wards in Halton, 2000
(1 = worst; 8414 = best)

Ward	Income rank	Employment rank	Health rank	Education rank	Housing rank	Multiple rank
Castlefields	284	62	42	543	2,648	**145**
Palace Field (formerly Brookfields)	406	558	242	1,301	1,425	487
Farnworth	3,621	2,049	1,422	3,621	6,012	3,117
Halton Brook	726	660	408	1,279	918	624
Hough Green	1,171	704	481	3,247	3,228	1,160
Norton	1,245	845	495	863	893	760
Riverside	286	188	109	982	817	227

4.5.6 Key points: Castlefields at ward level

The table illustrates the extremely high level of multiple deprivation experienced by the Castlefields population (rank of 145) in comparison with neighbouring wards in Halton. **Castlefields has the greatest level of multiple deprivation of all wards in Halton. It has by far the worst health experience (rank of 42) of any of the Halton wards.**

More generally the indices of deprivation reveals wide variation between wards of high deprivation (eg Castlefields, Riverside) and low deprivation (Farnworth) in a relatively small locality.

4.6 Resident Population and Age

4.6.1 The resident population of Castlefields, as measured in the 2001 Census, was 6,429 approximately half of which were male and half female.

Table 4.3 Resident population by age group (percentage)

	Castlefields	Halton	England and Wales
Under 16	18.5	21.7	20.2
16 to 19	5.9	5.6	4.9
20 to 29	14.0	12.3	12.6
30 to 59	42.8	42.3	41.5
60 to 74	12.5	12.3	13.3
75 and over	6.3	5.8	7.6
Average age	38.4	37.2	38.6

4.6.2 Marital Status

There are more unmarried people than married people over the age of 16 resident in Castlefields.

Table 4.4 Marital status of resident population aged 16 and over (percentage)

	Castlefields	Halton	England and Wales
Single (never married)	36.4	30.3	30.1
Married or re-married	40.0	50.3	50.9
Separated	3.0	2.3	2.4
Divorced	11.6	8.8	8.2
Widowed	9.1	8.2	8.4

4.6.3 Ethnic Group

People of white ethnic origin predominantly inhabit Castlefields and Halton. This may render the needs of people from ethnic minority backgrounds as invisible.

Table 4.5: Ethnicity of resident population aged 16 and over (percentage)

	Castlefields	Halton	England
White	98.6	98.8	90.9
Mixed	0.9	0.6	1.3
Asian or Asian British	0.1	0.2	4.6
Indian	0.0	0.1	2.1
Pakistani	0.0	0.0	1.4
Bangladeshi	0.0	0.0	0.6
Other Asian	0.0	0.0	0.5
Black or Black British	0.1	0.1	2.1
Caribbean	0.0	0.0	1.1
African	0.1	0.0	1.0
Other Black	0.0	0.0	0.2
Chinese or Other Ethnic Group	0.4	0.3	0.9

4.6.4 Health and the provision of care

The 2001 Census asked people to rate their level of health over the previous 12 months as good, fairly good or poor. 60% of people living in Castlefields rated their health as good, 24.2% as fairly good. 15.9%

stated that their health had been poor which was twice the proportion reported in England as a whole (9.2 %).

The Census asked questions about any limiting long-term illness, health problem or disability which limited people's daily activities or the work they could do. Over a quarter of the resident population of Castlefields reported a limiting long-term illness: almost 10% higher than the rate recorded for England and Wales.

The 2001 Census included a question about any voluntary care provided to look after, or give any help or support to family members, friends, neighbours or others because of long term physical or mental ill health or disability, or problems relating to old age. 12% of Castlefields population said they provided unpaid care, whilst the figure for Halton was 11.4% and 10% for England. The number of young people who were carers was not recorded.

Table 4.6 Level of health and provision of care in resident population (percentage)

	Castlefields	Halton	England and Wales
Good	60.0	66.5	68.6
Fairly good	24.2	21.8	22.2
Not good	15.9	11.6	9.2
With a limiting long-term illness	28.5	21.5	18.2
Provided unpaid care	12.0	11.4	10.0

4.6.5 Economic Activity

Within Castlefields, 10 per cent of those unemployed were aged 50 and over, 12 per cent had never worked and 36 per cent were long term unemployed.

Table 4.7 Economic activity of resident population aged 16 to 74 (percentage)

	Castlefields	Halton	England and Wales
Employed	48.2	57.1	60.6
Unemployed	7.5	4.5	3.4
Economically active full-time students	1.6	2.1	2.6
Retired	11.8	12.8	13.6
Economically inactive students	3.5	3.7	4.7
Looking after home/family	7.7	6.9	6.5
Permanently sick or disabled	15.5	9.8	5.5
Other economically inactive	4.2	3.2	3.1

Source: 2001 Census, ONS

In August 2000, there were 2,290 Jobseeker Allowance claimants in Halton of which 25% had child dependants. The Job Seeker Allowance (JSA) is payable to people under pensionable age who are available for, and actively seeking, work of at least 40 hours a week. Figures produced here are those only for people claiming income-based JSA . During the

same period, there were 11,490 Income Support claimants in Halton, of which 3% were aged under 20. Income support was introduced on April 11th 1988 and can be paid to a person who is aged 16 and over, is not working 16 hours or more a week, and has less money coming in than the law says they need to live on (Department for Work and Pensions, 2000).

4.6.6 Housing and Households

In Castlefields there were 2,981 households in 2001. 99% of the resident population lived in households. The remainder of the population lived in communal establishments. The number of households in Halton was 47,948.

Table 4.8: Housing and number of households (percentage)

	Castlefields	Halton	England and Wales
One person households	39.2	27.3	30.0
Pensioners living alone	13.2	13.1	14.4
Other All Pensioner households	6.1	7.6	9.4
Contained dependent children	25.4	34.0	29.5
Lone parent households with dependent children	9.3	9.7	6.5
Owner occupied	40.7	65.8	68.9
Rented from Council	6.2	14.0	13.2
Rented from Housing Association or Registered Social Landlord	47.4	13.6	6.0
Private rented or lived rent free	5.6	6.6	11.9
Without central heating	4.9	10.1	8.5
Without sole use of bath, shower or toilet	0.0	0.2	0.5
Have no car or van	45.1	29.4	26.8
Have 2 or more cars or vans	14.6	26.2	29.4
Average household size (number)	2.1	2.4	2.4
Average number of rooms per household	4.9	5.3	5.3

Source: 2001 Census, ONS

4.6.7 Educational Attainment

Almost half the residents of Castlefields have no academic qualifications with the number of those qualified to degree level or higher almost two and a half times lower than England as a whole.

Table 4.9 Resident population aged 16 to 74 (percentage)

	Castlefields	Halton	England and Wales
Had no qualifications	41.7	34.7	29.1
Qualified to degree level or higher	7.7	11.3	19.8

Source: 2001 Census, ONS

Reference National Statistics Census 2001 URL: http://www.neighbourhood.statistics.gov.uk accessed 9/9/03

4.7 Selected health indicators

4.7.1 A variety of health indicators have been explored. They can be divided into six key indicator sets:

- birth and fertility rates (including teenage conceptions and birth weight)
- mortality rates (including cancer, stroke, coronary heart disease, road traffic accidents and suicide rates)
- morbidity rates (including cancers, stroke and respiratory illness)
- lifestyle data (ie risk taking behaviour, such as smoking or low level of physical activity)
- prevention services
- primary and secondary care services

Within each of these indicator sets, the data have been presented according to different population groups: men's health, women's health, children's health and the health of older people.

Data Presentation

- Comparative health information at ward level is illustrated using bar charts.
- Each chart indicates the Standardised Mortality Ratio (SMR) or percentage of cases where appropriate (se page 37 for definition).
- SMRs have usually been rounded up to the nearest whole number, unless small differences are deemed relevant to aid comparison with other areas.
- The number of observed cases for each category is shown within each bar of each of the bar charts where these have been produced by NWPHO.

4.8 Birth and Fertility Rates

4.8.1 **Infant Mortality Ratio: Deaths Under 12 months**

At the health authority level, North Cheshire has an average of 6 infant deaths (per 1,000 live births) in 2000, and this is greater than other health authorities in the region, including South Cheshire (3.8) and Sefton (3.7). However, it is lower than the average for the North West Health Region (6.2) and St Helens and Knowsley (6.6).

At the local authority level, Halton UA has a much higher infant mortality rate (7.7) compared to Macclesfield (5.9), Warrington (4.9) and Vale Royal (2.3). Infant mortality rates are not available at ward level. Given the low number of infant deaths, it would be unwise to try and extrapolate intelligence from such small numbers.

4.8.2 **Childhood mortality from Road Traffic Accidents**

Mortality from road traffic accidents is generally standardised for age and sex by pooling data (1998-2000) per 100,000. The North West region has a higher mortality rate (3.3 per 100,000 in the 5-14 age range) than any other NHS region: the average for England is 2.5. According to Government Office Regions, only the North East (3.7 deaths per

100,000) has a higher figure than for the North West Region (3.4 per 100,000).

At the health authority level, North Cheshire has an average of 3.0 deaths per 100,000, which compares unfavourably with South Cheshire (0.7). However, it is well below the highest NW health authority (Liverpool, 9.2).

4.8.3 Low Birthweight

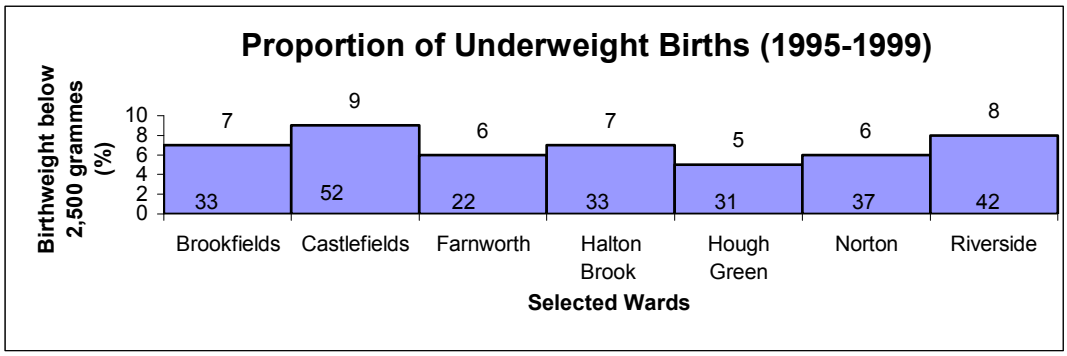
Low birthweight is often regarded as a useful indicator of poor maternal and child health. It is associated with a wide range of poor health outcomes in later life, including having an increased risk of developing heart disease.

At the health authority level, 7.5 % of women gave birth to underweight babies in 2000 (ie weighing less than 2,500 grammes). This proportion of underweight births is lower than the North West Health Region (8.2 %), yet women in more affluent South Cheshire give birth to a much lower proportion of underweight babies (6.3 %).

Local authority statistics are very striking in this regard. Mothers in Halton UA have a far higher rate of underweight babies (9.1 %) than in neighbouring areas: Warrington (6.5 %), Vale Royal (6.6 %), Chester (6.3 %) and Congleton (5.5 %). The average for the North West Government Region is 8.1 %, which is higher than the average for England (7.9 %).

At the ward level, Castlefields has the highest proportion of births below 2,500 grammes (9 %) out of the seven selected wards in Halton UA (see chart below).

Figure 4.1



4.8.4 Teenage Pregnancy

Giving birth during teenage years is often associated with poor health outcomes for both mother and child. The responsibilities of childcare are deemed to reduce the life opportunities afforded to young women, particularly in relation to their educational advancement. Given that education is regarded as one of the wider determinants of health, educational disadvantage can have an adverse impact upon health outcomes.

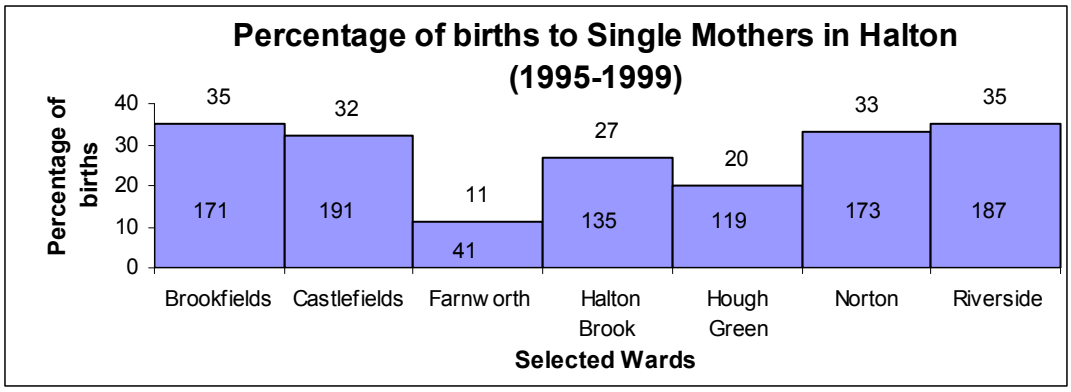
Similarly babies born to such young mothers are more likely to have lower birthweight, and this is strongly associated with poorer health outcomes in later life, including an increased risk of heart disease.

The England average for number of conceptions (per 1,000) under 16 years of age (1997-1999) is 8.6, which is slightly lower than the North West Health Region average (8.7). North Cheshire's rate (9.1) is higher than those of other local health authorities (eg South Cheshire, 6.5 and Wirral, 6.6), yet lower than that for St Helens and Knowsley (9.6).

Ward level data is not available for births under the age of 16.

However, ward level data is available for the percentage of births to single women (1995-1999). It could be argued that for a single mother to raise a child without support places a particular economic burden and that this is intensified by the poor socio-economic environment within Halton UA. Given that having a low income is clearly associated with a host of poor health outcomes (including an increased likelihood of developing heart disease), single parenthood – particularly within deprived areas – could be seen as highly disadvantageous for both child and parental health.

Figure 4.2



The above chart clearly shows that Castlefields (32 %) is in the upper range of births to single parents in comparison with the six selected wards, although most of them have relatively high levels.

4.9 Mortality Ratios

4.9.1 Understanding Standardised Mortality Ratios (SMRs)

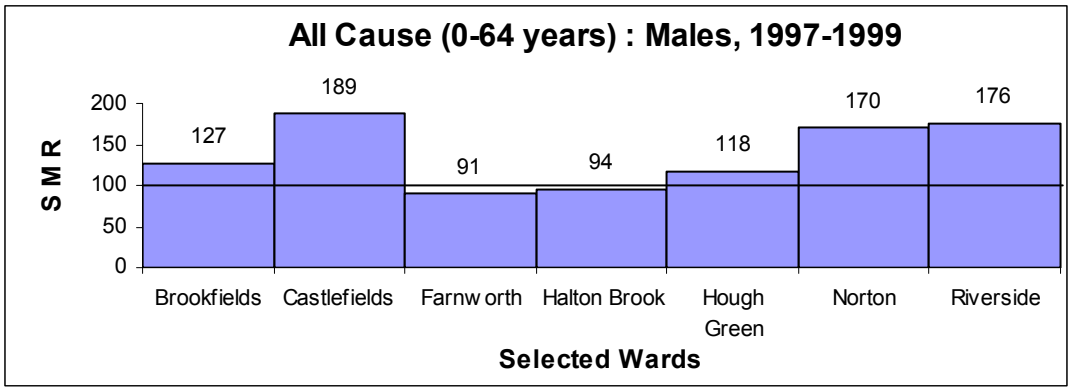
- **Standardised Mortality Ratio (SMR)** is used to compare death rates in different populations, taking into account age and sex differences. The average SMR for England and Wales is always 100.
- Where an area has an SMR **above** 100, then the population of that area has a **higher** mortality rate than the average for England and Wales, after adjusting for differences in the age and sex structure of the population.
- Where an area has an SMR **below** 100, then the population of that area has a **lower** mortality rate than the average for England and Wales, after adjusting for differences in the structure of the population.
- Within each chart, a **horizontal line** is drawn at the SMR = 100 level to indicate the relative health experience of the Castlefields population.

4.9.2 All Cause: Males

Male life expectancy (1997-1999) in North Cheshire is approximately 74 years, which is higher than the North West Regional average (73.7 years), yet lower than the average for England (75 years). In relation to local authority statistics, male life expectancy in Halton UA is 73 years, which is appreciably lower than other local authorities in close proximity to Halton: Macclesfield, Chester and Vale Royal have a male life expectancy of 76 years, as does Warrington.

It should be noted that SMRs for larger areas (eg health authority, local authority) as given above provide a much more accurate reflection of relative mortality in relation to other similar sized areas of population. Thus it is important to exercise some caution when comparing SMRs at ward level (comprising very small populations), as any small increase in mortality at the local population level can lead to a very notable increase in the recorded SMR. Some of the differences may therefore be as a result of chance.

Figure 4.3



Nonetheless, the SMRs at ward level (see above) provide a compelling reflection of the greater early death rate for Castlefields' male population in comparison with selected neighbouring wards.

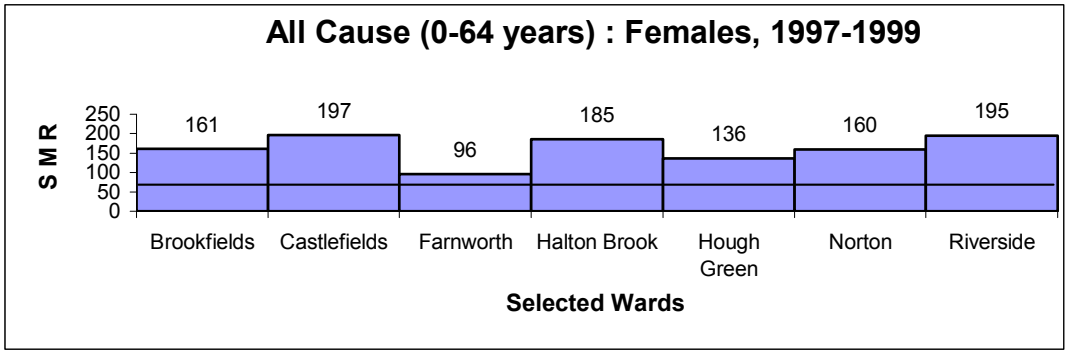
A closer examination of key mortality data for other diseases shows a similar pattern, illustrating the fact that the population of Castlefields has the worst health experience in relation to neighbouring wards.

4.9.3 All Cause: Females

Female life expectancy (1997-1999) in North Cheshire is approximately 78 years, which is roughly the same as the average for the North West Health Region. However, this is lower than the average for England (80 years). In relation to local authority statistics, female life expectancy in Halton UA is 77 years, which indicates a poorer life expectancy than in the health authority region as a whole. Furthermore, this life expectancy (based on figures from 1997-1999) is lower than other Cheshire local authorities, including Macclesfield and Vale Royal (80 years) and Warrington (79 years).

At the ward level, the chart below illustrates that Castlefields has the highest SMR of the seven selected wards.

Figure 4.4

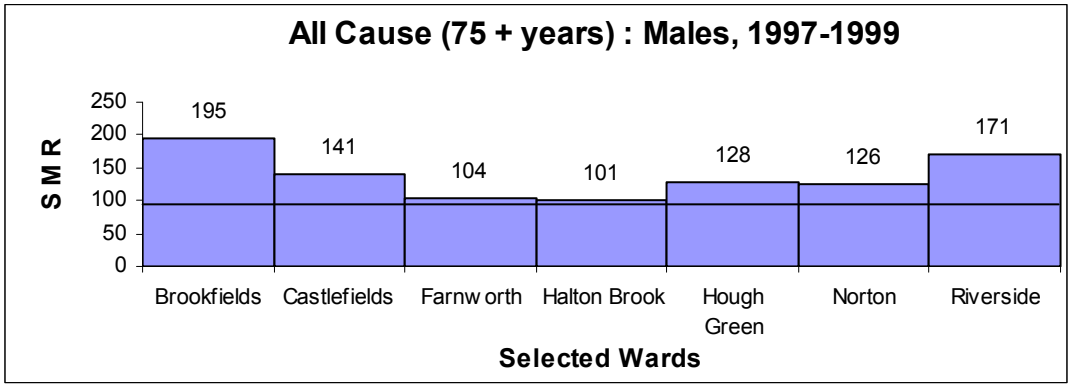


Note: NWPHO have provided no breakdown in the number of **observed cases** for male and female deaths separately. However, NWPHO have provided total numbers of deaths by ward for the period 1997-1999: Brookfields (273), Castlefields (269), Farnworth (267), Halton Brook (181), Hough Green (278), Norton (171) and Riverside (301).

4.9.4 Older People: All Cause

All cause mortality for older men presents an interesting comparison. Castlefields males in the 65-74 age range have an SMR of 96, which appears below the average for all wards in Halton UA. However, Castlefields males (above 75) have an SMR of 141, which is greater than virtually all other wards in Halton UA (see below). Women in Castlefields (in both age ranges) have poorer mortality rates in general than their neighbours in other wards.

Figure 4.5



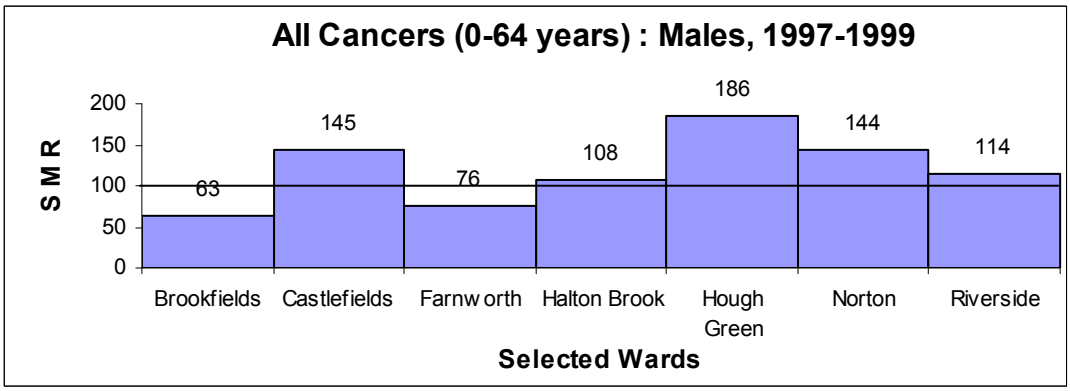
4.9.5 All Cancers amongst Males

Lung cancer is particularly prevalent amongst males. In relation to health authority statistics and the incidence of lung cancer (standardised ratio, 1996-1998), North Cheshire has a higher score (132) which is higher than other Merseyside and Cheshire health authorities with the exception of Liverpool (186) and St Helens and Knowsley (152). The statistics for the North West Health Region (average) is (125).

There are marked differences in the likelihood of early death from all cancers in Halton. The charts below consider the death rates for the seven selected wards.

We can see from the chart below that Castlefields ward has the second highest mortality rate for all cancers.

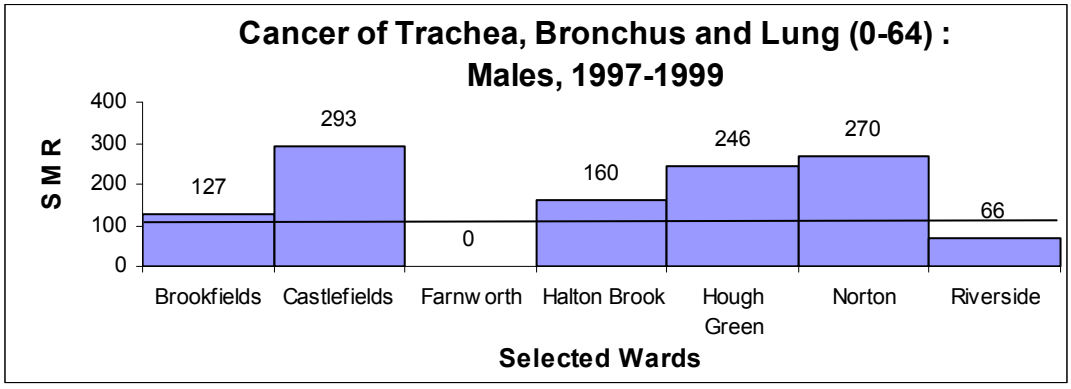
Figure 4.6



4.9.6 Cancer of trachea, bronchus and lung : Males

The chart below illustrates that three of the seven selected wards in Halton UA have SMRs that are more than twice the average for England and Wales. The Castlefields ward has the highest SMR of all the selected wards.

Figure 4.7



4.9.7 Breast Cancer: Females

The Standardised Registration Ratio (SRR, 1996-1998) allows comparison of populations with different age and sex structures. Consequently it is the ratio of observed to expected registrations in an area. As with the SMRs (see above) the comparative national figure will be 100, and SRRs are indirectly age-standardised.

Within North Cheshire, the incidence of breast cancer is lower (89) than other health authorities in Cheshire: South Cheshire (93), St Helens and Knowsley (91) and the North West Health Average (96). Similarly at the level of local authority statistics, Halton UA has a lower incidence of breast cancer (93) than Macclesfield (98) and Vale Royal (96).

At the ward level, Castlefields is in the middle range of the seven selected wards: its has an SSR of 97, compared to Farnworth (79), Halton Brook (127) and Hough Green (216).

4.9.8 Cervical Cancer: Females

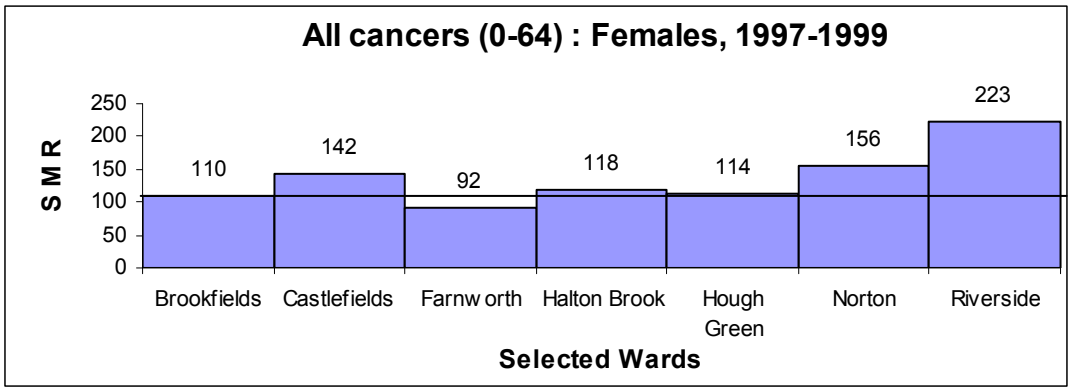
At the health authority level, North Cheshire's incidence of cervical cancer (107) is well below the average for the North West Health Region (127) and is lower than other local health authorities: St Helens and Knowsley (134), Sefton (159). However, South Cheshire's incidence of cervical cancer is yet lower: 83.

In relation to local authority statistics, Halton UA compares favourably to some neighbouring authorities in relation to cervical cancer. Halton's incidence rate (110) is lower than Vale Royal (120), yet is higher than Warrington (105).

At the ward level, data is currently unavailable for the incidence of cervical cancer. However, in relation to mortality from all types of cancer,

Castlefields is in the middle range of the seven selected wards (see below).

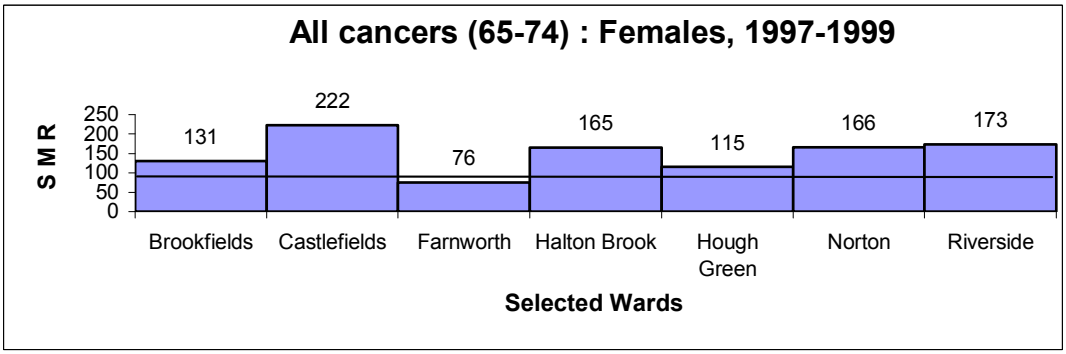
Figure 4.8



4.9.9 Older People: Cancers

There are interesting comparisons between older men and women's SMR for all cause mortality for cancers. Males in the 65-74 age group surprisingly have a lower SMR (87) than all of the other selected wards. However, the female SMR for the same age range (222) is the highest of all of the selected wards (see below).

Figures 4.9



4.9.10 Prostate cancer: Males

Prostate cancer is particularly prevalent amongst older males. The SMR for Castlefields (197) is the second highest of all the wards in Halton in the age range 65-74. Within the older age range (75+) the Castlefields SMR (122) falls within the middle range.

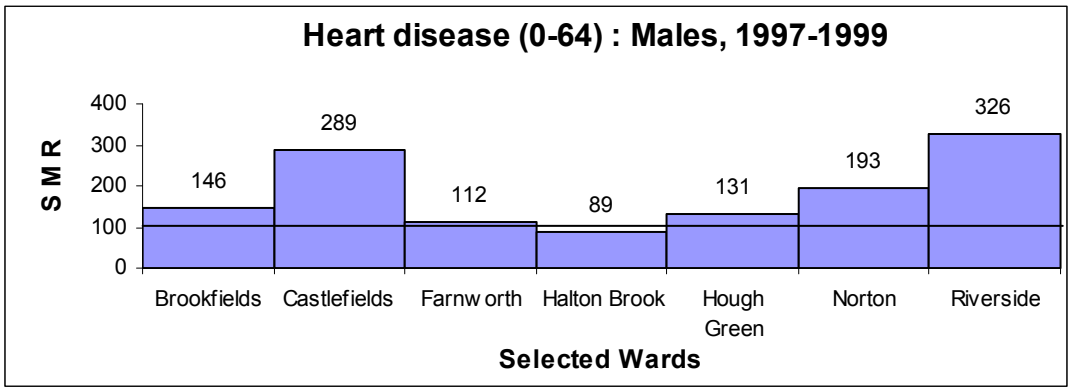
4.9.11 Coronary Heart Disease amongst Males and Females

The North West region (SMR =115) has a much higher incidence of CHD (males and females) as compared with the average for England (SMR=100). Nonetheless in relation to health authority statistics (1998-2000), North Cheshire has a higher SMR (116) than other health authorities in Merseyside and Cheshire with the exceptions of Liverpool (125) and St Helens and Knowsley (126).

At the local authority level (1998-2000), Halton UA has an extremely high SMR (133), which is significantly greater than its local authority neighbours: Vale Royal (115), Warrington (106) and Chester (104).

At ward level, there are marked differences (see below) in SMRs for heart disease amongst males (aged 0-64). Castlefields has a death ratio from heart disease, which is virtually three times higher than the average for England and Wales.

Figure 4.10

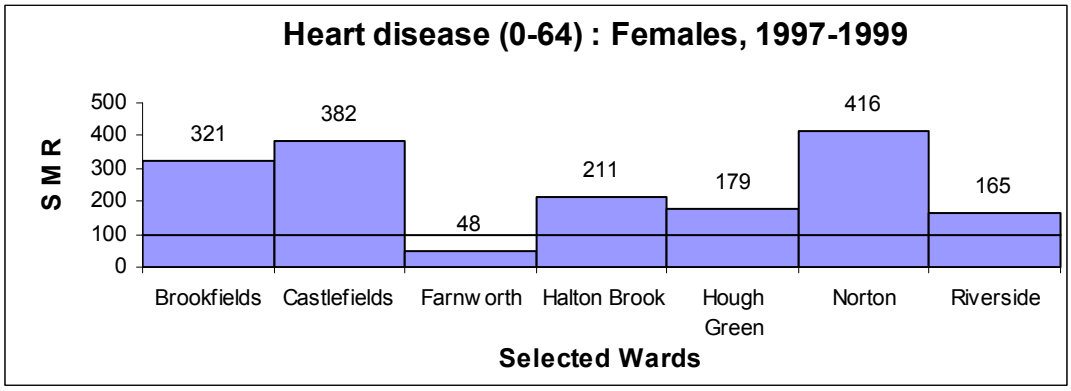


4.9.12 Coronary Heart Disease : Females

PCG statistics for the Merseyside and Cheshire region show significant disparities in SMRs for females (aged 0-64). Eastern Cheshire (49) and Warrington North East / South (78) have SMRs lower than the England average, yet Central and South Knowsley (178) and Central Cheshire (162) have SMRs that are significantly higher. Unfortunately no data is currently available for Halton PCT.

At ward level, Castlefields has a very high SMR for heart disease in comparison with the six other selected wards in Halton UA, which shows a similar pattern for male death ratios (see below). Moreover the differences between areas having relatively low SMR (eg Riverside) and extremely high SMR (eg Castlefields) is extremely striking.

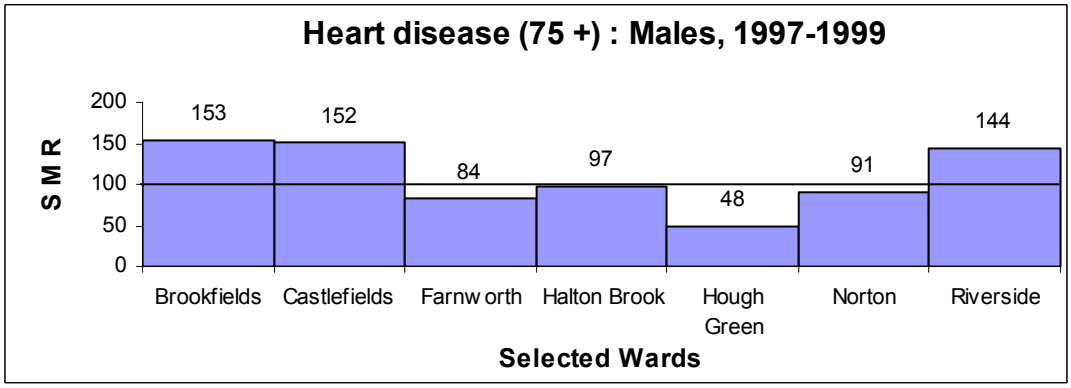
Figure 4.11



4.9.13 Older People : Heart Disease

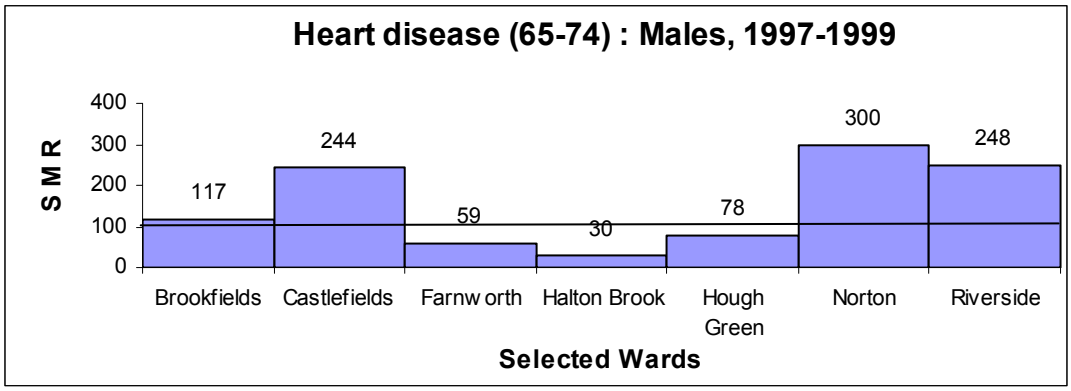
Older men in Castlefields (aged 65-74) have SMR lower than people living in the other six selected wards in Halton UA. However, in the older age range (aged 75 and above) Castlefields has almost the highest SMR (see below).

Figure 4.12



As previously stated, data obtained at ward level is by necessity dependent upon an analysis of very small populations. Nonetheless, older women in Castlefields (aged 65-74) have an SMR of 244 for heart disease, which is far higher than most of the other six selected wards (see below).

Figure 4.13



4.9.14 Stroke Amongst Males and Females

With reference to health authority statistics (1998-2000), the SMR for stroke in North Cheshire (105) is higher than that for Sefton (96), but lower than that for Liverpool, South Cheshire, St Helens and Knowsley and Wirral. It is also lower than the average for the North West Health Region. However, it is higher than the England average (100), which illustrates the significantly higher incidence of stroke in the North West region in comparison with the average for England.

4.9.15 Stroke : Females

At ward level, Castlefields has an SMR of 129 in relation to cerebrovascular disease for females (aged 0-64, 1997-1999), which would indicate a higher rate of early death in relation to the average for England. However, there are two wards in Halton which have SMRs above 200. Indeed there are huge disparities in the ward level data for this health indicator, which suggests a cautious approach should be applied when interpreting these figures.

4.9.16 Older People : Stroke

The mortality rate for males (aged 65-74) from cerebrovascular disease in Castlefields (121) is in the middle range in comparison with other wards in Halton UA. Older women are also in the middle range compared to other wards for both age ranges.

Local authority data for Halton shows that the SMR for stroke (113) is lower than Vale Royal (123), but higher than Macclesfield (104) and Warrington (100).

At ward level, Castlefields has an SMR of 201 in relation to cerebrovascular disease for males (aged 0-64, 1997-1999), which would indicate twice the rate of early death in relation to the average for England. However, there are eight other wards in Halton which also have

SMRs above 200. Indeed there are huge disparities in the ward level data for this health indicator, which suggests a cautious approach should be applied when interpreting these figures.

4.9.17 Respiratory Disease amongst Males and Females

It has not been possible to locate comparative health authority and local authority data regarding respiratory disease from the NW Public Health Observatory website. However, PCT data indicates that in certain parts of Merseyside and Cheshire, diseases of the respiratory system (based on SMRs, 1997-1999) illustrates a mixed picture. In some areas, SMRs are below 100, suggesting that the population of these areas have a mortality rate lower than the average for England and Wales, after adjusting for differences in the structure of the population: Cheshire Rural (75), Eastern Cheshire (77), Ellesmere Port and Neston (62). However, in other more deprived areas, the SMRs for respiratory disease are much higher: Bootle and Litherland (171), Central and South Knowsley (222), Warrington NE and South (189) and Warrington NW and Central (232).

At the ward level, however, it can be seen that Castlefields has the second highest SMR (322) of the seven selected wards (males 0-64, 1997-1999). According to this statistic, people in Castlefields are, therefore, three times more likely to die early from respiratory diseases than the general population of England.

At the ward level, women are almost as likely to have an early death in Castlefields (SMR: 289), and within the selected wards in Halton UA, only Hough Green (SMR: 305) has a higher SMR.

4.9.18 Accidents amongst Males and Females

In relation to local authority data, information provided by the NWPHO website does separate SMRs for males and females. Nonetheless, Halton UA has an extremely high SMR for accident mortality (1998-2000) of 138. This is far higher than the England average (98) as well as the rate for the North West Health Region (109). It also significantly higher than the SMRs for its neighbouring local authority areas: Warrington (98), Vale Royal (104) and Macclesfield 110).

Ward level data groups together both injuries and poisonings, and consequently any analysis of this data would be unsatisfactory.

4.9.19 Road Traffic Accidents (RTAs) Amongst Males and Females

In relation to local authority data, Halton UA has much higher SMR (1998-2000) in comparison with other local authorities within Merseyside and Cheshire. Halton UA's SMR (138) includes both male and female victims of RTAs, and this is true of all the other local authorities cited. The SMRs for Warrington (98.3), Vale Royal (104) and Macclesfield (110) are all significantly lower, and the North West Government Region SMR is 110.

Unfortunately ward level statistics are currently unavailable on the NWPHO website for road traffic accidents.

4.9.20 Mental Health amongst Males and Females: Suicide

At the former health authority level, suicide mortality in North Cheshire (SMR levels, 1998-2000: 108) is below the average for the North West Health Region (114). However, it is higher than for other health authorities in Cheshire and Merseyside: South Cheshire (SMR=89), Sefton (80) and St Helens and Knowsley (82).

At the local authority level, suicide is much more prevalent in Halton UA (SMR=128) than all other local authorities in Cheshire: Macclesfield (109), Vale Royal (98), Warrington (96) and Chester (106.4). It should be noted that the SMR for suicide in the North West Government Region is higher (114) than the average SMR for England (99).

Unfortunately data is currently unavailable at the ward level, and given the low number of suicides, it would be unwise to try and interpret such data.

4.10 Morbidity Rates - Physical Health

4.10.1 The following review of morbidity in the Region focuses largely upon information drawn from the Health, Lifestyle and Community Survey of North Cheshire (2001), which enables comparison between the health experience of people living in Halton UA with that of six other areas: Inner Warrington, Outer Warrington, the geographic boundary of Warrington UA, Runcorn, Widnes and the North Cheshire average. The review also draws upon the Compendium of Clinical Health Indicators (2001).

4.10.2 Self-reported Poor Health Status

More men in Halton UA (28 %) report poor health compared to men in other areas, with the exception of Runcorn (30 %). In all other areas, fewer men report poor health.

More women in Halton UA (31%) report their health as poor in comparison with women in Warrington UA, Widnes and the North Cheshire average. Only in Runcorn (32%) and inner Warrington (33 %) do more women report poor health. Closer inspection of the data reveals that this general pattern is repeated in different age ranges, such that 53 % of women (aged 65 +) report poor health in Halton UA, with comparatively greater numbers in Runcorn (57%) and Inner Warrington (54 %). Similarly 33 % of women in Halton UA (aged 40-64) report poor health compared to Runcorn and Inner Warrington (both 36 %).

4.10.3 Having a limiting, longstanding illness

A high percentage of North Cheshire respondents (27 %) reported suffering from a limiting, longstanding illness, and this is virtually the same for both males and females. However, higher numbers of males (30 %) and females (29 %) in Halton UA report limiting, longstanding illness. On average fewer men and women in all other areas (apart from in Widnes) suffer from such an illness.

4.10.4 Hospital episodes for serious accidental injury

The North West region has the highest age standardised rate (per 100,000) of hospital episodes relating to serious accidental injury (upper level 360.7) than any other region in the UK. In the context of health authority data, North Cheshire's upper rate (350.3) is lower than for most other North West health authorities, although the figure for South Cheshire (288) is yet lower.

4.11 Morbidity Rates - Mental Health

4.11.1 Hospital episodes for Schizophrenia

In relation to hospital episodes for schizophrenia, the North West Region has a higher rate than other Regions with the exception of London. In comparison with other health authorities in the North West, North Cheshire has the highest upper rate of age-standardised hospital episodes (140) with the exceptions of Liverpool (188) and Manchester (223).

4.11.2 Nerves and depression

11.6 % of people in North Cheshire are affected by nerves or depression. In Halton, however, the figure rises to 12 %, and this is exceeded only for people living in Inner Warrington (14 %) and Runcorn (12.3 %).

There is an interesting comparison between men and women's experience of nerves and depression in Halton UA: fewer men report this (just below 9 %) in comparison to the average for men in North Cheshire (9 %), yet more women report this (15 %) in comparison to the average for women in North Cheshire (14 %).

4.11.3 Feelings of loneliness

Researchers at the University of Lancaster have recently begun to investigate factors affecting health in Halton for Halton UA. Through analysing the Health and Lifestyle Survey for North Cheshire, they found that approximately 30% of the sample of Halton respondents reported some degree of psychological morbidity. Further analysis indicated that the following factors predict psychological morbidity in Halton: having nobody to confide in, reporting financial difficulties and receiving income support or some other means tested benefits. Certain wards (such as Castlefields, Grange and Palacefield) reported relatively high psychological morbidity.

There is an interesting similarity with the data for nerves and depression. Slightly fewer men report feeling lonely (7.7 %) than for the North Cheshire region (7.9 %), yet significantly more women report feeling lonely (14 %) than the average for North Cheshire (12 %). Only in Runcorn (15 %) are women more likely to report feeling lonely.

4.12 Lifestyle Data

4.12.1 Smoking

The prevalence of smoking for both men and women is greater in the North West than that for the UK as a whole. According to the Health Survey for England (1998) 30% of men and 29% of women in the North West (aged 16 and over) smoke compared to national rates of 28% and 26% respectively. The overall smoking rate in North Cheshire health authority was 26% for males and 23 % for females that is lower than the national rate.

According to the Health, Lifestyle & Community Survey 2001, 35% of adults in Halton UA smoke (29% of females - second lowest compared within the health authority, 42% of males - second highest). Of those, 35 % smoked more than 15 cigarettes per day.

4.12.2 Diet

Diet is a very important factor within a health profile, as several other factors such as obesity and cardiovascular disease are directly correlated to having a poor diet.

One of the important aspects of a healthy diet is fruit and vegetable intake. Looking at the percentage of people eating less than five portions of fruit and vegetables on a typical day, Halton UA indicated that this applied to 88% of the population (86% of females, 91 % of males), which is a similar level as for other Boroughs within North Cheshire health authority, with the exception of Inner Warrington (90%.).

Furthermore in relation to the percentage of people with two or more 'poor' diet behaviours (i.e. from 'fruit less than three times per week', 'vegetables less than three times per week', and 'fried food more than twice a week') Halton UA had a high proportion of respondents within this category: 21% (i.e. 16% of females, 26% of males). This positioned Halton UA in the middle level between Outer Warrington with the lowest level (14%) and Inner Warrington having the highest level (25%).

4.12.3 Obesity

The Health Survey for England 1994-1996 indicated that 18% of the population of England were obese (ie Body Mass Index >30) and 44 % were overweight (ie Body Mass Index between 25 and 30).

At the health authority level, North Cheshire showed the highest percentage (25%) being obese compared with Liverpool (21%), South Cheshire (14%), St Helens & Knowsley (21%) and Wirral (14%). Similarly the percentage of overweight people in North Cheshire was the highest with 49%.

Based on the Health, Lifestyle & Community Survey 2001, 50 % of the population in North Cheshire were overweight and 15% were obese. Halton UA had the second highest rates of being overweight with 52%

(47% of females, 57% of males), as well as in relation to obesity of 15% (17% of females, 13% of males).

4.12.4 Physical activity

People that do not undertake vigorous activity on an average weekday, or else take part in no vigorous exercise less than once a month, are classified as leading a sedentary lifestyle.

Within North Cheshire health authority, 48 % of people were found to be leading a sedentary lifestyle. Halton UA with 51% for all persons (59 % for females and 43% for males) showed the second highest rate after Runcorn (52 %), with Outer Warrington showing the lowest rate (43% for all persons).

4.12.5 Alcohol consumption

The reported alcohol consumption (2000) in the North West is 19 units per week, which is higher than the English average of 18 units. The estimated average weekly consumption of alcohol for females in the North West was 8 units, which is above the English average of 7 units.

At the health authority level, the weekly alcohol consumption is smaller in North Cheshire (16 mean alcohol units / week) in comparison with surrounding health authorities.

The Health of the Nation specification for unsafe drinking is based on women drinking more than 14 units and men more than 21 units of alcohol per week. Based on these figures, 22 % of males and 8 % of females in North Cheshire drink to unsafe levels, which is significantly below the national average (i.e. 27% of males and 14% of females). Within the health authority, Halton UA shows the second highest percentage of males (i.e. 25%, the second highest after Widnes with 27%) and 7 % of females (which is the second lowest) drinking to unsafe levels.

4.12.6 Drug misuse

The North West region (69 per 100,000 of the population) has a slightly higher rate of starting agency episodes of treatment as compared with the average for England (66). Nonetheless in relation to health authority statistics (October 2000- March 2001), North Cheshire (50) has a lower rate than other health authorities in the area, with the exception of South Cheshire (27).

4.13. Primary Prevention Services

4.13.1 Immunisation & Vaccination Uptake Rates

The percentage of children immunised by their 2nd birthday (2000-01) in North Cheshire is 94% (i.e. immunisation for Diphtheria, Tetanus, Polio, Pertussis, Hib and MMR). This is at the same level as within the North West Region generally, but slightly higher than the overall figure for England (93%).

Compared with other health authorities in close proximity, North Cheshire shows (together with South Cheshire) the highest immunisation rates: Liverpool (93%), St Helens & Knowsley (92%) and Wirral (93%).

The main GP practice in Castlefields had virtually achieved the immunisation target of 90 % in 2 year olds (01/01/2000- 01/04/2002), with an overall rate of 90.1%. The pre-school booster, however, had fallen some way short of the target of 90% over this period (an overall level of 83%).

4.13.2 Well Women Screening Programmes Uptake Rates - Breast screening

The estimated uptake by women aged 50-64 of invitations for breast screening (2000-01) incorporated the region of Warrington, Halton & St Helens, and with an uptake of 76% is above the average for England (75).

In Halton UA only 7 % of women (aged 50-64) had never had a mammography, which is the second lowest rate within the health authority after Widnes (4 %) followed by Inner Warrington (7 %). Interestingly Outer Warrington had a relatively high figure (12 %) despite its greater socio-economic affluence.

4.13.3 Well Women Screening Programmes Uptake Rates - Cervical screening

At the health authority level, North Cheshire has a higher percentage (84.4%) in the cervical screening programme (2000-01) covering the Target Age Group (25-64 years) than other Merseyside and Cheshire health authorities (with the exception of South Cheshire - 87%).

Within the North West Health Region, 84 % of the target population (25-64years) were screened for cervical cancer, and the figure for England is virtually the same (March 2000).

13 % of women in Halton UA have not had a cervical smear in the past 5 years (compared with 15% in Widnes, 11% in Runcorn and 13% in Inner Warrington).

In the main GP practice of Castlefields ward, the cervical screening programme reached 84% of women (01/01/2000- 01/04/2002), virtually at the health authority level.

4.13.4 Smoking cessation uptake rates

The smoking cessation rate (ie the number of residents attending smoking cessation clinics who set a quit date) in 2001 in the former health authority of North Cheshire was 8 (per 1,000 adults in the total population) and 10.5 in Halton UA and Halton PCT. Castlefields ward had a rate of 8.9, which is higher than the overall figure for North Cheshire, but in the middle range compared to other wards (i.e. Halton Brook 14, Norton 8, Hough Green 16, Riverside 15, and Farnworth, 4). This means that there is a 28% smoking cessation rate per 1,000 adult (i.e. aged 18 and above) smokers, and 86% per 1,000 adult heavy smokers (i.e. those smoking 15 or more cigarettes per day).

4.14 Access to Primary Care and Secondary Care Services

4.14.1 Primary care services

The North Cheshire Health, Lifestyle & Community Survey 2001 shows that 11 % of respondents felt that their neighbourhood was poorly placed for access to a GP and 18 % thought that they had poor access to a hospital with a casualty department.

A significant proportion of people in Halton UA (13%) felt they had poor access to a GP (13% for males and females), and this compares significantly with the figures for North Cheshire as a whole (i.e. only 12 % described GP access as poor, ie 11% of males and 12% females).

4.14.2 Secondary care services

In relation to access to secondary care services, 27% of Halton respondents (28% of females, and 27% of males) reported access to hospital care as being poor. This represents the second highest rate after Widnes (i.e. 35 % for all persons).

4.15 Perceptions of Factors affecting Health

4.15.1 Lancaster University has been commissioned by Halton MBC to undertake a three-year study to investigate the factors affecting health in the borough. Part of this investigation involves exploring the perceptions of local people. Although this study is not due to report for another year, results from an early consultation exercise (Clark et al, 2002) have identified six key issues:

- Lack of social capital within local communities
- Lack of effective communication from Council and Health Authority/PCT officials
- Impact of poor physical environment, past and present, eg industrial and traffic pollution
- Unhealthy lifestyles, including risk-taking behaviour, eg drug and alcohol abuse, and ineffective health education to counter this
- Poor access to health care
- Poverty and social deprivation

In addition, respondents in this consultation highlighted issues of disempowerment and hopelessness amongst local people, with terms such as ‘paternalistic’ and ‘top down culture’ being used, and identified as barriers to improving health in the borough.

Also interestingly local people identified respiratory disease as the most important health-related issue.

5. POLICY ANALYSIS

5.1 Introduction

5.1.1 This policy analysis aims is to review some of the key qualitative data contained within official documentation, both at national and local level, in the light of the main proposed outcomes of the regeneration process within Castlefields.

5.2 Castlefields: An Overview

5.2.1 Developed in the 1960s as part of the New Towns programme, the Castlefields estate in Runcorn is a striking example of modernist town planning. Although the estate retains some strong assets, such as its attractive setting and location, poor design and management have bequeathed a legacy of low quality and inappropriate housing, buildings and spaces. The production of a regeneration strategy that encompasses the economic, social and physical revitalisation of Castlefields has required the adoption of certain guiding values:

- Strong partnership working within the Steering Group, which comprises English Partnerships, Halton UA, The Housing Corporation, CDS Housing, LHT Housing and the North West Development Agency.

- Holistic regeneration, which tackles environmental, social and economic issues.

- Community land regeneration, whereby the residents, key stakeholders and the local business community drive the regeneration process.

- Making effective use of existing resources, especially earlier work undertaken by Castlefields Partnership.

- Promoting sustainable mixed use communities and recognizing the value of integrating principles of good urban design.

The production of a Masterplan and Action Plan (Halton BC et al, 2003b) for the regeneration of Castlefields has been the consequence of a prolonged process of discussion and debate. In order to summarise the proposed outcome, this documentary analysis with use the draft Masterplan and Action Plan as a general guide.

5.3 Housing Regeneration in Castlefields

5.3.1 Improving the quality of available housing in Castlefields has been a major element of the proposed regeneration. There are various stages inherent in this process, which include:

Demolition of selected deck access blocks (ie Ferry View, Rothesay and Chester, Caernavon, Rolands Walk and some of Princes Close).

RSL (registered social landlord) led affordable housing to replace those selected blocks of deck access properties. LHT have opted for a one move process that allows people to move from their flats directly into the new build properties that have been developed by LHT. These 61 units are to comprise 6 new 3 bedroom houses, 37 2 bedroom houses and 18 2 bedroom flats.

Retained areas of deck access properties with ongoing consultation.

RSL led new build housing for a combination of sale and rent adjacent to the canal.

Retention of existing areas of houses and bungalows with consultation on the most suitable investment strategy.

5.4 Housing Policy: An analysis of the Castlefields Strategy

5.4.1 The general tenor of the housing regeneration strategy resonates strongly with UK national policy guidelines, as evidenced by the community programme of action for building sustainable communities launched by the Office for the Deputy Prime Minister in February 2003. 'Sustainable Communities: Building for the Future' (ODPM, 2003) illustrates the UK government's desire to reduce deprivation and the shortage of affordable housing by delivering successful, thriving and inclusive communities in all parts of the UK. Supplying high quality, affordable housing whilst dealing with issues of low demand and housing abandonment are central elements of this national strategy.

The UK government has adopted a national action programme for improving the housing stock and regenerating deprived areas, which represents a pivotal aspect of its overall strategy for delivering sustainable communities. The following summary highlights the main elements of this action programme in the context of the housing regeneration of Castlefields.

5.4.2 Building sustainable communities
Sustainable communities are defined by the UK government as having a flourishing local economy providing jobs and wealth, and where there exists effective engagement and participation of local people, groups and businesses. This particularly relates to the planning, design and long term

stewardship of the community. Sustainable communities are further defined as having a safe and healthy local environment, as well as carefully designed public and green space. They are perceived as having effective public transport systems, a well- integrated mix of decent homes of different types, and high quality local public services.

This part of the action programme recognises that many vulnerable people often occupy homes that are in poor condition, and that there is often a wide gap between the need for new housing and what is actually provided. It also recognises that there has been inadequate long-term planning of communities, and the poor design of many newer homes. A central theme of the government's approach, therefore, is to increase financial resources to tackle low demand and abandonment, as well as to address the shortage of affordable housing, and to promote private house building through a reform of the planning system and investment in growth areas. The demolition of poor quality flats on the Castlefields estate, combined with the construction of new flats, strongly resonates with this national housing agenda.

5.4.3 Housing supply and empty properties
The ODPM policy report highlighted that some of the 135,000 empty properties in the North West region are concentrated in areas of market failure. Government strategy to tackle the problem of empty properties include:

- A range of fiscal incentives to encourage the renovation of long-term empty properties in high demand areas, and

- Assisting tenants to relocate from high demand areas, when it is beneficial to them, through the new Housing and Employment Mobility Scheme.

Much of this approach relates strongly to the Castlefields housing regeneration, which the health profile indicated having very high levels of multiple socio-economic deprivation. There are significant numbers of empty properties on the Castlefields estate.

5.4.4 Furthermore, the UK government has set a specific national target of ensuring that all social tenants have a decent home by 2010. This is to be achieved through a combination of providing additional investment, and making the planning process part of the wider neighbourhood renewal strategy. In addition, the establishment of a new Single Inspectorate for housing is designed to help ensure that social landlords offer improving standards of service to tenants. There are also plans for increased levels of protection for private tenants, although the precise details of how this additional protection will operate have not been clearly defined.

It is important to recognize the importance of the 'decent homes standard' as defined by the UK government in 2000. It defines decent homes as:

- Being above the statutory minimum standard (i.e. the fitness standard);

- Being in a reasonable state of repair;

- Providing reasonably modern facilities and services; and

- Providing a reasonable degree of thermal comfort.

The government's long-term ambition is that, by 2010, all social housing will have been made decent, and that a further 130,000 vulnerable households in the private sector will have had their homes made decent.

5.4.5 Affordable homes for low cost rent

RSL led housing for a combination of sale and rent is an important element of the housing regeneration scheme in Castlefields. This relates strongly to the UK government target, by 2005, for a major programme of affordable homes for low cost rent or home ownership, both for key public sector workers and for those in priority housing need. The longer-term national policy ambition is for ensuring a better balance between housing supply and demand through continuing to plan, monitor and manage housing provision.

Increased investment in affordable housing is a key part of the national strategy, with enhanced funding for the Housing Corporation, in addition to further funding for English Partnerships (EP) to support their new role in identifying and assembling sites for housing development. The Castlefields housing programme is itself an outcome of the establishment of a joint unit (by the Housing Corporation and English Partnerships) to bring together EP's land holdings and expertise with the Housing Corporation's affordable housing programmes. The Castlefields project, in a collective sense, reflects the promotion of better use of the social housing stock, which involves helping tenants (where it is beneficial to them) to relocate from high demand areas through the Housing and Employment Mobillity Scheme.

5.4.6 Home ownership

A vital part of the Castlefields regeneration (in addition to the demolition programme and the RSL led new housing developments) has been the development of private sector housing. This involves the construction of 118 new dwellings on the Lakeside estate. The opportunity for new housing within the parkland and lakeside setting is a leading driver for this initiative, with access through pedestrian linkage to the park, lakeshore and Windmill Hill being anticipated. Further private sector housing is to be built on Canalside, comprising upto 190 new dwellings. This site has a major frontage to the canal, and development is expected to take maximum advantage of this feature. There is potential for developing a marina facility, and it is proposed that a pedestrian connection be constructed from Castlefields through the site of Norton Priory.

UK housing policy (see 'Sustainable Communities' cited earlier) remains committed to helping people realise their aspiration of owning their own home. There is also a strong commitment to encouraging social housing tenants to move into home ownership where they can afford to do so. This policy of maintaining the Right to Buy (ie helping those in council properties purchase their own home) is perceived as promoting mixed communities. However, there is also a recognition of the need to modernise the Right to Buy scheme so as to discourage profiteering and to help local authorities maintain the supply of affordable housing in the longer term. Tentative steps in this regard have included consulting local authorities on lowering the maximum discount available to purchasers in areas where the housing market is most under pressure.

5.4.7 Land, countryside and rural communities

The housing regeneration of Castlefields involves the redevelopment and reclamation of brownfield land (roughly 14.5 hectares in total) and the development of greenfield land (roughly 12.7 hectares). This chimes with the national policy objective of ensuring that in tackling housing shortages, the countryside is protected and its quality enhanced, so as not to produce urban sprawl. Thus English Partnerships have been given the strategic role of finding and assembling land, especially brownfield and publicly owned land, for sustainable development.

There is also a national objective for 2005, whereby 1500 hectares of brownfield land are to be restored and managed as public green space through the Land Restoration Trust. Over the longer term, national policy is to maintain and increase the amount of green belt land. Through the Regional Development Agencies and EP, brownfield land is to be remediated at a rate of over 1,400 hectares per year for economic, commercial, residential and leisure use.

The UK government's ambition is to ensure that land is not used in a profligate manner, so that planning applications to develop larger sites for new housing at below 30 dwellings per hectare (in areas of high demand) will be called in and will have to be justified following a public enquiry. Protecting the countryside is to be achieved through setting a target for each region to maintain or increase the current area of land designated as green belt land in local plans. It is interesting to note that there is a fairly even split between brownfield land to be redeveloped and reclaimed, and greenfield land to be developed.

5.4.8 Halton 2000 Housing Needs Survey

The Northern Consortium of Housing Authorities undertook the Halton 2000 Housing Needs Survey for Halton Borough Council (Halton BC, 2000). It focused upon four themes:

- Appraising the housing needs of different household types;

- Identifying the housing aspirations and preferences of different types of households;

- Assessing the perceptions of the push and pull factors causing householders to remain, or leave, their homes; and

- Exploring the financial situations of households.

The survey divided Halton borough into five groups of wards, and Castlefields was grouped together with Kingsway, Murdishaw and Riverside). Across Halton, the survey found that the proportion of social renting households is nearly 50% above the regional average, yet the number privately renting is four times lower than the regional average. It also indicated high levels of social deprivation in Castlefields: whereas 36% of households who paid for their accommodation across the Borough received some level of assistance, those in receipt of full Housing Benefit were concentrated in the group containing Castlefields.

In relation to social renting in Halton, the survey found that over two-thirds are located in Widnes and the remainder in Runcorn. Despite the housing stock being principally good quality traditional housing across the Borough, it found that low demand tends to be associated with particular property types, notably flats and maisonettes. Part of the Castlefields housing regeneration strategy is a reflection of this, particularly the selective demolition of unpopular maisonettes. The survey also identified a demand for both mortgaged and private rented stock within Castlefields and its fellow grouped wards, and so there is some correlation between the strategy being pursued and the aspirations of local people.

5.4.9 Housing Strategy: Halton UA

The housing strategy being pursued by Halton UA is partially based upon the findings of the Housing Needs Survey, and can be summarised as responding to local area based regeneration strategies through investing in the housing stock. The housing strategy has the following key aims, which go beyond the mere confines of the housing needs of local people, and embrace the wider agenda of neighbourhood renewal, which is itself a reflection of wider national policy (see later section):

- Health improvement has the highest priority across the Borough, and poor housing is seen as a major factor in generating poor health outcomes. General housing improvements are measures aimed at tackling the rate of respiratory disease in Halton, together with continuing high levels of investment in housing adaptations for disabled people.

- Achieving neighbourhood renewal targets, particularly through regenerating town centres.

- Providing additional housing investment is seen as developing the life chances, particularly in relation to the accommodation needs of very vulnerable people.

- Creating safe and attractive neighbourhoods, so as to develop environmental improvements through tackling anti social behaviour.

The development of this housing strategy has been engineered through a consultative framework, whereby residents have been given the opportunity to comment upon proposals through focus groups. The emphasis upon creating mixed tenure arrangements is a reflection of the significant growth of the private sector and the concomitant reduction in socially rented properties, which is itself a consequence of the Right to Buy and the development of new housing. The housing strategy also reflects the higher number of empty properties in Halton compared with England as a whole: research undertaken by Pieda consultancy indicated 3.9% of void properties in Halton compared with 3.7% across England, yet the rate for the North West region (4.7%) is considerably worse.

A key part of the strategy is to improve the housing stock condition, particularly through tackling unpopular maisonettes and flats, and those properties built during the inter-war years. The strategy also recognises an anticipated decline in household size due to the rise of pensioner and non-traditional families, creating a modest growth in housing demand over the next few years. There is an explicit recognition of the need for owner-occupied properties and smaller types of accommodation within Castlefields, as well as Kingsway, Murdishaw and Riverside. Developing Castlefields has a high priority within the housing agenda of Halton UA, and the commissioning of an overall Master Plan for the area that looks to create a more balanced community, a wider mix of housing and a better infrastructure is a reflection of this. Another important part of the overall strategy is the incorporation of the Private Sector Housing Renewal Strategy, which aims to support more localised town centre strategies. The 'Care and Repair' project is aimed specifically at supporting elderly residents, although other initiatives, such as the production of good landlord guides and the identification of unfit properties across Halton, are not aimed at specific groups of people.

5.5 Neighbourhood Renewal: A National Policy for Integrated Action

5.5.1 Making the planning process of housing development part of the wider neighbourhood renewal strategy is a powerful element in the UK government's approach. The Castlefields regeneration programme goes well beyond a sole focus upon addressing the housing concerns of the resident population.

5.5.2 A central part of the national programme for economic development within poorer areas of the UK is the New Deal for Communities (NDC). Although the specific problems facing each NDC neighbourhood are unique, all the NDC partnerships are tackling five key themes: poor job prospects; high levels of crime; educational under-achievement; poor health; and problems with housing and the physical environment.

5.5.3 The key characteristics of NDC are a long-term commitment to deliver real change, with communities at the heart of this, in partnership with key agencies. Community involvement and ownership is, therefore, a key

element. Producing joined-up thinking and solutions, so that action is based on evidence about 'what works' and what doesn't, is another key factor. The policy document 'A New Commitment to Neighbourhood Renewal' (Social Exclusion Unit, 2001) highlights the way in which all of these issues are to be tackled through multi-agency collaborative partnership working.

5.5.4 Castlefields regeneration: the economic context

Improving employment prospects for people living in deprived areas is a key element of the New Deal programme. Since 1997, national government strategy has focused centrally upon paid employment as the key route out of poverty for people living in socially deprived circumstances. Within Castlefields, the 'Halton People into Jobs' initiative has a central role to play in highlighting employment opportunities, and it is regarded as essential that current SRB funding for this initiative is secured. Similarly there is significant emphasis placed upon the need for a physical and economic review of employment provision within Astmoor. Given the wider programme of upgrading its business parks, there is a perceived opportunity to restructure parts of Astmoor, so as to provide and promote business developments to address local employment needs.

This fits in with Halton's Economic Development Strategy (Halton BC, 1999), which of the economy has been over-reliant on a narrow range of industry sectors, and that the main source of employment has been the service sector (which offers mainly part-time work usually undertaken by women). The strategy focus upon three key factors:

- Access to jobs;
- Enhanced competitiveness and diversity; and
- Improved economic infrastructure.

5.5.5 Access to jobs

The Strategy calls for more co-ordinated education and training programs, and for the 'People into Jobs' initiative to enable local people to find jobs that are new to the Borough. There is a further emphasis on working with the North and Mid Cheshire TEC to establish a Centre of Excellence for Workforce Development in Halton, as well as the need to promote community enterprises and the intermediate labour market to assist the long-term unemployed.

The Strategy recognises key barriers: the highly disadvantaged labour market, combined with high levels of social exclusion at ward level and an under skilled workforce, with many employees having no educational qualifications. It suggests a range of impact assessment indicators for monitoring success in promoting its aims, which include noting differential unemployment levels by ward, as well as percentage changes in numbers achieving academic and vocational qualifications, and those entering Further and Higher Education.

5.5.6 Enhanced competitiveness and diversity

The Strategy recognises that the local economy is linked to global market trends, and that local businesses must develop more sustainable, environmentally friendly practices. It recognises the historical legacy of the chemical industry, and the need for economic diversification. Inward investment is seen as crucial to developing business into new markets.

Barriers relate to reducing the overall reliance on the chemical industry, which still accounts for 70% of manufacturing GDP. The absence of a skilled and adaptable workforce is seen as hampering moves towards encouraging inward investment. The Strategy argues for developing targeted support packages to attract higher value specialty chemical or pharmaceutical investments, whilst developing new business start ups in Halton. It suggests monitoring the impact of the Strategy through noting the percentage of jobs created sector by sector, as well as business survival and retention rates.

5.5.7 Enhancing the economic infrastructure

This aspect is focused upon considering the options for allocating a new greenfield site in north Widnes, as well as targeting environmental improvements and derelict land reclamation programmes to retain and attract industry and commerce. This relates very strongly to the regeneration initiatives within Castlefields. Developing co-ordinated programmes to increase the vitality, viability and prosperity of the Borough's Town Centres is a further key element.

Obstacles include the lack of public sector finance to reclaim contaminated sites and so bring in private sector investment, as well as some of the key employment sites not being readily accessible by public transport. The absence of a high quality greenfield site is perceived as discouraging local people from applying for local job opportunities. Targeting environmental improvements and derelict land reclamation is seen as vital to retaining and attracting industry and commerce within the Borough. Working with developers, local companies and public transport operators to facilitate better transport links to enable local people to access new job opportunities in the expanding employment areas of Whitehouse Vale, Manor Park and Daresby Park is seen as vitally important. Impact assessment indicators in this regard centre upon recording changes in the volume of reclaimed land, as well as the amount of land available for industrial and commercial development.

5.6 Halton Town Centres: an overall strategy

5.6.1 The overall strategy for Halton Town Centres (Halton BC, 1997) resonates strongly with the economic strategy. It calls for more viable town centres, making choices on the future role of each town centre, improving attractions and accessibility of each of them, as well as improving the way they are managed. The old town centre of Runcorn

requires revitalisation through investment in retailing, leisure, education and the Arts. There are some key features to the strategy:

- Protecting the retail core of each centre.
- Bringing back trade lost to other Town Centres outside Halton. There is a recognition that there is not enough latent spending power to compete with Halton, and that there is a need for more modern but small scale convenience shopping centre in Runcorn Old Town.
- Making the Town Centres a focus of community life, through promoting leisure and entertainment facilities and enabling more restaurants, pubs and clubs.
- Regenerating and renewing buildings and the infrastructure of town centres, which include more car parks and pedestrian links. A key element of the Castlefields regeneration focuses strongly on pedestrian links.
- Improving the accessibility for all into and within the town centres largely through the completion of road traffic circulation systems for both Widnes and Runcorn Old Town.
- Improving the quality of public spaces and new buildings, mainly through implementing an enhanced maintenance regime for cleansing and maintenance of public spaces in Town Centres. Additional initiatives include fly poster removal, cleaning street signs and removing graffiti.
- Improving security and reducing the fear of crime, largely through investigating the introduction of CCTV surveillance methods, as well as making all pedestrian routes and shopping streets brightly lit.

5.6.2 This Strategy concludes that town centre management initiatives in Warrington, Liverpool and Chester have shown that it is possible to increase the vitality and viability of town centres against competition from out of town shopping.

5.7 Castlefields regeneration: the health context

5.7.1 There is a range of national initiatives for improving the health of people within deprived communities. The government white paper 'Saving Lives' (DH, 1999) identified four key areas for reducing ill health: heart and circulatory disease, mental illness, cancer and accidents. Similarly the Acheson report has highlighted the value of increased physical activity, in conjunction with a variety of other health factors, in narrowing the very high levels of health inequalities between affluent and less affluent neighbourhoods. Furthermore, the development of National Service Frameworks (NSFs) for tackling some of the key health concerns within contemporary society has highlighted significant inequalities across the UK. The NSF for Coronary Heart Disease (DH, 2000), for example, places great emphasis on the behavioural risk factors associated with poor diet, obesity and low physical activity.

5.7.2 Some of the Castlefields regeneration initiatives relate strongly to the national health policy agenda. Enhancing safe pedestrian and cycle movement between the communities of Windmill Hill and Castlefields is a longstanding ambition. In combination with the improvement to existing pedestrian routes through enhanced footways, have the potential to

assist local communities to become more physically active and less susceptible to being overweight or suffering obesity. Integrating the busway and cycling provision, and the development of pedestrian link improvements through drop kerbs and enhanced footways are important developments, especially where underpasses are being removed.

5.8 Castlefields regeneration: the crime and public safety context

5.8.1 Tackling crime is a key element within the national neighbourhood renewal strategy. The National Strategy Action Plan (Social Exclusion Unit, 2001) reflected the value of Crime and Disorder Reduction Partnerships (CDRPs) in uniting police, local authorities and local people in reducing crime through locally developed Crime and Disorder Strategies. Further measures include initiatives to tackle anti-social behaviour, and the introduction of Neighbourhood Wardens – a visible, recognisable presence to deter crime and tackle low-level anti-social behaviour.

5.8.2 The Castlefields regeneration has some key elements in this regard. The Liverpool Housing Trust (LHT) has developed a Street Wardens Implementation Plan for the Windmill Hill area, which aims to produce a safe and sustainable community for tenants and residents. It also seeks to counter social exclusion, high crime and anti-social behaviour, as well as build confidence in the local community and protect / improve the environment. Other similar schemes have involved cutting back shrubbery, the 'Blue Christmas' initiative (which involved extra police officers in Runcorn to both reduce crime and the fear of crime), and the exploration of developing CCTV facilities in Windmill Hill.

5.8.3 Within Castlefields, the permanent closure of existing subways as part of a national strategy to improve pedestrian security, as well as removing locations where youth congregations and deviant behaviour is known to take place, are important steps forward. Furthermore, the comprehensive review of public lighting to enhance safety and security for pedestrians and vehicle users is an important element, especially given that it is tied to the redesign of streets, crossings and footways throughout Castlefields.

5.8.4 The Halton Community Safety Partnership strategy (Halton BC, 2001a) contains some of the Castlefields initiatives, as well as a variety of others. It identified four priority issues:

- Tackling drug misuse;
- Tackling youth issues;
- Tackling domestic violence, and
- Strengthening partnerships.

5.8.5 It provides a variety of examples of initiatives, including community watch (appointed to expand the scope of Neighbourhood Watch), Truancy

Sweeps (whereby education and welfare officers and police stop unauthorized absenteeism from schools) and the use of identislots (ie police ID cards pushed through letterboxes to enhance feelings of safety, especially for elderly people). Other initiatives include drugs intervention and disruption (ie multiagency operations to disrupt the supply and misuse of controlled drugs), community safety vehicles (i.e. two vehicles used by Community Action Teams to tour estates and stop youth nuisance) and alley gating (i.e. the erection of gates in various locations to improve the appearance of areas and prevent house burglaries). The Halton Crime and Disorder Partnership identified the need to reassure communities, particularly through initiatives such as having a dedicated drugs team, and a fast response environmental clean up team to improve the appearance of the Borough by removing graffiti, etc.

5.9 Castlefields regeneration: the transport context

5.9.1 The government's white paper 'A New Deal for Transport' (DETR, 1998) recognised the need for an integrated transport policy, so that rail and road links could be more carefully developed. It also developed a strategy for better public transport systems, improved air quality, environmental improvements, as well as greater safety and personal security.

5.9.2 The Castlefields regeneration has some important public transport initiatives. A new highway is to replace the section of the Astmoor busway link between the main building and Castlefields Avenue East, which will aim to provide direct access to heart of Castlefields neighbourhood. As well as the pedestrian links highlighted earlier, there are plans to integrate the busway and cycling provision between Windmill Hill and Castlefields. Furthermore, a length of busway between the new junction at Delacy Wood and the new community core will be open to a variety of vehicles. This will mean that cars wishing to access community facilities, such as schools and the health centres, will be able to drive and park at the heart of the community. All of the principal vehicle routes are to benefit from environmental and traffic calming measures.

5.9.3 The Local Agenda 21 Strategy for Halton (Halton BC, 2000b) has specific aims relating to the protection of the local environment and making prudent use of natural resources.

These are to:

- Reduce the growth of car use.
- Increase the proportion of journeys undertaken on modes of transport other than private cars.
- Promote attractive alternative modes of transport to the private car, such as walking, cycling and the use of public transport.
- Maximize the accessibility and convenience of other forms of transport.

Halton Borough's Local Transport Plan (Halton BC, 2002), however, focuses upon four Key Strategic Transport Areas (KSTAs) and progress made in relation to all of them.

5.9.4 KSTA1 Local Safety Scheme
Reduction of casualties from road traffic accidents and various schemes have been undertaken to promote this. They include the introduction of speed cameras at eight locations, using theatre productions to raise road safety in secondary schools and a Public Service Agreement that incorporates an enhanced casualty reduction target.

5.9.5 KSTA 2 Sustainable Transport
Developing a 'Links and Access to Employment' scheme has aimed to tackle social exclusion by offering transport choices that are convenient, responsive and affordable. It seeks to maximize travel opportunities to employment and educational establishments. Furthermore the introduction of new and improved accessible and community transport projects have proved extremely popular. Studies have been commissioned to assess the potential for area ticketing for bus travel, and to review and develop criteria for the subsidized bus network. Developing a public transport website offers the opportunity to provide instant comprehensive travel information 24 hours a day. Work continued on introducing 'Quality Corridors', enabling a holistic approach to safe and sustainable travel.

5.9.6 KSTA 3 New Mersey Crossing Studies
This work relates to the structural maintenance of the Silver Jubilee Bridge.

5.9.7 KSTA 4 Structural Maintenance of Roads
Good progress was made on implementing road maintenance schemes. This has helped to keep Halton's roads in relatively good condition, with principal roads remaining in the top quartile, and Non-Principal Roads being in very good condition.

5.9.8 A further Local Transport Plan (provided on the internet and covering 2001/2 to 2005/6) highlights further issues. As well as highlighting the importance of the Silver Jubilee Bridge in carrying traffic over the River Mersey and the Manchester Ship Canal and linking Widnes and Runcorn, there is an emphasis on encouraging sustainable integrated transport. The scheme would extend the Runcorn Busway into Widnes and provide high quality pedestrian and cycle links.

5.9.9 The development of a Bus Quality Partnership covering Widnes and Runcorn includes measures to realize the benefits of the Runcorn Busway. This 22km, bus only road has residential areas, schools, employment areas and shopping centres all located along its route. It is seen as an early example of integrated transport planning which, though neglected, has enormous potential for development. The Bus Strategy is complemented by a Rail Strategy that is to deliver improved local stations with full interchange facilities and proposes at least one new local station providing new travel opportunities. Strategies for School Travel Plans and Green Travel Plans are also proposed.

5.10 Castlefields Regeneration: The Context of a Corporate Plan

5.10.1 The Corporate Plan for Halton (Halton BC, 2001b) contains five key priorities, each of which have the potential to be enhanced by the regeneration of Castlefields, although this is largely dependent upon the degree to which lasting change can be realistically instigated.

The key priorities are:

Improve health standards

This relates to an improved understanding of the causes of ill-health, a narrowing of the gap between life expectancy at birth in Halton and the national average, and a reduction in the rate of infant mortality and teenage pregnancy. The essence of this approach is to enable firm foundations for a healthy start in life for younger people.

Promote urban renewal

This relates to creating jobs for local people, revitalizing the Town Centres, and developing an arts centre in Runcorn. It also includes reclaiming and making use of contaminated land, gaining approval for a second Mersey crossing and maintaining new housing developments and improvements.

Life chances and employment

This is centred upon addressing the education and training needs of young people. It is to ensure that pre-school children have access to early years educational and care provision, and improve school achievement with increased access to Further Education. A further ambition is to enable child care places for all 3 and 4 year olds whose parents require them.

Tackling poverty and deprivation

This revolves around helping to eliminate child poverty, and promoting an environment where people do not feel socially excluded. There are firm targets for tackling multiple deprivation: improving the DETR Index of Multiple Deprivation (IMD) ranking from 18th to 30th by 2006, and then to 40th by 2010. Further targets relate to reducing the percentage of children in households receiving income support from 28.4% to 24% by 2006, and to 20% by 2010. There is also a commitment to ensuring that all social housing conforms to the UK government's decent standard by 2010.

Safe and attractive neighbourhoods

This priority is concerned with tackling the underlying causes of crime. It includes reducing the level of drug misuse and drug-related crime, as well as youth-related crime and disorder. Further targets included the implementation of neighbourhood management and warden schemes by March 2002, and to raise the level of public satisfaction with the attractiveness of the neighbourhood by 10% between 2002 and 2006.

6. EVIDENCE FROM STAKEHOLDERS AND KEY INFORMANTS

6.1 Introduction

6.1.1 This section presents evidence of health impacts identified from the data collected from 'stakeholders' and 'key informants' - what people described during the fieldwork. 'Stakeholders' are defined as individuals or groups of people who have a stake or interest in the policy under investigation. For the Castlefields regeneration strategy, stakeholders included people who live and work in Castlefields, as well as individuals and organisations involved in the development of the strategy. 'Key informants' are experts or specialists in a specific policy field. For the purpose of this HIA, key informants in regeneration and regeneration and health were involved.

6.2 Evidence from Community Stakeholders

6.2.1 Findings are presented under theme headings as described in the methodology section. Contributions have been anonymised which in a small community like Castlefields was quite a challenge. Comments made by young people and pupils are written in italics to differentiate them from the adult groups. The aim of the workshops and focus groups was to gather a range of opinions, experiences and beliefs, not quantify responses to individual questions. The number of people holding the same opinion did not matter: the important thing was that everyone's views were expressed even if only held by one person.

6.2.2 Who talked to us

The workshops attracted a total of 33 people, 19 women and 14 men. Their ages ranged from 26 – 75 years; by far the largest number of people attending were aged between 30-59 years. All but three were residents of Castlefields; most had lived there for more than 2 years. Focus groups were held with representatives from the following:

- Achilles Court Residents
- Bungalow Residents (as participant observer)
- Camelot Way Residents Association
- Christchurch Pastoral Centre Mums and Tots group
- Sure Start
- Toc H
- Castlefields Youth club
- St Augustine's Roman Catholic School
- The Park Primary School
- Astmoor County Primary

36 adults; 16 males and 20, females aged between 23 - 76 years took part. Only one person lived on a neighbouring estate but visited Castlefields regularly. 13 girls and 16 boys aged between 9 and 16 years took part in focus group discussions. All but three resided in Castlefields. The sixteen year olds had left school and were unemployed.

In summary, the researchers met with 29 young people and 69 adults of whom only seven were non-residents but used Castlefields services on a regular basis (e.g. community centre, school). The following account describes participants' views and experience.

2.3 Theme 1: Perceptions of health

There was very little difference in the range of influences identified between adult participants who demonstrated a good understanding of the breadth of determinants of health. Young people on the other hand tended to focus on individual behavioural influences and related certain behaviours to diseases. Key influences on health identified by community groups related clearly to the parameters of the socio-environmental model of health used in the Merseyside Guidelines and are summarised in table 6.1. It is worth stating that the social model of health was discussed at the end of the discussion on this theme.

Table 6.1: Influences on health identified by community

Category	*Health determinants identified*	
	Positive influence	**Negative influence**
Personal	Good diet; employment opportunities; good living standards – having enough money to choose; quality of life; happy in job; content with life; happy; feeling safe and secure; taking holidays; time for yourself; feel good about yourself; confident; have hobbies; companionship; able to cope with things. *Balanced diet that includes fruit and vegetables; regular exercise, enough sleep; feeling happy and proud; joyful; not drinking alcohol or smoking; being able to play out*	Smoking; peer pressure; stigma; people putting you down, not being in control; being poor; hearing negative stories about Castlefields; stress; fear of crime; unhappiness. *Living in the flats makes people sad and feel horrible; stress; smoking; getting drunk; being a couch potato; get weak bones and muscles if not getting enough exercise; smoking and drinking causes heart disease; cancer; kidney problems.*
Social Environment	Neighbourliness; community spirit; cohesion; good social networks;	Antisocial behaviour; poorly controlled kids; roaming gangs from other places; not getting on with neighbours; cars parked inappropriately/ dangerously;
Physical Environment	Decent quality homes; good quality food available locally; live in a nice place; clean, no mess; choice of housing; clean air; green spaces to walk in; successful regeneration; living in the countryside.	Noisy neighbours/ children; living in a building site – increased dust and vandalism - graffiti; poor quality housing; *pollution as it gets into your lungs;*
Public Services	Good range of services locally such as schools, health centres; opportunity for life long learning; quality of education; good reliable public transport; respect when dealing with agencies; police involved in community; access to knowledgeable professionals.	Hearing negative stories about Halton Hospital possibly closing; Lack of visible policing; poor transport timetables.

Young people tended to focus on personal behavioural aspects of health.

6.2.4 Theme 2: Perceptions of living in Castlefields (past and present**)**

Participants were asked to reflect on the good and bad things about Castlefields when they first came to live there and then outline the differences between living there then and now and the possible reasons for this change.

Past

Some participants had lived in Castlefields for a considerable amount of time and had fond memories of moving in. All had moved there for a better life, to improve their employment opportunities and raise their children in a cleaner, greener, healthier environment than the one they had come from. There were also those who said that they had been given no choice in moving to Castlefields, as that was where the council was building houses of a better standard than those they were leaving. Positive features of Castlefields had included:

- the vetting of people seeking to live there
- the ambience of the area, i.e. good landscaping with regular cleaning and maintenance of public spaces, verges, gardens and hedges, paths and roads
- the conviviality of neighbours and families and opportunities for social interaction such as local school carnivals and social events held at the community centre
- range of local shops and convenience (accessible in walking distance)
- good local recreational facilities (Norton Recreation Centre) and transport system (busway)

Negative features included the hilly nature of Castlefields and areas of poor design that meant that people with physical disabilities, older people, and mothers with young children were more disadvantaged in terms of mobility. Over time the estate has become run down, several factors were thought to have contributed to the decline in the physical and social environments such as:

- policy changes, “allowed it to become a bad estate” (resident) for example a decline in perceived maintenance services and a perception that Castlefields had become a ”dumping ground’ for people with problems such as drug abuse and anti social behaviour
- an increase in unemployment as local factories have closed
- unmet changing housing needs e.g. not enough bungalows for elderly residents
- poor housing design such as lack of upstairs heating in some properties.

Some believed that the problems and changes experienced in Castlefields were part of much larger problem within society as a whole. Others believed there had been a growth in mistrust between residents and ‘the Council,’ particularly after “the underhanded way in which

residents were consulted and their view ignored" (resident) in regards to closure of Norton Recreation Centre and High School.

Present

Community cohesion

All participants wanted to continue living in Castlefields and some felt that it has still many positive attributes such as good neighbours, kinship, and good community support and spirit. This was notably supported by the Community Centre, Sure Start Programme, local schools and youth club who run family focused activities. However some felt community spirit was starting to fade. Others were of the view that there was nothing good about living there. Complaints of noisy and abusive neighbours were reported as common place, abusive teenagers were intimidating for some, and parents of young children feared for children's safety when playing outside the home, which they believed would hinder their development into independent young adults. Young people felt that adults showed them little respect and were often rude and verbally abusive towards them.

Local services

The community café and Health Centre were singled out for praise for delivering good quality services. Although a criticism of the health centre was their policy to treat drug addicts, whose presence participants believed, added to their fear of pubic spaces. This was further aggravated by the drab unattractiveness of the buildings (shops, centre and deck accesses flats), which were unanimously declared as 'disgusting'. Some believed they had a worse deal than other areas in the quality and range of services available to them locally. Public transport and policing were common areas of complaint. Although there are good road and rail links with Warrington, Liverpool and Chester, the decline in bus services particularly during the evening, has created problems with social inclusion such as visiting friends and relatives in Warrington Hospital. Castlefields reputation for anti social behaviour and youth vandalism was identified as contributing factors in this decline. The level of fear experienced was enhanced by perceptions of police disinterest in criminal activity on the estate; some acknowledged that this was in fact anticipation of crime rather than the experience of crime. Poor signage was a major concern for some, with one resident particularly distressed about poor access and directional signs for emergency services. Young people singled out the Youth club for praise but despaired at the increasing disappearance of facilities and activities for them.

Disempowerment

A similarity across all groups was the general feeling of having little control over decisions that affect the personal and public realms of everyday activities, and mistrust of people in authority and decisions makers to do what they say they will do, particularly the RSL's. Castlefields was perceived to have an undeserved reputation as a bad place to live. Some reported feelings of stigma and shame:" feel like

lepers – it's degrading just saying that you live here," (resident) as a consequence of this, increasing their sense of disempowerment. Young people (as young as 9 years of age) expressed similar views.

Current regeneration activities

House building has been in progress for 18 months and new houses were reported as nice, spacious and aesthetically pleasing. It was agreed overall, that regeneration is a necessary process to improve the health and wellbeing of all those who live and work in Castlefields. However this of its self created new problems for residents and visitors alike for example, changes to routes requiring use of unfamiliar / or normally avoided pathways creating anxiety, or greater difficulty for disabled and elderly to navigate, and an increase in dirt, dust and noise. Young people reported having to find other places to meet and play as many of the areas they used had been turned over to housing development.

6.2.4 Theme 3: Perceptions of the current state of health and well being of people in Castlefields

Participants were asked to describe their perceptions of the current state of health and well being experienced by people in Castlefields, and asked to identify groups or individuals who have better or worse health/wellbeing.

There was a general perception that the health of residents is poor and deteriorating, with ever increasing demand and dependency on health care services. Participants recognised that causes of poor health were complex and interrelated. Experiencing stress was cited most commonly and had a myriad of sources such as, lack of opportunities, disempowerment, sense of isolation, inadequacy, fear of crime, noisy neighbours and lack of privacy. Health damaging behaviour such as smoking, poor diet, alcohol and drug abuse was reported as commonplace, as was lack of physical activity. There was a general perception that pollutants from Fiddlers Ferry, the Heath and Rock Savage were responsible for respiratory disease such as asthma, high rates of miscarriage and a high birth rate of small for dates babies. Castlefields was believed to have the worst rates of heart conditions and cancers in England. Some thought Castlefields was home to a high number of young people with disabilities compared to other parts of the New Town. Young people perceived their health to be better than adults as they were more physically active and less inclined to indulge in health damaging behaviour, although some of the older youngsters were experimenting with these (smoking, drugs, and alcohol misuse). Some believed the poor health experienced in Castlefields was also influenced by the lack of fresh good quality food locally resulting in poor diet, and air borne pollutants from surrounding industries causing 'breathing problems.'

6.2.5 Themes 4: Perceptions of Masterplan regeneration proposals

Participants were given information about the Masterplan regeneration proposals for Castlefields and asked to comment on the themes housing, movement and linkages, community facilities, environment and open spaces, and employment. The health impacts identified are presented separately under theme 5.

Housing

People commented on:

- replacement of some deck-access blocks with new social housing
- reinvestment in remaining social housing
- new RSL-led housing for sale and rent on Canalside and private sector housing on Castleside and Lakeside

Replacement of deck access flats with new housing was strongly supported, as was the upgrading of old properties to decent standards regulations. The benefits in improved energy efficiency and sustainability were recognised. As a result of this heating costs would be reduced

freeing up some money for other things. Many were optimistic particularly as regeneration of Southgate was perceived to be successful.

> "The changes will be better…Southgate is a nice place now" (resident)

There was some concern as to the appropriateness of the types of units to be built and whether they would meet the needs of current and future residents. Young people in particular were against housing elderly tenants in new flats, as this they believed would add to any existing disabilities.

Participants did not support new privately owned housing developments at Castleside and Lakeside. Even though some voices were louder than others, there was a strong feeling about they saw as the unfairness of the proposals. This was described in terms of owner occupiers 'get(ting) the nice bits – as usual.' Some participants felt the potential loss of these 'nice bits' quite keenly, as the proposed development areas are currently used for recreational purposes. They believed they are essential for their sense of wellbeing and quality of life. Many young people were concerned that new housing at Canalside and Lakeside would rule out their fishing access and diminish their quality of life. Others believed that if houses were to be built in these areas then they should be of mixed tenure like the rest of Castlefields to promote social cohesion. It was suggested that Castlefields Avenue East could separate the 'old' part of Castlefields from the 'new', which was considered very negative. A third view was that Castleside would become too densely populated, a fourth – that rents would increase and new and refurbished dwellings would become unaffordable for many tenants.

Other key areas of concern related to the development phase and included impacts of the decanting process and health and safety issues. These are discussed in detail in theme 5.

Movement and linkages,

People commented on:

- Removal of part of the busway to Lake and Canal, new road to link Castlefields Ave East to remaining busway
- Shared use of remaining busway linking to new Village Square
- Improved pedestrian and cycle links
- Subways replaced by surface crossings

Improvement to roads and paths was seen as necessary and on the whole, supported. Removal of subways in particular was seen as beneficial, as it was thought that this would improve links to Astmoor, the new Mersey Crossing if it is developed and increased employment opportunities. Participants suggested that the 'gateways' to the busway would be the most natural place to develop new surface level crossings. There were mixed views about introducing shared vehicular use of the remaining busway, however it was clear that people do not want to lose

the busway and perceive it to be one of the 'good' characteristics of Castlefields.

Community facilities

People commented on:

- Removal of the shopping centre, development of new retail provision at Canalside (near Barge Public House)
- Removal of youth centre, development of multi purpose Community & Youth facilities (inc. health centre, pharmacy, library etc) and youth activities area on former school site

Without exception, removal of the shopping centre was favoured, however relocation of a 'new retail area' to the Barge Public House was seen by many residents as detrimental, removing the heart of the community, and potentially increasing car use when 'nipping' to the shops. It was also noted that to walk from the current centre to the proposed new retail site involved a steep hill that many older people would not be able to manage. Concern was expressed as to the sustainability of current small business if relocated i.e. their ability to pay higher rentals. Young people were concerned that drunken people from the pub (Barge) would intimidate them if visiting shops located there. Many had heard rumours about the contents of the Masterplan and speculated as to what may happen for example

> "they're going to build an Aldi near the Barge" (resident)

Provision of new youth facilities was supported but there was conflicting opinion as to whether young peoples needs would be best served in an all inclusive mixed age centre or separate purpose built building. Young people did not support the development of a youth facility on the former school site as it was too far away from the centre of the estate and involved crossing a main road. They had little faith in adults providing these amenities - their aspirations were low – all they wanted was somewhere to meet and somewhere to play.

There was support for a community facility that incorporated a health centre and pharmacy, preferably near the centre of the estate.

Environment and open space

People commented on:

- Redesign Castlefields centre as Village Square
- Local enhancement of Town Park
- Landscaping and open space improvements within housing areas
- Enhancement of Bridgewater canal corridor

Many peoples found it difficult to visualise the proposed changes but thought it 'sounded' all right. Actions that improved the cleanliness, safety and aesthetics of the estate were welcomed. There was a real concern that community spaces would disappear, with large swathes of green belt being turned over to housing development. Improvement to the Town

Park was supported but several commented on having already lost large areas of the park to development.

Employment

People commented on:

- 'People into jobs'
- Education strategy inc. rationalisation of 2 primary schools onto one campus
- Astmoor Review strategy

People had heard good reports of the people into jobs' initiative but none of them that we met had been involved in the programme. Increasing investment to a wider range of training and skill development was seen as essential in helping people into work Sure Start was cited as an alternative route for lifelong learning strategies to facilitate employment opportunities for young parents.

The notion of merging St Augustine's with Astmoor Primary School came as quite a shock for some and was opposed. If more families were to move to Castlefields over the next three years then remaining schools may not have the capacity to cope. In addition, young people were concerned that "people would lose jobs" (young person) ie teachers.

Overall, due to past experience participants were cautious not to raise their expectations as to the likelihood that the aspirational strategies contained within the Masterplan would come to fruition and cautioned against 'over egging the possible from the probable.'

6.2.6 Theme 5: Perception of Masterplan proposals on health and wellbeing

The development phase was perceived to have potentially many negative impacts upon health and wellbeing when compared with the potential positive health impacts after implementation of the Masterplan.

Mental health

During development

Stress was identified as a key mental health issue and was already a feature of everyday living for many. Some believed the continuation of the regeneration process would exacerbate this. A major concern was that whilst for some stress may be an acute episode in response to short term stressors (such as decanting - even with the full knowledge of what was happening, or temporary changes of familiar routes), for others it would become a chronic condition with serious implications for personal health and wellbeing, with longer term health effects. Some recognised a likely increase in health damaging behaviour such as excessive alcohol and smoking as some people struggle to cope with change and uncertainty. The elderly in particular were identified being at high risk from these stressors, with many of them not living long enough to enjoy the finished plans.

Living in a building site had been described as "a living hell" (resident - living adjacent to previous demolition and construction activity) and was

anticipated to worsen as demolition and house building progressed. Some believed that continued lack of power to influence the outcomes could further decrease levels of esteem and self worth.

Post development
Coping with and familiarisation of the changes would take time, but overall people would be happier and develop a sense of pride as to where they lived which in turn would enhance their self-esteem and self respect. They would feel safer.

Health and safety

Slips, trips, falls and accidents were identified as potential problems during the development phase, particularly for older people. Young children and teenagers were identified as being particularly at risk if able to play on building and demolition sites. Uneven pavements and potholes were identified as potential causes of personal injury.

The increase in dust was seen to effect the number of episodes of respiratory problems such as asthma and bronchitis, 'asbestos lung' with an increase in days of schooling lost for children with asthma.

It was also thought likely that there would be an increase in the volume of heavy traffic on the estate, which was known to effect asthma and other respiratory problems.

Many people raised the issue of the risk of asbestos in the air, with children being identified as particularly vulnerable and queried how it would be removed.

Social environment

During development
Many people were concerned about the potential increase in the fear of crime for vulnerable groups, for example when walking through estate, as there would be different paths and routes to use.

Decanting was a source of real concern: there were worries about starting again and having new neighbours, losing friends and former neighbours. There were also additional anxieties as to where they would be going.

Post development
Networks may be re-established or new networks formed. It was thought that it would probably be a better place and safer at night. Although some wondered whether there would be lots of strangers with the new developments.

6.2.7 Priorities identified having impacts on health, wellbeing and quality of life by community members.

Table 6.2 Positive impacts

Housing	**Sustainable employment**	**Transport**	**Environmental balance**
• Housing choice • Right choice for the people living there • Good quality design and structure houses • No flats	• Increase in educational opportunities • Investment in skill development • New Mersey Crossing has potential to create/ improve access to employment	• Road safety measure to protect cyclists especially young children • Improved reliable bus service with evening service	• Green open paces • Quieter and cleaner environment

Negative impacts

Housing	**Economic concerns**	**Environmental imbalance**	**Partnerships**
• Too close to existing housing • Too many houses at the expense of natural environment • Loss of privacy for some tenants overlooked by new build • Inappropriate design for tenant(s)	• Short term loses to jobs and leisure facilities • Any increase in rents of new properties unaffordable	• Increase in number of road vehicles • More pollution from cars • Too much built • *Loss of fishing access to lake and canal*	• Lack of honesty and openness • Unrealistic expectations • Lack of inclusion in design of houses and open spaces

6.2.6 Conclusions from community stakeholders

Recommendations from community groups and young people have been synthesised and grouped under three key headings as listed below:

Partnership working

- Develop a mechanism for greater community involvement in the regeneration process
- Develop a communication strategy that includes identifying a named contact tenants and residents can identify with
- Hold regular meetings such as question and answer sessions locally that are open to everyone not just housing association tenants Do not rely on communicating changes via tenants associations, the free press, flyers or Internet websites.

Community cohesion

- Incorporate a community garden into the Masterplan
- New tenants should be given a welcome pack to include a plan of the estate and an outline of their rights and responsibilities as tenants. A 'buddy' system should be introduced and antisocial behaviour should be penalised
- Establish a youth council to include young people in discussions of potential changes and to encourage active citizenship
- Organise away days for residents when the demolition is at its most noisy and dusty
- Guarantee a right to return to Castlefields if decamped for those who wish to return
- Ensure the community is demographically mixed
- Develop areas for young people to meet and socialise e.g. a floodlit football pitch, separate youth club and safe play areas.

Services

- Develop new shopping area near current location of shops – not by the Barge pubic house
- Integrate pharmacy within a health care centre – purpose built centre
- Place crossings where gateways to bus lanes are now
- The police should establish a rapid response policy to calls from Castlefields during the development phase in addition to increased presence on the estate
- RSLs should develop incentives to encourage tenants to take care of their dwellings and gardens
- Risks should be identified in collaboration with residents
- More leisure facilities will also create more jobs and increase inward investment
- Do not build houses on green belt

6.3 Evidence from Organisational Stakeholders and Key Informants

6.3.1 Convenience and purposive sampling methods were used to generate the organisational stakeholder groups once the sectors most likely to affected by the regeneration strategy had been confirmed. A total of 20 interviews or focus groups were conducted involving 30 individuals.

6.3.2 As indicated in earlier sections, the purpose of the focus groups and interviews was to capture the knowledge and experience, as well as the views and feelings of the stakeholders about their field of work, Castlefields, and the proposed regeneration strategy and potential effects of this on Castlefields. This was organised into set question 'themes', which were then explored with stakeholders. Evidence from this data has been extracted and is reported in the following paragraphs. It contributes to providing an in-depth understanding to living and working in Castlefields currently and how this might change with the proposed developments. The following represents the views and experience of key informants and organisational stakeholders.

6.3.3 Perspectives on Castlefields

Individuals & families

Castlefields was said to comprise of approximately 60% single, young people (mainly young men), 20% families (predominantly single parent families), and 20% older people. There are many extended families as well.

Younger people were perceived as apathetic, and sometimes anti-social. But this was seen by most to be a small minority of 'bad apples' and not a generalisation about young people. Young people in families were said to have low expectations; young women often emulating their mother's experiences, including having children at a young age. Young tenants were generally seen as a transient group, who stayed for 6 or 12 months and then moved on. It was suggested that as a client group they needed more support, which they didn't always get.

Families were said to generally like the area, see the potential and want to stay.

Older people tended to have been in Castlefields a long time and were seen, by some as more set in their ways and less tolerant.
Some stakeholders identified people who deal and misuse drugs as the main cause of anti-social behaviour on the estate.

In common with other areas of Halton, people of working age were seen as unskilled and less able to compete for employment requiring high skill levels. Historically, there was said to have been a tendency to employ people from outside the borough and as a consequence estates such as

Castlefields were said to have households with 2 or 3 generations who had never worked.

Community Life
It was widely held that there is a sense of community on the estate in particular. Some people felt this community spirit was confined to older residents, who for example regularly cared for neighbours. Others described 'wide pockets' or certain areas with usually smaller blocks where there was more social support and networks. The larger blocks such as Woodland Walk where there is a high turnover of tenants, predominantly young people (single men), was said not to have a sense of community and that a consequence of this was social isolation of people who lived there. However, it was also commented on that smaller blocks are more stable and easier to manage, but also have single, young people for tenants.

> '...there's a fear of, 'gosh, who have I got living next door to me this week?' ...they would never dream of knocking and saying, 'hello, I am your neighbour' ...they're just too frightened...'

Many examples were given of a range of different groups run by local people - food co-op, community cafe, credit union, tea dance groups, Residents Associations. However it was suggested that for many of the activities, for example, cooking classes it was only those 'in the know' that accessed them and not those that the activities really need to reach. It was remarked that only three community-led projects had been applied for to the Castlefields Area Forum. It was indicated that 29% of SRB programmes were run by the voluntary sector. In addition formal mechanisms, organised and supported by organisations, for involving residents in decision-making about RSL, Council, regeneration partnerships and other services provided in Castlefields were also described. The Castlefields Area Forum was one example given; although it was not an open meeting for the public. Some suggested that there was some ‘people politics’ between similar groups, which behaved antagonistically towards each other.

Crime
The fear of crime, as opposed to crime itself, was regularly referred to as a negative feature of living and working on Castlefields; several workers mentioned that they felt unsafe at certain times and places, but this was acknowledged to be their feelings rather than being based on any experiences. Older people were mentioned as being particularly fearful even during the day.

The media and local mis-information were partly blamed for this. However physical features of the estate, such as the 'alleygating', originally introduced to reduce the fear of crime, were also felt to contribute to a 'Fortress mentality'. The implications of this have been that people feel like prisoners in their own home and are physically and socially isolated. Attitudes were also believed to have changed, influencing how society

sees situations, for example a group of young people on a street corner is seen as a potential threat. [Police FG input].

However there were concerns expressed about the level of vandalism on the estate. It was suggested that this was perpetrated by children and young people who felt alienated and not part of the community, but from a practical point had nowhere to go and do things. There was no ownership in what they were destroying. Some felt this was partly due to a non-holistic approach, and short-term solutions, in the planning, investment and the running of the estate. Some stakeholders also said there were issues with drug-associated burglary and theft on Castlefields.

Domestic violence was reported to be a problem.

Deprivation
Halton was said to be the most deprived borough in Cheshire, with Castlefields the most deprived ward. The relative deprivation of Halton compared with other areas was said to have worsened since the start of SRB programmes in the mid-1990s. The reasons for this were seen as complex, for example, macro-economic factors, but also that other areas were improving more quickly than Halton. It was suggested that the SRB 5 budget of £23m over 7 years compared with the total annual HBC of £120m was 'small beer' and couldn't hope to make the impact needed. In addition it was mooted that the approach to regeneration needs to be grounded in evidence. It was said that the NWDA saw Halton as a target area as they are prioritising the 20% most deprived wards in the Region, which consists of two-thirds of Halton including Castlefields. However some commented that it needed to be recognised that turning around the social aspects of deprivation needs to be seen as a long-term process.

Employment
The 'Halton People into Jobs' programme was seen as instrumental in turning around employers attitudes to employing Halton people, as well as providing the training and skills development for both unemployed people and employed people who want to improve their skills.

> ' ...Processing for the 2001 Census [was] in Halton, not in Runcorn, but in Halton. When they came here they said they weren't going to advertise any jobs in Halton because they'd been told the skills weren't available...'People into Jobs' went in and convinced them... they employed 1200 full time...900 of those were from Halton.'

This has had a marked effect on inward investment into the borough and they are now starting to work in Castlefields.

There is also the Halton Employer's Charter, which encourages local employment and has ensured that many Castlefields' residents access jobs on Astmoor Industrial Estate.

It was recognised by a number of stakeholders that, for example, in the Runcorn New Town SRB 4 programme area there was a skills-

employment-training mis-match affecting the accessibility of the local workforce to jobs.

In Halton as a whole, unemployment was said to have fallen over the last few years.

Some stakeholders reported it was difficult to think of many families on Castlefields where one or both parents worked.

Education & training
Although educational attainment was reported to be low in Castlefields, St Augustine's primary school was believed to be very popular and well thought of.

There were reported to have been a number of relatively recent developments on Castlefields with a community nursery at the former Astmoor Primary School as well as a Lifelong Learning Centre. This offers for example local computer skills training but provides cheap childcare run by a community organisation.

Housing
80% of accommodation was estimated to be rented and 20% owner - occupier/private; of the rented accommodation one third is CDS Housing owned and two-thirds LHT.

There were mixed views about the deck-access flats - some saw these as outdated in design terms, but spacious and of a reasonable standard with new kitchens and bathrooms; others felt there was nothing to recommend about the flats at all.

> '...they're absolutely ugly... they remind me of an army camp, dull, grey ...I wouldn't like my mother to live there.'

A low level of voids was reported currently, but this used to be a lot higher when all the flats were available for rent. Castlefields has not been seen as a desirable place to live. However there are indications that this is turning around, as there is a growing demand for the new housing on the estate. The new houses and flats built during Phase 1 are generally seen very positively and have increased the demand for rented accommodation in the area.

It was estimated that 75-85% of tenants are on housing benefit; however it was suggested that RSLs do not want tenants who are on housing benefit as they are perceived as unreliable. There have been particular problems with younger tenants who often end up in arrears and are ultimately evicted; there is a very high turnover of this client group.

Rent and voids were described as the RSLs 'bread and butter' with a 4-week turnaround of voids - high turnover client groups or clients who don't pay their rent create problem for RSLs.

Noise in the blocks was seen as a nuisance as the sound proofing is inadequate; some saw this as a significant problem affecting the quality of life of residents.

The energy efficiency (SAP) ratings of the accommodation on Castlefields was not known or commented on by stakeholders.

A general point was made about the lack of housing stock for third and fourth generation families in new towns.

Physical environment
The landscaping and greenery of the area were regularly remarked on as a positive feature of the area. However landscaping maintenance problems were also highlighted, with cost considerations under-pinning this. Poorly maintained shrubberies were seen to be potential criminal 'hides' and contributed to people's fear of crime. As a consequence many people walked on the roads, causing another hazard.
Some however complained of the estate appearing cramped, as though everyone is on top of one another; this was even the case with most recent housing developments.

The Town Park was seen as a wonderful asset to the area.

Amenities
Amenities such as play areas for children were said to be inadequate and not ideally placed; although the three remaining sites are believed to be well used.

Similarly the Community Centre was extremely well used by local people with a packed programme of activities. It was said to provide a focus, 'the heart', of the community, but was seen as vulnerable to future cuts as no matter how cost effective it is it will never be self-sufficient, by virtue of where it is. This was not seen as a problem unique to Castlefields.

> '...We lost the ability to talk about common wealth and common good...now we are in a situation where people are not prepared to pay ... to support this kind of infrastructure...'

The quality of the shopping facilities and centre were universally seen as poor, although the central location was generally seen as positive. Some commented on the lack of retail provision for the periphery of the estate, however.

The lack of local recreational facilities was regularly commented on.

Access
In spite of the topography of the estate, access to and from Castlefields by car and by bus was seen by most as very good. The busway was particularly mentioned as positive providing quick and frequent links to Halton Lea and beyond for the large proportion of people on Castlefields without cars. However, access to secondary care services at Warrington

and Halton was seen as problematic as there is no direct bus route. This may have significant implications for patients in the future if Halton is redesignated as a 'cold' site.

> '...there is a free bus from Halton General to take people up [to Warrington] but a lot of people still find it difficult because they have to change three times. To get to Halton General they have to change twice.'

For older people and people with physical disabilities mobility around the estate was seen to be a problem due to the steep inclines of paths and roads and also because of lack of close access to their homes from a car. Access to services, facilities, goods and people were therefore automatically reduced for these people with physical isolation being accompanied by social isolation.

Services

Many services were singled out for praise by their colleagues. The Health Centre and the services provided there were seen very positively and an important focus, geographically and socially, for the community. The Sure Start programme was also highly praised and seen to have a very positive influence on the physical, emotional and social health of babies, young children and their parents, with knock-on benefits in other aspects of their lives.

> '[Sure Start] builds confidence; you see women really blossoming and the potential there. They see the world as their oyster now.'

Public transport services were also mentioned favourably, with buses being within a 5-minute walk of any point on the estate, although the timetabling of services was seen to be an issue. Currently the service starts too late in the morning and ends in the early evening; it is also too infrequent at weekends and on holidays. This was seen to disadvantage people pursuing employment opportunities, particularly shift workers. Similarly for people wanting to go out and visit people and places. However there was now a neighbourhood travel team who have a role in developing personalised travel plans to help residents access relevant transport. The Social Exclusion Unit sees this as a model of good practice.

Some stakeholders reported having community development (CD) frameworks and consultation strategies, but there were no consistent CD approaches across agencies or shared vision for this. It was acknowledged as labour intensive by all, but whereas some focused on personal support and disseminating information, others facilitated community empowerment. There were also different approaches by organisations in terms of where and when they engaged with local people. Similarly the emphasis given to this type of work varied; for example the Castlefields Health Centre had just recruited community parents to undertake CD work with the practice population. It was

remarked that only three community-led projects had been applied for to the Castlefields area committee.

A number of stakeholders mentioned the lack of local recreational facilities and services for the community to access since the closure of the secondary school with its sports centre.

Community officers working hand in hand with the police were seen to provide a valuable presence on the estate providing reassurance to local residents. Also environmental security services such as improved street lighting and CCTV were commented on.

Regeneration partnerships such as the Local City Partnership, which oversees the SRB programmes, including SRB 4 and 5, which involve Castlefields, were seen to be working well by most. It was reported that an independent evaluation of the outputs of SRB 4 and 5 programmes indicated that one third of the original targets had been exceeded, one third had been met and one third had been under-achieved. On financial targets, these programmes were, unusually, spent to time and for this year were over-committed. In terms of leverage, in SRB 5, for every pound invested by SRB, this was doubled; this compared with the aspirational leverage ratio of one to six in earlier programmes. An academic evaluation of SRB contribution towards longer-term sustainability outcomes, as opposed to outputs, is also underway. It was commented on that although there was not always a shared view of priorities between partners, there was a professional and ethical debate to reach a consensus, which was then taken forward. It was also mentioned for some partners there was a difficulty in seeing the link between health and regeneration.

> '...Some partners will look at the health projects and think 'how will they impact on the local economy?'...mightn't see the link ...between the baseline assessments on the local economy and the local health of the population.'

Some stakeholders commented that there had been instances where SRB projects originally targeted at Castlefields people had ended up benefiting other population groups; for example the community nursery associated with the lifelong learning centre was perceived to be more of a private nursery for Council officers rather than as originally intended.

The Local Strategic Partnership was said to be responsible for developing a borough-wide approach to regeneration and have shown their commitment by appointing a Director of Regeneration. However it was suggested that '... lessons of true regeneration haven't been learnt...' as there was a tendency to need to target the same areas again and again.

'... It's not just about physical improvements...need to see a change in the way that regeneration is thought about with regard to what some would say are the softer aspects of regeneration...**you need a very holistic approach**... a challenge for local authorities because it really means co-ordination...need to improve the well being and life chances of local residents, but you need to make the area where they live a nice place to live and work...[otherwise] the brighter ones ...are going to move elsewhere...or you create the cleverest unemployed people because there are no jobs locally.'

Not all partnerships were seen to work effectively. Although they were recognised as important, they were seen by some stakeholders as problematic and requiring a different style of working. In some cases it was reported that some partnership convenors had decided not to include some agencies in a particular partnership as they had no direct control for the service.

6.3.4 Perspectives on health in Castlefields

Heart disease was said to be a big health problem in the area. High levels of obesity were also mentioned in this context; childhood obesity was identified as a concern. Diabetes, contributed to by rising obesity levels, was also a significant problem, with a population prevalence of 4% and an increase in incidence of the condition (12.5% increase in identified cases in Castlefields Health Centre practice population in 2002). The increase in diabetes means an increased risk of heart disease, stroke, and other complications from circulation problems such as eye, gall bladder, and mobility problems. Concerns were expressed about the recent closure of the sports centre, the lack of alternative local recreational provision and the on-going and future health implications.

The prevalence of asthma and other respiratory conditions, particularly in children, was identified as high although the scale of the problem wasn't reported. Respiratory conditions were seen to be exacerbated by environmental factors such as air pollutants from the chemical plants, damp and poorly ventilated housing conditions and environmental tobacco smoke, as well as smoking itself. Damp housing conditions were seen to be due to accidents (plumbing leaks) and house cleaning regimes rather than poor housing design.

The access roads to housing were seen as a hazard for slips, trips and falls, particularly for older people in the winter (roads and paths not gritted promptly). Accidents in the home were seen to be primarily down to older people not recognising their limitations rather than housing design or adaptation needs; however it was mentioned that there is a waiting list for both occupational therapy assessments and adaptations.

It was reported that there was a greater prevalence of mental health problems in Castlefields compared with other areas in Halton. It was an impression of some stakeholders that with the advent of community care in the 1990s people with mental health problems seemed to have been

allocated housing in certain areas and Castlefields was one of those areas. Depression in women was particularly commented on. This was considered to be due to the day-to-day stresses of living on Castlefields together with the demands of babies and young children. However, Halton Village and other areas of the Castlefields ward were seen to be less affected than the estate itself. Family and social support was seen to be crucial in these circumstances, but often family did not live locally. Depression was said to have a significant impact not only on mothers' self-esteem but also on how they as parents care for their children. There were reported to be a lot of children with behaviour management issues; some stakeholders linked this to parenting style. Young people were also said to be vulnerable to depression; they can't see a way forward or where they fit into society.

Drug and alcohol misuse was perceived by some stakeholders to be a problem in Castlefields, however others indicated that it was at a similar level to Murdishaw and Windmill Hill. The Castlefields Health Centre's needle-exchange scheme was seen to be successfully dealing with some of negative effects of this, for example reducing infection risk and needle sticks found in public areas. There have been issues with open drug dealing from the phone box by the Health Centre. Similarly older people housed next to known drug misusers and dealers, was seen as untenable.

Teenage pregnancy rates were said to be high in Castlefields compared with other areas with the average age at first pregnancy being 18 or 19 years. There were reported to be a lot of very young mothers (14, 15, 16 year olds) who don't complete their education. It was said that these young women planned their pregnancies, not for money or a flat as perceived by many, but because they wanted something that was there's to love. There were seen to be a high level of family support and child protection needs, particularly in the early years of parenthood. Sure Start was seen to be meeting some of these support needs. Housing was described as an issue for families in Castlefields compared with other areas of Runcorn. Home safety was a particular concern.

Primary care practitioners encouraged physical activity for example through the exercise on prescription programme available at the Widnes Healthy Living Centre, but it was perceived that this wasn't well used. It was suggested that having something local not necessarily based in a sports/leisure centre might encourage those who are reluctant to exercise.

Poor diet and access to quality foods was seen as an issue in Castlefields. Fresh fruit and vegetables are available from the food co-op but not at the shopping centre. Also there was also seen to be a lack of knowledge about healthy eating, and feeding a family on a budget as well as basic cooking skills.

> 'It is about filling children's bellies at the end of the day isn't it? Whatever it is as long as they're full.'

Poor diet has also had an impact on dental health locally.
Breast feeding uptake was described as particularly low (15%) as there wasn't a culture of breast-feeding; this was put down partly to image as well as lack of role models.

> 'Getting women out of hospital breast feeding would be great but we don't even do that, we don't even get them making that decision at ante natal, we don't even get them thinking about it at school.'

Smoking prevalence at the practice population level was high at approximately 45%. It was reported that smoking cessation services had recently been introduced at the Castlefields Health Centre with a local person trained up as a smoke-stop 'buddy'.

Community mental health services are focused towards treating people with severe mental health problems, and cater less for people with moderate to mild mental health issues such as depression and anxiety.

Partnership working between some health services and other organisations delivering services on Castlefields was said to work fairly well; for example the Care and Support team at CDS and health. However this was an ad hoc arrangement. In addition the responsibility for health was seen by some as the responsibility of the health service.

Population groups perceived to be most vulnerable or at risk from suffering from poor health were children, pregnant women and women with young children, and older people.

In general terms many stakeholders recognised the role the wider health determinants, such as income played in influencing health and well being.

6.3.5 Perspectives on the regeneration proposals: an overview

In general the stakeholders supported the defined vision and objectives of the Masterplan, but were more selective of their support of the action plan priorities. Some identified the paradox between the vision for creating an 'integrated and vibrant community', the consultation process that had been adopted within organisations, as well as across the community, and the emphasis towards the regeneration of physical structures. There were also concerns about the deliverability of the strategy.

Housing
There was particular support for the demolition of the flats and building of new social housing on 'Castleside', as many had seen first hand the benefits this had brought particularly to families and older people in Phase 1. However there were some concerns expressed about the social and environmental consequences of developing green field land for solely private sector housing on the 'Lakeside'.

> 'What kind of message is that sending to people? Lump everybody together at the top of Chester Close and all around there and let's put all the nice houses down by the Lakeside. Is that land used for recreation at the moment? That's like a double whammy isn't it?'

People, community and employment
Many felt the emphasis on regenerating communities was woefully inadequate and didn't use the learning from previous regeneration programmes, national policy guidance or evidence-based project models. Fundamentally this reflected a failure in understanding the needs of the people of Castlefields.

Although it was accepted that population projections indicated a decline in the number of children, concern was expressed about the presentation of the potential merger of the two primary school sites and the lack of communication with the schools.

Infrastructure
There was also support for the demolition of the shopping centre and upgrade of shopping facilities, but the majority had strong reservations about its relocation away from the estate 'heart'.

The development of a multi-purpose youth and community centre in 'Castleside' to replace the existing youth and community centres, and the integration of these with an enhanced range of 'one stop services' such as primary health care and library services, was well supported. However it was felt important to retain the current location.

There were mixed views about the proposed youth outdoor facilities. Some thought this very positive, others viewed this less favourably suggesting it would be hard to access and seen more as a facility for Windmill Hill residents, and because of the parochial nature of communities, would not be well used by residents on the Castlefields estate.

Most stakeholders also expressed reservations about the proposed conversion of the busway to shared vehicle use and queried the effect on journey times, for example, to and from Halton Lea. They were also sceptical about the likely increase in cycling and walking amongst residents, and cited that many residents on the estate don't have cars.

> ' I don't see many people cycling and not many have got cars. I think they would worry about parking their bike up in case it got stolen.'

There was support for the traffic calming measures.

Environment & leisure
The concept of a heart of the new communities was seen as important; but it was seen as more than a physical location or the proposed structures and more about where people met and interacted.

Phasing of developments
There was considerable concern about the phasing of developments; this was seen as critical. Currently there was not sufficient information in the proposals to comment on; but, for example, it was considered unacceptable to demolish the shopping and community centre facilities in year 1 without confirmation of when they would be replaced.

Priorities
There were queries from stakeholders as to who the main beneficiaries of the regeneration proposals were: existing or future residents? There were also concerns about the priorities of the proposals reflected in the relative investments in the 4 priority areas, which wasn't felt to reflect the needs of the existing population. It was felt to be holistic on paper but not in action or investment.

6.3.6 Perspectives on the potential effects of the regeneration proposals

Individuals & families
It was reported that there would be a net reduction in the overall population living on the Castlefields estate, primarily due to the reduction in high-density social housing. The additional private sector units would not compensate for this. It was strongly held that this would primarily be a reduction in the proportion of young people on the estate; there was no indication as to where these young people might be rehoused. However a few stakeholders felt that some families disillusioned with the development process would also leave. Some felt it was inevitable that there would be displacement of certain groups.

Following on from the private-sector housing developments, it is likely that the population would increase again, but there would be a shift in the population profile with a greater proportion of young families than previously. A few stakeholders indicated that there would also be a shift in the socio-economic status of the population with the arrival of more affluent families.

Community Life
There was concern about the potential break up of community networks, particularly between older people and young families, which would have a negative impact on community life on Castlefields. However, some stakeholders also felt that there would be an increased pride in the area, which would also impact positively on how they thought about their community and themselves.

Crime
During Phase 1 it was reported that there had been a number of criminal incidences; for example arson, theft of contractor equipment and vandalism of derelict properties. From this experience there was concern that these negative impacts would also occur during the next stages of the developments.

It was believed that general environmental improvements, such as cutting back hedges and shrubs, and improvements in street lighting would have a positive impact on reducing the fear of crime, particularly in older people. This may also help to reduce the social isolation of this group by making them less fearful of going out. Similarly removal of the underpasses was seen as positive.

Stakeholders cautioned against introducing the same alleygating around new houses as it had an imprisoning effect on residents.

Deprivation and Economy
No comments were made specifically on the impacts of the regeneration proposals on deprivation; however a few stakeholders indicated that there was a known evidence base on the beneficial effects of mixed tenure area on the local economy and welcomed this.

Some comments were made about the obvious negative impact the proposed changes to the shopping centre would have on businesses currently located there. Comments were also passed on the potentially detrimental impact on businesses at the Barge.

All key informants mentioned the importance of participation by those communities targeted for regeneration, and of holistic approaches.

> 'The natural thing is to look for ... a sort of amelioration of conditions, which may be at the expense of doing something longer term, which has more chance of both being sustainable ... actually changing more life chances as distinct from cosmetic changes.'

Employment
In the short term there would be an increase in local construction jobs on the estate. However based on the experience from Phase 1 there were only a handful of labouring jobs that were taken by local Castlefields people and local sub-contractors tended not to be used as they were perceived not to have the right skills. As such stakeholders were sceptical that Castlefields people would benefit from employment opportunities.

Although the excellent track record of the 'Halton People into Jobs' programme was acknowledged, it was pointed out that for many long term unemployed people on the estate they did not have the necessary skills and more fundamentally the self-belief that they could do the jobs currently. Getting people across the front door was major challenge.

Several stakeholders commented on the importance of the new Mersey Crossing as instrumental to increasing inward investment to the Astmoor estate and ultimately employment for Castlefields people. However this was several years away and it was also believed that these jobs would be more likely to be taken by the new, better-qualified Castlefields residents rather than current residents. Other factors influencing the ability of existing estate residents to take up job opportunities, such as public transport needs, did not seem to have been considered adequately.

Education and training
Few remarked on the effects of the strategy on improving education attainment.

Some commented on the importance of good schools in attracting families to move to an area. It was felt that the approach to announcing the rationalisation of primary schools or their accommodation in Castlefields was poor, although it was acknowledged that there was falling primary school age population.

Housing
At the development stage most stakeholders recognised the negative effects of the development phase of the housing projects; but they acknowledged 'you can't make an omelette without breaking eggs'. There was genuine concern, particularly from front line workers, about the negative impact of the decanting process on residents, particularly older people. Although it was extremely rare ('a handful') the effects of double decanting were said to be 'a killer' by one stakeholder.

The co-ordination of and communication about the decanting process was seen as critically important. Change in itself was seen as very unsettling. Experience from Phase 1 showed that this could have a devastating effect on residents, particularly vulnerable groups. It was also mentioned that the criteria for rehousing, and the prioritisation of households for new accommodation appeared discriminatory.

> 'People who had been in the flats for only three years...got new build and he'd been there at least twelve...I felt that perhaps he got left behind because... he had mental health [problems]...it made him become quite unwell through neglect.'

Many stakeholders expressed concerns about the demolition process, the mess and the state of chaos on the estate. Some mentioned the hazards associated with the demolition and construction process for workers and residents, for example, asbestos and other hazardous materials, children who accessed unsecured sites to play in sand and with equipment. There was also the negative impact of residents and workers not being able to get around the estate or even access to homes because of contractor traffic; this was reported to have been experienced in Phase 1.

It was acknowledged by most stakeholders that the rehousing of residents in new houses would be very positive especially for families who would have a garden of their own and more room. It was felt that there could be some negative impacts, however. For example, older people enjoyed the casual social interaction of a chat at the front door; some of the new flats only had a corridor, which didn't allow for this and could make them feel quite lonely. There were also the minor 'snagging' problems, which were mainly a frustration for residents, but had financial and workload implications for housing trusts and contractors. Although housing association rents were said to be capped, it was mentioned that it was likely that tenants would have higher total rent costs because of additional amenity charges. There were also comments about the ' 'cramped' planning of some areas with houses 'on top of each other' and blocking views.

The net reduction in housing, particularly social housing was raised by some stakeholders as a negative impact. Although most saw the introduction of mixed tenure accommodation as positive the idea of having clearly defined private/social-housing areas was not welcomed. The social ramifications of this were of considerable concern. The term ghettos were used on a number of occasions.

Physical environment
The majority of stakeholders were very concerned about the negative short to medium term effects of the various developments on the physical environment. There was the potential for they're to be considerable noise, mess and upheaval particularly for those living adjacent to any works. The planning, site management and enforcement of contracts were thought to be crucial.

General environmental improvements to the estate were thought to be positive by enhancing even further the aesthetic features of the area, as well as increasing other benefits such as safety and the fear of crime. The improvements in the physical appearance of the housing were also thought to be important in improving the visual impact of the area.

However there were mixed views on the appropriateness of building on green field sites transforming it from a semi-rural to semi-urban area. Some expressed strong reservations suggesting that this was in effect withdrawing a natural asset from the existing community, and giving it to those who could afford to live in the new private housing. It was said that the potential resentment would be palpable. Others felt this was an acceptable trade off if there was to be investment in the reclaimed brown field site to make it at least the same quality as the lost green field area.

There were also concerns expressed about the potential increase in road traffic particularly from cars and the effects this would have on air quality, as well as the effect the traffic would have on pedestrians from Castleside's ability to access places such as the Town Park separated by main roads.

Some commented on the need to develop 3-dimensional plans not 2-dimensional, taking account of height and the visual effects of the proposals.

Amenities
Some stakeholders mentioned potential benefits from the multi-purpose community & youth facility if it were able to provide local exercise facilities, which are currently not locally accessible; similarly comments were made about the library service. It was also thought that the multi-purpose centre could potentially improve the integration, co-ordination and partnership working between agencies if they were all housed under the same roof. The central Village Square location of the centre was agreed to be the most appropriate. Some stakeholders commented that it was important not to withdraw facilities without clarifying alternative arrangements; this has a direct bearing on the proposal to demolish the community and youth centres without confirmed funding.

The demolition of the shopping centre was seen as a negative impact without the simultaneous development of the new shopping facilities. Most stakeholders felt that the proposed move of the shopping centre to the Barge pub site would have a negative impact on the majority of Castlefields estate residents, reducing access to basic goods, and not addressing issues of social isolation. Although they acknowledged the introduction of at-grade pedestrian crossings, they still maintained that there would be an increase in the risk of road traffic accidents, particularly of children who would be less likely to use these crossings. It was also seen as adding to the alienation between communities.

The youth outdoor facility was welcomed with some reservations about ownership, access and organisation (young people don't want to be organised).

Access
Many stakeholders considered any reductions in the availability of buses to Castlefields residents would be detrimental; the timetabling of buses should be extended and direct destinations increased, for example to Halton General and Warrington.

Concerns were expressed that not enough thought had been given in the planning and design of the estate to the needs of older people and people with mobility problems, for example for disabled parking, which has the potential of making these people feel even more isolated. In addition it could also have significant impacts on the service outputs, for example health service access targets if patients cannot readily access the health centre and need home visits.

Traffic calming measures were well supported and were thought to have a positive impact by most stakeholders. However many thought there would be an overall increase in road traffic around the estate, both during and after the development. It was queried whether the potential increase

in incidence of road traffic accidents would be offset by the traffic calming measures.

Services
There was concern from some stakeholders about the effects that restricted access on the estate would have for service vehicles, especially health and emergency services; this was relevant to both construction and operational phases.

6.3.7 Perspectives on the potential health impacts of the regeneration proposals

Mental health and well being
Several stakeholders reported observing three dimensions of adverse psychosocial health effects on the population as a whole resulting from development process on the estate adopted for Phase 1.

Firstly, the negative impacts of prolonged uncertainty on the 'stress' of people - knowing things were going to change, for example where they lived, but not knowing what or when or who was going to be affected.

Secondly, they reported that once people were aware of imminent changes these feelings of uncertainty were replaced by feeling they weren't in control of what was going to happen to them; they felt they had no control over decisions that were affecting fundamental aspects of their lives. This particularly affected residents who were being decanted or who were close to the demolition and construction areas.

Finally, once the developments were underway there was mistrust and fear of the unknown - the 'they didn't tell us everything before, so what are they keeping from us now' syndrome. In the short term these feelings were often manifested in increased anxiety, anger and aggressive behaviour, and by low self-esteem. For those people subject to major life events, such as moving house, or long term stressors, there is also an increased risk of psychological illness.

It was reported that following previous consultation experiences, organisations wanted to 'manage expectations' and the best way judged to do this was to maintain close control of the consultation process. There were significant concerns raised by many stakeholders that the negative impacts experienced in the earlier stages of the development process were very likely to be compounded in subsequent stages as the involvement process was considered to be very superficial, insincere and fragmented.

> 'We went up there as professionals and there was nobody really around that you could speak to...I wondered if as a resident... you felt you could say 'hey what's going on here?'

This in turn would have a negative impact on engagement in other aspects of the regeneration programme.

Some stakeholders expressed concern about the lack of co-ordination between agencies about the decanting process; during Phase 1 there had been cases where residents had moved but their package of care had not followed them as no-one had informed the care provider about the move.

It was believed that the reduction in crime and the fear of crime would have a beneficial impact on the psychological health of the community.

Physical health and well being
Some stakeholders and the key informants acknowledged that, in the post-construction phase, the improvements in the quality of housing would have a positive impact on the physical health of residents. Other positive impacts included the health gains from gaining employment. There were mixed views about the impact of the implementation phase on road traffic accident rates and deaths or serious injuries, as there was the implication for increased traffic on the estate which may not be compensated by increased traffic calming or pedestrian crossings measures. It was generally accepted based on experience and wider evidence that the construction phase would see an increased risk of accidental injuries, traffic and work-related.

7. IMPACT ANALYSIS

7.1 Introduction

7.1.1 Data from the profiling, policy analysis and from the fieldwork have been collated and analysed to identify evidence of the potential health impacts of the Castlefields regeneration strategy proposals on the population. Over 40 interviews and focus groups were conducted with community and organisational stakeholders, as well as with key informants, independent witnesses with expertise in regeneration or regeneration and health.

7.1.2 The matrices below define the *Potential Health Impacts* of the scheme on different health determinants and their subsequent effect on health outcomes (the impacts on health status are described after the impacts on health determinants and follow the arrow symbol). The *Direction* indicates whether this impact is a health gain (+) or loss (-). *Scale* is a measure of the severity of the impact (in terms of effects on mortality, morbidity and well being) and the size/proportion of the population affected - is represented by the number of symbols as follows:

Severity/population proportion	High	Medium	Low
Death	---- or ++++	--- or +++	-- or ++
Illness/injury	--- or +++	-- or ++	- or +
Well being	-- or ++	- or +	negligible

7.1.3 The *Likelihood* of impact describes the probability that the impact will occur. The likelihood can be definite (in the case of retrospective assessments, that is where the project has been partially or fully completed), probable, possible or speculative - which in turn relates to the strength of the evidence. Where there is a close correlation between evidence from all data sets (which includes published literature and information from stakeholders/key informants), this is regarded as strong evidence. In addition to the analysis of the potential health impacts on the population as a whole, the potential impacts on health inequalities are also discussed.

7.1.4 In addition to the analysis of the potential health impacts on the

Castlefields population as a whole, the potential impacts on health inequalities are also discussed; this looks at impacts at estate level, as well as for vulnerable population groups within the estate.

7.1.5 The impact analysis considers:

- The strategy development process
- The construction/development phase of the strategy
- The operational phase of the strategy
- The strategic focus and priorities

7.2 The Strategy development process

7.2.1 There was evidence to indicate that there had been poor engagement of Castlefields residents in the regeneration strategy development process. The prolonged uncertainty and lack of control over decisions about their lives was already having a dramatic effect on many people who live on the Castlefields estate. Similarly, there was evidence that this lack of engagement applied to people who worked in the area with indications of work-related stress resulting from front line workers being confronted by residents demanding information about the proposals.

7.2.2 Although the membership of the Castlefields Steering Group was quite comprehensive, key agencies such as Halton Primary Care Trust (PCT) were not partners to the development of the strategy proposals. This was in spite of the implications for health care delivery in the area as well as the shared local government and health objective to improve health and well being.

It was apparent that there was a lack of understanding by some senior organisational stakeholders of the relationship between health, well being and regeneration. This was surprising in view of health being one of Halton Partnerships key strategic objectives.

It was also evident that members of the Castlefields Steering Group had different perspectives about the level of risk associated with the different strategy priorities, indicating a lack of shared ownership of the strategy. Currently just over a quarter of the required income is confirmed. Some believed there was a low risk of the strategy not being delivered in its entirety; others believed that it represented a higher risk. Particular concerns were expressed about the phasing of the strategy delivery.

7.2.3 Evidence from the Castlefields 2003 (Halton, BC et al, 2003b) strategy documentation, as well as other under pinning local policies such as a Community and Neighbourhood Renewal Strategy for Halton (Halton Partnership, 2002), describe the importance of developing 'sustainable communities' with key stakeholders, including residents, driving the regeneration process. This was emphasised in the brief for the drafting of the regeneration strategy proposals. The vision statement of the proposals reiterated the themes of developing an inclusive community and improving their environmental, economic and social well being.

National policy guidance on building sustainable communities also emphasises the importance of:

> '...effective engagement and participation of local people, groups and businesses in the planning, design and long-term stewardship of their community and an active voluntary and community sector'.
>
> ODPM, 2003, pp. 5

as a key requirement. There are many other national policy drivers that have community involvement at the heart of policy development, implementation and review, including Local Government Act 1999 (Part

1, 2, and 3), Preparing Community Strategies: Guidance for Local Authorities (DETR, 2000), National Strategy for Neighbourhood Renewal: Action Plan (SEU, 2001). In addition the importance of partnerships and integrated policy planning has been stressed within these policies and others, for example Local Strategic Partnerships (DETR, 2001), Public Service Agreements (DETR, 2001), the Health Act 1999, the NHS Plan (DH, 2000) and Shifting the Balance of Power (DH, 2001, 2002).

These policies are underpinned by an extensive evidence-base that asserts for effective, sustainable improvements in a community's health and well being, active involvement of all stakeholders is essential. There is also evidence from the literature of the psychological effects of low control/low decision-making environments, which are further exacerbated by low social support. Lack of control by residents in housing moves was identified as a significant source of stress (Allen, 2000).

It appears that whilst there is synergy between national and local policy documents, this is not being translated into policy planning practice.

7.2.4 There are potential impacts associated with the:

- Lack of community engagement
- Narrow partnership and lack of shared ownership
- Policy/practice variance

There is strong evidence to indicate a disengagement of the wider Castlefields population from those who serve them. People living on the Castlefields estate are already manifesting symptoms and signs of the psychological effects of living in disarray, feeling they have no control over decisions and prolonged uncertainty, including increased anxiety, anger, mistrust and low self esteem. This is quite widespread. There is also increased risk in the medium to long term of psychological ill health.

It is clear that whilst there is some community engagement in formal decision-making processes other than the regeneration strategy, this is not optimal. This has been assessed to be because of:

- the lack of an ethos for community involvement within and between organisations
- the existing mechanisms used to involve communities
- the apathy, mistrust and disillusionment of communities

What is also clear is that without the on-going engagement of the existing Castlefields community the success in regenerating the area will be significantly reduced. For example many of the root causes of social exclusion appear not be understood; as such the context, and so the proposals, of the regeneration strategy, are flawed.

The lack of shared ownership of the strategy proposals, as suggested by differing views on the confirmation of funding, by the members of the Castlefields Steering Group indicate another potential risk to the successful delivery of the Strategy. This is highly significant. The impacts

of the narrow partnership focus also relate to the appropriateness of the regeneration proposals.

The policy/practice variance has the potential to add to the mistrust of policymakers that already exists in Castlefields as well as other areas of Halton. It also suggests issues with accountability, co-ordination and the delivery of policy within Halton Partnership.

Table 7.1 Strategy Development

Potential Health Impacts	*Direction*	*Likelihood*
Population - Castlefields ward		
Poor engagement across population population disenfranchised from policy-makers	-	Definite
Health Inequalities - Castlefields estate residents		
Poor engagement on Estate Prolonged uncertainty, lack of control/involvement in decision-making process, fear of unknown short term effects on psychosocial well being: anxiety, anger/aggressive behaviour, mistrust, poor self-esteem.	--	Definite
Increased risk over medium to long term of psychological ill health.	--	Probable

7.3 The construction/development phase of the strategy (2003-2006)

7.3.1 Castlefields ward

Evidence from stakeholders based on their experience of the Phase 1 development, and from key informants, indicates that at the ward level there will be net reduction in the population as the net number of housing units decreases during demolition and people move out.

Similarly, although the construction work is focused on the Castlefields estate, access to and from the estate by contractor traffic will inevitably affect other areas in the ward especially those close to the estate.

There was evidence from some community stakeholders and key informants that selective investment into some neighbourhoods without a borough-wide context for this can lead to alienation and resentment between communities.

An outcome of the net population migration out of the ward of mainly single, young people many of whom are unemployed and in receipt of housing benefit, is an improvement in the deprivation score of the ward. It is noted that this is a target of the Halton Corporate Plan (Halton BC, 2001).

7.3.2 Castlefields estate

Individuals and families

There is strong evidence from stakeholders and key informants that with the demolition of the flats many single young people will leave the area. This will reduce the proportion of low-income households and households claiming unemployment benefit on the estate, indicators used in the Index of Multiple Deprivation scoring. It was also suggested that with the net reduction in households, it was probable that households known to be anti social or otherwise regarded as 'problem' households would move off the estate. It was however unclear where these households would relocate. This displacement or shifting 'unwanted' groups within Halton or elsewhere is an important issue. The documentary evidence of the impacts of the removal of 'unwanted' groups from an area by stealth is poor, but considered significant.

Community Life/Social Support

Various epidemiological studies (Berkman & Syme, 1979; House et al, 1988; Stewart-Brown, 1998) show that social support - the extent and support of personal networks - can protect against premature mortality, prevent illness, and aid recovery. Social support works either directly by promoting well being, or indirectly by buffering the adverse effects of stressors. Low levels of social support have been linked to increased mortality rates from all causes: people with few social contacts may be at more than twice the risk of those with many contacts. Evidence indicates that lack of social support can increase mortality from heart disease by up

to four times (Greenwood et al, 1996). In addition depression and lack of social support have been shown from systematic reviews to be independently associated with increased risk of coronary heart disease (Hemingway & Marmot, 1999). Social networks, integral to social support, are a vital part of social capital, described as the 'glue that holds societies together' (Grootaert, 1998). However in addition to these personal interactions are the links with institutions, and the distribution of power or social control. The World Bank has described this as the 'missing link' in social and economic development.

The documentary analysis and organisational stakeholders revealed that there was no formal community involvement strategy promoting community engagement in decision-making and the development of social networks and social support. On the ground although there are pockets of well-developed social networks, this is not estate-wide or for all population groups. Some vulnerable groups, for example people with mental health problems were particularly isolated. Similarly, there are a range of groups and organised activities, but these are only accessed by those 'in the know'. The limitations of these social networks are assessed to be due to:

- Low self esteem, poor confidence, depression and anxiety from large sections of the community
- Physical isolation away from established networks (families and friends)
- Physical aspects of the estate, eg estate design, features of large, deck access blocks, poor maintenance on the estate's paths, highways and landscapes (fear of accidents, crime)
- Social factors, eg inappropriate housing allocation, perceptions of the estate by residents themselves (unsafe, fear of crime)
- Low priority of community involvement by some agencies

Social networks in Castlefields have been observed to be helped by:

- A supportive culture between neighbours
- Smaller, more personal neighbourhoods
- Focal points for community activities and meeting, eg community centre and cafe
- People-centred ethos and practice by organisations, eg health centre

It is apparent from historical local evidence and from evidence elsewhere that (Thomson et al, 2002; Hirschfield et al, 2001; SNAP, 2000; SEU, 2000) during the demolition and construction phase there will be widespread disruption of social networks and community involvement with a definite impact on psychosocial well being.

For vulnerable residents, such as people with mental health problems and older people, the impact on mental health may be more profound, especially if this is exacerbated by poor co-ordination of the decanting process, such as repeated cancellations, short notice or no information of the move date.

The reduction in safe play areas for children during the demolition work will be another barrier to children, parents and carers interacting, as well as providing hazards.

The removal of community facilities will also detrimentally affect community involvement and networks. There are more significant long-term implications if the proposals to demolish the community centre without confirmed funding for its replacement go ahead.

Social Support was identified as a high priority for improving health, well being and the quality of life of people currently living in Castlefields.

Crime
There is a growing literature of the impacts of crime and the fear of crime on psychological distress and ill health as well as social well being. Psychological distress ranging from reduced self-esteem, increased depression and anxiety, to behaviour disorder and suicidal tendencies have been associated with different types of crime. Norris and Kaniasty (1994) showed that victims of crime in addition to the psychological affects also developed avoidance behaviours (not going out) as well as an increased fear of crime. The fear of crime can profoundly affect the quality of people's lives causing mental distress and social exclusion. It often exceeds the actual risks of being victimised and is not necessarily the result of previous victimisation. Evidence from the British Crime Survey indicates that women and older people tend to be more worried about crime (Mirrlees-Black et al, 1996), but are less likely to be victims of street crime. There is some evidence (McCabe and Rane, 1997) that crime also affects other aspects of behaviour, such as sleeping, alcohol consumption and the use of health services.

Evidence from community and organisational stakeholders strongly suggests the demolition/construction of the Phase 1 development was affected by opportunistic crime on the building sites (theft, vandalism) and also in un-demolished flats (arson, vandalism). Without remedial action there is a high risk of this happening again. This will undoubtedly increase the anxiety and fear for safety of the crime victims, but also the wider community (McCabe & Rane, 1997). It is also assessed that with the upheaval and the stress associated with this phase there may be an increased risk of domestic violence incidences.

Deprivation
There is an unequivocal evidence-base which can be traced back to the 19th century that shows the association between deprivation and health: more affluent populations live longer and enjoy better health than those who are less advantaged. For both mortality and morbidity there is an association with an individual's socio-economic circumstances, measured by occupation, housing tenure, car ownership, employment status, education and income (ONS, 1997 a GHS). There is important evidence that clearly shows the strong link between low income and poor health outcomes. For example households with an income of £200 per week or

less have significantly higher rates of self-reported ill health compared with households with incomes of £350 per week or more (ONS, 1997 b HI). More recently, international studies (Wilkinson, 1996) have shown the importance of income distribution and health: where there is a small difference in the income range across a population, health tends to be better compared with when there is a larger difference. This indicates the importance of relative incomes in a population. Groups particularly vulnerable to the impacts of poverty are children and older people.

It is clear that even at the demolition phase of the development there will be an improvement of the ranking of Castlefields as measured by the Index of Multiple Deprivation. This will be because of the change in the population demographics and the demolition of poor housing. It was assessed, however, that other key socio-economic characteristics, such as income, educational attainment, employment, and access to key services, of the remaining population, would remain largely unchanged. As such the long term health outcomes of this population will also be largely unchanged. As previously mentioned, the target to improve the deprivation score of the Council from 18th to 30th was noted.

Although it was reported that RSL rents have been capped and so there would be no increase in rent for the new properties, it was mentioned that utility costs would rise during the development phase. This will impact on the net disposable income of families. For poorer families this is likely to effect basic things such as diet. They may also choose not to heat their homes in order to reduce the utility costs.

Unemployment/Employment
The health benefits of unemployment have been reported in many studies. An effect is found even when social class and behavioural factors such as smoking are taken into account. The British Medical Association reported that male unemployment causes three excess deaths for very 2000 unemployed men. The Acheson Report (1998) found that unemployed people had lower levels of psychological well-being, ranging from depression and anxiety to self-harm and suicide. Gerhsuny (1994) and Bartley et al (1999) showed that improvements in psychological health were not immediate on their return to employment. A recent review of a number of studies showed a higher prevalence of ill health and excess mortality for both men and women who are unemployed (Bartley et al, 1999). Interestingly, Gallie et al (1994) found that unemployed people whose social networks largely consisted of other unemployed people found it 'more difficult to escape from unemployment itself.'

Although employment is seen as the single most effective way of tackling poverty and social exclusion for those people able to work, caution is needed when encouraging inward investment into deprived areas. Bennett et al (2000) found that companies attracted to regeneration areas tended to have workforces of temporary, part-time and non-unionised workers willing to work very flexible hours for low wages. There is a

growing literature of the psychosocial health impacts that this can have on workers (Institute for Employment Research, 2000).

The Masterplan document (Halton BC, et al, 2003) indicates 300 jobs (including construction) would be created or safeguarded during the programme. Evidence from stakeholders indicates that whilst there may be an increase in temporary employment for residents from construction work on the estate, this is only likely to be on a small scale (less than 10 in Phase 1) and in unskilled positions. It was suggested that this was due to a skills deficit in the community. Similarly sub-contractors were generally from outside Halton for the same reason.

The Economic Development Strategy (EDS) identifies many of the key barriers to employment in Halton. had made. However it was still unclear in the Masterplan what specific measures other than the 'Halton People into Jobs' project and the Astmoor Review were going to be taken to increase employment opportunities for existing Castlefields residents. For example what new employment opportunities, from when, where, what type of jobs? Fundamentally:

- although the budget associated with this element of the regeneration programme was low, it was unconfirmed and deemed insecure
- there was no mention of 'supportive employment opportunities', that is how the specific needs of the long term unemployed/people returning to work and vulnerable groups within this, would be met eg Sure Start, ILMs, community enterprises
- this did not appear to be a high priority in the Masterplan

As such although there may be some increase in employment on Castlefields, and benefits to the health and well being of those individuals, it was assessed as a high-risk area of the Masterplan.

Employment was identified as a high priority for improving health, well being and the quality of life of people currently living in Castlefields.

Education & Training
Low levels of educational attainment are closely related to poor adult health (Marmot et al, 1997). Education influences health through socio-economic status, occupation and also lifestyle.

Although some stakeholders mentioned the new training facilities and opportunities available at the Lifelong Learning Centre, it was mentioned that it didn't appear to be well used by Castlefields residents. Clearly in view of the education/skills deficit identified in the EDS and by stakeholders and the effect this will have on employability of the community (able to compete successfully in the job market), this is a gap in the Masterplan.

Education and Training were identified as a high priority for improving health, well being and the quality of life of people currently living in Castlefields.

Housing
Several reviews have pointed to the links between poor housing and health (Thomson, 2002; Lowry, 1997; Best, 1995; Burridge & Ormandy, 1993). This includes impacts on physical health - accidental injury, allergic and inflammatory lung diseases, gastro-intestinal and other infections, stroke and heart attacks - and psycho-social health - anxiety, depression, aggressive behaviour. The housing factors associated with health variation are:

- housing tenure
- outdoor temperature/ cold homes
- indoor air quality
- dampness & hygrothermal growth
- housing design

Other factors such as moving house, temporary accommodation, and overcrowding also impact on health.

Evidence from a systematic review of housing and health research emphasises the stressful, health-damaging life-event moving house can be (Thomson et al, 2000); lack of control was a significant source of stress. The experiences of stakeholders also showed this. In addition some stakeholders reported the effects of poor co-ordination of the decanting process on residents' mental health. This was most serious where there was poor co-ordination between agencies over the decanting process of vulnerable residents, for example those with care packages, and the care package did not follow the patient.

The Social Exclusion Unit's Housing Policy Action Team (PAT) literature (2000) describes the effects demolition can have on social networks. Some stakeholders indicated that there would be a reduction of social housing on the estate; this was supported by research: for every ten dwellings demolished only six are replaced (SEU, 2000). However there was conflicting data from the Masterplan which suggests a gain of 111.

The demolition process (Jewell, 2000) and stakeholders evidence indicates the effects on social support. However there was no evidence available from organisational stakeholders concerning whether this and for example the principles set out in 'Rethinking Construction' had been considered.

It is likely that there will be accidental injuries associated with the construction phase of the development (HSE, 1997). However although this means there will be an increase in construction-related injuries in the area there is no evidence to suggest that this would be more than expected of a relatively small construction site. Based on experiences in Phase 1 and elsewhere (Winters, 1997) there may also be accidental injuries to people not working on-site, for example to children. This together with the disarray, mess and general inconvenience of the construction work over a number of years could have quite a detrimental effect on some residents' mental health.

Housing was identified as high priority area for improving health, well being and the quality of life of people currently living in Castlefields.

Physical environment
Liveability issues such as cleaner streets, improved parks came in the top four in response to 'what would most improve the quality of life in your area?' (MORI, 2000). Similarly although community stakeholders generally praised the open space and landscaping, many felt it was not maintained as well as it might. It was recognised based on experience from Phase 1 that without remedial action the mess and encroachment of the construction works onto communal spaces, such as parks, would happen again.

Amenities
There is evidence of the negative health impacts of the closure of valued amenities from key informants and the literature (Thomson, 2003). The effects are primarily from the removal of social contact, which has implications for psychosocial health. For children, this may also affect their physical, emotional and social development.

During the development phase, based on previous experience of residents, it is likely that there will be access difficulties to the shops, health centre and community centre, as well as parks and play areas. Residents were concerned about the lag in the closure of the youth centre (2003) and the opening of the new facility (2004/5); concerns were also expressed about its location. In addition to the withdrawal of somewhere for young people to meet, it potentially leads to groups of young people 'hanging about' which many older people find intimidating. They would need to be reassured that the demolition work of the community centre and shops would coincide with the opening of new amenities. The Masterplan outputs of 2 new or improved community facilities were assessed as high risk.

Access
Transport in its various forms provides access to work, goods and services. It also impacts on health positively and indirectly by facilitating social networking (Acheson et al, 1998).

Mobility around the estate will be compromised during the demolition and construction, particularly for older people and people with physical disabilities. This may affect their access to basic goods and services, as well as their ability to maintain social networks.

Access to areas off the estate may also be affected, for example by slower journey times as diversion routes are put into operation.

Services
The 1991 Census showed that people living in housing association or local authority accommodation were four times more likely to have no access to a car compared with owner-occupiers (ONS, 1992). Lack of access to transport is experienced disproportionately by women, children, older people, disabled people, people from black and ethnic minority groups, and people with lower socio-economic status (Acheson et al, 1998). The impact of this includes limitations to work and training opportunities, higher prices and a restricted range of goods to people unable to easily access supermarkets. Public transport fares have risen by one third since 1980 compared to a 5% decrease in motoring costs (at 1998), affecting people on the lowest incomes.

The public transport services were well supported by many community stakeholders. As such there was concern that the construction work as well as the proposals for removal of the part of the busway and its conversion to shared use, would detrimentally affect these services, for example, slower journey times, so reducing access to and from the estate. This proposal appears slightly at odds with the LTP (Halton BC, 2000), which is extending the bus-only Runcorn busway.

The evidence-base for social support and health has previously been described. It is probable that with the withdrawal of the community centre there will be an associated impact on community development services, with a knock-on impact on social networking and health.

The evidence-base for education and health has been discussed earlier. The review of the primary school facilities and provision although highly contentious is important for both current and future generations. It needs to be handled extremely sensitively. The impacts of the review will probably adversely affect community morale.

The importance of partnership working has already been mentioned in the previous section. It is assessed that there will be some enhanced partnership working during the implementation of the Masterplan, however this may not be maximised to its full potential.

7.3.3 Health Inequalities

It is clear that there will be a differential distribution of impacts across the Castlefields ward, whereby people living on the Castlefields estate will be subject to a greater range, scale and severity of negative impacts during the demolition and construction phase of the Masterplan than elsewhere in the ward. In addition, within the Castlefields estate there will be certain population sub-groups who will be more disadvantaged than others during this development phase. Those groups identified as being most at risk of a disproportional scale and severity of negative impacts are:

- Older people - social support/isolation, fear of crime, disposable income issues, access, reduction in services and amenities, decanting
- People with mental health problems - social support/isolation, fear of crime, decanting, lack of continuity of care
- People with physical disabilities - access, social support/isolation, decanting
- Women - social support/isolation, fear of crime, decanting, reduction in services and amenities
- People on low income - disposable income issues, decanting/move, social support/isolation
- Children - safety, access, physical environment, reduction in services and amenities, decanting

7.3.4 Potential impacts

Table 7.2 Construction/Development Phase (2003-2006)

Potential Health Impacts	*Direction*	*Likelihood*
Population - Castlefields ward		
Improvement of deprivation score for ward	+	Probable
Net reduction in population	-	Probable
Some disruption from contractor traffic/works	-	Definite
Some resentment towards investment on Estate without clear borough-wide approach to regeneration	-	Probable
Health Inequalities - Castlefields estate residents		
Individuals & families		
Change in population composition due to housing demolition, outward migration:		
Reduction in single, young people with demolition of flats		Probable
Reduction of low income households, households claiming housing benefit		Probable
Removal of 'problem' households from Castlefields to unknown locations, shifting problems across Halton or elsewhere		Probable
Deprivation		
Change in population composition, demolition of poor housing improvement of deprivation score	+	Probable
Community Life/Social Support		
Social support impacts on health outcomes directly and indirectly - reducing risk of all cause mortality, heart disease mortality, ill health, mental health development and child development		
Poor co-ordination of decanting isolation of families increased anxiety, fear for safety	---	Definite
Disruption of social networks reduced social support short term reduction in psychosocial well being	-	Definite
Reduction in safe play areas for children increased risk of accidents on insecure construction sites, with contractor traffic	--	Definite
Lack of facilities to meet, hold community activities reduced social support, community involvement	-	Probable
Crime		
Crime and the fear of crime impact on psychological distress and ill health, and social well being		
Short term increase in opportunistic crime on building sites, undemolished flats (vandalism, fire) increased anxiety, fear for safety	--	Definite
Increase in domestic violence with increased anxiety in family circumstances	--	Speculative

Employment		
Employment is 'health enhancing', associated with reduced risk of premature mortality (3 excess deaths for every 2000 unemployed men), physical and psychological ill health		
Increase in short term construction jobs on Estate	+	Definite
Some increase in employment for residents	+	Speculative
Education & Training		
Education attainment is associated with better health in adult life, primarily as a result of effects on occupation and income levels, but also lifestyle choices		
Some increase in education and training attainment for residents	+	Speculative
Housing		
Poor housing is associated with poor health, eg damp allergic and inflammatory lung diseases, design accidents, falls, older/unmodernised housing cold hypothermia, 'fuel poverty', housing environment psychological distress, temporary housing psychological distress, accidents, infectious illness		
Decanting increase in anxiety	---	Definite
Poor co-ordination of decanting process with residents severe anxiety	--	Definite
Poor co-ordination of decanting process between agencies health/socialcare packages not provided	---	Definite
Poor construction site management/enforcement of contract standards eg damping down, maintaining secure site, access to homes accidents, chronic anxiety	---	Definite
Physical environment		
Poor aesthetics during construction work increase in depression, reduced quality of life	-	Probable
Amenities		
Reduced amenities, eg shops, community, play areas reduced access to basic goods and services	--	Definite
Access		
Reduced mobility with construction works increased social isolation	--	Definite
Difficulty accessing public and private transport during construction works increased social isolation	--	Definite
Services		
Impacts on public transport via busway	--	Definite
Impact on community development sustainable community	-	Probable
Partnership working increased	+	Probable
Impact on schools during development of local strategy	-	Probable
Health Inequalities - within Castlefields estate		
Older people, people with physical disabilities, people with mental health problems, young children, and young mothers, and people with existing respiratory conditions were all seen as particularly vulnerable groups on the Estate during this phase		

7.4 The operational phase of the strategy (2004+)

7.4.1 Castlefields ward

It is assessed that there is likely to be a further improvement of the deprivation score of the Castlefields ward if more affluent families move into the new housing areas on Canalside and Lakeside over the next few years.

7.4.2 Castlefields estate

Individuals and Families

There were concerns expressed by some community stakeholders that people who are able to, may move away from the estate and from Castlefields if for example employment opportunities are not available or housing is not considered affordable. This evidence was supported by literature on HIAs of NDC strategies (for example, Hirschfield et al, 2000). This was thought to be a longer-term prospect if the regeneration strategy failed to meet their needs. Although this may not be a net migration out of the estate - there may be an equivalent inward migration as other families take their places from outside the estate - it suggests a population turnover rate that will influence the community spirit of the area.

Community Life/Social Support

As the development work comes to an end, social networks may be re-established; however some families may have decided to move on because of the disruption.

Evidence from the stakeholders, key informants and the literature suggests the current proposals could create isolated new neighbourhoods identifiable by the difference in their housing tenure, physical environment and appearance, accessible facilities and infrastructure. This may detrimentally affect the community spirit across the area.

Deprivation

The change in the deprivation rating of the ward will be due predominantly to the change in the population composition in and around the estate.

Employment

As indicated in section 3, current proposals for increasing employment opportunities and the employability of existing Castlefields estate residents are considered inadequate and high risk. There may be some slight increase in the employment rate of people living in the new 'Castleside' neighbourhood, but the main increase will be due to the migration of employed people with better qualifications and skills into the new areas of Canalside and Lakeside.

Although this is in the long-term and not directly associated with the Castlefields regeneration strategy it was noted that the development of the new Mersey Crossing and the implications for job opportunities on

Astmoor that this would bring would have positive impacts for appropriately skilled residents on Castlefields.

Education and training
Section 3 defined the evidence from the literature on the relationship between educational attainment and health outcomes. It also indicated that this should be a high priority in the Masterplan.

Housing
There is evidence to indicate there will be an improvement in the quality of social housing and the housing environment with the new housing developments, although it was not clear whether this met the decent homes standard. It was noted that there was no evidence available from organisational stakeholders on what energy efficiency and other Ecohome standards were being incorporated into the housing development proposals. Similarly evidence on housing design to reduce accidents in the home particularly for young children and older people and to meet the sixteen lifetime homes standards was not available.

Although there is conflicting evidence it is believed that there will be a net reduction in available accommodation. This will be due to a reduction in the social housing available. Although there will be an increase in the range of housing tenure, which was generally thought to be positive, there were concerns that these may not be readily affordable to existing residents.

Evidence from the literature linking housing interventions with an automatic and immediate improvement in health of the population is mixed (Thomson et al, 2002). Whilst some studies showed an improvement in self-reported health (mental and physical) and a reduction in illness episodes, there were inconsistent effects on symptoms. One study showed that older people who had not been re-housed showed a greater use of health services. The most consistent positive impact was on improvements in mental health; one study showed a dose response effect with the extent of the housing improvement. However there was a cautionary tale from one study that showed an increase in mortality attributed to a doubling in rent in new houses which effected the households' ability to buy food.

Physical environment
The proposals to enhance the natural environment both within the estate and the Town Park were assessed as positive and in accord with policy developments to improve parks and public spaces. There were concerns, however, about the risk attached to the funding for this, some of which was assessed as less secure.

Amenities
There was quite strong opposition from most community stakeholders and many organisational stakeholders to the proposals to relocate the new shopping facilities away from the central location within the estate. This was primarily due to the reduced accessibility for the majority of

residents on Castleside. This relocation will reduce the opportunities for social networking and could also contribute to the alienation between communities. There were also concerns that with the likely increase in road traffic it would also make them more hazardous to reach with a potential increase in pedestrian injuries for road traffic accidents in spite of the new pedestrian crossings.

Although the proposals for the multi-purpose community and youth facility were seen as highly favourable with many potential positive impacts, for example, enhanced access to many services under one roof, increased physical activity sessions and a meeting place facilitating social networking, it was also seen as high risk as funding has not yet been secured.

Access
It was assessed that there would be an improvement in mobility around and to and from the estate for those with access to a car. However since the level of car ownership of residents on the estate is low this would mostly benefit the affluent households in the new neighbourhoods.

The proposals indicate improvements in pedestrian and cycling facilities that may support residents to walking and cycling. However this is most likely to be those who are already active; there is no evidence suggesting that just by providing, for example a new cycle lane, communities will go out and purchase bicycles to use this. There is however evidence from the literature (WHO, 2000) indicating that increasing road traffic has influenced cycling behaviour on the grounds of safety and air quality.

There was inconclusive evidence that the level of current mobility for public transport to and from the estate would be maintained at the level before the regeneration strategy developments; the impacts of this are more than apparent.

Services
It is assessed that many of the issues raised in section 3 will not significantly improve following on from the development stage, for example, access to public transport, community development services, housing services, health services. Emergency services may have improved access to the area.

The evidence concerning the impacts of the new outdoor youth activity centre suggests that this will not be used by Castleside young people, because of physical accessibility issues (no public transport) and cultural reasons (the location is seen more as a Windmill Hill resource).

7.4.3 Health Inequalities

There will be a new dynamic to the inequalities within Castlefields at the operational phase of the regeneration strategy. At this stage the former estate area will be home to a more heterogeneous population. According to current proposals more affluent households will be located at the Lakeside and Canalside neighbourhoods, whilst Castleside will consist predominantly of former Castlefields residents. The potential polarisation between these communities has already been discussed. This introduces a greater prominence of socio-economic inequalities across the former estate area. The vulnerable groups previously identified as disadvantaged will now be even more relatively disadvantaged. The detrimental implications of relative disadvantage on health have been discussed.

It should be noted that a better mix of social and private housing could produce different impacts.

Table 7.3 Operational Phase (2004+)

Potential Health Impacts	*Direction*	*Likelihood*
Population - Castlefields ward		
Further improvement in deprivation score	+	Probable
Health Inequalities - Castlefields estate residents		
Individuals & families		
Inward migration increase in more affluent households in new housing areas		
Deprivation		
Further improvement in deprivation score with change in population composition	+	Probable
Community Life		
Re-establishment of some social networks on estate	+	Probable
Distinct, separate communities: new private-sector areas and social housing reduced community spirit, alienation between communities	---	Probable
Employment		
Slight increase in employment on 'Castleside',	+	Speculative
Overall increase in employment due to change in population on 'Canalside' & 'Lakeside'	+	Probable
Enhanced job opportunities for skilled workers with new Mersey Crossing and developments on Astmoor	+	Probable
Education & Training		
Slight increase in education and training attainment for residents	+	Speculative
Housing		
Improved housing conditions of social housing	++	Definite
Reduction in social housing 'cramped' housing	--	Definite
Overall reductions in available housing	-	Probable
Increased range of housing tenure, may not be affordable to existing residents	-	Speculative
Physical environment		
Enhanced & extended natural environment	+	Probable
Amenities		
Enhanced shopping facilities, but less accessible to majority of Castleside	+/-	Definite
Enhanced multi-purpose community and youth facilities	++	Speculative
Access		
Enhanced access for car users	+	Probable
Enhanced access/mobility for pedestrians, cyclists	+	Speculative
Maintained access for public transport users	+/-	Speculative
Services		
Increased recreational services, eg youth activity centre not readily accessed by existing residents	-	Probable

7.5 The strategic focus and priorities

7.5.1 There is evidence from stakeholders, key informants, documentary analysis and the literature of the importance of a holistic, integrated strategy, which is part of a mainstreamed, borough-wide approach to regeneration.

7.5.2 Regeneration strategies in the 1990s shifted towards comprehensive, area-based and partnership-led initiatives such as City Challenge and the Single Regeneration Budget (SRB). They also began to emphasise the social dimension of regeneration giving greater focus on community involvement and highlighting issues such as community safety and health. The principles of:

- A strategic, partnership-based approach
- Full community involvement
- Flexible approaches to meet the needs of the community
- Wide-ranging policy areas and players
- Links to mainstream working

have taken greater priority with the New Deal programmes and Round 5 SRB. There was an explicit acknowledgement of the existence of poverty and the importance of allocating resources according to need. More recently the New Commitment to Regeneration 'Pathfinders' areas and the Neighbourhood Renewal programme have built on this.

7.5.3 Key policy drivers (for example, ODPM, 2003) and legislation such as the Local Government Act (1999) reaffirm the importance of integrated, mainstreamed and partnership-approaches and place a duty on councils to improve the economic, social and environmental well being of their areas and to develop partnerships for this.

7.5.4 The lessons learned from regeneration initiatives have importance in terms of the deliverability of future strategies and also for health:

- Be strategic and not project-led
- Define the context - relate the strategy to baseline conditions and the needs of people and to mainstream policies
- Define broad strategic objectives, priorities and action plans with achievable targets and outputs, and finally outcomes
- Ensure synergy between projects
- Balance short term 'quick wins' with medium to long term sustainable development that improves life chances

7.5.5 The Castlefields Regeneration Masterplan has a well-defined vision and a holistic strategic focus. It makes implicit reference to various national policy drivers such as 'Sustainable Communities: Building for the Future' (ODPM, 2003) and local policies as described in section 5. However the connections between the vision, strategic objectives and the action plan and outputs show a gap between policy and practice. This is also reflected in the investment profile and the relative risks associated with

securing certain funding. The action plan appears to be more focussed on creating an environment - private-sector housing in an attractive location, transport infra-structure to support cars, shopping facilities close to new neighbourhoods, high performing primary schools, youth facilities close to new neighbourhoods - that will encourage new, affluent families into the area. The new RSL housing and housing improvements will undoubtedly benefit existing residents, but the proposed action plan priorities are unlikely to address the regeneration needs of the existing community and, as a consequence, to maximise the potential health gain.

8. RECOMMENDATIONS TO THE CASTLEFIELDS STEERING GROUP

8.1 Conclusion

8.1.1 The Castlefields regeneration strategy Masterplan is a positive step in the building of a sustainable community. There was much support for the clear, positive vision and the ethos that underpins this as represented in the values. Similarly the strategy's objectives were holistic and well founded. However there are two indications which suggest a difference between vision and reality.

8.1.2 Firstly, the emphasis in the action plan, outputs and funding allocations did not reflect this balanced, holistic approach. This is a cause for concern. It suggests at least a lack of context in the development of the action plan, which may affect the ultimate success of the Masterplan. There is strong evidence of the importance of a holistic approach in Masterplanning.

8.1.3 Secondly, the experience to date in the development of the Masterplan shows a difference between policy and practice, with poor community engagement and a lack of shared ownership by policy makers. This poses a risk to the Masterplan's efficient and effective implementation.

8.1.4 There was also concern, borne out by strong evidence, of the potential division between communities as the new neighbourhoods are formed. The proposals for private sector-only developments in the new neighbourhoods, to relocate some key facilities, and for infrastructure developments geared to the needs of these new neighbourhoods, may further contribute to social housing tenants' feelings of exclusion.

8.2 Recommendations:

Recommendation 1
Amend the regeneration action plan to enhance funding and initiatives for:

Increasing employment -
- develop programmes appropriate for the needs of long-term unemployed people and vulnerable groups, eg community-based, community enterprises, ILMs;
- explore Local Labour Agreements for contractors (Knowsley MBC, 2000);
- examine day care needs;
- examine transport needs;

Increasing education and training -
- review and extend training at the neighbourhood Learning Centre, reflecting needs of people with low educational attainment and future employment areas (SEU, 2001);

Increasing and sustaining social support -
- develop a multi-sectoral community involvement strategy for Castlefields, defining and implementing formal and informal mechanisms for community involvement and networking;
- extend and refurbish the Health Centre as a multi-purpose resource centre (for example, Peckham, Bromley-by-Bow) including community and youth facilities;
- establish the multi-purpose resource centre as a community trust (Manchester, Salford, Trafford LIFT), 'owned' and jointly managed with local people;
- establish a Castlefields community well being fund for activities promoting social support;
- appoint local people as Neighbourhood wardens with a remit for providing social support and environmental management (ODPM, 2003);
- explore the notion of 'Young People's Councillors'

Improve the physical environment
- develop 'Green Park' standards for the care of parks (ODPM, 2003);
- involve Groundwork in community-focused environmental projects;
- appoint local people as Neighbourhood wardens with a remit for providing social support and environmental management (ODPM, 2003)
- undertake a traffic impact assessment to assess the road traffic (and health) implications of the new developments and the new Mersey Crossing on the

Recommendation 2
Amend the phasing of the regeneration action plan to ensure early (2004/5) developments in:
- Employment
- Education and training
- Social support

- Multi-purpose resource centre

offsetting upset from demolition and construction works

Recommendation 3
Amend existing proposals of the regeneration action plan to ensure:

- agreement to a proportion of social housing (rent or buy) is developed in the Lakeside area (for example, Norris Green)
- some shopping facilities remain at the heart of the existing Castlefields estate
- public transport to and from the estate is protected, if not extended

Recommendation 4
Improve community involvement in the Regeneration Strategy planning and co-ordination process:

- Establish a Castlefields Neighbourhood Board whose terms of reference includes the aim to develop, monitor, implement and evaluate the Castlefields Regeneration Strategy. Membership is to include local residents, and the public, private and voluntary sectors. The majority of Board members would be local residents, including the 3 ward councillors; a proportion of these would be nominated through a newly established Castlefields Community Forum.
- Develop a Castlefields Community Forum open to all residents supported by community development officers (other officers to attend by invitation) with an initial objective to provide a monthly forum for discussing the regeneration of the estate and the Community and Estate Agreements
- Develop a Castlefields Estate Agreement with the Castlefields Partnership Group membership (below) and contractors detailing the standards of service the residents have a right to expect, including standards for involvement in decisions, demolition and construction phase of the estate's regeneration
- Develop a Castlefields Community Agreement (residents to develop NOT agencies) detailing the standards within the community by which residents want to live, eg respect for the property of others, consideration of older people, use of reasonable language, consideration of others when making noise etc
- Develop a Community Involvement Strategy for Castlefields, which defines formal and informal mechanisms and an infrastructure by which residents wish to be engaged in decisions about their neighbourhood

Recommendation 5
Extend and improve partnership working in the Regeneration Strategy planning and co-ordination process

- Establish a Castlefields Partnership Group to act as a multi-sectoral senior management group to the Castlefields Neighbourhood Board.
- Extend the membership of the Castlefields Partnership Group from the former Castlefields Steering Group to include representatives from the LEA, Halton PCT, 'Halton people into jobs', the police and voluntary sector.

- Develop clearly defined terms of reference for the Castlefields Partnership Group, including the level of delegated decision-making authorised by the host organisation and the decision-making process of the Group.
- Hold a team building event for the new Castlefields Partnership Group to explore shared agenda, enhance integrated planning and identify opportunities for pooling resources (eg, budgets and personnel).
- Develop 'shared practice' initiatives for middle managers and front line staff for service providers in Castlefields.

Recommendation 6
Reduce the variation between policy and practice

- Establish formal reporting of the Castlefields Neighbourhood Board to the Halton Partnership, ensuring a borough wide perspective to the neighbourhood developments.
- Establish direct communication access between front line staff and the Chair of the Castlefields Partnership Group.
- Ensure project proposals detail how it will contribute to the general vision and values of the regeneration strategy.

Recommendation 7
Monitor and evaluate the HIA (as described in section 9).

9. MONITORING AND EVALUATION

9.1 Introduction

9.1.1 Evaluation is essential to ensure that the key lessons of an intervention are learnt and that they influence future practice. Evaluation is therefore central to the development of evidence-based policy.

9.1.2 The health impact assessment of the Castlefields Masterplan is the first such exercise to be conducted in Halton. However, it is likely to be the first of many as the use of HIA to assess policies, programmes and projects is rapidly gaining in popularity across the UK. Lessons derived from the evaluation of the Castlefields HIA will help inform the conduct of future HIAs in the Borough.

9.2 Proposals for the evaluation

9.2.1 The evaluation may be conducted at three levels:

Level 1 A retrospective evaluation looking at the process of the HIA: for example: effectiveness of steering group meetings, stakeholders' engagement in data collection, conduct of workshops and interviews. This evaluation could be undertaken in one or more workshops and should be conducted after publication of the HIA.

Level 2 A prospective evaluation to assess the immediate impact of the HIA as measured by:

- the extent to which the HIA recommendations were incorporated into the Masterplan
- the extent to which the HIA recommendations were implemented

This evaluation could be undertaken in one or more workshops and should be conducted 6 months after publication of the HIA.

Level 3 A prospective evaluation of the influence of the HIA on the health of the Castlefields population. A problem here is the complexity of identifying individual causes of deterioration or improvement in health outcomes when there are so many determinants to act as confounding factors.

9.2.2 An alternative approach is to measure what happens to the *determinants* of health that were identified by the HIA and which were the subject of its recommendations. For example: what steps were taken (and what success was achieved) to promote community engagement and ownership, to promote employment and training amongst local people, and to minimise segregation between social and private residents.

9.2.3 For this phase of evaluation, a participatory approach is recommended. This has a number of advantages: it facilitates a sharing of lay and professional knowledge, it helps generate a critical awareness of problems within the community, and it is more likely to produce relevant

results and lead to appropriate action. In addition, successful engagement of local people in the evaluation will contribute to the sustainability of the regeneration programme.

9.2.4 This phase of the evaluation could be conducted by lay members of the HIA steering group, lay researchers who took part in the HIA and community development workers. Funding would be required to provide appropriate training and support for the researchers, but the nominal cost involved would represent a valuable investment in community engagement.

9.2.5 The participatory evaluation could be undertaken through a series of interviews and workshops and should be conducted 12 months after publication of the HIA.

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APPENDICES

CASTLEFIELDS HIA

Question Schedule 1 for Community Stakeholder Focus Groups

BEFORE YOU START...
Facilitators welcome everyone, and introduce yourself and ask everyone to introduce themselves; at the workshop ask them to say a little bit about why they have come along.
Explain facilitator's role, the discussion group procedure and time, agenda/themes for discussion, and small group's rules of 'politeness' – all have a say/no right or wrong, interested in range of experiences and opinions.
Confirm confidentiality/Chatham House rules - nothing is attributable to any individual.
Mention tape recorder (if being used).

THEME 1 - 'What makes us healthy?'

Think of someone you know who you think is healthy. What about them makes you call them healthy? How old are they? What about for you, what is like when you are healthy?

What things do you think have a **good** effect on people's health?
What things do you think have a **bad** effect on people's health?

What about for you, what affects your health? Good effect, bad effect?

Facilitators:
It may be useful to F/C the health concepts for self and others separately. Also to do the ideas of causes of health as a +/- matrix, which can be referred back to when looking at the effects of the Regeneration Plan proposals.

At this stage introduce and explain Rainbow model.

10 minutes maximum.

THEME 2 - 'What it is like living and working in Castlefields?'

How long have you lived or worked in Castlefields? Tell me about the area.
Thinking about when you **first moved to the area** what were the good things about Castlefields? What were the bad things?
Prompts:

- People – who, what it is about them you liked/disliked
- Places – shops, subway, play areas
- Buildings – their houses, home, shops, community centre
- Environment – eg aesthetically pleasing, clean, safe

- Services – type of things they had access to (buses, Doctors, schools, nursery, housing, council services)

Thinking about **now**, what are the good and bad things about living or working in Castlefields?

- People – who, what it is about them you liked/disliked
- Places – shops, subway, play areas
- Buildings – their houses, home, shops, community centre
- Environment – eg aesthetically pleasing, clean, safe
- Services – type of things they had access to (buses, Doctors, schools, nursery)

Facilitators:
F/C list of good/bad things
15 minutes maximum

THEME 3 - 'What is the health and well being of people in Castlefields currently like?'

How would you describe the health and well being of people in Castlefields **now**?

Are there any people – groups or individuals - in particular who have better or worse health/wellbeing?

- Older people
- Young children
- Young people
- Men
- Women
- Parents
- Black and Minority Ethnic groups
- People with disabilities

From your list of good and bad things, how do you think these things affect their health and well being?

Facilitators:
F/C Description of health/well being in Castlefields. Use F/C with list of good and bad things to compare.
15 minutes maximum

THEME 4 - 'What are your views on the regeneration Masterplan proposals?'

The regeneration strategy proposes the following changes (attached).
What do you think the effects of these changes will be on the list of good and bad things you identified about Castlefields?
a) during their development?

b) when fully implemented?

- People – who, in what way
- Places – shops, subway, play areas
- Buildings – their houses, home, shops, community centre
- Environment – eg aesthetically pleasing, clean, safe
- Services – type of things they had access to (buses, Doctors, schools, nursery)

Facilitators:
20 minutes maximum

THEME 5 - 'What will the effects be on the health and well being of people in Castlefields by the proposed regeneration Masterplan?'

Thinking back to what you said about health and well being in Castlefields, what do you think will be the effects of the regeneration plan on this?
How do you think these changes will affect the health, wellbeing and quality of life of those people who are more healthy or less healthy than others you identified earlier?

- Older people
- Young children
- Young people
- Men
- Women
- Parents
- Black and Minority Ethnic groups
- People with disabilities

Priorities
What do you think are the 5 most positive impacts from the changes?
What do you think are the 5 most negative impacts from those changes
What changes would you like to see in the strategy proposals? Why?

Facilitators:
20 minutes maximum.
At the workshop feedback from themes 4 & 5.

Thank you for talking with us.
We will invite you to another workshop in late September to tell you what difference the health impact assessment has made.

CASTLEFIELDS HIA
Question Schedule 2 for Organisation Stakeholder Focus Groups/Interviews

BEFORE YOU START...
Facilitator/s welcome everyone, and introduce yourself.
Explain facilitator's role, the discussion group procedure and time, agenda/themes for discussion, and small group's rules of 'politeness' – all have a say/no right or wrong, interested in range of experiences and opinions.
Confirm interview/focus group conditions as described in letter.
Mention tape recorder (if being used).
Request consent form is completed.

THEME 1 - 'What is your role and involvement in Castlefields?'

About you

Tell me about what you do in Castlefields. How long have you been working there?
Who are your clients?

About your organisation

What are your organisation's priorities, eg LDP, Community Plan? What have been your organisation's key achievements over the last year? Departmental, section, business achievements?
Who are your organisation's key partners? Give examples of the type of partnership work they undertake.
Does your organisation have a public involvement strategy? Give examples of the type of activities involved? What does that mean for you and how you work?
How does Castlefields relate to the rest of Halton, Merseyside or the North West?

15 minutes maximum.

THEME 2 - 'What is it like working in Castlefields?'

Tell me what you know about the area. What are the good things about Castlefields **now**? What are the bad things **now**?
Prompts:
Draw on your experience in your field, eg

- People – who, what it is about them you like/dislike
- Places – shops, subway, play areas
- Buildings – their houses, home, shops, community centre
- Environment – eg aesthetically pleasing, clean, safe

- Services – type of things they had access to (buses, Doctors, schools, nursery, housing, council services)

How has this changed since you first started working in the area?

15 minutes maximum

THEME 3 - 'What is the health and well being of people in Castlefields currently like?'

Describe what we mean by health.
Thinking about your client group how would you describe their health and well being? What about other people who live or work in Castlefields? How would you describe their health and well being?
Are there any people – groups or individuals - in particular who have better or worse health/wellbeing?

- Older people
- Young children
- Young people
- Men
- Women
- Parents
- Black and Minority Ethnic groups
- People with disabilities

From your list of good and bad things, how do you think these things affect their health and well being?

15 minutes maximum

THEME 4 - 'What do you know about the regeneration Masterplan proposals?'

Process

What involvement have you had in the development of the proposals? What do you know about the proposals' development process? How do you feel about the process that has been used to develop the proposals?
Prompts: communications, involvement, control

What do you know about the proposed Castlefields Regeneration Masterplan?

If have been involved:
Describe the expected inputs and outputs by 2006 for the following areas:
Housing
Infrastructure

Community, people, jobs
Environment & leisure
if the Regeneration Masterplan proposals are expected?
What is the assessed risk status/level for successful delivery in each area?
Describe these risks (hazards), likelihood, severity (type, distribution).

If don't know anything, explain the proposed changes (attached).

Given your knowledge and experience of Castlefields, can you tell me what problems you think there may be:
a) during the development of these changes?
b) when the changes are fully implemented?
Prompts:

- People – who, in what way
- Places – shops, subway, play areas
- Buildings – their houses, home, shops, community centre
- Environment – eg aesthetically pleasing, clean, safe
- Services – type of things they have access to (buses, Doctors, schools, nursery)

How might these problems be over come?
Prompts:

- What do you think the effects of these changes will be on the list of good and bad things you identified about Castlefields? Try to be specific where possible.

What are your feelings about the process to agree proposals?
Prompts:

- What do the regeneration partners have to do to promote this process?
- What needs to happen to ensure community led regeneration is achievable?

Facilitators:
25 minutes maximum

THEME 5 - 'What and how could the health and well being of people in Castlefields be affected by the proposed regeneration Masterplan?'

Thinking back to what you said about health and well being in Castlefields, what do you think will be the effects of the regeneration plan on this? Why do you think this, ie what evidence do you have? Try to be specific where possible.
How do you think these changes will affect the health, wellbeing and quality of life of those people who are more healthy or less healthy than others you identified earlier? Why do you think this, ie what evidence do you have?

Priorities

What do you think **will be** the 5 most positive impacts from the changes?
What do you think **will be** the 5 most negative impacts from those changes
What changes would you like to see in the strategy proposals? Why?

15 minutes maximum.

Thank you for talking with us. We will invite you to a workshop in late September to feedback the findings from the HIA including the recommendations to the Castlefields Steering Group.

CASTLEFIELDS HIA
Question Schedule 3 for Key Informants

THEME 1 – Your experience and knowledge
Please tell me about your knowledge and experience of regeneration

THEME 2 -The links between regeneration and health
Opinion about the evidence base as to what works and what doesn't work in successful regeneration strategies what issues:

- Community led
- Mixed tenure
- Process – control, communication, participation

THEME 3- 'What are your views on the regeneration Masterplan proposals?'
What do you think the effects of these changes will be on the health, wellbeing and quality of life for people working and living in Castlefields?
a) during their development?
b) when fully implemented?

- People – who, how
- Places – shops, subway, play areas
- Buildings –houses, home, shops, community centre
- Environment – eg aesthetically pleasing, clean, safe
- Services – type of things they have access to (buses, Doctors, schools, nursery)

Priorities
What do you think are the 5 most positive impacts from the changes?
What do you think are the 5 most negative impacts from those changes
What changes would you like to see in the strategy proposals? Why?

Thank you for talking with us.
We will invite you to another workshop in late September to tell you what difference the health impact assessment has made.