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Explicating the role of partnerships in changing the health and well-being of local communities: a profile of neighbourhood renewal activity focused on promoting health and well-being in Salford and the north west region and the north east of England

Howarth, ML, Warne, T, Cook, G, Dawson, P and Elliott, D

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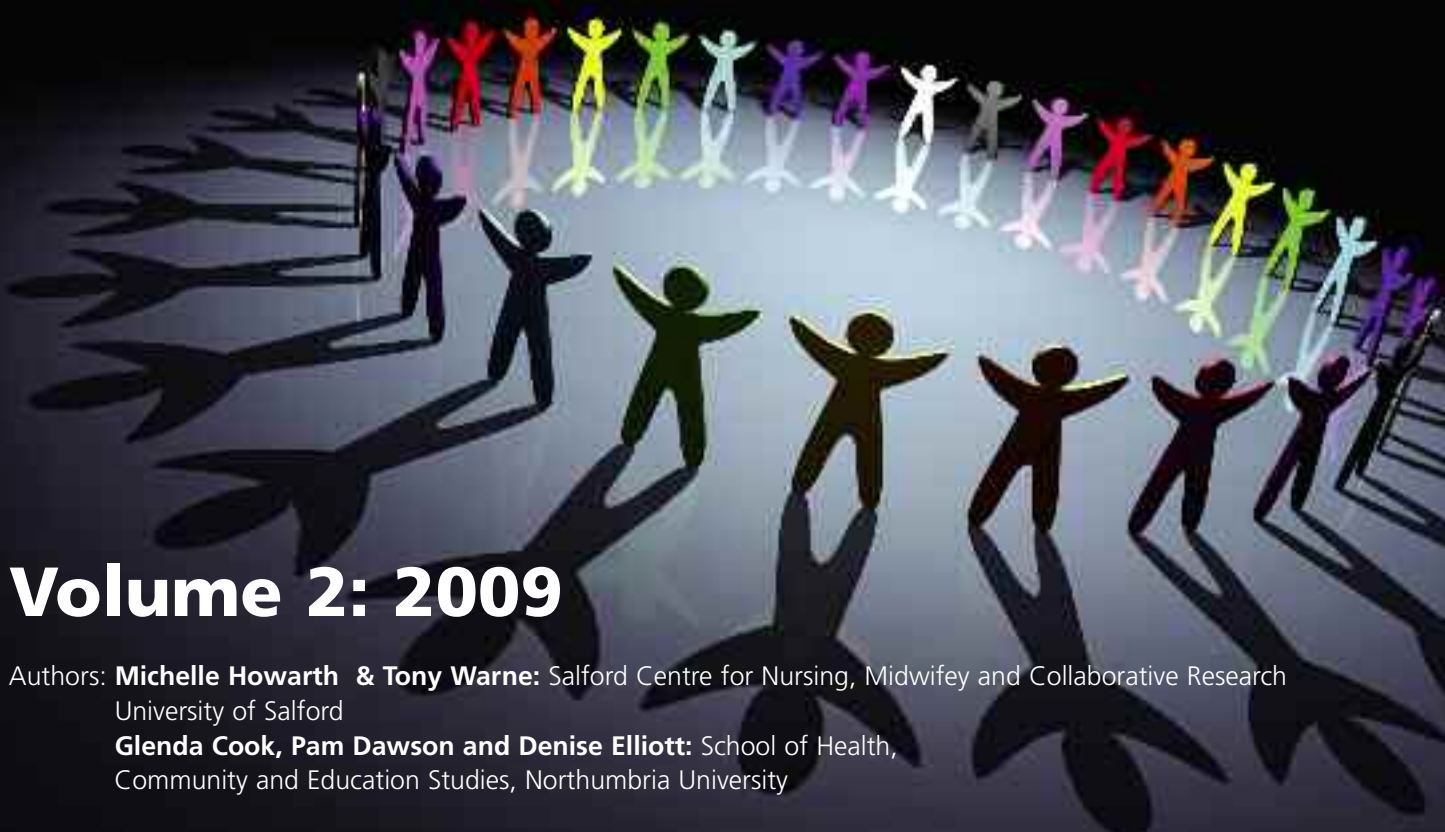
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Explicating the role of partnerships in changing the health and well-being of local communities:

A profile of Neighbourhood Renewal Activity Focused on Promoting Health and Well-being in Salford and the North West Region and the North East of England



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Authors: **Michelle Howarth & Tony Warne:** Salford Centre for Nursing, Midwifery and Collaborative Research
University of Salford
Glenda Cook, Pam Dawson and Denise Elliott: School of Health,
Community and Education Studies, Northumbria University

Contents

Project Context	2
Chapter 1 A profile of Neighbourhood Renewal Activity Focused on Promoting Health and Well-being in Salford and the North West Region	4
1.1 Introduction	4
1.2 Aims of the Scoping Exercise	4
1.3 The Extent of Deprivation in the UK	6
1.4 The North West Health Context.	6
1.5 North West Indicators of Deprivation in Health and Well-being	7
1.6 Evidence of Neighbourhood Renewal in the North West.	8
1.7 Summary	9
1.8 Focus on Salford.	10
1.9 Regeneration Activity in Salford	11
1.10 Salford's Neighbourhood Renewal Context.	13
1.11 References	16
1.12 Websites	16
Chapter 2 A Profile of Neighbourhood Renewal Activity Focused on Promoting Health and Well-being in the North East Region	18
2.1 Introduction	18
2.2. Aims of the Scoping Exercise	18
2.3 Search strategy	18
2.4 The North East and its population	20
2.5 The Extent of Deprivation in the North East	20
2.6 The Health Context of the North East	21
2.7 Long-term health and well-being goals for the North East	21
2.8 Regeneration partnerships in the North East	22
2.9 Summary	26
2.10 References	27
2.11 Web sites	27
Chapter 3 Profile Summary of North West and North East England Neighbourhood Renewal Activity: promoting health and well-being	28
2.1 Introduction	28

The Project Context

Introduction

This scoping and mapping report is one of three outputs from a project: Explicating the role of partnerships in changing the health and well-being of local communities, one of a number of projects in a larger Higher Education Funding Council Strategic Development Fund project (HEFCE) entitled: Urban Regeneration: Making a Difference. This was a collaborative venture between Manchester Metropolitan University, Northumbria University, University of Salford and University of Central Lancashire. Bradford University was an affiliated partner.

This overarching project had two aims:

- To address key urban regeneration challenges in the North of England through inter-disciplinary collaboration between the partner universities and practitioner organisations, particularly in the public and voluntary sectors, and to enhance their collective impact on society
- To build a long term strategic alliance between core university partners while developing a distinctive form of knowledge transfer (KT), which is both teaching and research-driven, in order to meet the needs of organisations and professionals in business and the community

Four thematic areas were identified, which reflect important issues in the regeneration of the North of England and map on to the breadth and depth of expertise amongst the university partners and an existing firm base of collaboration with external organisations.

One university led on each theme, but every university will contribute to each theme. The themes were: Crime, Community Cohesion, Health and well-being and Enterprise. (<http://regennorth.co.uk>)

Health and Well-Being Theme

The North of England has some of the worst health profiles in the UK, with startling inequalities in the health experience of different population groups as defined by geographical and social group. Relative proportions of deaths from cancer, heart disease and stroke in particular, have been rising in recent years. Rates of long-standing physical and mental health are also high compared with other parts of the country.

These patterns are manifestations of the degree of well-being in the community, which is affected by a wide range of factors, including housing, poverty, transport, employment etc, covering the whole spectrum of regeneration issues. Availability for work is a natural consequence of health and well-being, with some parts of the North having amongst the highest figures of worklessness in the UK.

Whilst the public sector is the mainstream provider of support, through the National Health Service and local authorities, the non-statutory sector plays a vital complementary role and is critical to sustaining the welfare of some of the most vulnerable communities and sections of the population. This includes charities and not-for-profit organisations such as housing associations. It is a diverse and fragmented sector with an ability to be highly responsive to new ideas.

Effective cross-sector working is fundamental to the challenge of meeting the needs of vulnerable populations and working towards the inclusion of marginalised groups. Universities have a key role to play in this process, yet this form of knowledge transfer is only in its infancy, with huge potential for development.

The NHS and local authorities are heavily dependent on the higher education sector as a source of professionally qualified people and as a resource for further professional development and research and evaluation. This is complemented by practical, action-research in a number of HEIs, which is focused on the needs of communities of practice.

The Health theme identified 4 important areas which link health to regeneration:

- Health, employment and well-being, including the social and economic dimensions of regeneration;
- Ageing and disability, including the health and social care dimensions of regeneration;
- Enabling environments, including the physical and cultural dimensions of regeneration;
- Public health and primary care, including health inequalities.

In addition, a core focus across all of the projects will be on increasing the skill and knowledge level of those working in health and well-being regeneration.

From (<http://regennorth.co.uk>)

The Project: Explicating the role of partnerships in changing the health and well-being of local communities

It is clear that concepts of partnership and collaboration underpin the successful implementation of urban regeneration initiatives. What is less clear is how partnership working impacts upon the health and well-being aspects of urban regeneration. Evaluations of outcomes are limited, and little comprehensive information is available as to the extent of any such activities across the North West and North East regions. This project sought to examine the issues in relation to these and to develop a framework for supporting the analysis of effective partnership working.

Key aims of the project

There were four main aims of the project:

1. A scoping and mapping exercise to develop a profile of community health and well-being needs and associated neighbourhood renewal activity in Salford and the northwest, and in Newcastle and the northeast
2. A review of the literature and development of a conceptual framework for partnership evaluation
3. Evaluation of the framework in action through a series of case studies of partnership working in designated urban regeneration areas
4. Determine the key factors in effective partnership working

Conclusion

The project was in itself a recognition of the need for partnership working between Universities in order to maximise the value of shared knowledge and experience in addressing a common aim. It was also an opportunity to engage with local communities in urban regeneration areas to identify their needs and experiences in relation to their health and well-being and also determine a way in which effective partnership working could be assured.

Chapter 1 A profile of Neighbourhood Renewal Activity Focused on Promoting Health and Well-being in Salford and the North West Region

Michelle Howarth and Tony Warne

1.1 Introduction

Changes in policy following the implementation of the White papers Saving Lives (DH 1999) and Our Healthier Nation (DH 1998) ushered in new ways of raising public health awareness and improving the health and well being of communities. Coupled with the later Wanless Report (DH 2002) which argued that the health of the nation needed to improve through sustainable action at both national and local levels, it is not surprising that local regeneration initiatives concerning health and well-being have been placed at the vanguard of community and public health development. The focus of public health has now moved toward a community 'hands on' approach predicated on partnership working between the NHS, local authorities and independent agencies. Thus, the emphasis of regeneration is to work collegially with the community rather than imposing some ideologically driven nationally set objectives in providing innovative ways of addressing the health and well-being needs of the population.

1.2 Aims of the Scoping Exercise

The aim of this scoping exercise is to describe the North West in terms of its location, aspects of deprivation and health and well-being needs. Critically, the different partnership arrangements arising from the plethora of agencies involved, make searching for sources of evidence problematic. The ensuing wave of community development programmes followed by the Neighbourhood renewal initiative resulted in an array of different, often disparate websites, policies and papers.

Each of these contained various data with one common denominator, that of satisfying the needs of the community health and well being. For example, the Index of Multiple Deprivation, developed by the Office of the Deputy Prime Minister (2004) details seven Domains of deprivation which include income deprivation, employment deprivation, health deprivation and disability, education, skills and training deprivation, barriers to housing and services, living environment deprivation and crime. These domains represent the Governments beliefs about the key regeneration areas which have been targeted through a far-reaching range of initiatives and illustrate the extent of problems faced by communities and urban regeneration programmes.

The North West has some of the most rural areas in England and yet is also witness to much extensive regeneration in some of the most deprived areas of the UK. A range of National statistical databases have been used to source health and social care data about the health and well-being of the North West (see table 1). The National Office for statistics, Cancer sites and the British Heart Foundation has provided some of the figures about the state of the North West. Collectively, these facts present a sobering picture of the North West, most notably around the Neighbourhood Renewal (NR) areas already funded. It is not surprising therefore that much energy has been given over to the regeneration of these areas. Indeed, some of the figures from the National Indices of Deprivation (2004) reveal a consistent message about the extent of deprivation and health inequalities in the 17 areas identified in the North West.

Initially, a modest amount of evidence was located simply using terms such as urban regeneration or neighbourhood renewal. However, two sites were located which provided relevant information about the progress and processes of Regeneration. The Neighbourhood Renewal Data Site (NRD) provided access to databases on the extent of regeneration monitoring, priority setting and performance management at a neighbourhood level. A full range of information was available which detailed datasets and information about neighbourhood renewal issues. These sites do not however, provide any insight into the actual partnership working being undertaken to achieve the outcomes. The NRD site was designed to help local partnerships target and monitor local programmes and is predominantly used by those preparing the Local Area Agreements, Local Strategic Partnership (LSP) coordinators and those who work at a neighbourhood level. Other sites which provide information on the development of regeneration include the British Urban Regeneration Association. The association was officially formed in 1990 to "provide a forum for the exchange of ideas, experience and information for the emerging regeneration sector".

The Neighbourhood Renewal Unit (NRU) was also accessed as a main search site because of its responsibility for overseeing the neighbourhood renewal strategy. It is part of the Department for Communities and Local Government (DCLG) and works with government offices and neighbourhood renewal teams, to monitor and support local strategic partnerships.

Through the NRU and government funding a wide range of initiatives were established to ascertain local needs and to pilot new ways to fight deprivation in the poorest and most deprived communities. The Neighbourhood Renewal Unit site was therefore used as the main gateway to much of the information contained in this report about local regeneration initiatives. The site details the extent of activity for all 17 sites across the North West.

Table 1. Web Sites Searched

<p>Bolton, Salford & Trafford Mental Health Trust http://www.bstmht.nhs.uk/default.aspx (accessed 1st August 2007).</p>	<p>North West Public Health Observatory Health and Lifestyle Trends in England assessment tool http://www.nwph.net/lifestyles/ (accessed 1st August 2007)</p>
<p>British Heart Foundation Statistics Database www.heartstats.org</p>	<p>North West Development Agency Regional Intelligence Unit http://www.nwriu.co.uk/aboutus/2307.aspx</p>
<p>Cancer Research UK http://www.cancerresearchuk.org/</p>	<p>NW Public Health Information Portal http://www.nwph.net/default.aspx</p>
<p>Community Health Action Partnership (CHAP) http://www.chalk-ndc.info/index/doing/ndc-health/chap.htm (accessed 1st August 2007)</p>	<p>NW Public Health Observatory http://www.nwph.net/nwpho/default.aspx</p>
<p>Community Health Profiles http://www.communityhealthprofiles.info/ (accessed 1st August 2007)</p>	<p>Salford County Council www.salford.gov.uk/council/</p>
<p>Department of Health www.dh.gov.uk</p>	<p>Salford PCT http://www.salford-pct.nhs.uk/</p>
<p>Neighbourhood Renewal Unit http://www.neighbourhood.gov.uk/ (accessed 1st August 2007)</p>	<p>The 2001 National Census http://www.statistics.gov.uk/census/</p>
<p>New Deal for Communities accessed through the NRU site at http://www.neighbourhood.gov.uk/</p>	<p>The World Health Organisation http://www.euro.who.int/</p>

1.3 The Extent of Deprivation in the UK

In 2000, the Office of the Deputy Prime Minister (ODPM) commissioned the Social Disadvantage Research Centre (SDRC) at the Department of Social Policy and Social Research at the University of Oxford to update the Indices of Deprivation 2000 (ID 2000) for England. The 2004 report builds on previous work undertaken in 2002 and “rehearses the conceptualisation underpinning the model of multiple deprivation used and outlines the indicators and domains that go to make up the ID 2004”. Each domain indices is considered in the geographical contexts of the UK. This was helpful in identifying the regions worst affected by deprivation particularly in relation to the North West.

Based on the data retrieved from the IMD, we explored seven indicators to elicit population demographic particular to the North West. These were drug misuse and treatment, alcohol related hospital stays, smoking related mortality, obese adults, life expectancy and older people supported at home.

Similar concerns about life expectancy in the North West were also highlighted in the NWDA Action for Sustainability Report which remarks that the “average life expectancy for men and women in the region continues to be below that of England and Wales and the North West shares the worst life expectancy of the regions... further the North East. Manchester has the lowest male life expectancy at birth of any local authority in England (pg 48)”.

In relation to health deprivation, the IMD (2004) defined health deprivation as being “unexpected deaths or levels of ill health”. The North West had the largest percentage of most deprived Super Output Area’s (SOP’s) in England (more than any other region): “Severe deprivation is evident in most of the districts across the North West. Concentrations of SOAs showing deprivation in the most deprived decile are found in the urban areas in and around Liverpool and Manchester”.

1.4 The North West Health Context

In their report, ‘Action for Sustainability’ (NWDA 2000) the North West Development Agency set a series of long term goals for the North West Region (see table 2). In doing so, the NWDA recognise the importance of and need for partnership working across agencies to secure the long terms goals.

Table 2: Long-term goals for the North West

A healthy, safe and socially responsible region where all people have access to necessities and are enabled to improve their quality of life

A distinctive, clean and tree rich region which safeguards its wildlife, habitats and landscapes and acts to limit the local impacts of climate change

A region that uses its resources wisely, makes full use of renewable alternatives, produces minimal waste and conserves its historic environment

A thriving, prosperous and attractive region of high employment with the necessary infrastructure to support it and which uses land efficiently

Action for Sustainability (2000)

The challenge faced by the NWDA (2000) was to ensure that partnership working was effective and sustainable for the NW region to develop. To achieve this they assert that:

“Mainstreaming sustainable development principles at policy and strategy level, together with robust application of these principles at programme and project delivery level are vital to the sustainability of the North West. Policy-makers and practitioners must continue to work together to push the boundaries of understanding to ensure that the relevance of sustainability to all North West activity is clearly identified and progressed” (pg 9)

In terms of Healthy Communities, the NWDA's aim was to ensure that "Healthy communities where people enjoy life, work and leisure and take care of themselves and others" were supported. The NWDA also draws on the Health Survey of England (DH 2006) and uses the predicted outcomes for obesity, life expectancy and social deprivation to illustrate the need for sustained action. Similarly, the Health Profile of England (DH 2006) provides statistics on a large range of 'public health' and socio-economic indicators.

The Local Health Profile (LHP) indicators from the Health Profiles of England define each deprivation indicator. In the case of life expectancy, (indicator 18) the LHP measure this from birth and on average, people are more likely to live two years longer in the south than the North West. Interestingly, and akin to the NR funding evident in local areas, the IMD identified that:

"the Merseyside districts of Liverpool, Sefton, Wirral, Knowsley and St Helens, and Manchester and some of the areas around including Wigan, Rochdale, Bolton, Salford and Oldham stand out as containing large concentrations of SOAs with high levels of deprivation."

More recently, Rasuloi et al's (2007) small area analysis of the inequalities in health expectancies indicate that those people living in the North West region of England face greater life expectancy inequalities compared with people living in all other areas of England.

1.5 North West Indicators of Deprivation in Health and Well-being

There are a number of major areas that serve as health indicators which are linked to the current Governments priority areas for improvements in the nation's health.

Statistics from the British Heart Foundation Health promotion Unit (2005) suggest that:

"Death rates from Coronary Heart Disease (CHD) are highest in Scotland and the North of England, lowest in the South of England, and intermediate in Wales and Northern Ireland".

Although there has been a steady decrease in the number of deaths from CHD in the North West, current statistics indicate that 220 per 100,000 people in the NW dies from CHD in 2002. (BHF 2006). The LHP definition of obese adults is based on "synthetic estimate of the percentage of adults who are obese". Salford's Public Health Annual Report (2004/05) outlines obesity as one of the main concerns for its population and stresses the link between lifestyle, obesity and heart disease.

Whilst obesity levels are considered to be average in the North West, figures on smoking reveal that the region has above average levels of smoking which are directly attributable to mortality rates (ONS 2006). LHP definition of deaths from smoking (indicator 19) is the "average annual death due to smoking-related causes (aged 35 and over) expressed as a number and directly standardised rate per 100,000 pop of all ages". The Health Profile of England (DH 2006) statistics states that smoking deaths are higher in the North of England and London. In relation to the North West, there are an average number of smoking related deaths in the North West.

Cancers

Cancer incidence in the NW is amongst the highest in England. Shack et al (2007) highlight the extent of cancer in the NW and assert that the region has some of the highest incidents of Cancer in England and Wales. Using statistical modelling, Shack et al were able to predict the population estimates of the NW up 2020. Alarmingly, cancer rates are set to rise. A particular concern is lung cancer rates which are currently the more commonly diagnosed cancer in the NW accounting for 20% of all new cases. These rates are expected to rise along with breast, colorectal and oesophageal cancers.

Mental Health

Additional facts were obtained about the mental health problems in the North West. Patients with severe and enduring mental health problems, aged 16 and over (2004/05) were analysed. The North West and London in particular have a significantly higher number of registered patients. The NW has the highest number of people misusing drugs and alcohol. In addition the NW also has the greatest number of patients with a severe and enduring mental illness registered with a GP. Other indicators such as numbers of people admitted to in-patient care, those with depression and anxiety, and standardised mortality rates for suicide and injury are the highest in England (However, given this data, according to other figures in this report, the North West do not prescribe as much anti-psychotic medication as London, NE and Humber regions). Similar to other regions, use of ECT has reduced since 1998. The Local Health Profile (LHP indicator 27) defines drug misuse and treatment as being:

“the number of resident persons aged 15 – 44 in contact with drug treatment services per 100,000 resident population”

However, current figures are not available. The North West figures indicate that those currently in contact with drug treatments are significantly above average. Data in the health profile clearly indicates a significant ‘north south’ divide in relation to drug misuse and treatment.

Alcohol abuse was measured by the Health Profile (DH 2006) by the number of hospital admissions. Alcohol consumption in the North West is amongst the highest in England. Alcohol abuse therefore presents a real concern for the North West region. The LHP definition of alcohol related hospital stays (indicator 26) are:

“directly standardised rate for persons who were admitted a least once for alcohol related condition. The indicator measures the rate of hospital admissions that are attributable directly to alcohol”

The DH health profile indicators have correlated areas of deprivation figures with alcohol related figures to suggest a link between deprivation and alcohol consumption. Health Profile data suggests that Blackpool, Burnley, Manchester, Liverpool and Barrow have the highest correlation between deprivation and alcohol attributable mortality.

Older People

The LHP figures for older people supported at home (indicator 7) were based on those aged 65 and over who were being helped to live at home per 100,000 of the population. The North West picture highlights an around average number of older people being supported at home, which places a great strain on the community in terms of the carers needed, home support services and the economic and employment stability of the community. Salford has similar economic activity measures with its neighbour and England generally.

Social Factors

Social equality is an aspect of working which the NWDA report highlights. As they suggest:

“Social equity that respects, welcomes and celebrates diversity and allows all communities and generations a representative voice (pg 24).”

A strategy has been developed which embraces equality issues relating to gender, race and ethnicity, disability, sexual orientation, age diversity and religion. To support this activity, the NWDA set up a North West Equality and Diversity Leadership Group (NWE DLG) which will help to make recommendations on policy and practice for the NW region.

Education

One of the NWDA aims is to ensure that the North West is supported to develop:

“a culture of lifelong learning that allows people to fulfil their duties and potential in a global society by acquiring new skills, knowledge and understanding (pg 36)”.

They state that skill levels are not consistent across the region making education an urgent priority. To address this, the NWDA are currently working in partnership with the Learning & Skills Council, to address the skills and employment needs of the region.

1.6 Evidence of Neighbourhood Renewal in the North West

A number of programmes have been established to support regeneration initiatives in the North West. These include New Deal for Communities which are partnerships aimed at tackling employment, crime, education, health and housing. Complementary programmes are also running under the guise of Neighbourhood managements and Neighbourhood Wardens. Both of these programmes work with the local community to improve services and enhance the link between local services and the neighbourhood. Neighbourhood wardens in particular are responsible for increasing the visibility of semi-officials within the community. Partnership working in these communities involves partnerships between a number of private, voluntary, business sectors with professional bodies and local authorities. In this way, the main focus of the partnership is seen as an empowering approach which places the community at the centre of decision making. Within the North West, 17 areas have received funding

from the Neighbourhood Renewal Unit to support Regeneration Activity (see Warne & Howarth 2009).

There is evidence of good practice from the North West which indicates sharing of data between the partnerships involved in NR. Examples of this can be found in the ODPMs review of data sharing in the NW. Lessons learned from this report illustrates some of the complexities involved, and also examples of where partners have shared NR data for the benefit of the community (ODPM 2005). In particular, the ODPM report outlines examples the trust built between partners through “clearly articulated common goals”, which culminated with “mutual advantages to the participating organisations and fair sharing of contributions, risks and rewards (pg 7)”. Key messages for LSPs which arose out of this report suggest a range of ways in which partnerships can better share data to enhance NR performance and management (see table 3).

A number of initiatives have been employed to promote good practice between UR partnerships. Of these, the Standards/Competences for Public Health Practice Post Consultation Draft October (2003) suggest a range of performance indicators to support the sustained growth and development of partnership working in UR. In particular, the unit “Work in partnership with communities to improve their health and wellbeing” includes four elements with covering performance criteria with which partnerships can assess their work and progress.

Table 3 Key messages for LSPs for those in strategic leadership roles

Take a strategic view of data for performance improvement, identifying future requirements for data access and quality to underpin strategic decision-making, service improvement, tracking of neighbourhood change, robust performance management and public accountability

Help create the conditions for more effective data sharing: argue the case for more joined-up approaches to performance management and the use of evidence; foster a ‘can do’ approach; and promote local good practice in data sharing and analysis

Appreciate the high level issues relating to data sharing and data protection – including powers under administrative law relating to public bodies and the scope for lawful sharing under the DPA. Consider adopting a high level data sharing protocol

OPDM (2005 p.9)

1.7 Summary

Evidence from the Office of National statistics and others has provided insight into those areas which are most deprived. A large number of these areas are located within the North West region Sustainable communities have indeed been supported through the NRF. The range of initiative in place assures that this work is longitudinal and based on the communities needs.

The national picture reveals a number of concerns faced by health and social care agencies. Against this backdrop, local trusts have adapted policies to support their own health and well-being activity. Some of these have a direct relationship with urban regeneration (UR) and suggest a sustained programme to improve local health and well-being. The way in which local initiatives have moved towards these goals is variable and are in keeping with the local population demands. As such, this report has selected Salford as a focus to determine the extent of UR and how this has informed local policy and impacted on the local community.

1.8 Focus on Salford

Salford is situated within the boundaries of Greater Manchester. Currently, 220,000 people reside in Salford. Coronary Heart Disease (CHD), Cancer and Mental Health are the major health problems faced by Salford’s population.

Resident population and age (Census 2001)	Salford	Greater Manchester	England and Wales
Population	216,103	2,482,328	52,041,916
Male	105,890	1,208,177	25,325,926
Female	110,213	1,274,151	26,715,990
Under 16	20.4	21.2	20.2
16 to 19	5.4	5.16	4.9
20 to 29	13.8	13.1	12.6
30 to 59	39.3	40.8	41.5
60 to 74	13.5	12.72	13.3
75 and over	7.7	6.98	7.6
Average age	38.2	37.67	38.6

Table 4 Population of Salford (Census 2001)

Data from (www.salford.gov.uk/council/corporate/e-government/ieg/ieg2/ieg2organisation/ieg2-egov-accesschannels.htm)

<p><i>Box 1: Deprivation and Poverty in Salford (2000 Local Index of Deprivation</i></p> <p><i>“Salford today has a population of approximately 224,300. Deprivation and poverty in the city are still major causes for concern. The 2000 Local Index of Deprivation placed the city as the 28th most deprived authority in England and Wales. Of the 20 wards in Salford, the index revealed that 8 wards were in the worst 7% nationally and a total of 15 were in the worst</i></p>	<p><i>20%. Further to this: For income deprivation, 8 wards were in the worst 7% nationally and a total of 15 were in the worst 20%For child poverty, 7 wards were in the worst 7% nationally and 12 wards were in the worst 20%For a series of health indicators, 13 wards were in the worst 7% nationally and 19 wards were in the worst 20% .In the 1998 Standard Mortality Rates, 3 wards have a SMR rates over 200, 6 wards have SMR rates between 150 - 199, 9 wards</i></p>	<p><i>have rates between 100 - 150 and only 2 wards fall below national average of 100”</i></p> <p><i>http://www.salford.gov.uk/council/corporate/e-government/ieg/ieg2/ieg2organisation/ieg2-egov-accesschannels.htm</i></p>
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Salford has experienced intense deprivation for many years and therefore falls into one of the key areas described in the Deprivation indices. The Salford profile reveals a poor picture of the health and well-being of the population. Of all the Health Profile (DH 2006) 26 indicators, Salford's only above average result was in relation to road injuries.

Death rates from smoking are higher in Salford than the NW and England average. Possibly as a result, deaths from stroke and heart disease in Salford are also greater than the NW and England figures. Mental health is a serious problem for Salford with benefit claims for mental health greater than the NW and England. Teenage pregnancy is also higher than the NW and England. There are however no significant differences than the England average, however Salford does have a low rate of road injuries and deaths but significantly worse public health figures in the community, children & healthy starts, lifestyles, life expectancy and health in the community.

1.9 Regeneration Activity in Salford

A diverse range of data illustrates the health and social care problems faced by Salford. On a par with the North West, Salford's population reflect the need to address health and social care inequalities through intensive and sustained public health and regeneration programmes. The three major areas of mental health, coronary heart disease and cancer are perhaps the most prominent health issues. However, as the indices of deprivation demonstrate, there is also a pressing need to deal with the socio-economic problems. There are a number of approaches within Salford which is aimed at addressing the populations' needs in terms of Urban Regeneration activity.

However, it is difficult to divide public health and regeneration agendas. The symbiotic relationship between the populations needs and services means that they cannot be easily separated. Integrated working at all levels within a range of organisations is now a priority. On the whole, Salford Local Authority, PCT and other agencies have achieved much in addressing the needs of Salford. A few examples of such innovative working are presented below. This is certainly not exhaustive list and perhaps does not do justice to the work, commitment and partnership working that is currently ongoing. Such is the fluidity of the work, that it is difficult to ascertain a truly up-to-date picture of regeneration activity in Salford. This next section presents a snap shot of evidence located through websites, public health reports and local evaluations.

Coronary Heart Disease

In the North West, current statistics indicate that 220 per 100,000 people in the NW died from CHD in 2002. (BHF 2006). In particular, CHD is one of the major problems faced by Salford. Deprivation, smoking and coronary heart disease have a high correlation. Public Health therefore, is a key player in any regeneration activity. This means not only addressing the health needs of the population, but managing the community in terms of its health and well-being, access to sports, areas of activity, healthy lifestyle choices and re-educating the community into a more sensible and safe life. Healthy@Heart is one such initiative designed to improve the health of the community through a programme of activities. Delivered by qualified instructors, the programme is aimed at people with heart conditions or who have high risk factors of CHD. There are now 15 Healthy@Heart classes which provide access. In addition, Salford's Health Improvement Team has developed health walks to combat CHD and obesity. This has been achieved in partnership with Salford Community Leisure and was signalled as a success story in Salford Public Health Annual Report (2004/05).

Mental Health

Mental health issues are a significant problem for individuals living in Salford. With the greatest percentage of adults registered with GPs for severe mental health issues, Salford PCT and the local mental health trust (Bolton, Salford & Trafford MHT see box 2) have worked collaboratively to address the populations needs. Close partnership working has resulted in a number of initiatives and integrated work to help support those people with enduring chronic mental ill-health.

Box 2

Bolton, Salford & Trafford Mental Health Trust

Bolton, Salford and Trafford Mental Health NHS Trust provides integrated mental health and social care services, to the 700,000 people living in the Bolton, Salford and Trafford local authority boundaries and a range of specialist and secure mental health services across Greater Manchester, the North West and beyond. District services are provided in partnership with the relevant local authorities through Section 31 partnership agreements. We directly employ over 3,600 staff from different professions and disciplines with 400 staff seconded from partner organisations. As a teaching Trust, there is a vibrant programme of research and development, teaching and training.

Bolton, Salford & Trafford Mental Health Trust (now Greater Manchester West Mental Health Trust) www.bst.mht.nhs.uk

Examples of partnership working are clearly evident in Salford PCT's Public Health Directorate Report. This includes section 31 partnership agreements with the Mental Health Trust (MHT) to support and manage integrated health and social care services. In addition close working with the Police helps to monitor and evaluate mental health assessment issues. Partnership working in this respect also extends to a 'Joint Diversionary panel' set up between the MHT and Police to secure integrated working for mentally ill offenders.

Cancer

Cancer incidence in the NW is amongst the highest in England. Salford in particular has suffered from higher than average cancer death rates. According to Salford Public Health Report (pg 30) cancer death rates exceed NW figures by 16% and nationally by 31%. Their aim now is reduce cancer death rates for under 75 years old by a minimum of 20% by the year 2010. The Public Health Annual Report notes that good progress is being made. Examples of good practice are evidenced through a recent joint appointment between the PCT and City Council for a health and well-being manager and officer. Working together, a range of initiatives designed around smoking cessation have been developed. City wide advice and support is now available for those wishing to stop smoking. This initiative works jointly with the five a day initiative to support local residents develop a healthier lifestyle.

Older people

Under the Improving health and well-being 1.2 (a) of the Public Health Report, the older population needs have been addressed. Partnership working within neighbourhoods is particularly evident through the wide ranging of integrated working between the PCT, hospital trust, Mental Health Trust, Police, Housing, the voluntary sector and all other council services. This is also evidenced in the LAA, partnership board working, and neighbourhood working and at all levels of the directorate. There are very good, constructive working relationships and increasing numbers of joint appointments with the PCT. Good examples included in the Public health Annual Report (Salford PCT 2004/05) which outlines a range of

activities to help older people in the community. This includes a social inclusion group in Irlam and Cadishead. This programme supports older people to leave their homes and attend a number of support groups. Through these groups, new friendships have been made and older people report they feel more confident to leave their home.

Social

According the Salford PCT Public Health Report (2004/05) a high priority is given over to "improving outcomes for health and emotional well-being". Interestingly, the report chooses to use 'emotional' wellbeing to perhaps signify the prevalence of mental health and social deprivation issues. As noted in the 'improving health and well-being outcome 1', includes the development and introduction of a new 'health and social care directorate – so named under the umbrella of community health and social care'. Akin to other trusts in England, the directorate encompasses cultural and leisure services. The report asserts that this work is strengthened by a commitment or 'pledge' to local area agreements. Partnership working with the community is also evident through the development of a number of health and social care community initiatives. This has been propelled through LIFT and SHIFT funds which have enabled a range of health and community services to thrive.

1.10 Salford's Neighbourhood Renewal Context

Given the need of Salford population and the development of partnership working across a range of agencies, it is not surprising that Salford was awarded Neighbourhood Renewal Fund's. Initially, a Community Plan was developed, through which seven key priority areas (themes) emerged. In response to the community plan and to facilitate partnership arrangements for the seven themes, a Salford Strategic Partnership was set up. The Partnership includes people from the community, voluntary, private, public and faith sectors who work together to promote equality. There are 26 partners who meet twice a year to discuss issues, review progress and set plans. Additionally, to facilitate the themes, Seven Strategic Delivery Partnerships (SDPs) were established by 'Partners IN Salford'. Each of the SDPs are linked to the seven themes and are responsible for leading on priorities set out in the Community Plan.

Aptly named Partners IN Salford, the plan aims to ensure collaborative working to sustain regeneration:

"Partners IN Salford's vision for the city focuses on overall prosperity, improved health, better educational and cultural opportunities, valuing children and young people, and maintaining a clean and well-managed environment. However, the vision goes further. It stresses a commitment to social inclusion and to reducing exclusion among neighbourhoods and communities. No one in Salford should be disadvantaged because of where they live. Partners IN Salford is committed to reducing the inequalities gap between Salford and the rest of England." (Salford Community Plan pg 1).

In relation to health and well being, one of the key themes includes a healthy city. This theme is closely aligned to the national priorities set out in the NHS Plan and is designed to improve the health and well being by reducing inequalities through a 'modern health service' "designed around the populations needs". Priority is also afforded to community involvement through partnership working which promotes an inclusive city where citizens feel valued. For the purpose of this scoping exercise, the health theme was the main focus which includes three key priorities; tobacco control, building healthy communities through empowering the local community and improving health through healthy food and physical exercise.

The SDP for addressing the Healthy City was the Healthy City Forum (see table 4). The aims of the forum are to:

The Healthy City Forum will achieve the pledge of Salford City Council and the Community Plan to improve the health, well being and social care of the people in Salford; and the Primary Care Trust corporate objective of promoting long-term well being in partnership with other agencies

Three key targets were developed to take this forward. The plan stipulates that Healthy lifestyles should be promoted and health inequalities tackled. Secondly, the Forum aims to work in partnership to promote and improve the health of the community. Finally, service redesign was included to increase access in order to meet demand.

Table 4: Healthy City Forum Objectives

(taken from the Partners IN Salford website) www.partnersinsalford.org

The Healthy City Forum will develop and implement a Health Inequalities Strategy detailing expectations from partners, monitoring their achievements and co-ordinating a strategic approach to evaluation by:

- (i) Bringing together the health improvement, promotion of well being and NHS modernisation agendas, where partnership working adds value, into a coherent programme;*
- (ii) Identifying strategies where partners working together will improve health by reducing inequalities more than working in isolation;*
- (iii) Ensuring action is taken by the other 6 strategic delivery groups of the partnership to improve health by reducing inequalities;*
- (iv) Report to Partners IN Salford on the progress of the Healthy City Programme and from the Partnership to the sub-groups;*
- (v) To promote an understanding in agencies and communities in Salford of the determinants of health, Salford health assets and local health inequalities;*
- (vi) To influence investment for health by ensuring investments in local services are targeted at those that have the most contribution to make in improving health and by reviewing existing financial allocations and the influx of new funds to assess the impact on health and inequalities;*

(vii) To take the lead in the Local Strategic Partnership for the implementation of the health section of the Community Plan and Neighbourhood Renewal Strategy and ensure health action is integral to the community strategy.

Two areas in particular were singled out under the New deal for Communities Partnership (NDC) to receive help through partnership working. The two areas Charlestown and Lower Kersal are located in the centre of Salford. One of the key priorities for the NDC was to improve the health of the community by

- The provision of new and improved health care facilities
- The redesign of existing services through greater integration between primary and secondary staff, as well as extended roles and new ways of working
- Community ownership of the new developments

These aims are realised through partnership working under NDC Health Improvement scheme that have developed a number of projects to improve the health and well being of the community. Two of the largest projects in Charlestown & Lower Kersal include the Community Health Action Partnership (CHAP) and the use of LIFT funds to develop health and social care centres. In particular CHAP (Community Health Action Partnership) is made up of local residents who help direct the work of the NDC Health Task Group.

This partnership has empowered the community through ensuring that they play a pivotal role in the design and management of health services in the community. (See table 5 for examples of activities taken from their website).

Table 5: Examples of Regeneration Activities in Charlestown & Lower Kersal
www.partnersinsalford.org

The team is working in partnership with Salford Primary Care Trust on the governance of the two planned Health and Social Care Centres (also known as LIFT Centres) at St. Sebastian's and St. Aidan's

Charlestown Centre Update

The centre in Charlestown began in September 2004, and it opened in October 2005. It is now home to a Doctors' Surgery, Pharmacy, complementary therapies, services for carers and people with long term conditions, and a range of other services identified by local people.

Lower Kersal Centre Update

The centre next to St Aidan's Church on Littleton Road officially opened in January 2007. The centre houses 3 doctors, a pharmacy and a number of other health services. The centre is available to the whole community but has an extra focus on health services for the area's children and young people.

Healthy Living Centre's

In addition to the NDC activities through CHAP, two new Health & Social Care Centres have been built using NHS Local Improvement Finance Trust (LIFT) funds. These centers will be managed through CHAP with support from the NDC. A number of partners are involved in the Healthy Living Centre's including the NDC, PCT, LIFT, CHAP, Salford City Council and a local pharmacy.

Summary

Currently, a great deal of Regeneration activity is evident within Salford. The seven key priority areas were developed in response to the community's needs, demonstrating awareness of the need to include and empower local people. The healthy city theme has supported a range of activities in partnership with the NDC, NDF and the community. This partnership working is typical within Salford and illustrates the extent of the progress made to date. It is hard to ascertain whether any of these partnerships have been evaluated or indeed how this has been achieved. However, the projects located through the websites clearly outline a commitment to partnership for the benefit of the community.

As the PCT Public Health Annual Report states, Salford is making good progress. Exemplary practice through partnership working with the New Deal Initiate, CHAP and other partners have resulted in a positive impact on Salford's communities. The PCT in particular aims to continue this good work and learn from these activities. The report recommends that examples such as Sure Start and New Deal should be rolled out across the city. In addition and to help smooth this process, the PCT aims to continue its work with local residents

to secure a reduction in health and social inequalities. Finally, the report also asserts that LSP's have a crucial role to play in the continued development and support of healthy communities.

The three key areas in relation to health have witnessed innovative programmes to support the community in preventing ill-health. A natural consequence of this is the impact on the well-being of the community. Health and social equality are inextricably linked, any positive effects from UR on the health or the social equality of Salford population will have a reciprocal effect.

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Neighbourhood Renewal Unit <http://www.neighbourhood.gov.uk/> (accessed 1st August 2007)

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Chapter 2 A Profile of Neighbourhood Renewal Activity Focused on Promoting Health and Well-being in the North East Region

Glenda Cook, Pam Dawson and Denise Elliot

2.1 Introduction

The North East of England is a geographically, demographically, economically and culturally diverse region. Deterioration in economic growth throughout the 1990's contributed to high levels of deprivation and economic inactivity. Whilst economic inactivity has fallen in recent years this is still higher than other regions and is particularly concentrated in the over 50's age group where ill health is more prevalent than other parts of the country. In keeping with government policy the region has been subject to wide ranging programs of regeneration to bring about economic growth, to combat social deprivation and address inequalities in health. Regeneration partnerships emerged during the 1990's, which drew together organisations from all sectors to help promote best practice, share experiences and act as a catalyst for change. In the context of health and well-being the public health agenda has now moved toward a community 'hands on' approach predicated on partnership working between the NHS, local authorities, independent and voluntary agencies. This agenda emphasises working with the community to address the health and well-being needs of the population and development of targeted locally-based services.

2.2 Aims of the Scoping Exercise

The aims of this scoping exercise are first to provide an overview of the North East in terms of its location, aspects of deprivation and health and well-being needs. Secondly, describe the partnerships / forums that have been set up to promote regeneration across the North East and improve health and well-being across the region.

2.3 Search strategy

Uncovering relevant evidence about regeneration and the partnerships that exist in the North East region was not a straightforward activity. The process of searching and locating evidence through internet searches involved negotiating all the complexities of identifying relevant terms that are used by search engines and understanding the environment in which regeneration activity takes place. This is an activity that transcends the boundaries of economics, health, social care, housing, transport, education, policy, service planning and delivery. Terms that are understood within one sector are not necessarily used by other sectors. Added to this the same term may have several meanings across sectors.

During the initial internet searches it became clear that different phases of regional and community development followed the government agenda of the day. In recognition of these problems it was agreed by the project steering group to focus the scoping activity around the Neighbourhood renewal initiative. This is a government strategy to regenerate England's most deprived localities by improving services to narrow the gap between deprived areas and the rest of the country. The Neighbourhood Renewal Unit runs a number of the

government's cross-sector regeneration programmes, including New Deal for Communities, Neighbourhood Management, Neighbourhood Wardens.

The ensuing wave of community development programmes followed by the Neighbourhood renewal initiative resulted in an array of different, often disparate websites, policies and papers. Each of these contained various data with one common denominator, that of satisfying the needs of the community health and well being. For example, the Index of Multiple Deprivation, developed by the Office of the Deputy Prime Minister (2004) details seven Domains of deprivation which include income deprivation, employment deprivation, health deprivation and disability, education, skills and training deprivation, barriers to housing and services, living environment deprivation and crime. These domains represent the Government's beliefs about the key regeneration areas which have been targeted through a far-reaching range of initiatives and illustrate the extent of problems faced by communities and urban regeneration programmes.

The North East has some of the most rural areas in England and yet is also witness to much extensive regeneration in some of the most deprived areas of the UK. A range of National statistical databases have been used to source health and social care data about the health and well-being of the North East.

Initially, little evidence was located simply using terms such as urban regeneration or neighbourhood renewal. However, two sites were located which provided relevant information about the progress and processes of regeneration. The Neighbourhood Renewal Data Site (NRD) provides access to databases on

the extent of regeneration monitoring, priority setting and performance management at a neighbourhood level. A full range of information is available which details datasets and information about neighbourhood renewal issues.

The Neighbourhood Renewal Unit

Table 1. Web Sites Searched

<p>One NorthEast: http://www.onenortheast.co.uk/page/index.cfm</p>	<p>The growth strategy: http://www.thenorthernway.co.uk/page.asp?id=184</p>
<p>British urban regeneration association: http://www.bura.org.uk/</p>	<p>Spatial strategy: http://www.communities.gov.uk/index.asp?id=1144311#North</p>
<p>Communities and Local Government www.communities.gov.uk</p>	<p>EastRSS Renewal pathfinder: http://www.newcastlegatesheadpathfinder.co.uk/</p>
<p>North East regional Information Partnership: http://www.nerip.com/</p>	<p>Neighbourhood renewal Unit: http://www.neighbourhood.gov.uk</p>
<p>The Northern Way: http://www.thenorthernway.co.uk/</p>	<p>Government Office for the North East http://www.gos.gov.uk/gone/</p>

(NRU) was also accessed as a main search site because of its responsibility for overseeing the neighbourhood renewal strategy. It is part of the Department for Communities and Local Government (DCLG) and works with government offices, neighbourhood renewal teams, to monitor and support local strategic partnerships. Through the NRU and government funding a wide range of initiatives were established to ascertain local needs and to pilot new ways to fight deprivation in the poorest and most deprived communities.

The Neighbourhood Renewal Unit site was therefore used as the main gateway to much of the information contained in this report about local regeneration initiatives. The site details the extent of activity for all 14 sites across the North East.

2.4 The North East and its population

The North East is the smallest English region outside of London. The region extends from the Scottish border to Yorkshire and from the Pennine Hills to the North Sea. Situated on the eastern seaboard of the UK facing Europe. It is geographically diverse with large rural areas with small populations, and concentrations of people in the industrial heartland of Tyneside, Wearside and Teeside and in densely populated cities of Newcastle, Sunderland and Middlesborough. To the north of the region is Northumberland, which is the most rural county in England with 157 people per square mile. In 2006 the North East regional gross value added (GVA - a measure of the size of the economy) was £38.8 billion, indicating that the region has the smallest economy of all the English regions. Economic growth worsened throughout the 1990's, resulting in more concentrations of deprivation in the North East than other English regions. In recognition of the poor economic performance of the region there was an emphasis on 'closing the gap' in the targets set out in the 2006 Regional Economic Strategy (RES), "Leading the Way", with the key economic target in the RES being "to increase the region's level of GVA per head from 80% of the national rate in 2006 to 90% in 2016".

Recent indices suggest that growth has improved steadily and growth between 2005 and 2006 was the highest of all the UK countries or regions. This economic growth has had a positive impact on the region and there are some indications that the North East is a region where people experience a high quality of life, however within the region there are localities that suffer from acute deprivation.

Manufacturing, business services and the public sector are the dominant sectors within the North East's economy. Manufacturing accounts for a bigger proportion of the North East economy than nationally (19% in 2004 in comparison to 14%). Business services accounted for 23% regionally and 33% nationally; and public sector activity accounted for 29% of activity regionally and just over 24% nationally (NERIP, 2008).

The rate of employment is lower than the national average with the gap narrowing in recent years. The number of working age people in employment in 2007 (including self-employed) was 71%, which is approximately three percentage points lower than the UK average. There is an intra-regional disparity in employment rates in the North East, with Middlesborough, Hartlepool and South Tyneside below 67% and at the other end of the scale, Darlington, Derwentside and Durham City in excess of 76%. The North East has the second highest proportion of workless households of the UK regions.

The North East is one of the few regions where the population is not growing. It is home to just over 2.5 million people (5.1% of the total population of England). There is a relatively low proportion of people from black and minority ethnic groups (2.4%, NRIP, 2008), with the majority of those being from Asian background; whilst the size of the population remains relatively static, change in the population is expected due to migration to and from the region (influx of females 28-34 years and children, men 28-34 years moving out of the region; 62-70 years men and women are moving into the region).

Reported projections up to 2020 indicate that the region is ageing; these projections indicate that there will be a decline in under 15's; an initial increase in 16-64 year olds until 2010, followed by a decline in this population group; and a steady increase in 65-79 group; over 80's will see a large increase over this period of time. An increase in the older population is more marked in the female population than it is in males. Demographic change suggests that the North East is likely to experience the impact of economically supporting an increasing proportion of the population outside of the workforce.

2.5 The Extent of Deprivation in the North East

In 2000, the Office of the Deputy Prime Minister (ODPM) commissioned the Social Disadvantage Research Centre (SDRC) at the Department of Social Policy and Social Research at the University of Oxford to update the Indices of Deprivation 2000 (ID 2000) for England. The 2004 report builds on previous work undertaken in 2002 and "rehearses the conceptualisation underpinning the model of multiple deprivation used and outlines the indicators and domains that go to make up the ID 2004". The actual Index used Super Output Area Lower Layers to provide an opportunity to identify and target areas where small pockets of deprivation exist. However, the updated version (IMD 2004) uses Super Output Area (SOA) level measures of multiple deprivation and contains seven SOA level Domain Indices. In addition, each domain index is considered in the geographical contexts of the UK. According to the Department for Communities and Local Government (2007) report England's most deprived

20% of LSOA's have the majority or all of the following characteristics:

- Just over a third of people are income deprived (35.4%)
- One in five women aged 18-59 and men 18-64 (20.3%) are employment deprived
- Just under half of children 48.8% live in families that are income deprived
- 37.5% of older people are income deprived

In relation to the most deprived 20% of LSOA's on the IMD (2007) the North East had the largest percentage (34.2%), followed by the North West (31.8%). Further examination of the indices of multiple deprivation (which include income deprivation, employment deprivation, health deprivation and disability, education, skills and training deprivation, barriers to housing and services, living environment deprivation and crime) indicate that there are localities within the region that suffer from acute deprivation. In keeping with the focus of this scoping exercise health deprivation, defined as "*unexpected deaths or levels of ill health*" (IMD 2007) was examined by exploring life expectancy, death from cancer and coronary disease, smoking related mortality, teenage conception rates.

2.6 The Health Context of the North East

Life expectancy in the North East is lower than the national average. There is also a variation in outcomes within the Region. For example there is a 12 year variation in life expectancy between the highest and lowest districts (NESHA, 2008). Women have a slightly higher life expectancy than men with the gap being slightly above the national

average (the difference between men and women in the North East is 4.4 years and 4.4 years nationally). Selective health indices are highlighted below to illustrate that people living in the North East are disadvantaged with respect to their health.

The standardised mortality rate of death from all forms of cancer in persons less than 75 years is higher in the North East than any other English region. Whilst the rate has decreased in recent years, there are around 130 deaths per 100,000 people per year (15 percentage points above the rate for England as a whole).

The standardised rates for deaths from coronary heart disease in persons under 75 is higher in the North East than in any other region in England with the exception of the North West. In 2005 the annual rate in the region was 59 death per 100,000 people, which is 23% above the rate for England. Incidence rates are much higher for males at approximately three the rate for females.

These statistics reflect higher levels of illness and disease prevalent in the region. Other factors affecting health and well-being also portray a dismal picture of the regions health and well-being. The General Household Survey (2005) indicates that there are higher rates of smoking within the region: 29% of the population are smokers compared to 24% nationally. The region has, and has had for some time, the highest conception rate amongst teenage females: in 2003 there were 49.6 conceptions per 100,000 almost 20% above the national rate of 41.3% in England and Wales.

A recent consultation by NESHA (2008) concerning the health of the North East region reached the conclusion that the "North East had

the worst health in England" (p.16), and "in comparison to the rest of England the North East has the greatest economic deprivation, high unemployment, the largest proportion of deprived areas and a high prevalence of smoking. Each of these factors is a significant determinant of health. Taken together they largely explain why the region has the highest death rates in England, highest levels of illness, the highest reported sickness levels, the highest rate of cancer, highest levels teenage pregnancy" (p.18).

2.7 Long-term health and well-being goals for the North East

A 21st century strategy for the health and well being of the North East has now been published, following widespread consultation. It sets out a vision for the North East to have the best and fairest health and well-being, and to be recognised for its outstanding and sustainable quality of life (NHS Public Health North East 2008). The strategy sets out 10 key themes:

- Economy, culture and environment
- Mental health, happiness and well-being
- Tobacco
- Obesity, diet and physical activity
- Alcohol
- Prevention, fair and early treatment
- Early life
- Mature and working life
- Later life
- A good death

Regional advisory groups, with membership across sectors, will support the implementation of the strategy, which aims to make the health of the North East the best of any in the country over the next 25 years. Social marketing and public health research are seen as key planks of activity to enable improvements to be made in population health and well-being and a total of seven cross-cutting approaches to change at a regional level are to be implemented:

- Governance
- Lobbying activity
- Research and development, analysis
- Policies and planning
- Service redesign & funding
- Performance management of services
- Advertising and social marketing

The strategy sets out a long term aspiration and inspiration for a North East, which will have an environment conducive to maximising and sustaining health and well-being, with a safe drinking culture and reduced smoking prevalence. Increased levels of physical activity will be encouraged, to promote individuals to have a weight and body mass index within safe limits. There will be a clear focus on valuing and improving individual mental health and happiness, and the North East will have the best preventative services delivered fairly. The strategy provides a vision for the region to become the safest place to be born and experience early life; to achieve the best possible work and life balance; to grow old in a healthy, happy way; and, at the end of life, to be supported to approach a good death, free from pain, with dignity, in a place of one's choosing.

2.8 Regeneration partnerships in the North East

A plethora of partnerships have developed in recent years with the common aim of addressing the deprivation that exists within the region. Collectively these partnerships have created regional and supra-regional strategies that transcend economy, business, health, environment and culture. Some of the issues relating to deprivation are experienced across the North of England. In the 1990's there existed a £30billion output gap between the North of England and the average for the country England. The disadvantage that resulted from this could not be tackled by one region alone therefore the 'The Northern Way,' a collaboration between the three Northern Regional Development Agencies - Yorkshire Forward, NorthWest Regional Development Agency and One NorthEast - was forged. This partnership developed a 20 year strategy to transform the economy of the North of England. The City Regions of the North East and North West shared common ground, they are home to 90% of the North's population and generate more than 90% of the area's economic activity between them. The cities have become the engines for the Northern Way as it works in conjunction with a range of 'bottom up' and 'top down' regeneration initiatives, including the Regional Strategies, such as the growth strategy and the spatial strategy Neighbourhood Renewal Strategies and the Local Strategic Partnership Plans.

Within the region partnerships have developed to provide a strategic direction to promote growth and prosperity. One NorthEast, for example, is the Regional Development Agency (RDA) within North East

England. It was established in April 1999 to help the people of the North East to create and sustain jobs, prosperity and as a consequence experience higher quality of life. One NorthEast's mission is to 'To transform the region through sustainable economic development.' In contrast Government Office for the North East (GONE) addresses local needs through streamlined, strategic networks that aim to deliver, influence and develop government programmes to meet the specific needs in the region and draw down resources from central government.

The work of national regeneration agencies that have a focused remit are also evident in the region. The legacy of an industrial and mining past has contributed to significant deprivation in some communities in the North East. Regeneration initiatives, such as coalfield regeneration and tourism development are seeking to create new employment, homes, leisure facilities and public space. In these areas English Partnerships is supporting the development of affordable housing and increasing the quality and quantity of private-sector investment in housing. This and initiatives, such as bridging NewcastleGateshead, one of nine housing market renewal pathfinders are facilitating the physical and social regeneration of the poor standard of housing in the most deprived areas in the region. This has been a concerted effort across agencies to increase the proportion of dwellings that meet the decent home standards and raise the North East from the lowest of all regions (in 2003 just over 23% of homes met decent home standards in contrast to the national average of 31% NRIP, 2008).

In total 86 local authorities have received Neighbourhood renewal funding, with 14 based in the North East. This funding addresses deprivation issues through co-ordinated strategic and holistic neighbourhood renewal and community planning. This is a strategy that is intended to respond to local circumstances rather than directing everything from central government. The Neighbourhood Renewal Unit runs a number of the government's cross-sector regeneration programmes, including New Deal for Communities that tackles poor job prospects, high levels of crime, educational under-achievement, poor health, problems with housing and the physical environment Neighbourhood Management that works with local agencies to improve and link their services at a local neighbourhood level; and Neighbourhood wardens that provide a highly visible, uniformed, semi-official presence in residential and public areas, town centres and high-crime areas. The following table provides evidence of Neighbourhood Renewal in the North East. (See Ttable 1).

Table 2 - Neighbourhood Renewal in the North East

Local authority	Web site	Evidence located
Derwentside	http://www.derwentside.gov.uk/	<p>Using Neighbourhood Renewal funding Durham County Council, working in partnership with Derwentside District Council, has created a network of Community Information Points in community venues across target wards. The Derwentside Partnership enables local authorities, public sector agencies, the voluntary and community sector (VCS) sectors, and the business sector to work together to regenerate Derwentside.</p> <p>Has a 'Healthier Place' strategy that aims to work with partners to improve the health of the population and reduce health inequalities.</p> <p>The Community Strategy and the Local Development Framework (LDF) are the key documents through which the 'Vision for a Sustainable Derwentside' is to be realised at the local level.</p>
Easington	www.easington.gov.uk/	<p>Easington is the 4th most deprived ward in England, using the Indices of Multiple Deprivation. Neighbourhood Renewal Funding has been allocated to support a variety of Service Improvements in Easington through the East Durham Local Strategic Partnership.</p> <p>The East Durham Local Strategic Partnerships includes Easington. A key theme of the LSP and LAA is health and older people.</p> <p>Easington has a regeneration vision for 2021. Much of the regeneration projects are aimed at providing new opportunities for employment to replace the thousands of jobs lost due to the closure of the mining industry. Some projects address housing issues, however, no projects were found concerning health.</p>
Stockton-on-Tees	www.stockton.gov.uk/	<p>The Stockton Renaissance Partnership Board developed the Community Strategy which focuses on six areas - the environment; community safety; health; regeneration; education and lifelong learning; and arts and culture.</p> <p>Regeneration initiatives for housing, town center development, neighbourhood management, Pathfinder initiatives are identifiable.</p> <p>Under the Neighborhood Renewal fund projects are supported to address health inequalities in neighborhood Renewal areas e.g. addictive behavior service, alcohol counseling service and healthy lifestyles.</p>

Local authority	Web site	Evidence located
Sunderland	www.sunderland.gov.uk/	<p>City of Sunderland Local Strategic Partnership has identified Improving health and social care as 1 of 8 priorities, and within this theme the priorities are supporting families, working with communities who experience ill health, improving quality of services and addressing the problems contributing to long term problems such as poverty, poor housing and unemployment.</p> <p>Regeneration projects within Sunderland include Port of Sunderland, Hendon Beach, Sunderland Central Station and Hendon East end initiatives. No specified health projects.</p>
Wansbeck	www.wansbeck.gov.uk/	<p>Wansbeck has 10 of its 16 wards amongst the 20% most deprived wards in England. 7 wards are in the worst 10% - one of the contributory factors being the legacy of the coalfield past that resulted in low income, lack of employment and social deprivation. Hence the main purpose of the Community Plan (developed by the Local Strategic Partnership – the Wansbeck Initiative) is to improve the economic, social and environmental well-being of the District.</p> <p>Wansbeck and Blyth Valley are both designated Spearhead areas that have agreed to take a collaborative approach as a means of tackling health inequalities in South East Northumberland through LAA agreements.</p>
Wear Valley	www.wearvalley.gov.uk/	<p>Wear Valley Local Strategic Partnership's (LSP) Community Plan has specific priorities relating to: Population, Health Inequalities, Lifelong Learning, Community Safety, Economy, Environment and Housing. Health is 1 of 7 thematic groups.</p> <p>A number of health related regeneration projects are identified including: Healthy Living – WWH; Healthy Living - Ageing Well; Tackling Substance Misuse; Boys and Young Mens Sexual Health Worker; Ageing Well; Specialist Smoking Cessation Advisor.</p>

2.9 Summary

Evidence from the Office of National statistics and others has provided insight into those areas which are most deprived. A large number of these areas are located within the North East region. Sustainable communities have indeed been supported through the NRF. The range of initiative in place assures that this work is longitudinal and based on the communities needs.

The national picture reveals a number of concerns faced by health and social care agencies. Against this backdrop, local trusts have adapted policies to support their own health and well-being activity and the region has produced its own public health strategy and vision to reduce health and well-being inequalities and make the North East a better place to live. Some of these have a direct relationship with urban regeneration and suggest a sustained programme to improve local health and well-being. The way in which local initiatives have moved towards these goals is variable and is in keeping with the local population demands.

2.10 References

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2.11 Web sites

North East Regional Information Partnership <http://www.nerip.com>

Communities and Neighbourhoods <http://www.communities.gov.uk/communities/neighbourhoodrenewal/>

'Regenerating the English Coalfields' <http://www.communities.gov.uk/staging/index.asp?id=1508895>

English Partnerships -The National Regeneration Agency <http://www.englishpartnerships.co.uk>

Moving Forward : The Northern Way <http://www.thenorthernway.co.uk/>

The growth strategy: <http://www.thenorthernway.co.uk/page.asp?id=184>

Spatial strategy: <http://www.communities.gov.uk/index.asp?id=1144311#NorthEastRSS>

One North East <http://www.onenortheast.co.uk/page/index.cfm>

Government Office for the North East <http://www.gos.gov.uk/gone/>

Bridging Newcastle Gateshead <http://www.newcastlegatesheadpathfinder.co.uk/>

'Regenerating the English Coalfields - Interim evaluation of Coalfields Regeneration Programmes: Research Summary' <http://www.communities.gov.uk/staging/index.asp?id=1508895>

Tourism NorthEast <http://www.tourismnortheast.co.uk/>

Chapter 3 Profile Summary of North West and North East England Neighbourhood Renewal Activity: promoting health and well-being

**Michelle Howarth and
Glenda Cook**

2.1 Introduction

The degree to which partnerships are visible within urban regeneration areas has been recorded in a range of formats including websites, public documents, research reports and conference proceedings. Media representation has been variable and work to consolidate the vast amount of evidence about the extent of partnership working is rare. Thus there was a need to determine the extent of regeneration and the context in which this was being undertaken. To address this, two scoping exercises were conducted to explicate the evidence base for regeneration activity using a contextual programme of work that sought to describe the geographical locations and use of epidemiological data to better understand the health and social care needs of the North West and North East of England.

The overarching aim of the two scoping exercises was to provide an illustration of the regeneration activity that has taken place in the North East and North West of England. Both scoping exercises described the geographical locations in which regeneration partnerships occurred. In doing so, the reports detail the extensive search strategies that were developed to capture contemporary data about such activity. Each chapter describes the health populations' needs alongside an account of the regeneration partnerships. The context in which the partnerships were shaped provides greater clarification of the work undertaken and the drivers and barriers to regeneration partnerships working in an urban setting.

The health problems faced in the North East and North West of England are similar and reflect the need to focus partnership work in areas such as coronary heart disease, mental health and older peoples service provision. This report provides a backdrop against which readers are made cognisant about the deprivation in these areas and the partnership working that was designed to tackle the areas most deprived. Coronary Heart Disease, Mental health and aging provide predictors of the health and social needs of the population and signal the way in which services and partnerships should be prioritised in the future.

The report is divided into two chapters. Chapter 1 describes the extent of deprivation in the North West and details the search strategy, health of the population and neighbourhood renewal activity within the area. A focus on Salford has been provided to contextualise the key regeneration issues within the North West. Chapter two describes the regeneration activity that has been developed to address the populations health needs in the North East. The extent of deprivation is discussed coupled with a description of the health context of the North East. The long term health needs of the North East are discussed within the context of regeneration partnerships and provide a snap shot of the ways in which regeneration has been managed through partnership processes.

The North West Picture

The scoping exercise helped to decipher the ways in which the North West managed regeneration programmes through partnership working within some of the most deprived areas of the UK. Data were located through a range of National statistical databases which were used to source information about the health and well-being needs of the North West. The data specifically explored the contexts of older people, cancers, mental health, heart disease and other indicators of deprivation. In relation to older people the exercise found that around average number of older people being supported at home. However, the incidence Cancer incidence in the NW is amongst the highest in England. The NW has the highest number of people misusing drugs and alcohol. In addition the NW also has the greatest number of patients with a severe and enduring mental illness registered with a GP. In addition social factors such as education, employment and housing were included in the scoping exercise to help set the scene for the regeneration activity taking place.

In tackling these issues, a number of programmes were established to support regeneration initiatives in the North West. This included New Deal for Communities partnerships aimed at tackling employment, crime, education, health and housing. Complementary programmes were also used such as Neighbourhood managements and Neighbourhood Wardens. A healthy picture emerged in relation to Salford, Regeneration activity is evident within Salford.

The community's needs were addressed through a range of strategies and regeneration programmes which were used to empower local people. The scoping exercise reveals that there were a number of initiatives developed to help regenerate and support local communities. Moreover, partnership working in these areas was visible and in most cases successful. The extent of regeneration partnerships in areas most deprived signalled a clear commitment to empowering communities and tackling the root causes of deprivation.

The North East Picture

The scoping exercise illuminated the extent of deprivation in North East England. The Government's official measure of multiple deprivation indicates that the North East has the largest percentage of Lower Super Output Areas in the country. In reality this highlights areas of extreme deprivation; however these do not exist in isolation. The Region experiences multiple levels and types of deprivation including income deprivation, high levels of childhood poverty, low levels of employment, poor housing, and high levels of crime. Taken together these factors adversely influence the health of the population living in the region. Life expectancy is lower than the national average, self-reported sickness and disability levels are high, and death from all forms of cancer is higher than other English regions. Added to this life style factors, including the highest smoking rates, alcohol misuse, and highest conception rates amongst teenage females provide dismal contributory factors to poor health of the region's population.

The current geography of deprivation that exists in the North East has resulted in momentum across Government departments and agencies for regeneration. This is illustrated through the plethora of bottom-up and top-down regeneration initiatives that have developed from the 1990's onwards. There is recognition that disadvantage cannot be tackled by one region or one agency, therefore partnerships have been forged. The scoping report provides a broad overview of the partnerships that now exist with the aim of transforming the Region and its local communities. The impact of the initiatives developed through these partnerships is under constant scrutiny. From a health perspective the Regional strategy groups monitor outcomes and trends indicate that whilst there are still areas for concern compared to other regions, people are becoming healthier. For example, levels of cancer and coronary heart disease are falling slightly faster than the national average. The picture provided through this report is that there is a clear commitment to addressing the deprivation that exists within the Region.

Summary

The two scoping exercises detailed in this report point to the disadvantage and that is evident across the North of England. There is evidence that there is commitment to address this through regeneration partnerships. The impact of the initiatives developed through these partnerships, however, will be influenced by the national and international context in which they develop. A key factor in the immediate future will be the full impact of the global recession and how this influences the very issues that these partnerships are attempting to address. With this in mind, the report should be read as a reflection of regeneration of activity at the time that it was written.



Education Development Unit
University of Salford
Salford, Greater Manchester
M5 4WT
United Kingdom

T +44 (0)161 295 2331

F +44 (0)161 295 2332

www.edu.salford.ac.uk

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