

Chapter 5

Health



Volunteers run clubs such as Castle Vale Junior Kick Start (above).

Between 1992 and 2005 life expectancy in Castle Vale rose by an average of more than seven years¹. The achievement was underpinned by two factors above all others: improved housing and environment, and a strategy for health improvements tailored to problems prevalent on the estate.

The strategy was based on a 1992 survey of the estate which provided evidence of the social and economic conditions in Castle Vale. It also documented the ailments, afflictions, and barriers – real and imagined – that contributed to a reduction in residents’ quality of life.

The report was commissioned by Jay Hill, then deputy director for health at Birmingham City Council². “It was well known that Castle Vale was deprived, but it wasn’t clear what people were dying of, whether cancers, heart attacks, or strokes, or at what age.” It was equally unclear what could be done to improve the situation, and why the problems were so deep-rooted.

The early years

Dr Paul Sadler was one of the first GPs in Castle Vale. “I started work on 13 November 1967, and stayed until 1995. I wanted to go to Castle Vale because the integration of all health practitioners under

one roof seemed like a progressive idea, like the estate itself. I thought it was important that we were all aware of each other’s activities.” Unusually for the 1960s, doctors, midwives, social workers, and health visitors in Castle Vale were all based in the same building³.

“The 1960s baby boom meant that there were quite a lot of single mums around. The estate also had a very young population. At one stage I think that 36% of residents were under the age of 12. It is also true that plenty of girls got pregnant to get council accommodation. To some it was the only means of leaving home and being independent,” says Dr Sadler.

From the mid-1970s there was a noticeable dissatisfaction with high-rise living. Dr Sadler remembers the flats as noisy and damp, and unsuitable for families with young children. Elderly people felt particularly isolated. “But although the stairwells and public areas were often poorly maintained, people generally took great pride in their own flats.”

Pat Smith, a health worker in Castle Vale from 1968 to 1988, remembers a higher than average number of children with upper respiratory problems: “Particularly those living in the flat-roofed maisonette blocks.”

Dr Sadler enjoyed most of his career in Castle Vale. “The last few years were tarnished because, I’m afraid that the city council did use it as a dumping ground.”

From the mid-1980s the arrival of large numbers of single men led to a significant increase in instances of anti-social behaviour. Noise pollution, intimidation, and drug abuse all rose. The rot was setting in.

As soon as the Housing Action Trust was up and running, residents wasted little time in voicing their concerns about anti-social behaviour. It was prioritised very early. The problem was that the Trust had multiple priorities in the early years. Education, the repairs backlog, the estate’s negative image, and so much more all required attention. Improving the health of residents was just one aspect of the process, albeit a vital one.

Assessment

The 1992 Health Needs Assessment revealed that life expectancy was low (68.3 years against a national average of 75.9⁴), and rates of perinatal mortality⁵ were among the highest in the West Midlands. Rates of mental illness and domestic violence were also disproportionately high.



(Above) Castle Vale school pupils’ dance performance and (below) cycling is one of a range of holiday activities.



¹Sources: Health Needs Assessment for Castle Vale commissioned from MEL Research, Birmingham, published in autumn 1992; Castle Vale Final Health, Social and Economic Baseline, published in autumn 2004. ²Jay Hill took up her post as the Housing Action Trust’s full-time health consultant in 1994.

³Until the completion of a purpose-built health centre on Tangmere Drive, there was a temporary clinic at 44-48 Brookepiece Walk. ⁴Source: Office of National Statistics. In 1991 the expectation of life at birth across the United Kingdom was: 73.2 years (male), and 78.7 years (female). The mean life expectancy was 75.95 years. ⁵Perinatal mortality refers to still births or deaths at less than one week.



As part of the Drugs and Substance misuse strategy teachers' awareness of drugs was raised to enable them to deal better with pupils who had become dependant.



A support service has helped victims of crime.

Domestic violence was captured vividly by local artist Paul Hill. "Getting His Bottle In' is a portrait of a lady I've known for many years. I came across her, bruised and shaken, on the way home [in the early 1990s]. She told me that she'd forgotten to get her husband's bottle in."

In truth the survey confirmed what many already suspected. Life in Castle Vale was tarnished by poverty, fatalism, and a sense of dislocation from mainstream society.

Many visitors talked of their fear of crime. "We found out that social workers felt threatened in Castle Vale. Some would only come in pairs, if they came at all," says Jay Hill.

It was clear that the existing health provision was over-stretched, and under-used. It was also hampered by poor transport links. Opportunities for people to seek some basic services were few and far between (see 'Infant mortality' and 'Mental illness' below).

Over the years the Trust established or supported all sorts of working groups and partnerships, under the umbrella of the health sub-group⁶. It funded drug workers to reduce waiting lists, and set up a club for pre-school-age children, to help single mums get out to work. It also

⁶The health sub-group was led by resident Board member Joyce Curtis. ⁷The Golden Years group was led by resident Board member Joan Lawrie.

supported the Golden Years group⁷, which offered holidays to elderly residents, and contributed to the cost of the Sanctuary. Only the unwilling were overlooked.

Examples of Castle Vale HAT's approach to the delivery of healthcare improvements are documented over the following six pages.

Alcohol & substance abuse

Drug and alcohol misuse were severe problems. A 1996 survey by Sheffield University revealed that there were 1,517 very heavy drinkers in Castle Vale, and over 650 substance abusers. The extent of the problems demanded commitment and a long-term plan. The Trust's strategy, introduced in October 1996, was subscribed to by 11 agencies.

Phase 1 focused on breaking the cycle of drug and alcohol misuse. An outreach team was employed to identify and support crack cocaine addicts. The Trust also provided office space for the full drugs team at the Sanctuary (see Side panel 2). This placed it under the same roof as other charities and support agencies, optimising the potential for collaboration.

The strategy subsequently shifted, to focus on the promotion of awareness and prevention. Education providers, including Birmingham



The Sanctuary houses a range of voluntary and charitable organisations such as Aquarius (top right) which supports people who are alcohol dependant.



Baby massage sessions are held at the local Doctors' surgeries for new mums.



Residents from the former Avro House (a warden scheme within one of the now demolished 14 tower blocks on Farnborough Road) regularly organised trips away.



Acclaimed local painter Paul Hill has depicted his perspective of life in Castle Vale since the 1970s. *Getting the bottle in* shows the changed life of a woman who had endured abuse only to emerge as a survivor (right).

City Council Education Department, the head teachers of schools in Castle Vale, Parents for Prevention, and Midlands Life Education Trust, worked with drug and alcohol agencies to provide information, training and treatment. Over a three-year period more than 2,000 children aged three and above and 100 teachers benefited from the programme.

Domestic violence

The 1992 assessment of Castle Vale’s health needs revealed that domestic violence was a major problem. Jay Hill recalls one three-month period during which 53 cases were reported.

Research began in 1996, followed in October 1999 by a year-long Zero Tolerance campaign. The idea was to raise awareness of domestic violence, and to demonstrate that cruelty against women and children was both unacceptable and under surveillance. The campaign was led by Birmingham’s Women’s Aid, with support from the Housing Action Trust, West Midlands Police, and local faith groups.

As part of the campaign the Housing Action Trust lobbied successfully for greater justice for victims of violence. “One of the local vicars told me how appalled he was that in cases of domestic violence the perpetrator, often the man, would almost always stay in the house. The wife and children would be forced out. We changed

the policy to ensure that perpetrators would be evicted,” says Jay Hill. In February 2002 the scheme was extended to support survivors of domestic violence.

Infant mortality

From the outset the Housing Action Trust was concerned about the instances of low birth weight, and the high rates of infant mortality.

Part of the problem was the distance to the nearest scanner. Good Hope Hospital is two bus trips away. “It’s quite a trek, particularly if you’re feeling sick and you’re short of money,” says Rachel James, a midwife in Castle Vale since 1990.

The solution was to ask the National Health Service to invest in a scanner for Castle Vale. With access to proper facilities the infant mortality rate gradually began to drop. But there was still the problem of getting women to go to the health clinic.

“Defaulters were a big concern to us. We had to make the clinic more accessible, and dangle carrots in front of them. We’d say, ‘if you come to the clinic you’ll get a free sample of whatever we had that week’. It was very important to establish relationships,” say Liz Pritty, a midwife in Castle Vale between 1990 and 2001.



Exercise on prescription is provided for elderly people. This includes Tai Chi lessons.



Phoenix Court extra care scheme replaced the warden scheme in Albert Shaw House, a 15 storey tower block demolished to make way for the redevelopment of the old Castle Vale shopping centre.



Drop in consultation sessions were held in 2004 to seek views on the design of an additional nursing home.



The Friendship Club meets regularly and undertakes a range of activities, including art therapy.

Despite everyone's best efforts, the final health baseline study⁸ revealed bad news. It showed that the rate of stillborn babies per 1,000 births was 6:63% in Castle Vale, 1% above the West Midlands average⁹. More worryingly, the low birth-weight indicator showed that between 1997 and 2001 the numbers almost doubled, from 7.3% to 15.2%¹⁰.

The figures serve as a reminder that while enormous improvements have been made in Castle Vale, problems do remain.

Mental illness

There is a high rate of mental illness in Castle Vale, a phenomenon partially explained by the closure of two psychiatric institutions in Birmingham in the early 1990s, Highcroft and All Saints. Because there was almost always accommodation available in Castle Vale, even at short notice, large numbers of people with mental health problems ended up there. But the level of demand overwhelmed the existing services and facilities.

In the early 1990s there was a community psychiatric nurse on the Vale, but the service was not popular. One of the problems was that clinics were held in the health centre, where patients' anonymity was not protected. The nearest alternative required a bus trip with three changes. Completion of the Sanctuary, a building that provided space for 12

multi-agency voluntary and charitable sector organisations, in August 1999 made a positive difference to the provision of mental health care in Castle Vale. One of the key benefits was its centralised reception, meaning that health care could be administered discreetly (see chapter 4, and Side panel on page 61).

Every Tuesday since July 1999, the Friendship Club, a group of around 20 people with a mental health problem, has met at the Sanctuary. The Friendship Club, a partnership between the Housing Action Trust and Birmingham Mental Health Trust, became the focus of Castle Vale's approach to the provision of care for the mentally unwell. The Mental Health Trust provided clinical support, including two psychiatric nurses and an art therapist; the Housing Action Trust provided training programmes and leisure opportunities.

The outcomes of this relatively inexpensive intervention (around £20,000 per annum) were impressive, with reductions in hospital admissions, individuals coming off medication, and some even being able to return to work.

Poverty

The 1992 assessment of Castle Vale's health needs revealed that protection rackets and loan sharks had a grip on the estate. Ever

since the last bank had closed during the late 1980s loan sharks had been the only option available to people in need of financial support.

Every Thursday loan sharks would congregate at the shopping centre, with their client's Post Office books. They'd give the books to their clients, and wait outside to take their share. The same thing would happen week after week. Partly because of this the true extent of indebtedness was not known. But it was clear that very few residents had a history of saving.

In 1996 the Birmingham Credit Union Development Agency was invited to develop a credit union for people who lived or worked in Castle Vale. Following negotiations with the Housing Action Trust, Tenants and Residents Alliance, and the estate's two churches, Castle Vale Credit Union was approved by the Registrar of Friendly Societies in September 1998.

As well as offering a savings service, members can apply for cheap loans after three months of consecutive saving. Castle Vale Credit Union also provides Financial MOT, general advice on financial management, and runs the Junior Savers Club. The idea is to instil an understanding of money in children from a young age. In June 2004 the Credit Union had 640 members, senior and junior¹¹. "I think it's fair

to say that this was a really disappointing rate of penetration," says Councillor Olley, a Board member from 2002 to 2005.

There are still high levels of poverty in Castle Vale. In 2004, 39% of the 750 respondents to questions about income revealed that they earn between £5,000-10,000, with nearly a third earning less than £5,000¹².

Lessons learned

As the figures indicate, there is little doubt that the Housing Action Trust's approach to raising awareness of health issues was largely successful, but it should be acknowledged that this was in part due to the unusually low base from which Castle Vale was starting. Almost any intervention would have been an improvement.

It should also be recognised that the Trust's comparatively high levels of funding enabled it to act quickly and take a far more comprehensive approach than many publicly funded organisations could justify.

Regardless of those provisos there are multiple lessons to be learned from the Housing Action Trust's approach to raising health standards in Castle Vale. These include being prepared to act quickly and innovation – it is not standard practice to raise awareness of drugs



A multi-agency Zero Tolerance campaign against all forms of domestic violence was launched in c1997.



Junior Savers clubs were set up in schools to encourage children to start to save from an early age.

⁸The final baseline study (published in 2004), was commissioned from MEL Research, Birmingham. ⁹Source: Castle Vale Final Health, Social and Economic Baseline, published autumn 2004. ¹⁰Source: Ibid. It should be noted that these figures were based on a relatively small sample.

¹¹In July 2004 the Credit Union had 378 adult members and 270 junior savers. ¹²Source: Castle Vale Final Health, Social and Economic Baseline, published autumn 2004.



A Fresh Fruit & Vegetable Club set up in 1998 aimed to encourage residents to increase their intake of healthy foods.

with three-year-olds. The Trust's approach to working closely with partner agencies and service providers also bore dividends (see 'Alcohol & substance abuse,' 'Domestic violence,' 'Mental illness,' and 'Poverty' above).

This approach has been carried into the post-Housing Action Trust era by a Health Improvement Forum, which brings together the National Health Service, Castle Vale residents, and local service providers¹³. The Forum, chaired by Dr Mendelsohn, director of Eastern Birmingham Primary Care Trust, feeds directly into the Neighbourhood Partnership (see chapter 9)¹⁴. Assuming all goes to plan, recent health gain will be maintained long into the future¹⁵.

The changing life of a midwife on Castle Vale

For years the midwives of Castle Vale have compiled a problem page, a daily record of events. A selection of excerpts from the period 1995-1998 includes: 'Partner sexually harasses other women on Castle Vale'; 'Unsure paternity, both partners claim the baby is theirs'; 'Violent crack addict partner'; 'Abused by uncle'; 'Had baby killed aged two by partner'; 'Family drink a lot'; 'Odd manic paranoid partner'; 'VD', 'Homeless'; 'Doesn't read or write'... The catalogue of misery goes on.

Liz Pritty, Rachel James and Mary Allen were all posted to Castle Vale in 1990. The nature of their work gives them privileged access to people's homes, and to changing lifestyles.

"In the early 1990s we didn't feel comfortable on the estate. I was attacked twice. And we dreaded being called down here at night," says Pritty. "My car was broken into twice, once while I was inside a house on a call," adds James.

"There were serious problems with drugs. We regularly saw syringes in the tower blocks. And the shopping centre was terrible," says Pritty. But it was the quality of housing that caused the biggest problems.

"The tower blocks were really threatening places, as well as being cold and damp. Many flats were dependent on one radiator. Some were so cold that we had to tell young mums to over-wrap babies, to stop them getting chest infections.

This went against recommended practice, but what option did we have?" says James.

From the midwives' perspective the impact of the Housing Action Trust became noticeable through improved living conditions. "The houses were warm and dry, and people weren't getting chest infections every five minutes," says James.

"You can't overestimate how important housing is to a good quality of life," says Pritty. "A filthy, damp home undermines everything. You have to improve housing before doing anything else. As conditions improved, people began to feel better about their lives, and once that happened there was more of a reason to get out of bed in the morning and start looking for a job."

Today people are more house-proud, and homes are generally cleaner. There are also fewer animals. "In the early 1990s there were packs of dogs roaming round. For a while everybody had Rotweilers, partly because it was fashionable and macho, and partly to protect themselves. They'd be left to take themselves for a walk. But now people have gardens," says James.

There is little doubt that the work of the Trust has made a difference to the life of a midwife in Castle Vale, but the problem page provides the ultimate confirmation. Today the problems are likely to be, 'Stressed', 'Tearful', or 'Marital discord'. It's a far cry from the horrors of the mid-1990s.

New medical facilities in Castle Vale

The Sanctuary is the type of invaluable community asset that very few estates can afford but all would benefit from. Located on a prominent site near the main shopping centre, it is a purpose-built one-stop base for 12 multi-agency voluntary and charitable sector organisations. These include Community Care Services, which supplement services provided by Castle Vale's Primary Healthcare Team, the Jaffray Care Society, Victim Support, and Castle Vale Mental Health Friendship Club. As well as providing dedicated premises for some of the more alienated and vulnerable members of society, the Sanctuary has the benefit of offering anonymous treatment.

The Sanctuary, which opened in August 1999, cost just under £1 million to build. Of this, £449,000 came directly from the Housing Action Trust. The remainder was made up by Birmingham Health Authority (£300,000), Allied Dunbar (£167,000), and Social Services (£60,000). It is owned by Castle Vale Community Care Partnership, a registered charity, and is managed by CVCHA.

Throughout its lifetime the Trust used its funds and influence to support the construction of numerous health care facilities in Castle Vale. The first in 1996 was Phoenix Court, sheltered accommodation with 60 beds, on the site of the Centre 8.

The Trust also facilitated the construction of Berwood Court, a 68-bed nursing home on Cadbury Drive. But the future of healthcare in Castle Vale is the Health Village, next to the

shopping centre on Tangmere Drive, which opened in December 2004.

The two-storey structure is almost a mini-hospital. It includes GP services, a pharmacy, and dental facilities. It also incorporates space for social workers, chiropodists, midwives, and several other services. The £4.9 million scheme was funded by the Housing Action Trust (£1 million, plus land sale), the Birmingham and Black Country Strategic Health Authority (£2.9 million), and Eastern Birmingham Primary Care Trust (£400,000).

The Housing Action Trust worked closely with Eastern Birmingham Primary Care Trust on the development of the Health Village. Part of the plan was to free up hospital beds, and take services out of hospitals to be accessed locally in Castle Vale.



Eden Court Doctor's surgery.



Berwood Court is a 68 bed nursing home built in 1999/2000 by the private sector.



The new Health Village completed in December 2004.



Elevations showing the new Health Village.

¹³The Health Improvement Forum includes representation from Eden Court Medical Practice, the Primary Health Centre, West Midlands Police, CAMHS, Birmingham and Solihull Mental Health Trust, Lloyds Pharmacy, Berwood Court, Birmingham City Council Social Services, and CVCHA. ¹⁴The Health Improvement Forum is not an officially constituted successor organisation, unlike those described in chapter 9. ¹⁵At the time of writing the Primary Care Trust intended to roll the Health Improvement model out across the area.