

Report to	Cabinet 11 July 2012	Item
Report of	Executive head of strategy, people and democracy	9
Subject	Application to World Health Organisation UK Healthy Cities Network	

Purpose

To recommend endorsing the 2008 Zagreb Declaration to enable an application for membership of the UK Healthy Cities Network to proceed, so demonstrating its commitment to improving the health and wellbeing in the city and its support to work with partners on the healthy cities themes

Recommendation

1. To authorise an application for UK Healthy Cities membership
2. To endorse the Zagreb declaration attached as Annex1
3. To delegate authority to the Chief Executive to approve final the application, in liaison with the leader of the council.

Corporate and service priorities

The report helps to meet the corporate vision- to make Norwich a fine city for all and supports each of the corporate priorities.

None

Ward/s: All wards

Cabinet member: Councillor Arthur - Leader

Contact officers:

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Background documents

None

Report

Background

The Healthy Cities Movement

1. The UK Healthy Cities Network is one of thirty National Healthy Cities Networks in Europe, part of a global movement for urban health that is led and supported by the World Health Organization (WHO). Its vision is to develop a creative, supportive and motivating network for UK cities and towns that are tackling health inequalities and striving to put health improvement and health equity at the core of all local policies. There are currently eighteen healthy cities within the UK network. Further information can be found at:
<http://www.healthycities.org.uk/member-cities.php?s=66&subs=22>

An information booklet can be found at:

http://www.healthycities.org.uk/UK_Healthy_Cities_Network_Information_Booklet.pdf

2. The Healthy Cities Network engages local authorities and their partners in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects.
3. Its primary goal is to put health high on the social, economic and political agenda of local government: health is the business of all sectors and local authorities are in a unique leadership position, with power to protect and promote their citizens' health and well-being.
4. Many different organisations have an impact on health through their policies and practice. It is essential that organisations work together to initiate change. Investing in the health of Norwich means investing in the future, and requires strong political will and a commitment to sustainability, equity, capacity building, community involvement and close collaboration between partners.
5. The UK Healthy Cities Network offers its members the opportunity to be part of a dynamic and supportive network of cities and towns committed to embedding health and health equity in all local policies, to improving the health of their populations and to developing a strong collective voice for public health and sustainable development.
6. Membership to the UK network is currently free of charge and is open to cities and towns across the UK that meet the membership criteria.

What is a Healthy City?

7. A healthy city is not one that has achieved a particular health status. A healthy city is defined by a process, not an outcome. It is conscious of health and striving to improve it. Thus any city can be a healthy city, regardless of its current health status. The requirements are:
 - a commitment to health and
 - a process and structure to achieve it.

Membership criteria

8. To become a member of the Network, towns and cities are required to demonstrate they meet membership criteria as outlined in the table below.

Geographic focus	Members should be a city or town.
Political commitment	Members should have an identified lead politician to support work on Healthy Cities themes and a Council Resolution or explicit commitment from the Council Leader or elected Mayor endorsing the 2008 Zagreb Declaration.
Infrastructures	Members should have: <ul style="list-style-type: none">• an identified lead or co-ordinator with appropriate administrative and technical support for taking forward Healthy Cities work,• formal local partnership arrangements that demonstrably focus on health and health equity and can steer Healthy Cities work
Products and outcomes	Members should have in place a range of strategies and activities to address the overarching goal and core themes of Phase V of the WHO European Healthy Cities Network: <ul style="list-style-type: none">• health and health equity in all local policies• caring and supportive environments• healthy living• healthy urban environment and design. Members will be required to provide an annual update on activities and progress and will be asked to reconfirm their commitment at the beginning of each WHO Healthy Cities Phase.
Networking	Members should attend at least one meeting of the Network per year and actively participate in the work of the Network by: <ul style="list-style-type: none">• sharing information about activities and• learning with the wider network - participating in and contributing to communications and learning activities (both face to face and virtual).
Financial contribution	Currently none.

Specific benefits

9. Specific benefits of joining the Network are listed as:

- quarterly Network meetings, regular e-bulletin and news updates
- capacity building workshops, master-classes and training events
- sub-groups on Healthy Cities themes and approaches
- dissemination of learning and expertise from WHO, and its Collaborating Centres
- access to knowledge and experience drawn from cities and towns across Europe active in Healthy Cities
- being part of a values-based movement with a strong history of putting the principles of equity, empowerment, partnership and community participation into practice in local urban settings

10. In addition a clear collective demonstration of a commitment to the health and wellbeing agenda should drive joint action to improve outcomes for the people of Norwich. An application will also support the Lottery bid application and any future EU funding application.

The application

The drivers to progress an application

11. Norwich is ranked between 49th and 96th most deprived of the 354 local authorities in England, according to the English Indices of Deprivation 2007 (ID2007) depending on the indicators used. 28 of the 56 Lower Super Output Areas (LSOAs) in Norfolk that are among the most deprived in England according to the Index of Multiple Deprivation (IMD) are in Norwich. Around 11,000 people in Norwich live in LSOAs among the most deprived 10% in England, and this represents just under 9% of its population.

12. These levels of deprivation link to the wider social determinants of health (the conditions in which people are born, grow, live, work and age, including the health system) and have led to marked health inequalities in the city. Latest public health data demonstrates that Norwich fairs significantly worse than England and the rest of Norfolk in relation to the following health and wellbeing indicators:

- Deprivation
- Proportion of children in poverty
- GCSEs achieved
- Violent crime
- Longterm unemployment
- Physically active children and adults
- Teenage pregnancy
- Hospital stays for self harm
- Drug misuse
- Early deaths :cancer

Rates of homelessness are above average. There are marked differences between males living in the more deprived wards and those in the more affluent. A difference of up to 7 years is measurable.¹

13. The above reflects the key findings detailed in the Marmot Review 2010 some of which are summarised below.

- People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods
- People living in poorer areas not only die sooner, but spend more of their lives with disability - an average total difference of 17 years
- The Review highlights the social gradient of health inequalities - put simply, the lower one's social and economic status, the poorer one's health is likely to be
- Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status
- Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS
- Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community

14. Key to Marmot's approach to addressing health inequalities is to create the conditions for people to take control of their own lives. This requires action across the social determinants of health and beyond the reach of the NHS. This places renewed emphasis on the role of local government who along with national government departments, the voluntary and private sector have a key role to play.

15. The above provides the impetus for the council and its partners to take action to improve the health and wellbeing of the people in Norwich and specifically the health inequalities that exist in the city. Membership of the UK healthy Cities Network can support this approach.

Support to progress an application

16. The Norwich Clinical Commissioning Group (CCG) Executive board and Director of Public health are keen for Norwich to become a Healthy City and support the proposal to develop an application.

17. The Norwich locality board supports the concept and has collectively worked to identify evidence of existing and planned strategies, policies, projects and joint delivery that can be used to progress an application. The Norwich locality board will provide the structure to achieve the aims of a Healthy City. The Norwich

Healthy City objectives and resulting activity will form a sub strand of the Norwich CCG Health and well Being Strategy (which covers a wider area including part of Broadland).

Evidence to support an application

18. An application is being drafted. It seeks to evidence the commitment and activity in Norwich across partners to improve the healthy and well being of its people.

Specifically:

- a. **POLITICAL COMMITMENT:** A lead politician must be identified. The Council leader has within her portfolio – Health and well being. A commitment is sought from Cabinet endorsing the 2008 Zagreb declaration (see Annex) .
- b. **INFRASTRUCTURE:** An officer lead or co-ordinator with appropriate administrative and technical support for taking forward Healthy Cities needs to be identified. The CCG Director of Operations and Clinical Transformation is best placed to act as the lead officer in Norwich, with public health colleagues and city council officers providing appropriate support. Whilst there is no formal Norwich ‘Health and wellbeing partnership’ or ‘Healthy City partnership’, the Locality Board provides an appropriate strategic partnership mechanism; its last three meetings have had agenda items dedicated to Health and wellbeing issues. In addition there is evidence of specific joint work and delivery to support an application. For example:
 - i. the shaping of the lottery bid to seek health improvement and address inequalities in three wards of Norwich
 - ii. Local Ageing Well projects seeking to reduce social isolation and improve wellbeing
 - iii. North Earlham service evaluation project of families with complex needs in Norwich and the resulting ADHD research
 - iv. Work with Norfolk County Council and NHS Norfolk in delivering the Integrated Care pilot in Norwich
- c. **PRODUCTS AND OUTCOMES:** There is a range of existing or planned strategies and activities that meet the Networks objectives and provide evidence under each of the Phase V core themes to formulate a robust application. Some examples of activity are listed below under the Phase V core themes:
 - i. health and health equity in all local policies
 - ii. caring and supportive environments
 - iii. healthy living
 - iv. healthy urban environment and design

Risks

19. There are reputational risks to the council should it not proceed with this application

Integrated impact assessment



NORWICH
City Council

Report author to complete

Committee:	Cabinet
Committee date:	11 July 2012
Head of service:	Russell Okeefe
Report subject:	Application to World Health Organisation UK Healthy Cities Network
Date assessed:	26 June 2012
Description:	To recommend to Cabinet that it endorses the 2008 Zagreb Declaration to enable an application for membership of the UK Healthy Cities Network to proceed, so demonstrating its commitment to improving the health and wellbeing in the City and its support to work with partners on the Healthy Cities themes

	Impact			
Economic (please add an 'x' as appropriate)	Neutral	Positive	Negative	Comments
Finance (value for money)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Encourages collaborative working to improve health and well being which has economic benefits. Improved health and wellbeing of citizens reduces demands on services
Other departments and services e.g. office facilities, customer contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ICT services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Economic development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; caring and supportive environments; healthy living; healthy urban environment and design
Financial inclusion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; caring and supportive environments; healthy living;
Social (please add an 'x' as appropriate)	Neutral	Positive	Negative	Comments
Safeguarding children and adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; caring and supportive environments;
<u>S17 crime and disorder act 1998</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; caring and supportive environments; healthy living

	Impact			
Human Rights Act 1998	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; caring and supportive environments; healthy living
Health and well being	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Direct impact
Equality and diversity (please add an 'x' as appropriate)	Neutral	Positive	Negative	Comments
Relations between groups (cohesion)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; caring and supportive environments; healthy living
Eliminating discrimination & harassment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; caring and supportive environments; healthy living
Advancing equality of opportunity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; caring and supportive environments; healthy living
Environmental (please add an 'x' as appropriate)	Neutral	Positive	Negative	Comments
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; healthy living; healthy urban environment and design
Natural and built environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; healthy living; healthy urban environment and design
Waste minimisation & resource use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; healthy living; healthy urban environment and design

	Impact			
Pollution	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; healthy living; healthy urban environment and design
Sustainable procurement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; healthy living; healthy urban environment and design
Energy and climate change	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See core themes of: health and health equity in all local policies; healthy living; healthy urban environment and design
(Please add an 'x' as appropriate)	Neutral	Positive	Negative	Comments
Risk management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Recommendations from impact assessment

Positive

Healthy Cities is a global movement that engages local authorities and their partners in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects. Its primary goal is to put health high on the social, economic and political agenda of local government: health is the business of all sectors and local authorities are in a unique leadership position, with power to protect and promote their citizens' health and well-being. Many different organisations have an impact on health through their policies and practice. It is essential that organisations work together to initiate change. Investing in the health of Norwich means investing in the future, and requires strong political will and a commitment to sustainability, equity, capacity building, community involvement and close collaboration between partners.

Negative

Neutral

Issues

ⁱ Source: APHO and Department of Health. © Crown Copyright 2010