

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:

Russell O'Keefe	01603 212908
Rachael Metson	01603 212926

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 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.ⁱ

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 <p>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.</p>
Negative
Neutral
Issues

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



Zagreb Declaration for Healthy Cities

Health and health equity in all local policies



This Declaration expresses the clear and strong commitment of political leaders of cities in Europe to strengthen and champion action on health, health equity, sustainable development and social justice. It celebrates and builds on 20 years of knowledge, experience and public health accomplishments of the European Healthy Cities movement. It highlights continuing action and value priorities and identifies new challenges, evidence and approaches, such as outlined in the final report of the Commission on Social Determinants of Health, for cities to address and adopt as they work to protect and enhance the health and well-being of all their citizens. It reviews plans and priorities for Phase V (2009–2013) of the WHO European Healthy Cities Network and national healthy cities networks in Europe and identifies how regional and national governments and WHO can support and benefit from these approaches.

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We, the mayors and senior political representatives of European cities gathered at the 2008 International Healthy Cities Conference in Zagreb, on the threshold of launching a fifth phase of healthy city action that will inspire and guide our work in the next five years, unanimously declare the following.

Values and principles of action

1. We fully endorse, draw inspiration and understand the implications of the WHO position on health: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” Health is a precondition for well-being and the quality of life. It is a benchmark for measuring progress towards the reduction of poverty, the promotion of social inclusion and the elimination of discrimination. Good health is fundamental to sustainable economic growth.
2. We recognize that our cities’ action for health goes beyond high-quality, accessible health care and encompasses disease prevention, health promotion and systematic action on inequality in health, the risk factors for noncommunicable diseases and injuries and the social, economic and environmental determinants of health.
3. We understand that we have a unique leadership role to play in securing the highest level of political commitment to strengthen and scale up our efforts to improve and protect the health of our citizens by using: our public platforms to raise awareness about the root causes of ill health within our urban contexts and champion healthy city principles, values and approaches in addressing these challenges; our convening power to bring together and engage all relevant stakeholders in taking action for health; and our influence to advocate with all sectors to address health concerns in their policies.
4. We affirm our commitment to the Healthy Cities principles and values related to equity, empowerment, partnership, solidarity and sustainable development (see Box 1); and to approaches identified and agreed in earlier Healthy Cities declarations and political statements (1988–2008) incorporating and giving local expression to relevant WHO, United Nations and European Union conventions, declarations, charters, strategies and action plans on health promotion, preventing noncommunicable diseases, equity, healthy public policies and environmental health. These include the following:
 - Athens Declaration for Healthy Cities (1998)
 - Action for Equity in Europe: Mayors’ Statement of the WHO European Healthy Cities Network in Phase III (1998–2002) (2000)
 - WHO Framework Convention on Tobacco Control (2003)
 - Belfast Declaration for Healthy Cities: the Power of Local Action (2003)
 - Designing Healthier and Safer Cities: the Challenge of Healthy Urban Planning – Mayors’ and Political Leaders’ Statement of the WHO European

Healthy Cities Network and the Network of European National Healthy Cities Networks (2005)

- *Health for All: the policy framework for the WHO European Region – 2005 update* (WHO Regional Office for Europe, 2005)
- *Gaining health: the European Strategy for the Prevention and Control of Noncommunicable Diseases* (WHO Regional Office for Europe, 2006)
- *European Charter on Counteracting Obesity* (WHO Regional Office for Europe, 2006)
- *Health in all policies: prospects and potentials* (Ståhl T et al., eds. Helsinki, Ministry of Social Affairs and Health, Finland, 2006)
- *Aalborg+10 – Inspiring Futures* (2006)
- *The Tallinn Charter: Health Systems for Health and Wealth* (WHO Regional Office for Europe, 2008)
- *Prevention and control of noncommunicable diseases: implementation of the global strategy. Report by the Secretariat* (WHO, 2008)
- *Closing the gap in a generation: health equity through action on the social determinants of health* (Commission on Social Determinants of Health, 2008)

Box 1. Healthy Cities principles and values

- **Equity:** addressing inequality in health, and paying attention to the needs of those who are vulnerable and socially disadvantaged; inequity is inequality in health that is unfair and unjust and avoidable causes of ill health. The right to health applies to all regardless of sex, race, religious belief, sexual orientation, age, disability or socioeconomic circumstance.
- **Participation and empowerment:** ensuring the individual and collective right of people to participate in decision-making that affects their health, health care and well-being. Providing access to opportunities and skills development together with positive thinking to empower citizens to become self-sufficient.
- **Working in partnership:** building effective multisectoral strategic partnerships to implement integrated approaches and achieve sustainable improvement in health.
- **Solidarity and friendship:** working in the spirit of peace, friendship and solidarity through networking and respect and appreciation of the social and cultural diversity of the cities of the Healthy Cities movement.
- **Sustainable development:** the necessity of working to ensure that economic development – and all its supportive infrastructural needs including transport systems – is environmentally and socially sustainable: meeting the needs of the present in ways that do not compromise the ability of future generations to meet their own needs.

5. We celebrate and embrace Healthy Cities as a dynamic concept and movement that has evolved through times of peace and war, by responding to changing social, demographic and epidemiological landscapes, technological developments and new scientific evidence. New problem-solving approaches have been developed in synergy with and have been informed by WHO strategies and priorities globally and in the European Region. During the past 20 years, Healthy Cities has served as a unique multicountry public health local action initiative that takes account of and responds to emerging public health threats and their implications for the urban environment.

New concerns and challenges

6. We will build on this learning as we look to address new and continuing concerns and challenges related to:
 - narrowing inequality in health, social exclusion, preventing and addressing specific health threats, especially to vulnerable groups, including our children, older people and migrant populations. We recognize inequity in health not only as an affront to human dignity but also as a risk to social stability and economic performance.
 - the growing burden of noncommunicable and chronic diseases, injuries and violence, which result in premature deaths, disability, suffering and enormous economic costs, which we recognize as avoidable through investment in action and conditions that support healthy living and well-being;
 - emerging public health threats, including climate change and how it can affect the health of our citizens as well as urban environments and critical infrastructure; and
 - how the built environment and new technologies affect the health of our citizens and the importance of integrating health and sustainable development considerations in how we plan, design, maintain, improve and manage our cities and neighbourhoods and use new technologies.

Report of the Commission on Social Determinants of Health

7. We receive with enthusiasm and conviction the evidence and recommendations outlined by the Commission on Social Determinants of Health in Closing the gap in a generation: health equity through action on the social determinants of health (WHO, 2008). In particular, we welcome the recommendation of placing health and health equity at the heart of urban governance and planning. We are proud that Healthy Cities recognized early the significance of the social determinants of health and placed action related to them at the centre of its agenda. The new evidence presented by the Commission (Box 2) provides us not only with inspiration and solid arguments for our Phase V actions towards health and health equity in all local policies (see no. 8) but also gives us an opportunity to add our voices to national and global efforts to address social injustice.

Box 2. Commission on Social Determinants of Health: overarching recommendations and principles for action

- Improve daily living conditions: the circumstances in which people are born, grow, live, work and age
- Tackle the inequitable distribution of power, money, and resources: the structural drivers of the conditions of daily life – globally, nationally, regionally and locally
- Measure and understand the problem and assess the impact of action: expand the knowledge base, develop a workforce that is trained in the social determinants of health and raise public awareness about the social determinants of health.

Commitments and themes in Phase V of the WHO European Healthy Cities Network

8. We hereby pledge to strengthen political commitment and solidarity to achieve health and health equity in all local policies as the overarching goal of Phase V of the WHO European Healthy Cities Network (2009–2013) and agree that our Phase V action priorities will be geared towards:
 - making **health, health equity, social justice** and **sustainable development** key values in our vision for developing our cities and introducing appropriate processes to assess health impact and ensure capacity-building to enable all sectors to maximize their contribution to this goal;
 - promoting **ethical governance** through value-based policies and strategies and supported by strong mechanisms for transparency and accountability;
 - using our **civic leadership** to bring together and improve communication between strategic partners and stakeholders and combined organizational resources to improve living, social, economic and environmental circumstances resulting in risk conditions that adversely affect physical and mental health and well-being;
 - **leading by example** and advocating and actively promoting health and health equity in all local policies and action plans initiated by the public, corporate and voluntary sectors; and
 - **promoting integrated and systematic approaches** with specific objectives and measurable outcomes, where appropriate, to developing health and institutional changes that support interdisciplinary and intersectoral work.
9. We pledge to focus our efforts to address the core themes of Phase V of the WHO European Healthy Cities Network (Box 3) supported by WHO and collaborating institutions and to share our learning to benefit all cities in Europe and beyond.

Box 3. Core themes of Phase V of the WHO European Healthy Cities Network

The choice of core themes offers the opportunity to work on priority urban health issues that are relevant to all European cities. Topics that are of particular concern to individual cities and/or are challenging and cutting edge for innovative public health action are especially emphasized. Healthy Cities encourages and supports experimentation with new ideas by developing concepts and implementing them in diverse organizational contexts.

1. Creating caring and supportive environments

A healthy city is a city for all its citizens: inclusive, supportive, sensitive and responsive to their diverse needs and expectations.

2. Healthy living

A healthy city provides conditions and opportunities that encourage, enable and support healthy lifestyles for people of all social groups and ages.

3. Healthy urban environment and design

A healthy city offers a physical and built environment that encourages, enables and supports health, recreation and well-being, safety, social interaction, accessibility and mobility, a sense of pride and cultural identity and is responsive to the needs of all its citizens.

Partnership

10. Cities cannot act alone. Within the European Region of WHO, national and regional governments have a key role to play. They influence the pace and sustainability of modernization, multifaceted economic development and the pattern of urban development. They also provide the fiscal and legislative framework for health and the determinants of health. We therefore, call on:
 - **national and regional governments in the European Region:**
 - to recognize **the importance of the local dimension** of national health policies and acknowledge that cities can significantly contribute to developing and achieving national strategies for health, health equity and sustainable development;
 - to use, in their national health strategies, **the experience and insights of cities** in analysing and responding to local health conditions using intersectoral and participatory approaches;
 - to examine how **additional resources** and legal instruments, where appropriate, could be made available to support health equity and sustainable development policies;
 - **to support national Healthy Cities networks in Europe** in their coordinating and capacity-building role; and
 - to encourage the participation of **local government representatives** in Member States' delegations to meetings of WHO's governing bodies and other relevant international forums;

- **the WHO Regional Office for Europe:**
 - to provide strategic leadership and technical support for action towards the goals of Phase V (2009–2013) of the WHO European Healthy Cities Network;
 - to encourage, enable and coordinate capacity-building and networking for healthy cities in **all Member States of the European Region**, especially those that have not been involved so far in the Healthy Cities movement; and
 - to promote and encourage the development of **local action components** and recognize the role of local governments in all relevant WHO strategic objectives and technical areas;
 - to encourage increased involvement of other professions and disciplines in the Healthy Cities agenda, recognizing their critical contribution to health and well-being.

We, the mayors and senior political representatives of European cities gathered at the 2008 International Healthy Cities Conference in Zagreb on 18 October 2008 are convinced that our implementation of the commitments to the values, principles and actions outlined in this Zagreb Declaration for Healthy Cities will bring about changes that will substantially improve the health and well-being of our citizens and significantly reduce the social injustice that costs so many lives and is responsible for so much human misery in Europe and beyond.