

**Derbyshire County Council**

**Cabinet**

**3<sup>rd</sup> December 2013**

**Report of the Director of Public Health**

**HEALTHY COMMUNITIES MODEL**

**Health and Communities**

**1. Purpose of the report**

For members to agree to the adoption of the 'Healthy Communities' model across Derbyshire

The Director of Public Health is seeking a mandate to progress with submitting a bid to the Healthy Cities network to gain Healthy Communities status. The application and proposal for implementation will be brought back to Cabinet for agreement.

**2. Information and analysis**

- 2.1 The World Health Organisation's Healthy Cities' initiative is a global movement that engages with local authorities and their partners in health development. The programme is now well established across the European region with around 100 designated cities. In addition there are 30 national networks involving more than 1400 cities and towns.
- 2.2 The Healthy Cities approach seeks to put health on the political and social agenda and to build a strong movement for public health at local level. Emphasis is placed on equity, participatory governance, collaboration, sustainable development and action to address the social, economic and environmental determinants of health.
- 2.3 In January 2014 the Healthy Cities programme will move into Phase VI. Phase VI is seen as a vehicle for implementation of 'Health 2020' the European Policy Framework signed off by all 53 of the European states. The framework for Health 2020 is based on the 6 core priority areas outlined by Marmot. Two key strands are building community resilience and health literacy both of which are integral to public health work in Derbyshire.

2.4 Phase VI of the Healthy Cities programme has two strategic goals of improving health for all and reducing health inequalities and improving leadership and governance for health.

2.5 The programme has four core themes each with priority issues to be addressed

**Investing in health through a life-course and empowering people**

**Priority issues:** Early life; Older people; Vulnerability and Health literacy

**Tackling the European region's major health challenges of infectious and non-communicable diseases.**

**Priority issues:** Physical activity; Nutrition and obesity; Alcohol; Tobacco and Mental health and well-being.

**Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance.**

**Priority issues:** Health and social services; other wider city services and Public health capacity.

**Creating resilient communities and supportive environments**

**Priority issues:** Community resilience; Healthy settings; Healthy urban planning and design; Healthy transport; Climate change and Housing and regeneration.

## **The UK national network**

2.6 The UK Healthy cities network was established with funding from the Department of Health and is an accredited member of the European Healthy Cities network.

2.7 The network's role is:

- To enhance learning and build capacity through sharing ideas, experience and best practice;
- To widen participation in the Healthy Cities movement and support members; to develop and test innovative approaches to emerging public health issues;
- To become a strong collective voice for health, wellbeing, equity and sustainable development.

2.8 The UK membership currently stands at 26 towns or cities. The Network is now widening its membership to include counties under the umbrella of *Healthy Communities*. On this basis Lancashire and Cumbria are working towards applying for Healthy Communities status. Benefits of membership are:

- Quarterly membership meetings;
- Capacity building workshops; master classes and training events;
- Sub-groups on Healthy cities themes and approaches;
- Dissemination of learning and expertise from WHO;
- Regular e-bulletins and news updates;
- Access to knowledge and experience drawn from cities and towns across Europe;

### **3 Rationale**

- 3.1 The Healthy Cities approach aligns well with current priorities across the County Council directorates. The strategic goals and core themes of Phase VI of the Healthy Cities programme mirror not only the structure of the Public Health department but also public health priorities at local and national level. The programme uses the healthy settings framework as a key strand in the model of delivery.
- 3.2 This would provide an overall framework in which to implement and develop the Healthy Pharmacy pilot, Healthy Workplace Charter and the Heart of Derbyshire healthy eating campaign. This approach would create opportunities for integration and collaboration that would have the greatest impact on the health and wellbeing of local people.
- 3.3 Across the county Derbyshire County Council and partner agencies are already involved in work that could be identified as contributing to the overall aims and goals of Healthy Cities / Communities. The approach would provide a framework for delivery of public health programmes at locality level and would support specific initiatives focussing on vulnerable communities.
- 3.4 Members should have a lead politician to support the work on the Healthy Cities themes and a Council Resolution or explicit commitment from the Council Leader endorsing the 2008 Zagreb Declaration. This requires the Council to affirm commitment to the Healthy Cities principles and values related to equity, empowerment, partnership, solidarity and sustainable development and to approaches identified in earlier Healthy Cities declarations and statements. These relate to action plans on health promotion, non-communicable diseases, equity, healthy public policies and environmental health.
- 3.5 An integral element of applying membership of the Healthy Cities / Healthy Communities network would involve working with the district and borough councils to encourage them to participate as partners. The application would be strengthened by working with the second tier

authorities to develop a mutually agreed framework in which each identifies their current and proposed contribution to the programme. Informal discussions have taken place with High Peak Borough, Bolsover District and Chesterfield Borough Councils. They have all indicated an interest in participating in the approach and developing the application for membership. Discussions are also taking place with Erewash Borough Council.

### **3.6 Membership criteria**

Approval to join the Healthy Cities/Healthy Communities network is based on a number of criteria full list of which is attached in the Appendix. Two key criteria are the identification of a lead member to support the work and the identification of a co-ordinator. It is proposed that a senior member of Public Health department takes on the co-ordination role. Members are asked to agree to the acceptance of the criteria as part of the formal application for membership.

### **3.7 Financial considerations**

There would be an annual subscription fee which is negotiable but is expected to be in the region of £9,000. The cost of the subscription fee will be met from the existing DCC Public Health ring-fenced budget.

## **4 Other Considerations**

In preparing this report the relevance of the following factors has been considered: - prevention of crime and disorder, equality of opportunity; environmental, health, legal and human rights, personnel and property considerations.

## **5 Background papers**

UKHCN Healthy Cities brochure  
UKHCH Healthy Cities Phase VI Goals and themes  
Derbyshire Health and Wellbeing Strategy  
Derbyshire JSNA  
Other reports available from public health

## **6 Key Decision**

Is it required that call-in be waived in respect of the decisions proposed in the report?

No

## **7 Officer's Recommendation**

Members are asked;

1. To approve the adoption of the Healthy Communities approach
2. To approve the appointment of a lead member for Healthy Communities
3. To approve application for membership of the UK Healthy Cities Network

**Elaine Michel**  
**Director of Public Health**

## **Criteria for membership of the Healthy Cities/Healthy Communities network**

|                        |  |
|------------------------|--|
| Geographic focus       | Membership is open to local authorities and city/town partnerships   |
| Political commitment   | Members should have an identified lead politician to support the work on the Healthy Cities themes and a Council Resolution or explicit commitment from the Council Leader endorsing the 2008 Zagreb Declaration   |
| Infrastructures        | <p>Members should have:</p> <ul style="list-style-type: none"> <li>• an identified lead or co-ordinator with appropriate administrative and technical support for taking forward the Healthy Cities work.</li> <li>• formal local partnership arrangements that demonstrably focus on health and health equity and can steer Health Cities work</li> </ul> |
| Products and outcomes  | <p>Members should have in place a range of strategies and activities to address the overarching goal and core themes of Phase VI of the WHO Healthy Cities network.</p> <p>Members will be required to provide an annual update on activities and will be asked to reconfirm their commitment at the beginning of each WHO Healthy City phase</p>          |
| Networking             | <p>Members should attend at least one meeting of the Network per year and actively participate in the Network by:</p> <ul style="list-style-type: none"> <li>• sharing information about activities and learning with the wider network</li> <li>• participating in and contributing to communications and learning activities</li> </ul>                  |
| Financial contribution | From January 2013 the UKHCN moved to a partial subscription model  |