

The Power of Local Action: the 2003 International Healthy Cities Conference, Belfast, 19-22 October 2003

1. Introduction

Councillor Jean Cromar, Cabinet Adviser on Health and Social Services, and Julia South, Acting Co-ordinator Healthy City Team, attended the 2003 International Healthy Cities Conference in Belfast. This is a joint report.

Sheffield was also represented by Charles Price, Director of Public Health at West Primary Care Trust (PCT), and by Joanna Saunders, Health Promotion Manager at West PCT. Joanna presented a paper to a parallel session on regeneration and health in west Sheffield.

2. 15 years of Healthy Cities

The conference, which takes place every five years, replaced the annual WHO European Healthy Cities Network business meeting. It was a four-day, large-scale event with over 700 delegates. European cities predominated but there were also representatives from Africa, Asia, and the Americas. The conference celebrated 15 years of healthy city initiatives, looking at key lessons learned. It marked the end of Phase III of the European Healthy Cities Network (1998-2002) and launched Phase IV (2003-7).

3. Social determinants: the evidence grows stronger

Professor Sir Michael Marmot from University College London gave a keynote presentation, launching the second edition of 'The Solid Facts. The Social Determinants of Health'. He was clear that the evidence for the impact of social factors is now much more robust than when the first edition was published five years ago. He emphasized the role of stress and some of the points he made were:

- Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health. The gap in life expectancy is growing. People further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top. However, if this gap can increase it can also decrease;
- By causing hardship and resentment, poverty, social exclusion and discrimination costs lives (2/3rds of fifteen year old black men in the United States will not reach 65). Absolute poverty is not the only issue.
- Stress (high demands) in the workplace increases the risk of disease, but people who have more control over their work (whatever the demands) have better health.

- Social capital (social cohesion and trust within neighbourhoods) improves people's health, as does social support (friendship, good social relations);
- Given social and economic circumstances affect health through life, policy must respond to reflect this.

4. Key learning points

4.1 Political Support

Effective healthy city initiatives have high levels of political engagement and support. It was clear from conference presentations that politicians need to develop and own an integrated, holistic vision of health and well being (a social model of health) if they are to drive intersectoral working, and to ensure all policies are assessed for their health impact (as financial and environmental impact is currently). Most local authorities have a lead politician for healthy cities and this may be something Sheffield City Council should consider.

4.2 Community Participation

The conference explored novel approaches to community empowerment – in particular engaging communities around the determinants of health, rather than the more usual emphasis on illness or access to services.

- In one Danish city, the health partnership (equivalent to Sheffield First for Health) had citizens in the majority (9 of them) in an experiment to increase community ownership and leadership. Citizens applied for these posts (they did not represent organizations) and were given considerable training;
- Communities can sometimes be most effective in conducting their own research. One project had older people walking around a city centre and reporting on their findings. Consultation of course can reveal different priorities to those identified by professionals. It can be important to address perceived needs, and also to manage expectations.
- Communities can be seen as lacking capacity, when often it can be professionals who disempower them. Professionals require training.
- A project in Newcastle to increase community participation in the LSP has supported 3 members of the community to be active at every level in 3 different roles: a learner, a mentor, and a capacity builder.

4.3 Getting the right organizational structure

It was strongly argued at the conference that despite much in the healthy cities approach now being mainstreamed, it is still important to keep a 'healthy

city' identity. Evidence also demonstrates a clear relationship between what organizational form the healthy city initiative takes and its outcome. The most effective healthy city initiatives are those that are independent of the health service, able to 'act between sectors', and not linked to just one. It is best to be either at the centre of policy making – or at arms length.

Visibility is also key. One Danish city opened a healthy city shop in the city centre to demonstrate that the initiative was not composed of bureaucrats in the city hall. The idea behind the shop was 'the shortest distance between idea and action' and people were invited to come in with ideas for improving health status. A regular slot on local radio advertised the shop, and many ideas were brought and followed up, the first being to clean up the local beach.

5. Declaration

Councillor Jean Cromar signed the Belfast Declaration for Healthy Cities which acknowledged the 15 years of the Healthy Cities movement in Europe, and committed its signatories to

- Reducing inequalities and addressing poverty;
- City health development planning;
- Good governance and creating inclusive cities;
- Expanding national networks of healthy cities;
- Supporting healthy cities in other regions.
-

The declaration called on national governments and the WHO to support these efforts.

6. Phase IV of the European Healthy Cities Network (2003-7)

WHO officers encouraged cities to submit their full applications as soon as possible. It was evident that the quota for the UK (10 cities) will be oversubscribed, but it is not absolutely clear whether a small upwards adjustment will be allowed.

7. Reviving the healthy city initiative in Sheffield

The healthy cities network provides unique opportunities to network and share learning. Sheffield is one of the biggest, designated healthy cities and deserves greater visibility in the European network. We could do more at future WHO conferences and meetings to showcase innovative initiatives in the city, in particular perhaps with black and ethnic minority communities – work which was under-represented in Belfast.

The conference also confirmed that a strong healthy cities initiative still has much to offer Sheffield: in 'closing the gap', and in making sure health and health equality is achieved through all the city's key strategies.

Councillor Jean Cromar

Cabinet Adviser on Health and Social Services

Julia South

Acting Co-ordinator Healthy City Team