

**CARLISLE HEALTH CITY –
BACKGROUND INFORMATION**

SUMMARY - This

Addendum provides the Community Overview and Scrutiny Panel with a brief outline of the history behind the Healthy Cities movement, Carlisle's development as a World Health Organisation Healthy City, and updates the panel on the ongoing work programme.

It is intended to provide supporting background information to the accompanying Healthy City week report.

It also presents the Community Overview and Scrutiny Panel with an opportunity to comment on progress to date and to inform and shape the future development of Carlisle as a Healthy City.

1. World Health Organisation Healthy Cities Programme

The WHO Healthy Cities project is a global movement. It engages local governments in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects. Over 90 cities are members of the WHO European Healthy Cities Network. There are 14 designated Healthy Cities through

The primary goal of the WHO European Healthy Cities Network is to put health high on the social, economic and political agenda of city governments. Health is the business of all sectors and local governments are in a unique leadership position, with power to protect and promote their citizens' health and well-being.

A 'Healthy City' is not one which has achieved a certain health status, it is one which is conscious of health and is striving to improve it. What is required is a commitment to health and a process and structure to achieve it. In short a 'Healthy City' must demonstrate a commitment to continually creating and improving the physical and social environments and expanding community resources.

The Healthy Cities movement promotes comprehensive and systematic policy and planning for health and emphasizes:

- the need to address inequality in health and urban poverty
- the needs of vulnerable groups
- participatory governance
- the social, economic and environmental determinants of health.

This is not about the health sector only. It includes health considerations in economic, regeneration and urban development efforts.

2. Carlisle's application for Healthy City status.

Carlisle City Council and the NHS jointly led Carlisle's application for Healthy City Status in 2008 through the Carlisle Partnership's Healthy Communities Group.

The application was made in response to Carlisle's status as a Spearhead Health Authority (which placed it in the bottom 20% across a series of key healthy indicators) but also to cement the partnership approach to Health Improvement which had been established through the Healthy Communities Group and to further the success that the group had begun to have. Finally it was intended to help push health improvement higher up the agenda and ensure that healthy considerations were central to strategic decision making.

The application was successful and Carlisle achieved accreditation as a WHO Healthy City in December 2009. Carlisle joined as a Healthy City in Phase V of the global programme.

3. Healthy Cities Phase V

The global Healthy Cities movement is delivered in a phased approach. We are currently in Phase V which runs through till 2014.

Phase V is centred around three core themes.

Core Theme 1 – "Creating Caring and supportive environments".

A healthy city should be above all a city for all its citizens, inclusive, supportive, sensitive and responsive to their diverse needs and expectations. Key areas to consider are:

- **Better outcomes for all children.**

Providing early childhood services and support To all young citizens and aiming to systematically improve the lives of children. Investing in early childhood development is one of the best ways to reduce inequality in health.

- **Age-friendly cities.**

Introducing policies and holistic action plans addressing the health needs of older people that emphasize participation, empowerment, independent living, supportive and secure physical and social environments and accessible services and support.

- **Migrants and social inclusion.**

Systematically addressing the health and social needs of migrants, promoting integration, tolerance and cultural understanding.

- **Active citizenship.**

Providing an effective infrastructure for community participation and empowerment, utilizing community development techniques as the catalyst for action and promoting social networking opportunities.

- **Health and social services.**

Advocating and supporting the development of health and social services that are responsive, high quality and accessible to all, based on systematic needs assessment of the population and particularly for vulnerable groups.

- **Health literacy.**

Developing and implementing programmes aiming to strengthen the health literacy skills of the population. Health literacy means the degree to which individuals have the capacity to obtain, process and understand basic health information and services provided by complex health systems needed to make appropriate decisions to maintain and promote their health.

Core theme 2 - Healthy living.

A healthy city provides conditions and opportunities that support healthy lifestyles.

Key areas to consider are:

- **Preventing noncommunicable diseases.**

Scaling up efforts and strengthening local partnerships to tackle the epidemic of noncommunicable and chronic diseases through population-based integrated approaches addressing the risk factors and social determinants of these diseases.

- **Local health systems.**

Strengthening the capacity of local health systems, including public health services and primary health care services, to prevent, control and manage cardiovascular disease, cancer, respiratory disease and alcohol-related disease.

- **Tobacco-free cities.**

Implementing and enforcing city-wide smoke-free policies in public and working spaces.

- **Alcohol and drugs.**

Developing intersectoral plans of action to prevent alcohol and drug abuse.

- **Active living.**

Making active living, physical activity and pedestrian mobility a core part of city development policies and plans.

- **Healthy food and diet.**

Increasing equitable access to healthy food and broadening the understanding of healthy eating habits.

- **Violence and injuries.**

Introducing policies and plans to deal with all aspects of violence and injuries in cities, including violence involving women, children and older people, road crashes and home accidents.

- **Healthy settings.**

Supporting programmes on healthy living and mental wellbeing that would be implemented through the settings of people's everyday lives, such as neighbourhoods, schools and workplaces.

- **Well-being and happiness.**

Broadening the understanding of and exploring and promoting the factors and conditions that support well-being and happiness, reduce stress and enhance the resilience of communities.

Core theme 3 Healthy urban environment and design.

A healthy city offers a physical and built environment that supports health, recreation and well-being, safety, social interaction, easy mobility, a sense of pride and cultural identity and that is accessible to the needs of all its citizens. Key areas to consider are:

- **Healthy urban planning.**

Integrating health considerations into urban planning processes, programmes and projects and establishing the necessary capacity and political and institutional commitment to achieve this goal. Especially emphasizing master planning, transport accessibility and neighbourhood planning.

- **Housing and regeneration.**

Increasing access through planning and design to integrated transport systems, better housing for all, health-enhancing regeneration schemes and to green and open spaces for recreation and physical activity.

- **Healthy transport.**

Promoting accessibility, by facilitating the ability for everyone, including very young people and people with limited mobility, to reach their required destination without having to use a car.

- **Climate change and public health emergencies.**

Tackling the health implications of climate change in cities and being vigilant about global changes such as the impact of globalized economies, the free movement of people and preparedness for and response to public health emergencies.

- **Safety and security.**

Ensuring that the planning and design of cities and neighbourhoods allows social interaction, increases a sense of safety and security and supports easy mobility for everyone, especially young and older people.

- **Exposure to noise and pollution.**

Promoting and adopting practices that protect people, especially children, from toxic and health-damaging exposure, including indoor and outdoor air pollution, tobacco smoke in workplaces and public places and noise.

- **Healthy urban design.**

Creating socially supportive environments and an environment that encourages walking and cycling. Enhancing cities' distinctive and multifaceted cultural assets in urban design and promoting urban designs that meet all citizens' expectations for safety, accessibility, comfort and active living.

- **Creativity and liveability.**

Promoting policies and cultural activities that encourage creativity and contribute to thriving communities by developing human and social capital, improving social cohesion and activating social change.

4. Delivery in Carlisle

The Healthy City agenda is being advanced in Carlisle through our Health Improvement Action plan which is being delivered by two key groups. The Healthy City Steering Group leads on strategic actions and ensuring planning, policy and key decision making across Carlisle is shaped and informed by the our Healthy City status and ambitions.

The Healthy Communities Group of the Carlisle Partnership continue to develop and lead on partnership projects and as such are more operational / delivery focussed.

Work to advance our Healthy City aims and to raise awareness of Carlisle's Healthy City status last year culminated in our first ever Carlisle Healthy City week in October 2011. This was an incredibly successful week with a broad programme of events.

Detailed information on Healthy City Week has been included in the separate accompanying report and is further detailed in the presentation that the panel will receive at the meeting.