



Report of the Cabinet Member for Care, Health & Ageing Well

Council — 29 August 2019

Application for Designation of Swansea Within the World Health Organisation (WHO) European Healthy Cities Network Phase VII

Purpose:	To inform the Council about the opportunity to apply for designation within Phase VII of the WHO European Healthy Cities Network, the goals and benefits of the programme and the application requirements
Policy Framework:	Local Well Being Plan/The Well being of Future Generations Act (Wales) 2015 – this is referred to as the Policy Framework in other reports for Council about the Well Being Plan – rather than Plan itself)
Consultation:	Access to Services, Finance, Legal.
Recommendation(s):	It is recommended that: 1) the Council supports the application by the Council for the City of Swansea to be designated as a member of the WHO European Healthy Cities Network under Phase VII
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1. Introduction

- 1.1 The World Health Organisation (WHO) European Healthy Cities Network has been in place since 1988, and is currently taking applications for its seventh phase. The aim of the Network is to address the growing health challenges in cities by using best public health practice, learning from

previous experience of other cities within the Network and showing evidence.

1.2 There are four overarching action elements whatever the phase:

- Action to address the determinants of health, equity in health and the principles of health for all
- Action to integrate and promote European and global public health priorities
- Action to put health on social and political agenda of cities
- Action to promote good governance and integrated planning for health.

1.3 Healthy Cities provide active leadership in implementing WHO strategies at urban and local levels. They have the potential to provide essential public health leadership and create the preconditions for healthier living. Further, in times of economic downturns, city governments have a key role to play as guardians of the health needs of the people who are most vulnerable and socially disadvantaged.

1.4 This is an opportunity for Swansea to apply for designation to continue as part of the Network. Swansea has been a designated city during Phase V and Phase VI and it is a requirement to have a resolution from Council as a part of this application.

2. Healthy City Network Phase VII

2.1 There are three overarching goals for Phase VII, namely

- Goal 1 – Fostering health and well-being for all and reducing health inequities
- Goal 2 – Leading by example nationally, regionally and globally
- Goal 3 – Supporting implementation WHO strategic priorities

2.2 There are six core theme for Phase VII based on the Copenhagen Consensus of Mayors:-

- Investing in the people who make up our cities;
- designing urban places that improve health and well-being;
- fostering greater participation and partnerships for health and well-being;
- improving community prosperity and access to common goods and services;
- promoting peace and security through inclusive societies; and
- protecting the planet from degradation, including through sustainable consumption and production.

For each of the core themes, highly relevant priority areas are set out in the table below. These core themes are interdependent.

Core themes					
People	Place	Participation	Prosperity	Peace	Planet
Highly relevant priority issues					
Healthy early years	Healthy places and settings	Healthy older people	Community resilience	Healthy urban planning and design	Climate change mitigation and adaptation
Healthy older people	Integrated planning for health	Reduced vulnerability	Healthy older people	Health as a Bridge for Peace	Protected biodiversity
Reduced vulnerability	Healthy transport	Increased physical activity	Mental health and well-being	Violence and injury prevention	Waste, water and sanitation
Mental health and wellbeing	Green spaces	Transformed service delivery	Healthy housing and regeneration	Human security	Health promoting and sustainable municipal policies
Revitalized public health capacity	Energy and healthy	Health literacy	Integrated planning for health	Health security	
Healthy diet and weight		Culture and health	Indicators of health and well-being	Mental health and well-being	
Reduced harmful use of alcohol			Transformed economic models		
Tobacco control			Ethical investment		
Human capital			Universal social protection		
Social trust and capital			Commercial determinants of health		

2.3 *Despite improving life expectancy there are considerable and increasing gaps between the most and least deprived areas. The life expectancy gap stands at 12 years for men and seven years for women. The gaps for Healthy Life Expectancy and Disability Free Life Expectancy are greater at 22.9 years and 17 years respectively for*

males, and 14 years and 13 years for females. Regrettably, these gaps are amongst the worst in Wales.

- 2.4 These priorities for the European programme reflect local priorities in Swansea, particularly those of the Council and its anti-poverty programme (Tackling Poverty Strategy for Swansea 2017 – 2020) and there is significant support from other agencies for such an application from Swansea. As well as the anti-poverty agenda, the Health City programme and its aims align strongly with and support delivery of the Council's Prevention Strategy for Swansea 2018-20. It also supports;
- The Local Well Being Plan as developed by Swansea Public Service Board.
 - The priorities as set out by the Swansea Bay University Health Board Director of Public Health There will be 3 key strategic areas of focus and objectives:
 - Children and young people – maximising children's potential and achieving optimal health and well being outcomes.
 - Reducing the burden of disease – through using a needs based approach with targeted interventions where appropriate, based on defined need.
 - Supporting the development of resilient communities – through partnership working and co-production with communities, using an assets based approach.
- 2.5 The programme aligns with the Future Generations and Well Being Act (Wales) 2015 and supports both the five ways of working and the well-being objectives.
- 2.6 Partners involved in the Healthy City programme, to date, include Swansea Bay University Health Board, Swansea Council, Swansea University, Swansea Council for Voluntary Services, South Wales Police and the Mid and West Wales Fire and Rescue Service. For Phase V11 it is proposed that the Public Service Board will oversee the programme supported by a new agency Healthy City Steering Group.
- 2.7 The following list outlines the 13 specific requirements for cities to be members of the WHO European Healthy Cities Network in Phase VII.
1. **Sustained local support.** Cities must have sustained local governmental support as well as support from key decision-makers (stakeholders) across sectors for the Healthy Cities principles and goals. Cities must submit with their applications a letter of commitment from their mayor or lead politician, together with a council resolution supporting the city's participation in Phase VII and a commitment to partnership with different stakeholders.
 2. **Coordinator and steering group.** Cities must have a full-time coordinator (or equivalent) who is fluent in English, and

administrative and technical support for their initiative. Cities must also have a steering group involving political and executive-level decision-makers from the key sectors necessary to ensure delivery of the requirements for Phase VII.

3. **City health profile.** City health profiles provide invaluable insight into the factors that influence the health of citizens and the degree of health inequality within a city. All cities must prepare a city health profile. For new members, this may be prepared as a new report for the city in accordance with the WHO guidance for city health profiling. Cities that have prepared a profile in the past must produce an updated version for this phase. Profiles should actively inform city-based planning processes and indicate changes in health within the city. In Phase VII, cities should ensure that their health profiles focus as much attention as possible on inequalities in health and the health of vulnerable groups.
4. **Phase VII analysis.** Cities must apply the Phase VII lens to make an initial assessment of their local situation in relation to the goals and core themes of Phase VII. The situation analysis should be 2–3 pages long. This will identify major health and well-being challenges and opportunities at the city level, and provide the basis for identifying and assigning priority issues for Phase VII.
5. **City statement.** Cities must make a statement on how they will benefit from being a member of the Network.
6. **Integrated planning for health and well-being.** To implement the goals and core themes of Phase VII, cities must work systematically through processes that support the creation of a comprehensive vision for health, and that use integrated ways of planning that involve different sectors. Cities must demonstrate progress on integrated strategic planning related to the Phase VII core themes. This may comprise a city health development plan, a city policy and strategy for health and well-being, or equivalent document(s). These plans are strategy documents that present a comprehensive picture of a city's specific and systematic efforts to develop health, its vision and values, and a strategy to achieve this vision. They draw on the contribution of the numerous statutory and non-statutory sectors and agencies whose policies and activities influence health. As such, they provide a process and framework for Phase VII at the local level.
7. **Health-promoting, equitable and sustainable local development.** To implement the goals and core themes of Phase VII, cities must work systematically through processes that support the creation of a comprehensive local system for health and well-being using a whole-of-city approach. Cities must demonstrate a commitment to health and well-being in their overall strategic development. This may involve the inclusion of health and well-being in a city development plan, a city economic development strategy or equivalent

document(s). These plans are strategy documents that present a comprehensive picture of a city's development that includes the dimension of health and well-being, its vision and values, and a strategy to achieve this vision. They draw on the contribution of the numerous statutory and non-statutory sectors and agencies whose policies and activities influence urban development.

8. **Partnership.** Cities must work in and strengthen partnerships as the testing ground for developing knowledge, tools and expertise on the Phase VII goals and core themes. This will require developing and implementing programmes of action in relation to the core themes. Cities must also participate in the wider work of the Network and its thematic subnetworks, and contribute to disseminating knowledge and products.
9. **Capacity-building.** Cities must create and invest in learning environments for individuals, politicians and organizations to achieve the Phase VII goals and core themes. This should focus on developing city leadership and diplomacy for health and well-being; facilitating intersectoral work through whole-of-city and whole-of society approaches; and measuring and monitoring health and its determinants.
10. **Attendance at Network meetings and other relevant WHO meetings.** Cities must make an executive and political commitment that the project coordinator and nominated politician will attend meetings and conferences of the Network. At each meeting, the city should be represented by at least the coordinator and politician responsible.
11. **Attendance at meetings of mayors.** Cities should ensure that their mayor (or leading politician) attends any meetings of mayors or politicians held during Phase VII.
12. **Participation in networking activities.** Cities should participate in various networking activities, actively support the national network and participate in at least one thematic subnetwork. Cities must be connected to the internet and have access to teleconferencing and WebEx videoconferencing.
13. **Monitoring and evaluation mechanisms.** Cities must have monitoring and evaluation mechanisms that enable the ongoing assessment of progress and annual reporting to WHO. Cities must also have an annual plan for activities based on achieving progress on all Phase VII core themes; complete the annual reporting template; and participate in any external evaluation processes WHO initiates.

2.8 Partner agencies in Swansea were extremely pleased to have received

Healthy City status during Phase V and Phase VI. Improvement in health and wellbeing and a reduction in the inequalities that exist are recognized as long term goals. The benefits that have been realized in a relatively short space of time have been outlined in Appendix one.

2.9 Application for Phase VII would facilitate a renewed commitment to the Healthy City Programme and its aims. As part of WHO leadership for Phase VII, an implementation package is being developed to support cities. The package will comprise guidance and tools as well as services aimed at advancing the capacity of cities to understand and implement the strategic aims within their own localities.

2.10 Reflecting on the experience of Phase V and VI membership the following have been identified as key areas to address going forward. The Healthy City designation would be used to support the Public Service Board in its implementation of the agreed Local Well Being Plan through:-

- Using the **networking opportunity** across the UK/ Europe to directly contribute to and learn from best practice – apply to areas within the wider well-being plan
- Accelerating programmes to improve **health literacy** in the population - increasing community participation and ownership
- Facilitating a **health inequality lens** to other partnership and agency work being undertaken
- Continuing the work on **Early Years** and the Best Start as a delivery vehicle for the PSB e.g. for promoting the natural environment through outdoor play
- Establishing a particular **health and culture work** stream which would look to maximise work identified through the bid for the UK City of Culture
- Improving and embedding the relationship of access to **green space and health**, emphasising and equalising access to quality green environments
- Continuing to promote **smoke free Swansea**

2.11 Swansea has submitted a formal expression of interest to the WHO and is now seeking to make a formal application. Following application, there is an assessment process, and if successful, then an offer of designation will be made.

3. Equality and Engagement Implications

3.1 The Council is subject to the Public Sector Equality Duty (Wales) and must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.

- Foster good relations between people who share a protected characteristic and those who do not.

Our Equality Impact Assessment process will ensure that we have paid due regard to the above.

- 3.2 The report itself does not have any equality implications, although the implementation of the next phase of the programme will have equality implications. Assuming the report is approved by Council, the programme will adhere to the Council's equality processes and undertake a full EIA at the start of the process.

4. Financial Implications

- 4.1 There is a requirement to make an annual financial contribution to the Phase VII programme. In Phase V and Phase VI this amounted to £4,000 per annum and was split 50/50 between the Health Board and Swansea Council. It is anticipated that Phase VII would involve a similar amount, and the agreement to split costs 50/50 with the Health Board remains. There will be a cost associated with attendance at Network meetings, though this cannot be calculated at this stage. It is assumed that existing staff will conduct the work programme and that the work will add value and build upon existing programmes within the different strategic partnership initiatives already in place across Swansea. Shared costs will be met from existing budgets.

- 4.2 Whilst there are limited and containable immediate financial implications arising from this report, acceptance of this proposed application for Healthy City designation will further embed and reinforce the wider obligations and requirements on the authority as set out in section 2.8. Acceptance of the report does not mean that additional resources will be made available and it should be assumed that future spending needs will need to be contained within existing budget provision as set out in section 4.1 and furthermore also have full and due regard to the likely heavily constrained resources available to the authority in future.

5. Legal Implications

- 5.1 There are no legal implications associated with this report.

Background Papers: None

Appendices: Appendix 1 - Previous achievements through the Healthy City Programme in Swansea.

Appendix 1

Achievements – Section 1: Partnership working to put Health in All Policies

Extensive programme of capacity building and raising awareness across partner agencies with over 250 stakeholders briefed on the social model of health, the inequalities that currently exist and the need to reduce these.	Included four major workshops on improving health (three supported by the Institute of Health Equity) Training on Healthy Urban Planning Two year partnership with UCL Marmot team
Single Integrated Plan agreed on framework of with six population outcomes based on the evidence base for reducing health inequality. Early Years adopted as one of the four wellbeing objectives in the well-being plan.	Population outcomes measures are based on the six recommendations on how to effectively reduce health inequalities as set out by the institute of Health Equity. Supported by the development of primary and secondary driver diagrams.
Development of an integrated impact assessment tool	Assessment of a number of policies for their impact on health and well being with recommendations made to improve the final policy Recognition of the tool in the European Compendium of good practice Recommendation of the tool to the Future Generations and Well Being Team
Creation and Dissemination of the Healthy City Directory which incorporates over 400 voluntary sector organisations	Healthy City Directory widely signposted to within Swansea particularly by GP practices and Cluster networks as part of the social model of health
Attendance by Political Lead and Healthy City Co-ordinators at five international healthy city conferences with shared learning and dissemination of abstracts form European good practice.	See Appendix 2

Achievements – Section 2: Programmes in action

Tobacco Control Swansea – development and agreement of a partnership Tobacco Control Strategy	Smoke free homes (ASH Award) playgrounds and beaches. Launch of smoke free school gates.
Early Years	Early Year Strategy agreed City wide 'Best Start Campaign – positive parenting Pilot early years worker within primary care cluster – Penderi
Healthy Nightlife	Help point established saving Ambulance call outs

	<p>Creation of a drop off point with safety and behaviour messaging</p> <p>Achievement of the purple flag status</p>
Healthy University	<p>Membership of UK healthy University network, wide range of projects and initiatives each linked to the Healthy City Phase VI core themes.</p>
Creating An Active and Healthy Swansea – strategy and action plan agreed	<p>Partnership work on a range of initiatives, including future of food project.</p> <p>Introduction of Community led Active Schools Programme (CLASP) with resulting HAPPEN network incorporating multi agency primary school network to share learning and implement initiatives on physical activity and nutrition.</p>
Community Voice Programme	<p>Six community voice projects established attracting funding from the Big Lottery (720k) with 10 citizen groups established, over 330 citizens receiving training and 25 decision making bodies having direct citizen engagement. This includes patient and carer forums for each of the cluster networks in Swansea.</p>

Achievements – Section 3: Gaining and sharing learning on a wider basis

Founding member city of UK Healthy City network
Delegation hosted from South Korea
Presentation to Belfast on Early Years work 2016
Case studies presented at a number of international healthy city technical and business conferences. Most recently PECS Hungary March 2017 on Early Years and Belfast 2018 Narrowing the Gap in Speech and Language and Communication Skills in Readiness for School; A Call to Arms - using the 2017 Director of Public Health's Annual Report to raise awareness of local health literacy and how it can affect health outcomes; The HAPPEN Wales Primary School Network – Health & Attainment of Pupils in a Primary Education Network
Healthy City programme included in the Annual Charter Celebration Conference “Networks and Partnerships: Wales Collaborating for Global Health” on the 27 th of March 2017 Cardiff.
Range of media (newspapers and television) coverage on Health Inequalities, Smoke Free beaches, Early Years work, Smoke Free Schools and Purple Flag.
Partnership with Belfast on health literacy training 2018

Response From the City & County of Swansea

1.2 - What is the evidence of success or failure for neighbourhood forums in England, and Community Councils in Scotland, bridging the community/municipality divide?

We would wish to point out that Community Councils also exist in Wales and could thus as posited help bridge some of that potential divide any bit as much as in Scotland . It is acknowledged however that the size and range does vary enormously and there is not universal coverage of community councils, many areas even within individual local authority areas simply do not have them.

1.3 - What is the evidence of success or failure of resourcing local government to take decisions locally produces for health and wellbeing?

Local government financing has been constrained for a decade or more. The majority of funding, especially so in Wales comes from central government via the devolved arrangements. Council tax makes up a final approximate quarter and is probably already near limits of political acceptability and affordability for taxpayers. Similar concerns apply to business rates. Settlements are often ad hoc one year affairs. The sustainability of funding and lack of certainty inhibits and limits the most effective long range planning and decision making for the truly wider good in much of public life, not just for health and wellbeing. The continued somewhat artificial boundaries between health (NHS) and social care continue to limit true whole partnership working for the collective health and wellbeing of our populations..

1.4 - Can a value-for-money case be made for encouraging and sustaining the enhanced community spirit generated by the pandemic (increased volunteering, extended neighbourliness and more charitable/community activity)?

In principle and in heart yes probably is a clear case to be made from communities stepping up and helping one another . But head says very difficult to quantify the cost and benefit for any meaningfully evidenced vfm case.

1.5 - Do suggested proposals for action on governance/decision-making pass the tests of being realistic, useable, specific, deliverable and affordable?

They do meet with much of what is envisaged under the new Local Government and Elections (Wales) Act 2021 over public engagement and panel assessment. Concerns over the key matters of being realistic, useable, specific, deliverable and affordable apply equally to the emerging wider new obligations but the new statutory duty will probably make it easier for us to include issues and questions that seek to tease out specifics in relation to healthy cities as part of those engagements and assessments.

2.2 What is the evidence that poor quality housing leads to physical and mental ill health, excess (winter) deaths, accidents in the home, increased hospital admissions and readmissions, premature moves into residential care and fuel poverty?

Various housing publications on how poor housing impacts on residents health and wellbeing, in particular HHSRS hazard rating system, Welsh Private Sector House Condition Survey data , Local House Condition survey data , WIMD data.

2.3 Can the gains from improved housing be quantified financially?

Various housing publications / articles quantifying the cost of removing hazards from properties and providing housing adaptations. BRE HHCC Housing Health Cost calculator used by a number of LAs to quantify the savings to NHS from private sector housing investment programmes such as area renewal, home energy efficiency schemes, housing adaptations, housing repairs and empty property conversion programmes.

2.5 - Is there evidence that changes to urban design and housing quality – including energy efficiency, security, affordability – for both new development and neighbourhood regeneration, will lead to healthier cities? .

We believe there is enough statistical data to demonstrate that “sick buildings” produce sick people. Housing quality is a key contributor in reducing health risks and remains a problem in relation to hazards such as excess cold, excess heat and lack of ventilation leading to damp and mould and have been identified as a major issue in homes. Such hazards as we know can lead to a range of health conditions, such as respiratory and cardiovascular disease, infections and mental health problems.

2.6 - How best can Local Planning Authorities play a positive, proactive role in creating the healthy city?....

Make the connection between indoor and outdoor environments as they are closely connected. Planners need to think holistically about the built environment. Make the best use of natural light. Use greenery as thoughtful design, cities should be built using more green areas per inhabitant and higher-quality green areas. Nature should be considered when designing urban areas, streets and buildings. Nature not only benefits our mental and physical health but contributes to better air quality, lower noise pollution, more absorbed CO2 emissions and, if planned well with a variety of species, richer biodiversity. Promote movement, buildings should inspire people to make the healthiest choices when they move around. Planners through the architectural and design process should focus on buildings, stairs, corridors, urban spaces and infrastructure in a much more inviting and innovative way.

2.7 - What changes to mandatory Building Regulations (eg. in relation to standards for accessibility) can be shown to improve health and wellbeing? ..

Accessibility benefits all members of society including people with disabilities. Improving accessibility brings about increased quality of life; creates more independence and better social integration which also leads to better health. The Building Regulations already cater for the health and wellbeing of individuals in such ways as thermal efficiency, ventilation, accessibility, security, all being key contributors as suggested previously; admittedly there is always room for improvement. It's a bigger issue than mandatory building regulations, we must consider the built environment, the framework in which people work, socialise and access services. If it is not properly considered, it has the potential to impair inequality by reducing people's access to jobs, social networks and health services through unnecessary barriers such as poor transport connectivity, housing shortages and disconnected social infrastructure. When inclusive design is considered well, our built environment can uplift a society by

reducing inequalities and enabling a wider group of people to participate. I believe we are addressing health and wellbeing via the building regulations and individual building types and how they are occupied; the missing link is the wider interaction with the social infrastructure and community connectivity. Building regulations only focus on the buildings, the overall theme of a health city is being able to live beyond the bricks and mortar in as equal and inclusive way as possible.

2.13 Is there evidence that Home Improvement Agencies, providing advice and support for home retrofitting for older owners, are enhancing health and wellbeing for those living in poor condition

The increasing number of grant applicants using our Home Improvement agency service, due to the high quality service being able to manage the scheme from inception through to completion for vulnerable clients, in particular for housing adaptation schemes to enable individuals to remain living independently. WG Housing Adaptations Enable performance data customer satisfaction show high levels of customer satisfaction in the quality of service provided by LA Home Improvement agencies and high levels of agreement from clients that the adaptations delivered have made a positive difference in accessing and remaining living independently at home, improving their lives as a result.