

Whatever happened to Healthy Cities?

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Utopian visionaries 19th and 20th century

- ◆ Public health visionaries, response to the horror of urban industrialisation - but also rejection of myth of rural idyll
- ◆ Not just Chadwick, also had a vision of place - Saltash, Cadbury Bournville, William Morris
- ◆ Also drew on a moral or political purpose – ‘New Jerusalem’ – Blake, and urban non-conformism
- ◆ Social and communitarian drivers – the collective strength of people in cities
- ◆ Social and political movements, activists

Utopian cities 19th and 20th century

- ◆ Ebenezer Howard, Le Corbusier, Garden Cities, post-war new towns
- ◆ Green space, clean space, now in the city - not retreat to the countryside
- ◆ The city as a force for social good, not just a good design
- ◆ Ideology - ecological, holistic, people aware of themselves as part of an environment

The New Public Health gives rise to Healthy Cities

- ◆ A mix of international and national drivers but nationally tensions
- ◆ 1977 WHO initiatives
- ◆ 1978 Alma Ata Declaration on primary health care
- ◆ 1980 HFA 2000
- ◆ 1980 Black report and emphasis on health inequalities in England caused by structural problems
- ◆ 1986 Ottawa Charter for health promotion
- ◆ 1986 Healthy Cities in UK – Liverpool, Sheffield voluntary and self generated not government lead. Govt refuses to recognise ‘health inequalities’
- ◆ 1988 ‘Esmedune 2000’– an ecological vision for Liverpool

Liverpool, Esmedune 2000 - a vision

- ◆ “built on the activities of buccaneers, pirates and black slavery – and the first great city to face post industrial decline”p6
- ◆ Ashton & Seymour “trying to make health promotion a reality in such a devastated part of Britain and by doing so support the creation of a new, locally based Public Health Movement “ p9

♦ Where did it all go wrong?

♦ Separation of health and place

Parting of the ways : divorce of health and place since 1974

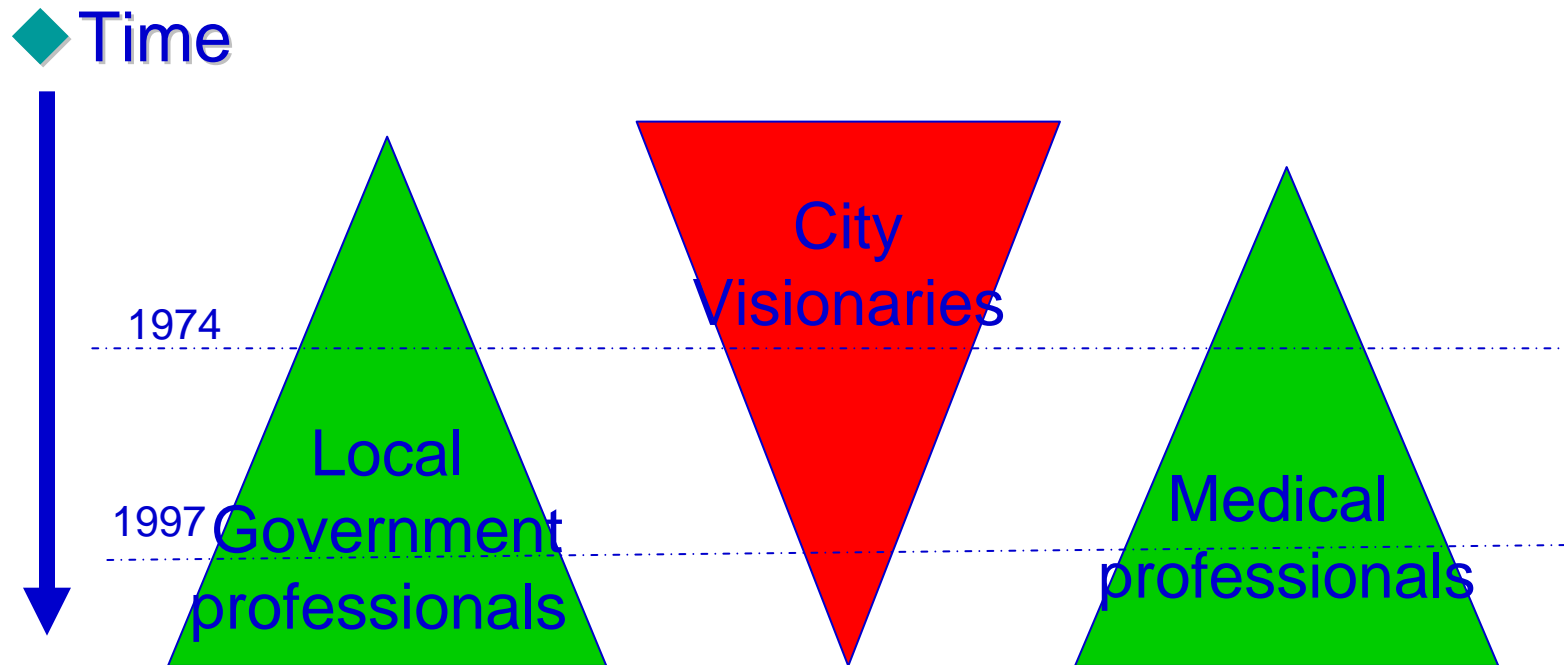
Local government rules place

- ◆ Local government officialdom:
- ◆ Towns under planning officials
- ◆ 30 years of 'ARI' programmes to tackle neighbourhood disadvantage
- ◆ Community development (1970's)
- ◆ Housing Action Trusts
- ◆ Inner cities /ICPP / City Challenge /SRB (1980's)
- ◆ 1990's: Neighbourhood action zones, pathfinder estates, NDC, NRF

Health goes into 'NHS'

- ◆ Structures and positions:
- ◆ Directors of public health
- ◆ Epidemiologists – what can be measured counts
- ◆ Evidence is based on RCT
- ◆ Faculties of ..Public Health, Royal Societies, accreditations!
- ◆ Partnerships through HAZ – but no "lamp posts" in NHS HAZ budget!

Growing and declining influence



Healthy Cities caged

- ◆ Public health vision squeezed between protectionist professional self interest, institutional careers and the political machines
- ◆ Public health ? - An illness prevention service, treat patients through pharmaceuticals and surgery or behaviour change
- ◆ Local government? - Re-engineering city economies, symbolised by regeneration priorities: visual appearance of buildings, houses and 'public realm', encourage employers to relocate, for the people - provide education and skills
- ◆ The ecological, ideological city vision - lost in a rhetoric of lifestyle, choice and 'wellbeing', delivered through the mechanism of public service performance management.

Enter the politics

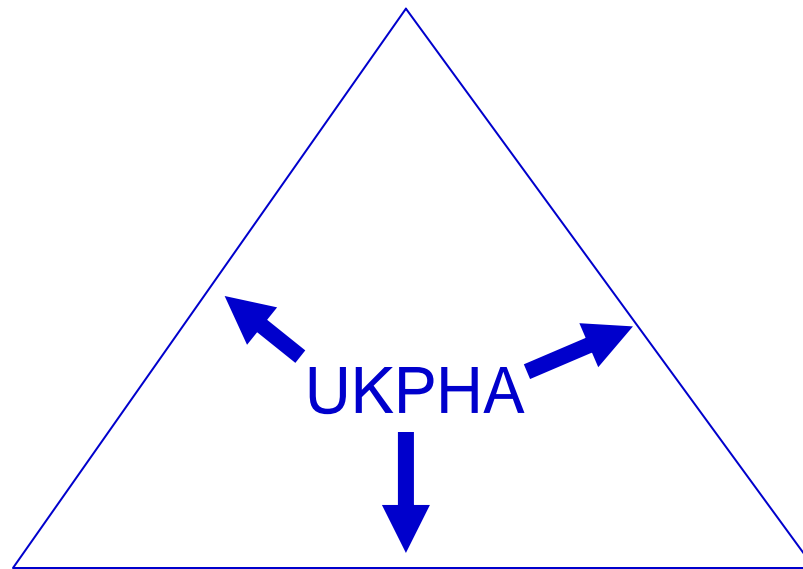
- ◆ Political influence – machines taken over the explanations/ solutions. A materialist ‘evidence base’ understanding in *Saving Lives* (1999), personalised behavioural in *Choosing Health* (2005).
- ◆ Political machines taken over governance of place, aim to deliver on indicators, standardised, systematised through managerialism, ‘performance frameworks’ for delivery.
- ◆ Where is the political ideology and vision?

Abandoned territory - or was it seized?

- ◆ Where are the Healthy City visionaries now?
- ◆ Territory handed on to (or seized by):
- ◆ **Public health** – absorbed in structures and struggles over political influence and clinical career pathways
- ◆ **Local government** - stifled by partnerships, LAA, Healthy Neighbourhoods, LSP, but constant change and reorganisation
- ◆ **Instrumental political leadership** - mechanistic, dry, administrative, procedural, another form of arid public administration.
- ◆ UKPHA is the key independent voice for those with vision and Leadership but it is 'boxed in'

UKPHA pushing at the boundaries of the paradigm

Politicians



Local government officials

Public health specialists

Ways forward

- ◆ Need a strategy to regain the initiative – ‘working on the edge of the paradigm’ - need to set this out for ourselves
- ◆ Identify a vehicle - ?Local Strategic Partnership?
- ◆ Opportunity of a place-based inter-professional round table (use the jargon?)
- ◆ Decentralisation and identification with ‘neighbourhood’ – a more manageable setting to re-integrate place and health?

Healthy Neighbourhoods SIG?

- ◆ A professional setting to legitimise seditious UKPHA scheming and plotting
- ◆ Bolts into the real-world professional and managerial 'infrastructure'
- ◆ But opportunity to set a different agenda
- ◆ Fertile political / activist presence 'on-the-ground'
- ◆ Re-uniting vision and practical local action
- ◆ Healthy Cities – Healthy Neighbourhoods