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Health and the London Mayor: Learning from other cities

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INTRODUCTION

This paper is a contribution to *Improving the health of Londoners: the potential for the Mayor and GLA*, a King's Fund project funded by the London Regional Office of the NHSE. The project aims to explore the particular contribution that the new Mayor and Assembly, due to be elected in May 2000, can make to improving health in the capital. Specifically, the paper analyses the experiences of other city-wide authorities in the UK and internationally in improving health. It sets out which cities were studied and why, outlines the different ways in which Mayors work to affect change, identifies the available evidence of action to improve health in selected cities, and explores the extent to which these experiences may be relevant to London.

Two important points must be made at the outset. The first concerns the framework for improving health within which this paper is based. It has been persuasively argued that there are many layers of influence on an individuals' health.[1] Most of these layers demonstrate a social gradient, so that conditions that are favourable to good health lessen with declining social power or position. When establishing policies to improve health and tackle inequalities, it is important to be aware of the complex and interactive relationship between the different layers:

1. 'Fixed' factors that individuals are endowed with – such as age, sex and hereditary factors.
2. Individual lifestyle factors – the personal behaviour that individuals adopt which can be health damaging or health promoting.
3. Social and community influences – the mutual support within a community, such as how people interact with friends, relatives and the rest of their immediate community.
4. Living and working conditions – including factors in the immediate surroundings that people encounter as part of their daily life, such as access to essential facilities and services, food supplies and some environmental pollution factors.
5. General socio-economic, cultural and environmental influences – including the condition of a country's economy and its cultural values (such as the role of women in society or the position of minority ethnic groups).

The second is that London is unique. No other city will be entirely comparable. The purpose of the points of broad comparison used to select the cities for research is to identify the differences between other cities and London as much as the similarities. In addition, this paper does not assume that the policies and actions which have been pursued by other cities that are identified below can simply be imported to London. Our purpose is rather to highlight initiatives that have been taken by other cities to improve health which could be relevant to London and to indicate the opportunities and challenges involved in pursuing such activities in the London context.

SELECTING CITIES FOR RESEARCH

The following cities were studied for this paper:

- Birmingham
- Glasgow
- New York
- Chicago
- Toronto
- Paris
- Rome
- Berlin
- Barcelona

We took a pragmatic approach when selecting cities for research. This is not an exhaustive study of action taken by city-wide authorities to improve health. The timescale for the project, which is due for completion before the elections for the GLA take place in May 2000, put a constraint on the number of cities that could be adequately researched. A critical factor in the selection process was whether or not the city-wide authority had taken action to improve health, in its broadest sense. Even it were possible to find a city with exactly the same health issues and structures of government as London, it would be of extremely limited research value if no action to improve health had been taken. We looked for evidence of strategic, city-wide action to improve health, as well as initiatives at the local level with which the Mayor or city-wide authority had been directly involved. However, cities were not selected solely because they had taken successful action to improve health (the debate about what constitutes evidence of 'success' in health improvement is contentious and discussed towards the end of this paper). We recognise there is much to learn from the mistakes and failures of other cities, as well as from their achievements and successes. We were also interested in how far the reputations some Mayors have gained for providing strong leadership in their cities, especially via the media, have made a difference in relation to health.

Some broad points of comparison with London were also used to select the cities studied. (See Table 1 at the end of this paper.) With a population of over 7 million people, London is by far the largest city in the UK and bigger than other Western European capitals.[2] The sheer size of London means that the challenges it faces are different from those faced by smaller cities. The vast number and range of different organisations who have a role in improving health in the capital arguably makes working across boundaries even more complex and time consuming than it does in a city with, for example, 500,000 people. However, it was felt that some cities in the UK should be included in the study, despite their smaller size, because of their similarity with London in other important respects, including the national policy environment within which people are working to improve health and the structure of local health and related services.

London is Britain's most ethnically diverse city. Nearly half of the UK's total black and minority ethnic population live in London and these groups now make up a quarter of the capital's population. London's diversity has an important effect on health in the capital. Black and minority ethnic groups tend to be more disadvantaged in terms of the key determinants of health in the capital and some health problems are associated with particular black and minority ethnic communities. Ethnic diversity is also important in terms of the accessibility and cultural appropriateness of health and related services.[3]

Like many cities, London has a high proportion of younger people, particularly children and those aged 25 – 35 years. There are also proportionately fewer people of retirement age. London's young population has an important effect on health in the capital: "Many of the most important health issues in the capital are more common among younger people. These include the higher levels of acute mental illness, HIV/AIDS, unplanned pregnancy and substance misuse."[4]

It has been convincingly argued that inequality is one of the defining characteristics of health in London.[5] For example, the chances of dying before reaching the age of 75 are almost twice as high in the most deprived areas of London as in the least deprived. There is now clear evidence of the links between socio-economic factors (such as poverty, unemployment and social exclusion) and poor health, and these issues are a particular cause for concern in the capital.[6]

It has been argued that housing is a key determinant in the health of Londoners.[7] London has a significant number of homes which lack basic amenities and more than twice the national average proportion of overcrowded homes. Poor quality housing, including overcrowding, damp and cold is linked with accidents in the home, infectious diseases, stress and mental health problems and respiratory disease. London also has high levels of homelessness. Homelessness is linked with mental illness, alcohol and drug problems, poor access to all types of health service, and respiratory and infectious diseases.

Transport effects the health of Londoners in a number of different ways.[8] Although mortality rates from road traffic accidents are relatively low in London compared with the rest of the country (due to lower speeds in the capital) there are still nearly 300 deaths and 46,000 injuries every year from road traffic accidents. Whilst it is unlikely that poor air quality is a direct cause of asthma, it may exacerbate the symptoms of some people who already have respiratory problems. Exercise from walking or cycling instead of using a car or public transport to get around can have a beneficial impact on an individual's health. However, the most common form of transport in London for trips over 200 metres is the car. Transport can also affect local communities access to work and key services such as health services and facilities such as food.[9]

There is growing evidence that crime and fear of crime have a significant impact on health in the capital.[10] Crime can and often does damage the

physical and mental health of victims and fear of crime is a very real and debilitating factor in many people's lives, limiting their lifestyles in ways that are detrimental to health.

In addition to these 'upstream' causes of health, factors relating to individual behaviour are associated with poor health. Smoking rates in London are similar to those for England as a whole (around 32%). Reductions in the proportion of people who smoke in London over the past few years have been greatest in more affluent social groups, as is true elsewhere in the country. Excess alcohol consumption can have harmful effects on the individual concerned, including liver disease, some cancers, and mental health problems. The available evidence suggests that alcohol consumption does not appear to be higher in London than elsewhere in the country. Physical exercise is a major contributor to good health, helping to reduce cardiovascular disease, stress and obesity. However, a relatively high proportion of adult Londoners take no exercise. This lack of exercise, combined with a poor diet, may be an important cause of the relatively high rate of obesity in London compared with other European cities.[11]

The main causes of death in London were taken into account, namely cardiovascular disease and cancer. Whilst mortality rates for these diseases in Greater London are not significantly different from national averages, there are important variations within the capital. For example, mortality rates for cardiovascular disease and cancer rates are significantly higher in Inner than in Outer London. Other key health characteristics in the capital include higher mortality rates for respiratory disease, in particular for pneumonia, and for infectious disease such as TB and HIV/AIDS. Suicide rates in Inner London are particularly high.[12]

The system of government and the powers and responsibilities held by different layers of government, and the organisation of health and related sectors, were considered important. Some cities are located within a wider, regional level of government. For example, Rome is the main city in the Lazio region; Toronto is part of the province of Ontario and Chicago is the main city in the State of Illinois. Other cities, including Berlin and London are regional levels of government themselves. Local government exists beneath the city-wide level in cities including Rome, Berlin and London. Whilst the Mayors of cities such as New York, Chicago and Rome are directly elected, others (including the Mayors of Barcelona and Paris) are elected by members of the city council. Some cities do not have a Mayor and instead have a leader or chair of the council, including Glasgow and Birmingham.

The funding and organisation of health and related services in other cities is often complex and differs from city to city, sometimes even within the same country. Some countries fund their health services through a system of private insurance, such as the United States, and some, including Germany, Canada and Spain, use a social insurance system. By contrast, the UK funds its National Health Service through general national taxation.
Other city-wide authorities have greater powers and responsibilities for health than those proposed for the Mayor of London (see below), although none has

full responsibility for delivering and funding health services. For example, the Mayor of New York appoints the President of the Health and Hospital Corporation which runs New York's 17 public hospitals, but not the remaining 40 or so private hospitals. The Mayor of New York is also responsible for appointing the Commissioner of New York City's Department of Health (which runs health monitoring, protection and promotion activities in the city) and the Commissioner of the Department of Mental Health, Mental Retardation and Alcoholism Services.

WORKING STYLE OF MAYOR

The first working paper for this project has analysed the powers and responsibilities the GLA holds in relation to health.[13] To summarise, the Mayor of London will not run health services in the capital. This remains the responsibility of the London Regional Office of the NHS Executive. London's Mayor will, however, have some responsibility for improving health in its broadest sense in the capital. The GLA Act sets out that in preparing or revising any of the Mayor's strategies (on transport, economic development, biodiversity, municipal waste, air quality, ambient noise, culture and spatial development) there must be "regard to ... the effect which the proposed strategy or revision would have on the health of persons in Greater London".

The paper argues that although the GLA Act gives London's new Authority statutory power to improve health, it does not impose a corresponding share of responsibility for formulating or delivering health improvement policies in the capital. In addition, the Act provides no statutory framework for joint working with other agencies with a role in improving health, such as the NHS, the Regional Office of the NHS Executive for London or London's 16 Health Authorities. The paper asks how any new regional health activities generated by the GLA will be funded, given the fact that the GLA will be modestly funded and barred by the GLA Act from spending money in areas for which responsibility lies elsewhere. "With no statutory duty to work with health partners [and indeed with few funds at his/her disposal], the individual qualities and working style of the Mayor will be important if s/he is to exercise influence and make a contribution." The paper proceeds to argue that there are a number of different health roles the Mayor could play to ensure his or her powers are maximised, including being a negotiator, a health ambassador, a critic/auditor, an oppositionalist, an advocate/campaigner or strategic leader.

Evidence from this project indicates that Mayors in other cities have far greater powers, responsibilities and budgets than those proposed for the London's new Mayor and Assembly. How much power and money a Mayor has is certainly a crucial factor in terms of his/her potential to affect change. However, every city-wide authority in this study has also argued that increased powers (whether from local, regional or central government) and larger funds are necessary to enable effective action. Mayors adopt a range of different working styles to affect change in this context. They may use different styles for different issues, or a combination of approaches. The

particular working style chosen by the Mayor for any given issue depends on a number of factors. The degree of formal power and responsibility the Mayor has over the issue is certainly a key consideration. However, politics and personality also play an important role.

The conflicts Mayor Jean Tiberi and the Prefect of Paris are mainly due to the fact that the Prefect represents France's national government, which is controlled by a different political party from the Mayor's. Giuliani's opposition to New York's City Council is partly a consequence of politics (45 of the 51 Members of the City Council are Democrats whereas Giuliani is a Republican) although the Mayor is also well known for his generally forthright and outspoken personality.[14] However, Mayors can and do form constructive relationships with members of different political parties. Mayor Daley of Chicago has a constructive relationship with Governor Ryan of Illinois even through Ryan is a Republican.[15] An important reason why Mayor Lastman has to negotiate and broker agreements with individual City Councillors in Toronto is that the Council does not have a party political system in the sense that we have in the UK. Individual Councillors can be, and are, members of Canada's main political parties. However, there is no Party Whip in the City Council. This means that Lastman has secure each individual Councillor's vote in order to be effective.[16]

The general political climate of a country can have an important impact on the style of working adopted by the Mayor. It has been argued that the national government in Canada is increasingly weak, and that political pressure for independence in Quebec has been a key determinant of increasing devolution from the centre to regional and municipal level.[17] Italy's national government is perceived by many as ineffective.[18] There have been 57 governments since the second world war and there are currently more than 40 parties in the national Parliament. Historically, individual cities have played a strong role in Italian politics. Party political structures are weak, MP's allegiances are primarily local, and successful reform depends on bringing together a wide range of disparate interests without an effective system of Party Whip. Many Italians have lost faith in the state's capacity to reform itself – despite a strong sense that reform, particularly of the voting systems, is crucial.[1] The weakness of central government, coupled with a new breed of strong, managerialist city mayors, has meant that Italian cities and regions are increasingly seen as the level where effective action takes place. There is even talk of creating a new Mayor's Party (*partito dei sindaci*) to lobby central government for more power at the city level.

Our evidence indicates that Mayors frequently put their city above their political party.[19] Mayors have to deliver, and be seen to deliver, for their city in order to be re-elected. This often means working in partnership with the key players at every government level, whatever their political affiliation. The former Mayor of Chicago, Harold Washington, was in frequent conflict with the City Council, even though Councillors were predominantly from the same

[1] In a referendum in April 1999, 91% of those who voted wanted reform of the voting system, but turnout was lower than the 50% necessary to carry the vote.

party (Democrat). In his first election campaign, Richard Daley promised to work with the Council to end this deadlock.[20] It has been argued that constitutionally, Chicago has a 'weak' Mayor and a 'strong' Council.[21] However, the current Mayor is arguably in a stronger position than his predecessor, partly because of his reputation and political heritage (his father was Richard J. Daley, Mayor of Chicago during in the 1960s), and partly because of strong public support for his commitment to end the deadlock with the City Council.

The following section outlines the different working styles deployed by Mayors to affect change. Not all the examples relate specifically to health, but they all indicate the different ways of working which could be relevant to a Mayor who decides to take action to improve health in the capital.

Negotiator/consensus builder

Some Mayors work to build consensus for city-wide initiatives. This may involve negotiating or brokering agreements with a number of different tiers of government, at the local, city-wide, regional or national level.

The Mayor of Rome, Francesco Rutelli, aims to build bridges with the city's boroughs (or *circoscrizioni*) which are an important delivery mechanism for many of his policies, particularly social provision.[2] There is clear potential for conflict between the Mayor and the boroughs, particularly because the City Council (or *commune*) allocates money to the boroughs, but the boroughs can choose spend this money on their own priorities. Mayor Rutelli has tried to build agreement on social care standards in the city by bringing the boroughs together with voluntary and private sector providers to sign up to a voluntary code. The City Council holds quarterly meetings with borough presidents to help co-ordinate the quality of locally provided health services. These meetings are an important opportunity for the city to address the regional Lazio government with a single voice about the health needs of the city's population. It also enables the City Council to improve its understanding of health needs across the city.[22] Some boroughs have public offices in the Council's buildings. The Council often pilots policies in the most co-operative boroughs, such as a new way to code noise pollution which and has subsequently been extended across the city (for more details of action on noise pollution, see below). Mayor Rutelli has also worked to build agreement amongst the City's Councillors. Rutelli is a member of the Green Party but is supported by a cross-party coalition in Rome's City Council that includes Greens, socialists and communists. This group represents approximately 60% of the City's 60 Councillors and was formed when Rutelli stood for re-election in 1997 and members of the coalition were elected from a list bearing Rutelli's name. Although much of the Council's power lies with its 15 strong cabinet (or *giunta*), the lack of cohesive party structure in the

[2] Rome is part of the region of Lazio, with the city covering around 54% of the region's population. In the Italian constitution, Rome is both a province and a commune. The Mayor of Rome, Francesco Rutelli, has jurisdiction over the commune of Rome. The commune is divided into 19 boroughs or *circoscrizioni*, each of which is run by a directly elected president.

city, and across Italy as a whole, means that the onus is on Rutelli to sustain a strong coalition of councillors.[23]
However, the picture in Rome is not uniform. Rutelli has a strained relationship with the city centre's borough (the 1st *circoscrizione*, otherwise know as Monti) which is ruled by a right-wing coalition. The borough recently put up posters in the city centre denouncing Rutelli. There is also conflict with the 40 per cent of City Councillors who make up Rutelli's opposition. This group is a coalition of Christian Democrats and right and far right parties such as Forza Italia and Alleanza Nazionale. The group takes an anti-regulation, anti state intervention stance and makes regular attempts to block any new city-wide legislation. As a consequence of its opposition to Rutelli's policies, this group has been dubbed *uomini contro*: "the men who say no". The coalition introduced 300 amendments to a recent Millennium Bill that would have given the commune the power to fine illegally parked buses, including the large number of tourist buses visiting the city over the Millennium. Other issues the Opposition has attempted to block include setting up a privatised tourist bus service in the city to help keep large tourist coaches out of the city centre and environmental protection.[24]

Building consensus for change with Chicago's Aldermen has been a critical element of Mayor Daley's working style, particularly over service delivery issues.[25] The citizens of Chicago have traditionally contacted their local Alderman when concerned about services in their neighbourhood, even though most services are delivered by the City Council. Mayor Daley has worked closely with the Aldermen to ensure that people can contact either their Alderman or the City Council to address their concerns. Daley has dedicated one unit of staff exclusively to liaising with Chicago's Aldermen and another to working solely on federal government issues. He has also worked to build consensus with State of Illinois, for example in brokering agreements to devolve further power and responsibility to the city. Illinois has a 'Home Rule' ordinance which allows the State to give a degree of freedom to particular municipalities over certain issues, and one of these municipalities is Chicago. Responsibility for education in the USA usually rests with the State. However, Illinois has devolved this responsibility to Chicago, under the 'Home Rule' ordinance. Mayor Daley argued that the City should have control over education because it is a crucial issue in Chicago. One view is that it was only because the State had been subject to considerable criticism over the poor standards of education in Chicago that it was willing to relinquish responsibility.[26] Daley would like to have full responsibility for running public housing, which is currently a federal government responsibility. The Housing and Urban Development agency (a federal body) has given the City a degree of responsibility for this issue, through new powers to appoint members of the agency's board. However, the HUD has so far refused to give the City the direct fiscal or day to day control that Mayor Daley argues is necessary to secure effective improvements in the city's housing.[27]

Negotiating and brokering agreements has been the hallmark of the working style of Mel Lastman, the Mayor of Toronto. Toronto has recently undergone

a major re-organisation of its administration.[3] Many of the Council's 58 members are new and have never worked together before. Working closely with individual city councillors to understand their specific needs, issues and priorities is seen by city officials as crucial in securing support for the new City's programme.[28]

The regeneration of the deprived Ciutat Vella district in the centre of Barcelona has required Mayor Joan Clos, his predecessor Pasqual Maragall, and the City Council to work closely with the regional Government of Catalonia (or *Generalitat*). The Generalitat has responsibility (or the 'competence') for building work in Barcelona, whereas the City Council is responsible for managing the city's land. The regeneration of Ciutat Vella has involved widening streets and building public squares and new housing. An effective partnership between the City Council, Mayor and the Generalitat which has lasted for over a decade has been critical to the success of the programme.[29] (For further details on Ciutat Vella's regeneration, see Appendix 10.)

An important mechanism used by the Mayor of Berlin, Eberhard Diepgen, to build agreement between the state and the district administrations in Berlin[4] is the council of the mayors (*Rat der Bürgermeister*). Currently, there are 21 district mayors, plus the Mayor, who heads the council. The council's role is to make decisions on basic questions of administration and legislation at the level of the city district although the Mayor of Berlin can bring forward issues which concern the city as a whole, such as how the Reichstag should be renovated or how the Potsdamer Platz will be built.

It has been persuasively argued that London's Mayor will need to build consensus, particularly with London's Boroughs, if s/he is to ensure effective action by the GLA.[30] Evidence from our research indicates that this style of working has been particularly important for other city-wide authorities.

Visionary

Some Mayors have articulated a clear vision of their city and used this vision as a spur to action. The regeneration of Ciutat Vella by successive Mayors of Barcelona consists of two elements: the physical regeneration of the district, and human regeneration of the population through social programmes. The Ciutat Vella programme is a practical example of the former Mayor Pasqual Maragall's vision of the city, a vision which has continued to drive his successor, Mayor Joan Clos. This vision is perhaps best encapsulated by the message of a major public education campaign that Maragall ran when he

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[3] Seven municipalities - Metropolitan Toronto, the cities of Toronto, North York, Scarborough, Etobicoke and York and the Borough of East York - were amalgamated into the new City of Toronto in January 1998.

[4] Berlin also has two levels of government. Berlin is both a city and a federal state (*Bundesland*). The second tier of government in Berlin is the local or district level. There are 21 districts in Berlin, although in 2002 this number will be reduced to 12. Districts have their own Mayor and town council (*Bezirksamt*). Each district also has 8 departments to mirror the 8 federal ministries (outlined above) at the district level, run by a chairperson or *Stradträte*.

was Mayor: *Barcelona: posa't guapa*. This translates somewhat crudely as "Barcelona: make yourself beautiful". The phrase has two meanings. The first is the need to improve the physical infrastructure of Barcelona, particularly the city's buildings many of whose facades had fallen into disrepair. This part of the message emphasises Barcelona's rich architectural heritage, and the new buildings for Barcelona's Olympics can be seen in this context. The second meaning of *Barcelona: posa't guapa* is the need for the people of Barcelona to 'make themselves beautiful', to care and be proud of themselves, because they are as important to the city's life as the buildings they live and work in.[31]

It is likely that London's Mayor will want to articulate a clear vision for the city to help motivate, inspire and drive forward action. Improving the health and well being of Londoners could arguably form an important aspect of this vision.

Strategic leader/Co-ordinator

Mayors in other cities have demonstrated that they can drive forward work on so called 'wicked issues' by leading and co-ordinating work at the strategic, city-wide level. The larger the city, the more 'wicked issues' there are likely to be. Mayor Giuliani has used his high profile and leadership at the strategic level to tackle domestic violence in New York, through the Mayor's Commission to Combat Family Violence. Mayor Lastman has helped co-ordinate the work of a range of public, private and voluntary organisations to address homelessness in Toronto through his Task Force on Homelessness, following pressure from voluntary groups and the media to address the issue for many years.[32]

One of the advantages of this method of working is that it encourages effective links to be made between different organisations that might otherwise be missed. In 1994 the Mayor of Paris, Jacques Chirac, established a multi-agency group to tackle homelessness across the city. Members of the group include RATP, which runs the Paris Metro, and SNCF, responsible for national railway stations. Homeless people often congregate around stations. SNCF and RATP therefore have an important role to play in helping to identify and link homeless people to appropriate services elsewhere in the city. Bringing together the police with hospitals and other health care providers in the Mayor of New York's Commission to Combat Family Violence has highlighted the need for health services to play an increased role in identifying victims of domestic violence and linking them to the services they need. It has been argued that the Commission has helped to generate new and innovative approaches to tackling domestic violence, such as the Alternative to Shelter project and the Adopt a School programme, (for further details, see below) as a result of different organisations being brought together to discuss how best to tackle the issue.[33]

City-wide authorities have emphasised that initiatives which lead and co-ordinate work at the strategic level must avoid duplicating work that is already taking place. Glasgow Alliance's strategy for the city has four objectives:

greater access to jobs, making Glasgow more attractive for development, improving housing choice and tackling the city's poor health. These objectives have been chosen on the basis of the potential for the Alliance to make a difference, the scale of benefit to the population as a whole, the potential for spin-off benefits for other issues (for example addressing tobacco as an entry route to wider drug use), and the policy contexts within which city organisations are already working. The strategy aims to demonstrate how the Alliance will play a strong and active role in the city's existing partnerships, and how the Alliance will make a difference by 'adding value' to work that is already taking place. Under the objective of tackling the city's poor health, the strategy states "There are other pressing health priorities for the city – especially drug misuse, the health needs of women, and the increasingly elderly population. But there are already in place within the city strong partnership structures with strategies/policies specifically developed to address each of these issues (the Drug Action Team, Women's Health Policy, and joint planning mechanisms for the elderly)."[34]

There is clear potential for London's Mayor to act as a strategic leader on a range of health issues.[35] Evidence from this project indicates any initiative co-ordinating action on health at the city-wide level must build on work already underway (for example the London Regional Office's Health Strategy for London) and avoid duplication.

Leading by example

City-wide authorities have demonstrated the potential for affecting change through leading by example. Toronto City Council's Smog initiative encourages Council staff to contribute to reducing pollution on Smog Alert days by walking to work or using public transport. Glasgow Alliance's[5] strategy to improve child health includes action by Glasgow City Council and the Greater Glasgow Health Board to improve the provision of childcare for their own employees.

Few staff will be directly employed by the GLA. However, many staff are employed by organisations working with the Mayor on his or her strategies. The Mayor could work to ensure these organisations fully contribute to improving health through action aimed at their own employees.

Public Educator

The Mayor's high political and media profile enables him or her to give strong messages and help change attitudes on a wide variety of topics, including health and health related issues. In New York, Mayor Giuliani has argued that attitudes towards domestic violence must be changed so that it is considered as much a crime as burglary or homicide. The Mayor's

[5] Glasgow Alliance was established in 1993 to enable the major public sector agencies in the city to co-ordinate their work more effectively. Members of the Alliance include Glasgow City Council, Glasgow Development Agency, Greater Glasgow Health Board, Scottish Homes, the Scottish Office, Glasgow Council for the Voluntary Sector and Scottish Business in the Community.

Commission to Combat Family Violence cites drunk driving as a prime example of how an education campaign, launched in combination with a strong criminal justice response, can significantly change society's attitudes, and that a key aims of the Commission is to achieve the same change in attitudes in relation to domestic violence.[36]

Mayor Rutelli has used his high political and media profile to attempt to change Roman's attitudes towards transport. Rutelli uses two key arguments to persuade Roman's to get out of their cars and onto the city's public transport system. Firstly, he has appealed to their sense of pride in their city. He has stressed the detrimental effect that pollution has on Rome's historic monuments by publishing details of how particular pollutants cause damage to different types of building material. Secondly, Rutelli has emphasised the links between traffic, pollution and the health and well being of people living and working in the city.[37]

The Mayor of London's high profile could be used to give out strong, clear messages to help change attitudes and improve health in the capital. Issues that could be addressed include tackling racism, addressing the stigma associated with people with mental health problems, and ensuring there is zero tolerance of domestic violence. It is unlikely that there will be many resources available to fund such campaigns. However, the Mayor could use his or her influence to help secure funds from the private sector. Mayor Giuliani secured funding for his domestic violence campaign from a major advertising company in New York called Young and Rubicam.[38] The campaign was then carried on the City's public transit system, on bus shelter and in the subway. The possibility of education campaigns being included in the London Mayors transport strategy should be explored.

Critic/Auditor

One way in which Mayors have attempted to influence issues over which they have no direct control is by playing the role of a critic or auditor. The commune of Rome does not run health services in the city. This is the responsibility of the Lazio health region. However, the city has managed to influence some aspects of health service management in the city. The City Council put pressure on the region to change the system of hospital visiting hours, an issue which had been raised with the commune by the city's boroughs. The region has now agreed to introduce morning, lunchtime and evening sessions so that Romans have more opportunities to visit their friends and relatives in hospital.[39] A current example of how Rome works to influence health services in the city is the establishment of a special committee to investigate a hospital where unsanitary conditions in a maternity unit led to a number of babies contracting gastro-enteritis. The committee is made up of City Councillors as well as external experts.[40]

The first paper for this project has described the potential for the Mayor and the Assembly to take on the role of a health critic or auditor: "The Assembly has virtually unlimited scope for its inquiries in terms of subject. The possibility of an Assembly inquiry is a powerful weapon, simply by virtue of

public exposure."[41] The Assembly could choose to establish committees focusing on particular health or health service issues. However, "much of the effectiveness of the power of inquiry depends on accompanying powers, which determine whether reports can be acted upon ... The impact of Assembly inquiries will ... be confined to publicising issues rather than having recommendations implemented."[42]

Oppositionalist

Some Mayor's have a more antagonistic, abrasive style of working than that of the critic/auditor. The Mayor of Paris, Jean Tiberi, is involved in frequent conflicts with the State (or national) government of France, whose centrally appointed representative in the capital is the Prefect (*Prefet*).[6] Tiberi frequently opposes national government policy by highlighting issues in Paris and claiming that a lack of action by the state, via the Prefect, is a major cause of the problem.

Conflict also characterises the relationship between Rudy Giuliani and the New York City Council. For example, the Council wanted to establish an Independent Police Board to review allegations of corruption in the New York Police Department with members appointed by both the Council and the Mayor. The Council passed legislation to establish the Board, but Giuliani opposed the proposal arguing the only way to secure lasting change is for NYPD itself to take action. This dispute is currently going through legal proceedings.[43]

Mayor Giuliani often attempts to influence decisions about issues for which he has no formal responsibility by making his views known to the general public via the media.[44] In the USA, this tactic is referred to as using "the bully pulpit". For example, Giuliani wanted a new train link to built from La Guardia airport to New York's downtown financial district. This project was initially excluded from the Metropolitan Transport Authority's capital budget. The Mayor of New York has no formal responsibility for transport in the City. However, Giuliani argued the MTA's capital budget would be failing to meet the needs and interests of New Yorkers if it did not include the La Guardia rail link. The proposal was subsequently incorporated into the MTA's plans.

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6. In addition its national government, France has 3 directly elected tiers of government. There are 22 regions, 95 departments and around 36,500 municipalities in France. Regions are run by directly elected assemblies which are responsible for planning and investment across the region. Paris has both departmental and municipal status. Departments are the main level of government responsible for implementing policy and delivering services. Each Department has a Prefect – the state's representative who oversees the services for which the State is responsible within the Department. Departments are run by a directly elected Council. The Paris City Council (Conseil de Paris) runs both he Departmental and municipal responsibilities of the city, rather like unitary authorities in the UK. It consists of 163 councillors representing each of the City's 20 Arrondissements. These councillors also sit on the individual Arrondissement councils along with other councillors who only represent their local area (there are 354 Arrondissement councillors in total). The City Council elects the Mayor of Paris for a six year term.

All Mayors aim to build support from the general public via the media. This is an especially important tactic used by the oppositionalist. Both the Mayor of New York, Rudolph Giuliani and the Mayor of Paris, Jean Tiberi, hold daily press conferences. Tiberi has used opinion surveys to help build support for his activities. In Spring 1999, Tiberi conduced an opinion poll of 1,500 Parisians to find out what they thought the key issues were effecting their health and the health of their city. It has been argued that this survey was part of Tiberi's strategy to gain greater responsibility for health issues in the city, particularly health promotion and protection.[45] The survey found that 60% of Parisians were worried about their health, particularly women aged under 60 years old, and that the main factors influencing their general quality of life were stress, pollution and the quality of food. The majority of Parisians said they wanted the Mayor to have a stronger role on health issues in the city. In response to this survey, Tiberi held a week long conference for health professionals to look at the impact of urban life on health. He also organised a 'Health in the City' event to which Parisians were invited and given information about health issues such as free tests.

The potential for London's Mayor to adopt an oppositionalist style of working on health issues has already been outlined by this project.[46] Evidence from other cities indicates the degree to which the Mayor adopts this approach will depend on a number of factors. These include the political environment in which the GLA will be working, the Mayor's own personality and the extent to which s/he can build public support and backing via the media.

Ambassador

Mayors can be ambassadors for their city, both abroad and within their own country. It has been argued that the future of Birmingham should be seen within a European context as opposed to simply being the second city of Great Britain. Both the Council and the Health Authority have worked to secure significant European Union funding for their initiatives.[47] Mayor Francesco Rutelli has emphasised Rome's position as a leading European city, for example in terms of its culture and heritage and as a major tourist destination. Rutelli often visits other cities in the European Union to promote this message.

For Mayor Mel Lastman, being Toronto's ambassador to the Province of Ontario and to the federal government in Ottowa, has been especially important. Ontario Province[7] is run by the Progressive Conservative party who were elected on a promise to downsize government and cut taxes. The re-organisation of the City of Toronto was an important element of this strategy.

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7. Canada has a federal system of government. In addition to the national government, there are 3 layers: 2 territories, 10 Provinces and various municipalities. The City of Toronto is the major municipality in the Province of Ontario. The federal or national government is responsible for areas such as foreign policy, taxation, currency and banking, immigration, criminal law and procedure, defence, citizenship, postal services and national economic policies. The Provincial government of Ontario is responsible for areas such as health services, natural resources, highways, hospitals and education. Municipal government has no status within the Canadian constitution as an order of government.

The Province is cutting the services the provincial government provides and devolving increasing responsibility for other services they used to provide to the municipal level, without transferring the corresponding resources.[8] It has been argued that these cuts will be particularly keenly felt in Toronto because the city contains a higher proportion of disadvantaged groups than elsewhere in the Province.[48] An additional problem for the Mayor and City Council is that the federal government and Ontario Province often work together on particular issues of concern in Toronto, such as immigration policy, without any input from the city.

Mayor Lastman frequently campaigns for both the provincial and federal government to take greater responsibility for the issues faced by the City, although his success has been limited. A key theme of the Action Plan produced by the Mayor's Taskforce on Homelessness is that all three levels of government should to take ownership of the issue and responsibility for solving it. The Task Force argues that the Province should fund 100% of new supportive housing built in the city and reassume responsibility for funding any supportive housing which has already been devolved to the municipal level. The Task Force also calls for the federal government to work with the City to address immigration and refugee policy and ensure that municipalities outside Toronto provide emergency shelter for some immigrants and refugees to reduce the pressure on Toronto's hostel system. (For further details on Toronto's action on homelessness, see Appendix 6.)

The Mayor will arguably be London's most important Ambassador. S/he will be in a powerful position to represent the health needs of Londoners, both abroad, for example helping to secure European Union funding) and within this country, for example by making the case that London's special circumstances are not reflected in the way that NHS funds are distributed.[9]

Advocate/Champion

Some Mayors advocate the health needs of particular groups or specific health issues. Mayors have used their position as a well-known figure head to engage, empower and champton the needs and views of vulnerable groups. Our evidence endorses the argument made in the first paper for this project that: "The Mayor's support will be a prize worth having for an organisation seeking political influence, fundraising or publicity. The Mayor will welcome opportunities to be associated with good causes and to score quick wins."[49] Mayor Daley is said to champion the needs of older people in Chicago.[50] Last year the City's Department of Ageing conducted a 'Health Needs Assessment' to help determine how best to address the needs of current and

[8] 2 years ago the Province devolved responsibility for running the public transit system to the City of Toronto, including the requirement to fund it. 100% of the public transit system now has to be paid for by the City, which has had to raise the extra funds required from increased property taxes. The Premier of Ontario Province, Mike Harris, has also proposed two tranches of cuts in the services it provides, worth approximately $1 billion in total.

[9] It is widely perceived that London lost out to other regions as a result of RAWP, the formula for distributing health funds which was adopted after *Sharing Resources for Health in England*, the report of the Resource Allocation Working Party ,1976. This formuila was revised in 1990.

future seniors in the city.[51] The Assessment was carried out through a combination of telephone and face-to-face surveys, focus groups and individual interviews. It found that the 'next generation' of seniors were more interested in receiving help and information on managing their finances, and more interested in using the City's cultural and health facilities than current seniors. The 'next generation' of seniors were also more likely to want to continue living in Chicago, unlike current seniors who were more likely to want to move out of the city. Perhaps unsurprisingly, the overall theme of the 'Health Needs Assessment' was that current seniors are more likely to expect the state to provide for them in retirement, whereas the 'next generation' of seniors tend to want more choice, both financially and socially than their predecessors. The results of the Assessment will be used to assist in the planning of services and programmes for Chicago Seniors in the future.

The new Mayor of Toronto has made it clear that he is keen to engage with the communities whose needs the City aims to champion. The Council's Task Force on Access and Diversity held a major consultation process to define the issues it would focus on. This process included over 50 community consultations and focus meetings with City Councillors and senior City staff. To increase awareness about the consultation process, the Task Force distributed newsletters in 12 different languages to over 4,000 community groups and organisations, and published the full schedule of the consultation process in 22 ethnic minority newspapers. Toronto's Task Force on Community Safety, established by Mayor Lastman, also conducted an extensive community survey of over 1,000 organisations and citizens in the City to help develop its priorities and recommendations for action. (For details, see Appendix 1.)

The need to go beyond community surveys or consultation exercises has been emphasised by some city-wide authorities. The Toronto's Department of Public Health Department has argued that building the capacity of local communities, particularly communities that are traditionally excluded from the policy making process, is crucial to ensure effective action to improve health. Firstly, it helps ensure the long term sustainability of this action. Secondly, it enables local communities and voluntary organisations to voice support for action to address health needs of vulnerable groups at critical times for example during controversial public debates or at critical moments in the City's calendar, such as during discussions about the City of Toronto's budget.[52]

However, involving communities and the voluntary sector is a challenging process. One of the difficulties faced by the voluntary sector in Birmingham has been finding the necessary resources to ensure its involvement in the city's numerous partnerships is meaningful. Birmingham Voluntary Service Council has argued that one of the most successful partnerships BVSC has been involved with during recent years was a network of organisations providing mental health services. The network, which was jointly funded by the City Council and Birmingham Health Authority, enabled approximately 60 organisations to come together to provide a voice for their clients, through support from BVSC. One of the long term aims of the network was to become

self-sufficient. However, many of the voluntary organisations involved did not have the time or resources necessary to run the project themselves and the network is now no longer in place.[53]

The Mayor of London could be a powerful advocate for the health of Londoners. In particular, the Mayor's high profile could be used to help engage with and empower vulnerable groups in the capital whose views and needs are all too often excluded from the policy making process.

RESOURCES

Every Mayor or city-wide authority we studied has sought to increase funds. Each has had to manage conflicting demands on their budget. The following section outlines the different approaches used.

Lobbying for extra funding

City-wide authorities have often lobbied national and regional governments for increased funding, including for health issues. As noted above, Mayor Lastman of Toronto has criticised both the federal and provincial governments for failing to provide sufficient funds to tackle homelessness in the City and pressed for additional resources: "This cheapens and demeans our cities. It is a national emergency and a national embarrassment. The federal government has downloaded all its responsibilities to the municipalities of Canada."[54] However, Lastman has so far been unsuccessful in securing the extra funds he claims the city needs to tackle homelessness.

Mayors have also criticised central government for the unequal distribution of resources across the country. Although the Mayor of Rome is generally on good terms with Italy's national government, tensions have arisen over the amount of money distributed to different cities. Mayor Rutelli has responded to claims from the Mayor of Milan (a member of the separatist Northern League) that Southern Italy, including Rome, is draining resource from the North by arguing that Rome is getting an unfairly low proportion of funding from central government in comparison with Milan. Per capita transfers from central government are about £149 per head in Milan and £97 in Rome. [55], Rutelli has so far been unsuccessful in persuading the central government to change the way it distributes resources between cities.

It has already been argued that the Mayor of London is likely to lobby Westminster for additional funding for the capital. If these efforts are unsuccessful, evidence from this project indicates the Mayor could use a range of different methods to put the GLA's limited budget to best effect.

Supplementing projects

Some Mayors have used city funds to supplement central government funding for particular programmes. Chicago City Council distributes 2.8 million meals on wheels for the city's seniors every year. This project is partly

funded by the federal government, but Mayor Daley has added City funds to ensure that no senior is on a waiting list for the service.[56]

The Mayor of Paris, Jean Tiberi, has been highly critical about the levels of spending awarded by the national government's Ministry of Health to hospitals in Paris. These hospitals have had cuts made to their budgets which Tiberi argues will lead to a drop in the general quality of care provided as well as limiting access to emergency services.[57] Tiberi has reached an agreement with the city's hospitals whereby the town hall subsidises a number of projects that both sides agree are a priority. Some City Councillors oppose Tiberi and have accused him of acting ultra vires. However, a formal legal challenge has yet to be mounted.

Pilot projects

Although most other city-wide authorities have greater budgets than that proposed for the GLA, they have inevitably been required to manage competing demands for resources. One way of doing this is to fund pilot projects. Mayor Giuliani uses this approach in his strategy to tackle domestic violence. Giuliani secures private sector funds to pay for as much of his strategy as possible (for example the pubic education campaign) and uses the City's funds to pilot innovative projects such as the Alternative to Shelter and Adopt a School programmes.

Barcelona's Department of Public Health has used its funds to pilot projects which then provide a benchmark to expand and improve the quality of health services across the city.[58] A pilot programme to increase access to breast cancer screening for 50 – 64 year old women was established in the districts of Ciutat Vella and Sant Martí in 1995. Evidence of the pilot's success (it achieved response rates of over 75%) was used to persuade the regional government of Catalonia to use the project as a benchmark for other services in the city, and indeed throughout the region as a whole.[59] Although the GLA would not have any funds for health service pilots, this example serves to highlight the sort of approach the GLA with its limited budget might take.

A catalyst for private investment

Public money often acts as a catalyst to secure private sector funding. Barcelona City Council has not had sufficient funds to support the regeneration of Ciutat Vella on its own. A public/private organisation called PROCIVESCA has been established to enable the City Council to generate funds for the programme more quickly and efficiently than if it had done so on its own.[60] The City has also encouraged the improvement of private properties through low interest loans and subsidies funded jointly by the City Council and the regional government (the Generalitat). Giuliani also uses city funds to help bring in funding from the private sector or charitable foundations, for example as part of his strategy to tackle domestic violence.[61]

Levering agreement

City-wide authorities often use the funds they contribute to projects as a bargaining counter to achieve change. The Mayor of New York, Rudolph Giuliani often uses "the power of the purse". For example, the City Council contributes some funds to New York's public schools. Giuliani wanted to ensure the Board of Education earmarked some of this money to intensive reading programmes. It is unclear whether the Mayor is legally allowed to earmark funds for specific initiatives run by organisations beyond his formal responsibilities. However, Giuliani argued that unless the City's money was used to fund the programmes he supported, he would oppose the Board of Education's annual budget by saying it failed to meet the needs of New Yorkers. Intensive reading programmes, funded by the City, are currently being established.[62]

PARTNERSHIPS FOR HEALTH

The first working paper for this project argues that action must be taken to ensure the GLA works in partnership with other organisations to improve health in London: "In the context of relatively weak powers over health and the absence of a statutory framework or processes through which the GLA can contribute to health improvement in the capital, the challenge is to stimulate the development of good collaborative practice from the beginning."[63] The paper further argues that this will require action by the NHS and its health partners, as well as by the GLA. The following section describes some of the mechanisms used by city-wide authorities to secure effective partnerships specifically for health.

As has already been outlined, Mayors frequently use one off 'Taskforces' or 'Commissions' to address particular health or health related issues. Some city-wide authorities have established more permanent mechanisms to ensure effective joint-working. A Health Partnerships Forum has been established in Birmingham to promote shared understanding of health issues, values and goals between different city agencies. The Forum consists of four members from the City Council, six from Birmingham Health Authority (including members of the city's Primary Care Groups) and two from voluntary organisations. The Forum is currently working towards agreeing a strategic framework and key priorities for the Health Authority's future Health Improvement Programme.

Birmingham City Council has established a Health Policy Panel to better co-ordinate its own policies and programmes on health and social care, and to ensure that the Council's other responsibilities such as housing, leisure and education fully contribute to improving health in the city. Birmingham Health Authority uses the Panel to consult the Council on key health issues in the city, such as the re-organisation of specialist children's services. The Council recognises the need to involve Primary Care Groups in its work and has begun including some of the city's PCGs in its 'Local Involvement, Local Action' programme.[64] This programme involves local communities in decisions

about the services the Council provides. Two wards already include PCGs in this process, and the Council hopes this will expand in the future. The Council holds an annual 'Discovery Day' in the City's main square in partnership with the NHS and a wide range of voluntary and community organisations. This event encourages local people to come and find out more about the services that are available. The Council is also looking at the possibility of establishing a number of joint appointments with the Health Authority.[65]

The structure of health and local government has an important effect on joint working. The co-terminosity of health and local government districts in Barcelona[10] has paved the way for close work between the two agencies.[66] It has been argued that the independence of Toronto's Board of Health has a had a significant effect on the relationship between health agencies and the City Council.[67] The Board of Health, led by Toronto's Medical Officer for Health, reports to the City Council. However, the Board is not subject to the Council's authority and has the power to publicly oppose any of Council's decisions it believes may be detrimental to the health of people living in the city. The Board rarely uses this power, but its existence gives the Board greater influence and leverage over the City's decisions than if it were under the direct authority of the Council.

City-wide health bodies have recognised that raising awareness amongst local politicians about health issues is crucial to effective joint working. Birmingham Health Authority's Department of Public Health is beginning to work closely with individual members of the Council to help engage them in health improvement issues and gain their political commitment, for example by including Councillors in the Department's newsletters. The Director of Public Health recently spent time shadowing the Director of Transportation in the Council to improve mutual understanding of common issues of concern. It has been argued that appointing a 'Health Secretary' as a key member of the Council's new Cabinet would encourage even close co-operation.[68]

Toronto's Department of Public Health is also committed to raising awareness amongst the City's Councillors about public health issues. This has been particularly important since the City's recent reorganisation. Councillors from the former city of Toronto (a more deprived part of the city) tend be more concerned about public health issues than those from suburban areas.[69] To help address this imbalance, the Department provides regular information and analysis of particular health issues to all the City's Councillors and the Mayor.

Ensuring politicians have access to effective information on health, in its broadest sense, can underpin partnerships for health. Barcelona's Health Information Centre provides information on health indicators for each of the 10 health/municipal districts in the city, as well as for smaller geographical areas. It presents a "Health in the City" report to the Mayor and Council once a year. This information is used by the City to help define priorities for each district and smaller area. It has been argued that locating the Health

[10] Catalonia is divided into eight different health regions, one of which is Barcelona. The city is then divided into 10 health districts. These cover the same geographical area as the city's 10 municipal districts, each of which is run by a small directly elected council.

Information Centre within the City Council, rather than in the Department of Public Health, has encouraged the Council to become more involved in improving health in its broadest sense.[70] Paris City Council's Hygiene Laboratory is responsible for providing the Council with evidence about the links between the environment and health to help guide policy making and to ensure the public and media have access to information on the environment. It is arguable that the Laboratory's work has also encouraged more effective cross-boundary working in the city.[71]

PUTTING HEALTH ON THE AGENDA

Huge expectations have already been placed on London's new Mayor. Whoever is elected will need to make progress on a number of difficult issues with little money and limited formal power in a relatively short period of time. What part will action to improve health play in this scenario?

Our evidence indicates that most Mayors and other city-wide authorities have not made improving health one of their top priorities for action. Individual projects on health issues have been established but strategic city-wide action on health is rare. Other priorities have dominated the political agenda. Mayor Giuliani's top priority in New York has been to reduce crime.[72] Mayor Daley's drive has been to improve basic services and make Chicago a more family friendly city.[73] Mayor Rutelli's three key priorities for Rome are "Traffic, traffic and traffic".[74] The argument that getting health improvement on the political agenda is problematic is backed up by evidence from the second phase evaluation of the World Health Organisation's Healthy Cities Programme.[75]

There is a general lack of understanding amongst politicians about the meaning of 'public health' or 'health improvement'. When most politicians talk about 'health' they mean health services. Few actively grasp the effect that socio-economic determinants have on the health of the populations they represent. In addition, action on health improvement primarily benefits more vulnerable communities who tend to have a weaker voice in the political or policy arena: most health service advocates have a stronger voice in public debates.[76]

It has been argued that considerable time and effort from individuals and organisations promoting policies to improve health, such as the Healthy Cities Project cities, are crucial to including health in strategic, city-wide agendas.[77] These individuals and organisations have needed to show a high degree of understanding of political processes in order to be successful. As the WHO has argued: "The concept of health in itself has little intrinsic value for policy-making. Successful Healthy Cities have been able to translate health into values closely related to urban planning (zoning exercises), local economy (employment and schooling schemes), and ecology (sustainable development)."[78]

There is considerable debate about the usefulness of producing city-wide strategies, including strategies for health. Some city-wide authorities argues

that all encompassing plans have to be so broad that they inevitably lack focus and direction, and that the time and effort required to develop a plan for the city would be better spent on taking action.[79] Others point to the benefits of producing city-wide plans: "It is generally recognised that the social and organisational process of developing health Plans is of tremendous impact on the survival of the Project."[80] In other words, the actual process of producing a city-wide health plan can help organisations develop a common understanding of the issues as well as the means of addressing them. It is a crucial stage in the process of securing sustainable and successful improvements in health. The size of the city concerned can make a difference. Bringing together all the key players in Chicago to produce a health strategy for the city (whose population is almost 2.5 million) may be far more difficult than in Glasgow, where the population is just over 600,000. (For details of Glasgow Alliance's, see Appendix 3.)

An additional barrier to putting health on the agenda is that most politicians want and arguably need to demonstrate to the electorate that concrete improvements against clearly measurable goals are being made. Producing evidence that interventions to tackle the underlying determinants of health have been successful can be problematic. As the WHO has argued: "Measuring this outcome [i.e. the health of city population] is difficult, especially in the short term, and ascribing cause and effect is even more difficult."[81] (This issue is discussed in further detail in the section on 'Evidence of effective action on health', below.) Health improvement initiatives often lose credibility due to a lack of practical outcomes: "The 'New Public Health' cannot be built only on theories and bureaucratic organisations. Efforts should be made to show impact if we aim at putting health on the agenda of politicians and citizens who are not used to health issues and are not sensitive to them."[82] It is often easier to show short term progress on more traditional public health issues such as immunisation rates and the speed with which women can access prenatal care rather than longer term improvements in the underlying determinants of health in urban areas. Politicians have to face the regular, short-term requirement of re-election and may not perceive long term action to improve health as being the most useful way of achieving this goal.

However, our research demonstrates that it is possible to put health, in its broadest sense, on the agenda of city-wide authorities. The following section outlines the different ways in which this has been achieved in the cities studied.

Links to Mayor's political priorities

Putting action to improve health on to the city-wide agenda has arguably been easier when it has contributed to the Mayor's core political priorities. One of Mayor Giuliani's key objectives in New York has been to reduce crime and tackling domestic violence forms a key part of the Mayor's strategy. Giuliani has argued that domestic violence is a major public health issue in New York: "Domestic violence is a widespread public health epidemic that directly affects millions of American women and children every year, without

regard to race, class or sexual orientation". [83] The Mayor's Commission to Combat Family Violence has established important links between the police and a range of different agencies responsible for improving health in the city.

New York's 'Mental Health Treatment is Working' Campaign is another example of how action on health has gained Giuliani's support because it resonates one of his key political priorities. The campaign, which is run by the New York City Department of Health, aims to address the stigma associated with people with mental health problems and to encourage employers to offer them jobs. Giuliani's support for this campaign may seem surprising to those who are more familiar with the Mayor's strategy of cleaning up the streets of New York, which many have argued simply shifts vulnerable groups, including people with mental health problems, out of Manhattan into surrounding districts. Giuliani has supported the 'Mental Health Treatment is Working' campaign because it fits in with his emphasis on policies to help people move off welfare benefits and into work. The Mayor's role in the campaign has been to use his high profile to help bring about a change in attitudes particularly of employers in the city: "I urge New Yorkers to set aside prejudices and stereotypes about people with mental illness .... Our campaign sends an important message that most individuals who are mentally ill are law-abiding, tax-paying and employable citizens. We want the public, particularly employers and the business community, to see that a significant number of those with a psychiatric disability want to work and – with treatment – can work successfully." [84]

It is unlikely that health will be a 'top line' priority of either the Mayor or the Assembly. Putting health on to the GLA's agenda will be a challenging but achievable process. To be successful, action on health must fit into the Mayor's (and to a lesser extent the Assembly's) key political priorities, which are most likely to be transport, economic regeneration and crime. One of the most important mechanisms for ensuring action on health is taken by the Mayor and GLA will be to show how health initiatives can contribute to - and resonate - the key areas of the GLA's work.

Pressure from other politicians or significant figures

Health initiatives have sometimes been brought onto the agenda of city-wide authorities through pressure from politicians other than the Mayor, or through the intervention of significant figures or organisations in the city.

In Toronto, Councillors often lead the work of the City's Task Forces. For example, Councillors Rob Davis and Brad Duguid chair Toronto's Task Force on Community Safety (see Appendix 7 for details). One of the reasons Councillors are keen to lead work on particular issues is that it helps raise their personal profile in the city.[85] In Berlin, the links between poverty, deprivation and ill health were highlighted not by the Mayor but by Senator Schöttler, a member of the left-wing SPD party and head of Berlin's Ministry

for Health and Social Affairs. [11] The Ministry produced a report showing major differences in mortality rates between different districts in Berlin.[86] The report found particularly high levels of ill health and social deprivation in areas near the centre of the city that had a higher proportion of welfare recipients, unemployed and citizens from countries other than Germany. In response to this report, the Mayor of Berlin, Eberhard Diepgen, held several conferences to discuss the issues raised and develop practical solutions to the problems. These 'inner city conferences' are chaired by the Mayor and include members of a number of different government ministries (including education, health and social affairs and city planning) as well as representatives from industry, the unions, and the local mayors from the districts involved. The first 'inner city conference' was held in April 1998 and focused on improving Berlin's schools. The second, in June 1998, focused on the economy and employment in Berlin's deprived districts. The links between poor health and deprivation in Berlin's inner city areas have featured in these debates.

There has been considerable public support for environmental policies in Paris. During the last European elections, the Green candidate took 17 per cent of votes. Although environmental policies were not high on his personal list of political priorities when Jean Tiberi was first elected Mayor of Paris, he has increasingly promoted tougher environmental standards in the city. Last year he presented a Communiqué to the City Council that specifically outlined the links between the health of people living in Paris and the city's environment.[87]

The issue of homelessness has become prominent in Rome in recent years. The City Council had come under criticism after seven homeless people died in Rome in one week.[88] The Pope intervened and ordered the use of four main basilicas to distribute 500 meals a day to homeless people throughout the Millennium year. The Pope's spokesman announced that this action would be the first in a series of initiatives rung by the Vatican to help homeless people in the city. The cabinet member responsible for health in Rome City Council has responded to action by the Vatican by announcing an increase in the number of hostel beds the city provides (from 800 to 1000) and that flu vaccinations will be offered to all Romans using the hostels.

Requirement of central government

Action on health issues has often taken place at the city level through pressure, endorsement or encouragement from central government.

The US Centre for Disease Control and Prevention's decision to designate domestic violence as a public health issue in 1994 encouraged the city of Chicago to take action. The City's Department of Public Health conducted a survey of women attending Chicago's public health clinics, which found that a high proportion of the women who did so had been subject to domestic violence.[89] As part of the follow up to this report, the city began developing

[11] Berlin's Senate is elected through a system of proportional representation. 3 of the current Senators are members of the SPD. The other four, plus Mayor Eberhard Diepgen, are Christian Democrats.

links between agencies involved with domestic violence and health, such as the police and community organisations, as well as raising awareness about the issue amongst the general public.

A series of laws giving specific duties and powers for mayors in Italy's metropolitan areas to tackle air pollution have recently been passed by the national government.[12] During his 1997 campaign to be re-elected as Mayor of Rome, Rutelli made reducing traffic and improving public transport his key priorities. Rutelli's focus on these issues is partly due to his political affiliation (he is a member of the Green Party) and to the fact that Romans themselves recognise the need to reduce traffic in their city. However, Rutelli's decision may also have been influenced by the stringent national standards to reduce air pollution set by central government.

Encouragement or endorsement from central government can help put health on city-wide agendas. Glasgow has a long history of working across boundaries to tackle the underlying determinants of health and to reduce health inequalities, for example through its status as a WHO Healthy City. The need to redouble the city's effort in this area was given a new emphasis in 1997 when the then Secretary of State for Scotland, Donald Dewar called for urgent priority to be given to drawing up "a comprehensive, rigorous and authoritative forward strategy for the city .... [to] provide a framework for the Council and other agencies to shape their investment decisions."[90] Glasgow Alliance's Strategy for the city of Glasgow was a response to this request and tackling poor health in the city is one of the strategy's four key priorities. (See Appendix 3.)

Pressure from media

In some cases, health issues can also become a priority for action as a result of pressure from the media. During the campaign to elect the first Mayor of the new City of Toronto, Mel Lastman said that homelessness was not a problem in North York, the city for which he used to be Mayor. During the following week, a homeless person in North York died from exposure to the cold. Toronto's media attacked Lastman for his mistake. Lastman subsequently attempted to turn the issue to his advantage. He put tackling homelessness high on his personal agenda and promised that, if elected, he would ensure action was taken. It has been argued that Lastman has been true to his word and has indeed driven forward action on the problem.[91] (For details see Appendix 6.)

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12. In 1991, the Italian government passed a new lay obliging mayors to produce area plans setting out action to reduce pollution and improve air quality. In 1994, another law was passed giving mayors emergency powers to limit traffic flow when pollution levels reach above a certain level. This law also states that any restrictions in traffic must be balanced by an increase in public transport so that access to the city is not reduced. A further law was introduced in 1999 requiring mayors to carry out annual reviews of the air quality in their city in order to identify which areas have the highest levels of pollution. This review must be accompanied by a plan to reduce traffic levels in the key areas identified and to publish an annual air pollution report by January 31st of the following year.

New York's media played an important role in getting asthma on the city's agenda.[92] The press began highlighting the failure of the health sector to deal with rising hospitalisation rates due to Asthma. The New York City Department of Health was also concerned about rises in emergency hospital admissions due to asthma, particularly in the most deprived parts of the city. Several members of the City Council had also raised the issue and decided to work with the NYCDOH to develop a solution. The City Council generated the first round of money for the city's Asthma Initiative (see Appendix 15). Subsequently, Mayor Giuliani took an interest in the issue and decided to add more city funds to the programme.

Birmingham's Department of Public Health has argued that an effective communication strategy is an important element in creating the right political climate within which its programmes can succeed.[93] BHA recently led a one-day debate on 'Why do Birmingham babies die?' involving the general public, voluntary organisations, the City Council and the media. This event gained widespread media coverage and a future debate on transport issues is currently being planned.[94]

ACTION TO IMPROVE HEALTH

Many programmes have been established by city-wide authorities which could have an impact on health. However, only those initiatives which make explicit connections with health are included in the following section.

1) TACKLING THE UNDERLYING DETERMINANTS OF HEALTH

a) Transport

Cutting traffic in Rome

Several cities make explicit links between transport and health. As has already been outlined, Rome's transport strategy emphasises the link between high levels of traffic, pollution and health in the city. Rome has extremely high levels of traffic. There are 1.7 million cars registered in the city and around 600,000 scooters. This amounts to nearly 2 cars and one scooter for every adult in Rome. Mayor Rutelli's transport strategy has two key objectives. The first is to reduce levels of car ownership in the city. The second is to shift the balance between the proportion of journeys made in private transport and the proportion made by public transport from the current level of 60% private: 40% public to 40% private: 60% public. Rutelli is focusing on two ways of achieving these goals: to introduce the most modern technologies to limit pollution, for example catalytic converters on private cars and new forms of environmentally cleaner public transport, and to reduce the number of journeys made. (See Appendix 3.)

Encouraging walking in Birmingham

Birmingham's approach to transport places a greater emphasis on reducing accidents and encouraging people to live active, healthy lives than on the links between pollution and health. (See Appendix 4.) The most explicit links made between transport and health are in Birmingham Health Authority's Health Improvement Programme, although they are also clearly defined in the City Council's Transport Strategy. Tackling heart disease and stroke is a key priority of the HImP. Heart attacks and stroke are the biggest cause of death and disability for people in Birmingham in middle or old age. However the Health Authority argues that there is much that can be done to prevent these diseases. There have been some improvements in the prevalence of heart disease in particular groups in the city over the past decade, but there are still major differences between men and women, between ethnic groups and between different socio-economic groups.[95]

Promoting exercise is a key element of BHA's strategy to tackle the problem. There is a greater focus on encouraging people to walk than to cycle. More people - such as older people or people with young children - can walk than cycle because walking is easier and cheaper. Only 5% of people will ever cycle. This view was reinforced during the consultation process on the City Council's Transport Strategy when one of the most important points raised was the need to strengthen action to help pedestrians.

Increasing cycling in Paris

In contrast to Birmingham, Paris places a greater emphasis on cycling than walking. In 1996, Jean Tiberi launched a city-wide cycle plan. The City has established 130 km of cycle routes throughout the city and created more than 8,500 bicycle parking places. In September 1999, the city held an "In town without my car" day to help raise public awareness about the impact that traffic has on life in the city. Participating areas were closed to traffic from 7am to 9pm and 1,500 bicycles were hired to the general public free of charge. 45,000 people took part and pollution levels in Paris dropped by 5%.[96] The city cycle plan has been developed in close collaboration with the Arrondissements. For example, the City Council laid out the major cycle routes across the city centre and the mayors of individual Arrondissements who were involved developed local routes to link into the cross-city plans.

b) Pollution

There has been considerable debate about the effect that air and noise pollution has on health in the UK. The Health of Londoners project has argued: "Poor air quality is a danger to health and different pollutants have differing health effects. Poor air quality alone does not cause asthma, but does exacerbate symptoms for some people with pre-existing respiratory problems ... It has been estimated that there are over 4,000 respiratory and 1,500 cardiovascular admission to hospital in London each year due to traffic pollution."[97] HOLP has further argued "Noise pollution can also affect health,

yet its effects are very difficult to quantify. It is believed that persistent exposure to noise, especially at night, may lead to psychological distress."[98]

The debate about the impact pollution has on health is taking place in the cities we researched. New York City's Department of Health has assessed whether outdoor air pollution could be the reason why asthma rates in the city are increasing. The Department found that whilst there were some local situations where air pollution did appear to play a role, overall levels of air pollutants had significantly decreased during the period that asthma rates had increased and that factors in the indoor environment, many of which are associated with poverty and poor housing, may have a more significant impact.[99] "While the reasons [for the increase in asthma rates] are still unclear, recent findings have raised important questions about the role of the urban environment and of poverty, especially factors associated with inadequate housing and the availability of appropriate health care."[100] Paris City Council aims to raise awareness of the effect the indoor environment (including public transport, public buildings, offices and homes) has on people's health, as well as the outdoor environment, since Parisians spend 80% of their time indoors .

Tackling noise pollution in Rome

Rome City Council has recently introduced a range of measures to tackle noise pollution, partly in response to legislation passed by the national government. The Council has argued that these measures are necessary to improve the quality of life of people living and working in Rome. It has also made specific links between noise pollution and certain mental health problems.[101] A comprehensive map of the city has been drawn up dividing the city into zones according to the use of each area. Every zone must fall within graded noise limits. For example, hospitals, school, parks and cemeteries must be within the lowest noise level. If buildings do not fall within their designated area, the Council takes action to reduce noise levels in surrounding areas or to protect buildings from noise, for example by installing double glazing. The city's noise map has to be taken into consideration by the Council's planners and licensing authorities. For example, commercial businesses must set out how they intend to control noise levels when they initially apply for a licence.

Action on Smog in Toronto

In August 1996 the former City of Toronto decided to take action on smog following public concern about Toronto's air quality.[102] An Anti-Smog Working Group was established to take forward work, co-ordinated by the Healthy City. The Working Group produced two strategies which were adopted by the former City. The first, *Catching Your Breath – A Corporate Model for Cleaning the Air*, outlined action the City Council could take to reduce its own smog producing emissions, particularly on Smog Alert Days. The second, *Catching Our Breath – Partnerships for Cleaning the Air* proposed targets to reduce smog across Toronto and provided a blueprint for action to help meet those targets. Action taken by the City Council on Smog Alert days includes

reducing the use of non-essential gasoline and diesel powered vehicles, minimising vehicle idling, reducing the use of oil-based paints, solvents and cleaners, suspending the use of pesticides and postponing the refuelling of vehicles until after dark. City staff in general are advised to take public transit or walk to work on Smog Alert Days. In June 1998, the new City of Toronto adopted a Smog Alert Response Plan. The aims of the plan are to produce short term reception or suspension of activities that contribute to poor air quality on Smog Alert Days and to provide education materials for distribution by divisional staff serving at risk populations such as children and seniors so that they can learn about smog and how it effects their health, and the precautions they should take on Smog Alert Days.

Environment and health in Paris

There has been considerable public support for environmental policies in Paris. Tiberi's Communiqué to the City Council called 'Paris: the Capital of health' (Paris Capital Santé)[103] makes explicit the links between the environment and health in the city. The Mayor and City Council have two key priorities in relation to the environment. Firstly, to improve the overall environment of Paris in terms of air pollution, waste disposal, noise pollution and the protection of the City's Parks. Secondly to raise awareness of the effect the indoor environment has only people's health.

The Council has its own Hygiene Laboratory (*Laboratoire d'Hygène de la Ville de Paris*) responsible for assessing the health risks that stem from the urban environment. The Laboratory focuses particularly on environmental factors which are likely to have a negative impact on the health of children, older people and people with existing health problems such as respiratory diseases. It has been instructed by the city to concentrate on areas where pollution levels and population density are highest. In 1992, a joint agreement was developed between the French railway company RATP and the Hygiene Laboratory to monitor conditions on the metro. Twice a week, between 2pm and 3pm and between 5pm and 6pm, joint teams measure air quality, the number of contaminants in the air on the metro and air circulation. This information is then used to identify stations where ventilation systems need to be improved. A major study carried out between 1996 – 1998 tracked pollution across the major routes which take people across the city and which assessed what levels of pollution people were exposed to when they took different forms of transport.

The City Council has recently received a number of complaints about an increased number of illnesses and diseases linked to air-conditioning, particularly headaches, Ear Nose and Throat conditions as well as more serious conditions such as Legionnaire's disease. The Council has asked the Hygiene Laboratory to carry out a study into the prevalence of these conditions and to suggest solutions to secure any necessary reductions. The Laboratory is also assessing the environmental impact of people's homes, an issue which arose as a result of an increase in lead poisoning cases detected by the City's Mother and Child protection services in 1987. The Laboratory is assessing the health of children living in the most vulnerable buildings and

aims to produce an information pack for doctors alerting them to the symptoms of lead poisoning.

c) Crime

Tackling crime is a key concern of the cities included in this study. The following initiatives have outlined the specific links that need to be made between crime, fear of crime and health.

Toronto's Community Safety Strategy

Community safety was designated a top priority for the new City at its inaugural meeting in January 1998. Although Toronto is a relatively safe city with lower crime rates than other Canadian cities such as Montreal, Ottawa and Vancouver, fear of crime is high. 43% of Toronto citizens believe that crime has gone up in the past 2 years. Women, those aged 55+ and low income earners are particularly concerned about crime rates in the city. Some areas of Toronto are more vulnerable to crime that others. The eastern part of downtown Toronto, west central Toronto and the Junction/York area demonstrate higher than average levels of crime.

Mayor Mel Lastman established a Task Force on Community Safety, chaired by two of the City's Councillors, whose work is co-ordinated by Toronto's Healthy Cities Office (HCO). The HCO is based in the office of the Council's Chief Executive, to help ensure work is co-ordinated across a number of different departments in the city.[104] The Task Force includes representatives from Toronto Police, school boards, businesses, youth organisations, local crime prevention organisations, agencies working to prevent family violence, and organisations representing people with disabilities and black and minority ethnic groups. It also involved staff from the Departments of Public Health, Parks and Recreation, Community Services, Urban Planning, Licensing and Economic Development and the Toronto Transit Commission. The Task Force conducted a community survey (already outlined above) to help develop its priorities for action. Each of the recommendations for action proposed by the Task Force sets out an objective, the lead agency responsible for taking forward action, and the impact this action is intended to make. (For details, see Appendix 6.)

The Mayor of New York's Commission to Combat Family Violence

Mayor Giuliani's Commission to Combat Family Violence was established in April 1994 to "lift the veil of secrecy" surrounding domestic violence in New York. The Commission aims to provide a co-ordinated, comprehensive strategy of municipal and public-private initiatives to combat what it refers to as "this hidden crime". The Commission's members include experts in health care, social services, the law, education and housing, and include organisations from the public, private and voluntary sectors. (For a summary of the Commission's initiatives, see Appendix 8.)

In 1998, New York City's Police Department made over 26,000 family related arrests, up 9% from the previous year.[105] 49% of all homicide victims in NYC are killed by an intimate partner or family member. The Commission highlights the effect domestic violence has on teenagers: 8% of the victims of intimate partner homicide are teenagers.[106] A third of high school and college students experience violence in a dating or intimate relationship and 30% of married battered women report that their spouses abused them whilst they were dating. The Commission also highlights the effect domestic violence has on children. Children who have seen or experience family violence are more likely to grow up to be a victims or perpetrator of family violence themselves.

One of the most important links between health and family violence made by the Commission is the use of health services by domestic violence victims. It estimated that up to 25 per cent of all women visiting hospital emergency rooms in New York's public hospitals do so as a result of domestic violence, accounting for approximately $77.5 million of annual emergency room costs in the City.[107] In addition, the Commission highlights the failure of some health programmes to make effective links with domestic violence. Substance abuse programmes often fail to recognise the correlation between domestic violence and drug or alcohol abuse. may be failing to tackle the underlying causes of problem, thereby putting women at greater risk of being attacked.

Tackling crime in Birmingham

Birmingham Community Safety Partnership's Crime and Disorder Audit sets makes three key links between crime and health in the city.[108] Firstly, the Audit highlights the effect domestic violence has on health services. In 1997/8, there were 887 admissions to hospital in Birmingham for in patient treatment following an assault. These admissions were serious enough to require a hospital bed and do not include those who were treated as outpatients in accident and emergency departments or by GP. Secondly, the Audit indicates how fear of crime, violence and racism aggravates the problems of staff recruitment and retention in the NHS in Birmingham. For example, in a sample of 27 GP practices in April 1997, 11 indicated that they had been broken into during the previous year. 19 had experienced vandalism, 7 had reported assaults on patients at or near the premises and 3 reported assaults on staff. It is estimated that the overall costs of burglary, vandalism and increased security to GPs may cost BHA £250,000. Thirdly, the Audit highlights the links between drug use and crime in Birmingham. Although difficult to estimate, figures suggest 60% of acquisitive crime is drug related. The health and social costs of excessive drinking are well recognised and effects include increased numbers of accidents on the road and at home.

Birmingham's Crime and Disorder Strategy[109] includes tackling domestic violence as one of its seven key priorities. The strategy aims to promote a 'zero tolerance for domestic violence' campaign in the city and to establish clear linkages between service agencies and the DV Forums. The over-arching objective is to improve the reporting of and access to services for all victims of domestic violence, and to ensure health services in the city are fully

tied into the strategy.

d) Regeneration

This section outlines three examples of regeneration programmes initiated by other cities which make explicit links with health. Under the term 'regeneration', we have included not only initiatives which aim to improve the built environment, but also projects that help create jobs and increase skills and training, and invest in the social fabric of deprived communities.

Regenerating the Ciutat Vella district of Barcelona

Barcelona's programme to regenerate Ciutat Vella began in 1987. Ciutat Vella is the oldest and most deprived district in Barcelona. Until 1852, Barcelona was prohibited from expanding beyond its medieval city walls which surround the area now known as Ciutat Vella. As a consequence, the district's streets are narrow, there is a lack of open space for people to congregate and housing is old and run down. Buildings are high (often 6 stories) and cramped because of the practice of partitioning homes into smaller units to increase the number of people housed. Approximately 84,000 people live in Ciutat Vella (Barcelona's population as a whole is 1.6 million).

When the city was finally allowed to expand beyond its city walls, younger families and those who could afford to moved into new houses built in 'the Enlargement' (*L' Eixample*). Ciutat Vella now contains a high proportion of older people. One in every five people living in the district are over 65 years old. The district also contains many of the city's most deprived communities, including refugees and people from black and minority ethnic groups who have recently moved into the City, particularly in an areas called Raval. There is a lack of public facilities in the area, particularly schools and health services, and employment is low. Crime and other indicators of social exclusion such as drug use have been a particular problem in the area. However, Ciutat Vella also has many positive features. The area is in the heart of the city, just off *las Ramblas*, and is "absolutely identified with the political, urban, cultural and social life of Barcelona"[110] In regenerating the area, the City's objective has not been to change the historic or cultural nature of the district but rather to preserve and improve it.[111]

The City's 'Comprehensive Plan of Transformation of Ciutat Vella' was introduced in 1987. Its focus is on improving the physical infrastructure of the district through urban planning. Tackling the health and other social inequalities which have contributed to the decline of the area have also been important objectives. (See Appendix 10.)

Health indicators in Ciutat Vella are worse than those elsewhere in the city, both generally and in relation to specific diseases. For example, men in Ciutat Vella are likely to live 5.3 years less than men in Barcelona as a whole. In Raval South, this figure rises to 11.7 years. Men in different parts of Ciutat Vella are between two and five times more likely to suffer from AIDS than those in the city as a whole, and between four and seven times more likely to

suffer from TB. Fertility rates in Ciutat Vella are higher than those of Barcelona as a whole as are rates of teenage pregnancy.[112] These health indicators have been used to help make the case for re-distribute resources in the area and to introduce specific health initiatives.[113] For example, a Mother and Child programme was established in 1986 to improve pre- and post-natal services in the district. A programme to control and treat TB was also introduced in the late 1980s. Its success has encouraged similar projects to be implemented elsewhere in the region by the Catalan government. Ciutat Vella's primary health care has also been reformed to carry provide outreach work to help raise awareness of the services available and increase access, particularly among the district's black and minority ethnic communities. In addition to action to improve the district's health services, Ciutat Vella's regeneration has also included broader action on health improvement such as projects to increase exercise among school children and older people; initiatives to increase people's pride and sense of belonging to the area as part of the drive to tackle crime and social exclusion; and programmes which provide support, parenting skills and information to families bringing up children for the first time.

The Robert Taylor Initiative, Chicago

Chicago's Robert Taylor Initiative (RTI) focuses on the health needs of deprived communities living in Grand Boulevard, one of the largest public housing developments in the USA . Grand Boulevard contains almost 30 'Robert Taylor Homes', many of which are high rise flats, although the RTI focuses on only 5 of these buildings containing almost 1,900 people in total. The demographics of the project area are similar to those of the larger Grand Boulevard community. 99% of the population of Grand Boulevard are African American, with Hispanics and Whites constituting the remaining 1%. 60% of the residents are female. Just over half of the residents are younger than 15 years old and 20% of them are less than 5 years old. 65.9% of the project areas residents aged 16 and over are unemployed. Consequently, 86% of the project area's residents live below the poverty level – four times greater than the city as a whole.[114] As might be expected, the health of residents living in the Grand Boulevard community is also poor. The Grand Boulevard community has the third highest age-adjusted mortality rate in Chicago. Rates for heart disease, cancer, homicide, sexually transmitted diseases and teenage pregnancy are particularly high.[115]

The RTI is run by Chicago's Department of Public Health. Its aim is to improve the overall health of residents by breaking the poor health experiences of several generations through early intervention, prevention and seamless care throughout an individual's lifetime. Programmes range from primary health care to literacy, and from violence prevention to job training. The programmes are delivered in a variety of ways, including through primary care centres, home visiting, mentoring, and individual and family counselling. (See Appendix 5 for details.)

The Mayor of Toronto's Task Force on Homelessness

Mayor Mel Lastman of Toronto established the Mayor's Homelessness Action Task Force to recommend ways to stop the growth of homelessness and respond to the public's concern about the growing number of homeless people on the streets of Toronto. The Task Force's definition of 'Homelessness' includes visibly homeless people on the streets or in hostels, hidden homeless people living in illegal or temporary accommodation, and those at risk of becoming homeless. The Task Force produced a report called *Taking Responsibility for Homelessness: An Action Plan for Toronto.* Two themes run through the report. The first is the need for preventive, long-term approaches to replace the reactive, emergency responses to homelessness that have previously been taken in the city. The second is for all three levels of government to take ownership of the problem and responsibility for solving it. (For details, see Appendix 6.)

Birmingham's Family Support Strategy

One of the key priorities of Birmingham's Health Improvement Programme is to improve the health of the city's children. Birmingham has the second highest peri-natal mortality rate in the country, with 13.4 deaths per 1000 live births. More children die before, at, or shortly after birth in Birmingham than in other cities with similar or worse levels of social deprivation. Many babies in Birmingham also weigh less than they should at birth which increases the risk that they will not survive or will be sickly during their early years. 1 in 10 of Birmingham's babies are low birth weight (< 2500g). There has been little improvement in the situation over the past 15 years.[116]

Birmingham's Family Support Strategy forms a key party of the city's response to this problem. (See Appendix 10.) This is a multi-agency programme involving housing, education, social services, health services and the voluntary sector. The aim is to give the city's most deprived children a healthier start in life by tackling the poverty and disadvantage experienced by the family as a whole. The Strategy focuses on improving the lives of parents as the key to improving the lives of children, because most of a child's life is spent within the family environment, not in school. The Family Support Strategy developed out of a shared interest in the needs of children amongst senior members of Birmingham's Education and Public Health Departments. The strategic leadership of the Strategy provided at the city level is seen as a crucial element of the programme's success, as has local leadership and community involvement.[117] The Family Support Strategy has brought together a range of professionals at the local level including head teachers, health visitors and housing officers. It has also involved local people, for example in the health needs assessment of each community, which was the first stage of the programme.

2) IMPROVING THE HEALTH OF PARTICULAR GROUPS

a) Children and young people

Children's health has been a key priority of many of the cities studied for this paper. On balance, the focus has tended to be on health services rather than health in its broadest sense, although there are notable exceptions including Birmingham's Family Support Strategy (already outlined above) and Glasgow Alliance's action to improve child health (set out below). The focus of city-wide authorities on children's health may be for a number of reasons. Firstly, there is a growing body of evidence that investing early on in a child's life is beneficial throughout an individual's lifetime.[118] Secondly, it is arguably more straightforward to both measure child health (through infant mortality rates, low birth weight and so on) and to reach the target audience, either through the pregnant mother or, once the child is old enough, through schools. Finally, there may be a more cynical reason: that politicians like to focus on children because of the media attention and electoral gain this brings.

New York's Healthy Start Initiative

In the late 1980s there was considerable concern about New York's high infant mortality rates. Research indicated that many women found it difficult to get an appointment in the City's public hospitals. Women often had to wait up to six weeks for an initial screening appointment, and then faced an additional wait to receive their full appointment. This meant that some women could be four to six months pregnant before they were properly seen by a doctor. The causes of this delay included a lack of administrative staff to book appointments and more importantly a lack of awareness among difficult to reach communities that pregnant women need to see a doctor as early on in their pregnancy as possible.[119] The Healthy Start Initiative was established to tackle this problem. The programme involves more than 40 organisations and focuses on improving family planning and prenatal care at the community level. One of Mayor Giuliani's particular concerns has been to reduce the amount of time pregnant women have to wait to receive their first doctors appointment.[120]

Rome's action for young people

The City Council in Rome has established a number of programmes to help socio-economically disadvantaged young people. Rome's Boroughs provide the majority of social services in the city. However, the Council has decided to supplement these services with specific initiatives. An Adolescence Observatory has been established to collect data on young people involved with both health and social services. A service to place 'at risk' young people in jobs has also been established. Social services or the youth justice system can recommend young people to take part in this programme who are then given work placements in three voluntary organisations in the city.

Birmingham's action to improve child health

In addition to the Family Support Strategy outlined above, Birmingham Health Authority is implementing a range of other programmes to improve child health in the city. Action is being taken to help children with disabilities, including providing more 24 hour cover and respite care for parents of children suffering from chronic disabilities and making more nursery places for children with disabilities available. A Family Care Team is being established to provide greater support for children leaving care. The Health Authority is also promoting the oral health of children in the city, by maintaining the fluoridation of Birmingham's water supply (the topping up of the natural fluoride level in the City's water supplies began in 1964 and since then, the rate of tooth decay in local children has been halved); providing more community dental services for children in the inner city; and developing a programme of dental health education to promote better oral health and hygiene in neighbourhoods which have the highest levels of tooth decay.

Glasgow's action plan to improve child health

Improving child health is one of the four key objectives of Glasgow's action to tackle poor health across the city. (See Appendix 12. For details of the other three objectives, see Appendix 2.) The overall aim in improving child health is "to provide effective early support for children and their families to improve children's health and quality of life and establish the foundations for a healthier generation of adults in the future."[121] Glasgow Alliance's strategy acknowledges that giving children a good start in life is important not only in terms of individual health and well being but also because "it is also necessary if children are to fulfil their potential as future citizens, taking full advantage of educational opportunities and contributing to the economic and social life of the community."[122] The Alliance cites evidence that investing early on in a child's life is likely to increase the child's educational performance, job prospects and social skills, as well as decreasing the possibility that s/he will be involved in crime or other anti-social behaviour.

b) Older people

Chicago City Council's Department of Ageing has a broad range of initiatives to improve the health and well-being of seniors. In addition to providing almost 3 million meals on wheels every year, Chicago seniors can receive advice on a number of different aspects of their health, such as blood pressure and diabetes, from 'wellness nurses'. The City's 'wellness programme' is run in five regional senior centres. Exercise classes for seniors are available in these centres and in churches and other community centres in the city. Specially trained personal trainers for seniors are also through the regional centres. Chicago's Department of Ageing has also established a cultural centre in Renaissance Court where artists, musicians and other creative people give talks and run workshops for seniors. Mayor Daley aims to integrate the needs of seniors in all aspects of the city's work. For example, a 'senior's shuttle service' takes older people shopping once a week

to large local stores which have cheaper, more nutritional food than smaller shops, as part of the Mayor's transport strategy for Chicago.[123]

Paris Council provides a range of support services for older people. In 1998, the city set up a series of open forums to enable older people to discuss their health concerns with relevant professionals. In response to this consultation, the City Council established 21 health clubs where information is provided on diet, sleep, exercise and pollution. Three anti-ageing clinics have also been established to offer general gerontology services, incontinence clinics and 'memory' clinics staffed by trained psychologists. The city meets one a third of the costs and the rest is financed through the individual's health insurance. In 1997, the national government passed legislation obliging France's Departments to set up networks to co-ordinate health and coal care for older people. 6 Arrondissements in Paris now have 'Emerald teams' that are responsible for advising older people and their families about the range of different services which are available to them. The remaining Arrondissements will have established their teams by the end of the year. The city is responsible for training members of the 'Emerald teams' to ensure consistent levels of care are provided across Paris, and also runs a free telephone hotline.

c) Black and Minority Ethnic Groups

Many of the initiatives taken by city-wide authorities to tackle the poor health suffered by disadvantaged groups which have already outlined focus on the health needs of black and minority ethnic communities. 99% of residents in Chicago's Grand Boulevard housing development (where the Robert Taylor Initiative takes place) are African American. More than a fifth of Barcelona's minority ethnic population live in Ciutat Vella. Black and minority ethnic groups make up 10% of Raval's population. Birmingham Health Authority has highlighted that peri-natal mortality rates of babies born to women of African Caribbean or Pakistani origin are twice as high than the national average[124]. The Family Support Strategy explicitly aims to address the health needs of babies born in the city's most deprived black and minority ethnic communities.

Toronto's programme to address diversity and tackle racism is remarkable for the breadth of its ambition. Toronto is a particularly diverse city. It has more foreign born residents than any other city in the world. Over 70,000 immigrants come to Toronto every year. The population comes from over 169 countries and over 100 languages are spoken. 42 percent of new immigrants speak neither English nor French. Mayor Lastman has called on the people of Toronto to embrace the benefits of the city's diversity: "In Toronto diversity is our strength ... to achieve a healthy, inclusive public culture, we must understand that embracing diversity is always the product of positive action, not simply the absence of discrimination .... Rather than being a 'cost', diversity strategies are an investment. Investing in diversity releases human potential measurable on the bottom line." [125]

However, racism and inequality are still significant problems in the city. In order to address the issue, the City Council has established a Task Force on

Community Access and Equity to identify the policies, structures, priorities and methods of evaluation that are necessary to tackle the problem. The Task Force aims to both build on the city's previous work and achievements and address the areas where weakness that still persist. Its draft report: *Diversity Our Strength: Access and Equity Our Goal* was produced in January 1999. (See Appendix 13.) The health needs of different groups in the city are integral to this report. For example, the report highlights the fact that Aboriginal women live on average 10 years less than non-Aboriginal women: 66 years compared to 76 years. The poor life expectancy of Aboriginals is not only effected by a lack of access to health services, due to language and other communication barriers, but crucially to poverty, unemployment, lack of skills and training and inadequate housing. These issues have a direct impact on the health of Toronto's Aboriginal community, including increased rates of substance abuse, mental health problems and homelessness.

d) People with mental health problems

New York's 'Mental Health Treatment is Working' campaign is run by New York City's Department of Mental Health and was launched by Mayor Giuliani in June 1999. The campaign aims to address the stigma associated with people with mental health problems and to encourage employers to offer them jobs. Advertisements on the pubic transit system and in local newspapers promote the message that with the right treatment, people with mental illness can work and be productive members of their communities. The advertisements include a referral telephone number to help New Yorkers with mental health problems gain access to treatment, employment and support services. The Department of Mental Health has established an initiative to encourage partnerships between businesses and non-profit organisations to employ people with mental illness. The Department is also launching a city-wide Employment Center to offer employment and educational resources to organisations that provide mental health services in order to make employment an integral part of their mental health treatment programme.

3) TACKLING RISK FACTORS ASSOCIATED WITH POOR HEALTH

a) Smoking

Many of the cities researched for this paper have taken action to reduce smoking. New York and Toronto have passed legislation to reduce or ban smoking in public places. This would be beyond the control of the new Mayor of London, although it is possible that the Mayor could campaign to persuade government to take action at the national level. The examples outlined below have been selected to indicate the sort of action taken by other cities in which the Mayor or GLA could play an important role.

Action on smoking in Birmingham

Action to tackle smoking in Birmingham is being led by the Health Authority. However, BHA emphasises the significant contribution the Council can make

to the strategy. This is partly because of the Council's high profile and partly because it is involved in so many areas of the city's life. By encouraging the Council to put up banners and posters in its buildings, the Health Authority hopes to get across anti-smoking messages to a wider audience than it could manage alone.[126] Other elements of the strategy include: publicising the telephone number of National Quitline; helping the most addicted smokers to benefit from nicotine replacement therapy; training more people in the health service to give consistent advice about how to give up smoking and to stay off cigarettes; ensuring laws preventing under 16s buying cigarettes and controlling tobacco advertising and promotion, particularly around schools, are strictly enforced; encouraging employers and owners of facilities used by the public to provide more smoke free areas to protect staff from passive smoking; publishing guide to smoke-free restaurants, pubs and places to visit in Birmingham; and exploring and evaluating new methods of helping people to give up smoking and encouraging young people not to smoke.

Paris without Tobacco

In July 1999 the City brought together a multi-agency committee to plan a two year programme to target young, female smokers. The target age range for the programme is women aged 20 – 30 years because smoking within this particular group is increasing in the city. The City's main role has been to act as a catalyst for change by bringing together more than 20 different organisations across the city to address the issue, including Paris's hospitals, universities, pharmacists, doctors associations and representatives from Paris's Chambers of Commerce. Each organisation finances the particular element of the programme for which they are responsible and a special sub-group has been established to evaluate the programme.

During the first stage of the programme, which began in September 1999, doctors in Paris were alerted to the rise in smoking amongst young women and given advice on how to provide encouragement and support for those who want to give up. The Paris medical association is now running sessions to train one doctor in each Arrondissement about the programme. This doctor will then act as a trainer for other doctors in the area. The aim is firstly, to increase awareness of the campaign amongst the City's medics, and secondly to create a network of doctors across the capital to help evaluate the programme alongside a team of researchers. The City is also setting up a specific team of female health professionals to give advice to other female colleagues who smoke in order to help them quit.

In addition to encouraging work amongst the medical profession, the City has also established a pilot programme a small number of schools to identify the most effective forms of intervention for this age group. This scheme is currently being evaluated by a Paris-wide anti-smoking charity. Anti-smoking information is also being distributed to everyone under 50 who leaves hospital, leaflets are being made available in crèches, schools and taxis, information on the risks of smoking is being distributed in schools and leaflets, posters and lists of products which help people quit, such as nicotine patches, are being distributed in pharmacies. The City aims to launch a much wider

public information campaign in the future, for example by distributing leaflets to cafes, hotels and restaurants.

b) Food

It has been argued that food policy was one of the most important and innovative programmes implemented by the former City of Toronto's Public Health Department.[127] The Department established a 'Food Policy Council' over a decade ago to tackle problems including low incomes, food deserts and poor diet. One of the first projects implemented by the Council was the at-cost, not-for-profit 'Field to Table' initiative. Food was bought at cost price from farmers in the area surrounding the city. It was then distributed to low income families living in the city. However, the project found that whilst the food being distributed was fresh and nutritious it was not aesthetically appealing, so many families refused to eat it. The Department learnt from its mistakes. Firstly, disadvantaged families are just as concerned about the appearance of their food as families on higher incomes. Secondly, universal programmes can help avoid the stigma associated with programmes targeted at low income families and therefore help increase uptake.[128]

The Food Policy Council's second attempt at distributing healthy food in the city is its current 'Good Food Box' programme. Small boxes of organic food worth around $30 - $40 are delivered monthly to families involved in the scheme. The programme is marketed at low income families but is universally accessible to help avoid stigma and increase uptake. Families on welfare pay only $15 for their 'Good Food Box', which is delivered a week before the next welfare cheque is due to help ensure the family has a healthy source of food at time when resources may be scarce.

c) Exercise

Action taken by city-wide authorities to increase exercise has already been outlined. Initiatives include: increasing exercise among school children and older people in the Ciutat Vella district of Barcelona; encouraging Chicago's seniors to stay active through aerobics classes and personal trainers; the Robert Taylor Initiative in Chicago which includes a project encouraging teenage girls to take part in athletics to help reduce the risk of teenage pregnancy (see Appendix 6); and Birmingham Health Authority's strategy to encourage people to walk in the city, through designated routes and walking school bus programmes.

4) ADDRESSING PARTICULAR DISEASE/ILLNESS

The following examples aim to highlight how Mayors and/or other city-wide bodies have brought together or added value to work already being carried by health services to tackle particular health issues. These examples are indicative and serve to highlight the sort of role the GLA could play if it decided to focus on specific diseases or illnesses.

The New York City Asthma Initiative

This initiative was established in response to growing medical, media and political concern about increasing morbidity and mortality rates for asthma in New York City, and indeed the US as a whole. (See also 'Putting Health on the Agenda'.) In 1993, the most recent year for which national data are available, New York City children were hospitalised for asthma at more than 4 times the national rate.[129] Children aged 4 and younger account for the largest proportion of the problem, as is the case for the US as a whole. Uninsured and Medicaid eligible children are most likely to suffer from asthma, particularly those in Latino and African-American communities.[130] Between 1982 and 1986, African-Americans and Hispanics in New York had hospitalisation rates between three and five and a half times higher those of whites.

New York City's Childhood Asthma Initiative was established in 1998 to tackle the problem. The City Council's main role has been to bring people together in a public/private partnership including members from the City Council, New York City's Department of Health, the Health and Hospitals Corporation, Hunter College (an academic institution) and the American Lung Association. The programme's overall aim is to reduce illness and death from childhood asthma. In particular, the programme seeks to reduce hospitalisations, Emergency Room visits, school absences and lost workdays due to asthma throughout the city, with special attention to high risk populations. The initiative includes projects which tackle both the risk factors associated with asthma as well as more health service focused interventions. These projects encourage improved family management of asthma, promote the use of state of the art medical care, help control asthma by reducing exposure to asthma triggers in both homes and communities, monitor and track the number of people with asthma and help increase community awareness of asthma. According to New York's Health and Hospital Corporation Asthma, there has been nearly a 50% drop in asthma related visits to the Emergency Room since the New York City Childhood Asthma Initiative began.[131] (See Appendix 14).

Birmingham's strategy to tackle heart disease and stroke

Heart attacks and stroke are the biggest cause of death and disability for people in Birmingham in middle or old age. There have been improvements in some groups over the past decade, but there are still major differences between men and women, between ethnic groups and between different socio-economic groups. Birmingham Health Authority's approach to the problem (as set out in its HIMP) combines action to tackle both the 'upstream' causes of heart disease and stroke, with more 'downstream' action on risk factors and improving treatment. BHA also stresses the need to ensure people receive prompt, effective treatment for heart disease.

BHA stresses the need to improve living standards in order to tackle the incidence of heart disease and stroke amongst the city's most deprived communities. The HIMP also sets out the City's action to tackle the risk

factors associated with heart disease and stroke, for example helping people to stop smoking and encouraging more active lifestyles. (Action on these issues has been outlined above. For details of the rest of the strategy, see Appendix 15.)

EVIDENCE OF EFFECTIVE ACTION TO IMPROVE HEALTH

Evidence about the effectiveness of action to improve health and tackle inequalities could have an important role to play in the GLA. For those organisations wishing to put health more firmly on the GLA's agenda, it will be important to provide evidence that health initiatives can make a significant contribution to achieving the Mayor's objectives. Conversely, explicit information about the health impact of the Mayor's strategies could provide convincing arguments supporting change, particularly on difficult issues such as transport. Explicit health evidence could also help the Mayor obtain the support and co-operation of the health sector in his or her strategies. Evidence about effective action to improve health could also help focus the GLA's attention and resources on 'what works'. Demonstrating that the GLA is making the best use of taxpayers money could be important element in any argument to increase GLA funding in the longer term.

In New York, Rudolph Giuliani "Mayor's Management Report" (MMR) is a particularly interesting example of how evidnece is used to report on progress. The MMR is an important event in the city's calendar.[132] It is a substantial, three volume publication containing a summary volume, a volume outlining the activities of every city agency, and a volume which sets out a wide range of agency and city-wide indicators of progress towards the Mayor's key priorities, otherwise known as the 'Mayor's Major Missions'. Health and health related indicators are contained within the MMR, for example infant mortality rates, the percentage of students fully immunised, the number of pedestrian accidents and the number of lead poisoning cases. Progress on key initiatives, including the New York City Asthma Initiative and the Mayor's Commission to Combat Family Violence are also included in the report.

It has been argued that it is notoriously difficult to assess the effectiveness of many forms of public health activity, especially those relating to the underlying causes of health and health inequalities.[133] This analysis is supported by our research. City-wide authorities have outlined a range of problems associated with providing evidence that initiatives to improve health have been effective. Evaluating projects takes time and resources which may be lacking, particularly in Departments which focus on the needs of deprived communities.[134] Evidence that action to tackle underlying health determinants by geographical area can be difficult to produce. For example, over 100,000 jobs have been created in Ciutat Vella over the past 10 years. Best estimates suggest that only 9,000 of these jobs are permanent, and only 2,000 have been taken by people actually living in the area.[135] Ensuring that the residents of Ciutat Vella benefit from the jobs being created remains an

important challenge and success will depend on additional interventions to the skills of the area's population.

The mobility of city populations is another factor which must be considered. It has been argued that once people gain the skills they need to find employment they may move out of deprived city areas, and that more disadvantaged groups move in to take their place.[136] This 'revolving door' makes measuring the effectiveness of health improvement programmes, particularly those that focus on inequalities, highly problematic.

It is also difficult to specify cause and effect. Barcelona City Council has argued that there is some evidence that child health indicators in Ciutat Vella have improved. The proportion of premature births is not significantly different than the city as a whole and the proportion of low birth weight babies is only slightly higher. "These indicators are some of those that are influenced by the quality of care during pregnancy, and it is possible that the programme of mother-child health initiated in 1986 in Ciutat Vella has had some impact on these aspects."[137] The Council also claims that that evidence that the regeneration of Ciutat Vella had begun to improve morbidity and mortality rates in the area has been masked by the emergence of new health problems during the late 1980s, namely AIDS and drug misuse. However, it could be argued that without the programme of regeneration in Ciutat Vella, the situation would have been significantly worse.

In the light of these difficulties, city-wide authorities have used a range of other indicators of progress. The longevity of programmes and sustained political commitment to their objectives have been regarded as important indicators of success, as have physical outcomes such as new buildings or services.[138] Establishing effective partnerships or successfully securing project funding are arguably important indicators of a project's success.[139]

The need to develop new indicators of progress towards improving health and tackling inequalities has also been acknowledged.[140] Birmingham Health Authority is seeking to develop new indicators to help assess the effectiveness of its Family Support Strategy, such as the links between increased social capacity and improved health and well being.[141] Barcelona City Council's Health Interview Survey in 2000[13] will focus on gender inequalities in order to help assess the impact that women's work - both inside and outside the home - has on their health. The survey also aims to analyse the links between the degree of social support within local communities and the effect on mental health.[142]

A key consideration for the Mayor will be producing evidence that action taken by the GLA is effective. The Mayor will clearly need to establish a balance between long term goals to tackle the key underlying determinants of health in London, and the 'quick wins' which will be crucial in building and sustaining support for the GLA's activities in the short and medium term. As

[13] The survey will include 10,000 face-to-face interviews and questionnaires. 1,000 will take place in each health district.

outlined, providing evidence that action to improve health and tackle inequalities has been successful is likely to be problematic. The experience of other city-wide authorities demonstrates the need to establish a new framework for public health evidence. This will be the subject of a forthcoming King's Fund publication.[143]

APPENDIX 1

TORONTO'S SURVEY ON COMMUNITY SAFETY

The survey began by asking "What are the three most important community safety/crime prevention issues in your community?":

- The number one safety concern expressed was violence and fear of violence, especially safety on the street and violence against children and young people.
- Property crime was the second priority concern, especially home break-ins and auto theft.
- The third priority was offences against public order: minor crimes such as vandalism and street prostitution.
- Drug related offences were stated as a priority in 11% of responses.
- Economic and social inequalities such as homelessness and cuts in social services were seen as a top community priority in 10% of responses.
- Concern about traffic safety was a particular concern of senior's organisations, childcare centres and organisations for people with disabilities and youth crime was mentioned in 5% of responses. (There are more young victims of crime in Toronto than young offenders. Young people are victimised by adults as well as by peers. The total number of young offenders as a proportion of total offenders are increasing and young persons are increasingly charged with violent crimes.)

The survey then asked "What do you think are the 3 most important underlying causes of the issues mentioned above?"

- Economic causes (such as poverty and unemployment) and social causes (such as child abuse) were the top two issues sighted in the responses (roughly equal proportions of around 33%?)
- Policing and justice issues, such as not enough community policing or police on the streets were identified in 16% of responses.
- Urban Planning and Maintenance such as bad traffic planning, poor lighting and abandoned building accounted for 16% of responses
- Health related issues such as substance abuse were identified in 8% of responses.

APPENDIX 2

GLASGOW ALLIANCE'S STRATEGY TO TACKLE POOR HEALTH

The strategy's overall aim is that: "By the year 2010 Glasgow will be a city where all citizens have the knowledge, services and support to live a safe, active and healthy life." This will be achieved through action on the following areas:

- **Child health**, including
  - Providing support for parents with education and skills.
  - Giving appropriate advice and information to parents and carers.
  - Improving childcare across the city.
  - Implementing a community safety strategy with particular focus on children.
  - Aiming to fluoridate Glasgow's water supply.
  - Developing a food policy for the city.

- **Mental health**, including
  - Co-ordinating interagency support for people with chronic and debilitating mental illness through an integrated consideration of their employment, housing, health and social needs.
  - Implementing a strategy to reduce the stigma associated with mental illness.
  - Establishing a programme to prevent domestic violence and support its victims.
  - Establishing an action plan to ensure stronger, community based networks. and provide a range of self-help and support groups.
  - Implementing mental health policies in all schools.
  - Supporting race equality and tackle racism within Glasgow.

- **Tobacco**, including
  - Establishing a 'Smoke-free Kids' programme for all Glasgow children.
  - Increasing the number of smoke free environments in the city.
  - Strengthening local control of tobacco advertising and promotion.
  - Implementing a comprehensive and accessible smoking cessation programme, including better smoking cessation support within communities and key care settings. The needs for a central cessation centre will also be assessed.
  - Reviewing the tobacco control policies of all members involved with the Alliance so that they can 'lead by example'.

- **Physical activity**, including
  - Increasing public and professional knowledge of the benefits of physical activity.
  - Reducing barriers to physical activity in the city, particularly for children.
  - Improving cycling and walking networks in the city.
  - Ensuring new neighbourhoods are designed in ways to encourage safe and active living for all age groups.

APPENDIX 3

ROME'S ACTION ON TRANSPORT AND HEALTH

➢ **Improving public transport and increasing links between the suburbs and city centre**

- Extending 2 existing metro lines and constructing a new one.
- Introducing 325 new buses to replace older, less environmentally friendly ones.
- Building 9 new park-and-ride car parks. 12,500 places in these parks will be free. Other places will cost around £1.
- Introducing a unified ticketing system (the first in Italy) with a single ticket for use on the city's trains, metro, trams and buses.

➢ **Reducing city centre traffic**

- Prohibiting tourist coaches from entering the city and using privately run buses to bring tourists into the centre instead.
- Establishing a 'Clean Wednesday' programme which prohibits vehicles without catalytic converters from entering the centre between 3pm - 9pm on designated days. This programme has been extended to prevent cars without converters from entering a wider section of the city known as the 'Green strip'. From August 2000, all cars belonging to non-residents of the city centre will be prevented from entering the strip. From January 2002, cars belonging to city centre residents will also be banned.
- Introducing Limited Traffic Zones in the city centre from Monday to Saturday, enforced by electronic barriers when only people who live in the city centre or who have a special permit (costing around £300) will be allowed in. Later this year, only residents who have catalytic converter will be granted a permit.

➢ **Encouraging the use of electric scooters**

- Paying 25% of the costs of converting existing bicycles and scooters to electric ones (worth around £100).
- Subsidising the cost of buying an electric scooter by 30%. This subsidy (plus a 15% discount negotiated with city's major scooter manufacturers) has reduced the cost of buying an electric scooter from approximately £2,000 to £1,150.
- Providing 500 electric scooters for hire in three car parks so people can use them to travel into the city centre.

➢ **Other action**

- Holding Sunday events to encourage car owners to leave their cars at home, for example holding concerts in squares which are normally open to the traffic.
- Providing subsidies to parents whose children travel on school buses or in taxi services organised by the school to reduce the number of journeys made in private cars.
- Considering the use of incentives to encourage shared car use for people working in the city centre.

APPENDIX 4

BIRMINGHAM'S ACTION ON TRANSPORT AND HEALTH

There are 2 main approaches to Birmingham's action on transport and health:

1. helping people to become more active by walking and cycling to help reduce coronary heart disease
2. reducing car traffic to help reduce pollution and accidents

1. Helping people to become more active

- The *'Walk 2000'* programme. A number of 2km walks have been designed around the city. These walks include scenic routes, for example by the canal, but also more practical ones, for example routes passed key public services in the city. Birmingham's PCGs are given information about these walks which can then be passed to patients with coronary heart disease. 3 'walking officers' have been appointed in BCC's Leisure Department to champion the programme.
- The *Safer Routes to School* initiative aims to show parents how they and their children can walk or cycle to school instead of going by car. Initiatives include 'Walk to School' days, where schools designate one day a week to encourage parents to walk to school with their children, and 'School Trains', where parents take it in turns to pick up other people's children en route to school.
- The *Exercise on Prescription* scheme to help ensure people who are at high risk of heart disease or stroke are referred by their doctors to the City's leisure facilities. This initiative also includes follow-up from the doctor to help patients maintain their change of lifestyle.

Reducing car traffic

- Establishing the *Travelwise* scheme, involving the NHS, City Council and private sector employers, encourage staff to get to work by public rather than private transport. Incentives include a 50% discount on annual travel passes for companies involved in the scheme.
- Introducing a rolling programme of traffic calming, speed restrictions and cycle paths.
- Increasing in the number of Park and Ride schemes and more effective links between different forms of public transport
- Providing better information to the general public about public transport services
- Improving road safety through further speed restrictions in certain neighbourhoods.
- Working with NHS Trusts & other agencies to provide patients with information on public transport to and from their local hospitals and health care facilities.

APPENDIX 5

THE ROBERT TAYLOR INITIATIVE, CHICAGO

Action includes

- **A Comprehensive School Health Programme**, linking five local elementary schools to Chicago's Department of Public Health, the Grand Boulevard Clinic (see below) and local health services.
- **The Robert Taylor Girls Athletic Programme**, a program for girls aged 6 – 14 years to help reduce the likelihood of teenage pregnancy.
- **The Chicago Public Schools Satellite High School Programme** which provides high school diplomas and job readiness skills to students with poor educational performance.
- **A Basic Skills & Work Experience Programme**, which provides educational and job readiness skills to young adults ages 16 – 21 years and adults aged 22 – 55 years.
- **The 'Beyond Expectations' violence prevention programme**, which uses adult mentors to guide children aged 8 – 18 years through non-violent options for growth and development.
- **The Ambassadors for Peace project**, a community youth choir which helps young people get musical performance skills in an effort to provide non-violent alternatives to out of school activities.
- **The Home Instruction for Pre-school Youngsters programme** (HIPPY), which helps improve school readiness through parental support for pre-school youngsters.
- **The HEROIC Program** (Health Education Reaching Out Into the Community) which educated peer leaders in the community to become leaders in the prevention and education of HIV, sexually transmitted diseases and other health issues. A group of 30 women are trained to go teach safe sex awareness, self help awareness and self esteem issues in their own communities. This programme is run by community peer leaders after training has been completed.
- **The Chicago Women's Aid Society**, which runs daily sessions for residents on safe sex issues, including open discussion groups as well as one-on-one private sessions. Safe sex supplies are also provided.
- **The Grand Boulevard Clinic**, which provides full women's health care and child health care services, TB screening, HIV/AIDS testing and counselling.
- **The Healthy Families America Project**, which provides case management for social and health services for families with children from infancy to 3 years of age
- **The Child Abuse Prevention Project**, which gives care and extended hospital stays to educate new mothers on child development and care skills.
- **The Healthy Living Infant and Toddler Center**, which provides childcare for children from 0 – 3 years old.

APPENDIX 6

TAKING RESPONSIBILITY FOR HOMELESSNESS: AN ACTION PLAN FOR TORONTO

➢ **Simplifying and co-ordinating the system**

- A Facilitator for Action on Homelessness should be appointed to implement the Taskforce's recommendations and report regularly to the Mayor and Council on progress.
- A 24hr Homeless Services Information System should be established for staff in agencies servicing the homeless to access.
- A central hostels bed registry should be set up to provide up to date information on hostel bed availability on a 24hr basis.
- Resources should be redirected from providing hostel spaces to helping people find permanent housing, providing a sufficient supply of supportive, low-cost housing is created. This should be phased in by reducing the number of hostel spaces by 10% year.

➢ **Specific strategies for high-risk sub-groups**:

- Treatment programmes for young parents with substance abuse problems should be available, including outreach services and childcare support.
- Dedicated supportive housing with appropriate supports should be established for young homeless mothers.
- Supportive housing units with special safety features should be designated for abused women and their children.
- The federal government should fund housing and support for the Aboriginal homeless population, in partnership with the Province.
- The Facilitator for Action on Homelessness should create an Aboriginal Steering Committee to give advice on establishing an action plan to prevent and reduce Aboriginal homelessness and to monitor and evaluate progress.
- The federal government should work with the City of Toronto to address immigration and refugee policy, and ensure municipalities outside Toronto provide emergency shelter for some immigrants and refugees to reduce the pressure on Toronto's hostel system.

➢ **Prevention strategies**

- A new shelter allowance programme should be created (targeted to low income working families as a first priority, and to working adults if feasible) to reduce the risk of homelessness. This programme should reduce the share of income spent by low income people on housing to between 35% and 40% of their income, and should be paid for by the Province.
- The use of outreach workers should be expanded to help move chronic hostel users into stable housing.
- The City of Toronto should fund and administer a City-wide rent bank with a $500,000 annual budget to help individuals and families deal with short term rent arrears.

APPENDIX 6, CONTINUED

- Clear protocols should be established for discharging people with no fixed address. People should not be discharged from an institution onto the street, and should be followed up by appropriate staff within 24 hours.

➢ **A comprehensive health strategy for homeless people**

- A permanent, full-time kiosk should be established in an appropriate downtown location to enable homeless people to register for health cards. [These are required to access health services in the city.]
- A staff person skilled in working with homeless people should be available to hospital emergency rooms when required.
- A pharmacy pilot project should be established where homeless people can obtain prescription drugs free of charge.
- A three year pilot project to improve the oral health needs of Toronto's homeless population should be implemented.
- The current community mental health and community health funding programmes for homeless people should be combined into a single Homelessness Health Fund to be administered by the City of Toronto.
- A pilot harm reduction facility should be established to accommodate up to 30 homeless people who cannot participate in programmes that require total abstinence to other health and social support.

➢ **Increased supportive housing**:

- 5,000 additional supportive housing units should be built in Toronto over the next 5 years at the rate of 1,000 units a year. Districts should receive new units according to their needs, but the majority of new units should be built in all areas of the city.
- The Province should fund 100% of supportive housing and reassume the costs of any supportive housing devolved to municipalities.

➢ **More affordable housing**:

- A 'housing first' policy for municipal lands should be implemented to make suitable sites available for affordable housing while retaining the City's long term interest in the sites.
- A tax rate for multi-resident properties should be established at a level comparable to that for single family dwellings.
- Development charges, land use application fees and other charges should be waived for developments that meet affordable housing criteria.
- A 'private sector roundtable' should be established to work with the Facilitator for Action on Homelessness to advise on strategies to create affordable housing
- The federal government should provide up to $300 million in capital support for new low-income housing.

APPENDIX 7

TORONTO'S COMMUNITY SAFETY STRATEGY

➢ **Strengthening Neighbourhoods**

- A Safety Audit should be conducted in every Neighbourhood.
- Public buildings and spaces should be made safer, for example by making safety a priority criteria in the design of major new developments and ensuring public spaces have adequate lighting.
- Pedestrian safety especially for seniors, children and people with disabilities, should be improved, for example through the Walking School Bus' programme.
- Improved maintenance of buildings to promote community safety should be encouraged, for example the 'Porch Lights On' campaign.
- There should be a crack down on 'problem properties' where drug dealing, after hours clubs and other anti-social activities take place.
- The City should work with neighbourhood small businesses to decrease vacancy and property crime in vulnerable areas
- Toronto Board of Health should establish a drug abuse committee to deal with impact on communities of illicit drugs and other harmful substances.

➢ **Investing in Children Youth and Families**

- The City should co-ordinate the work of school boards, community agencies, the police, the Ministries of Education and Community and Social Services, City staff and others to focus prevention resources on children, youth and families at risk of becoming victims or perpetrators of abuse and crime. These resources should be particularly aimed at children and their caregivers from pregnancy through to the end of secondary school.
- All city-funded programmes for children, youth and families, including childcare centres and libraries should include an anti-violence element.
- The Department of Public Health should work with other Ministries and agencies to expand parenting skills and education in libraries, schools and workplaces with an emphasis on high-risk families.
- The Department of Public Health should also expand the 'One on One' school mentoring programme where city staff help develop supportive personal relationships with children, using funds from the private sector.
- The Department of Parks and Recreation should take the lead in making high quality, accessible recreation for children, youth and families at risk of being victims and/or offenders a top priority.
- Self defence classes should be set up for children, women and girls, seniors, people with disabilities, gay and lesbian people and young people.

APPENDIX 7, CONTINUED

- Youth employment initiatives that combine job readiness and employment creation with community safety enhancement, such as the Graffiti Transformation , Drug Ambassador and Job Corps programmes should be expanded .

➢ **Policy and Justice**

- Community Police Liaison Committees should reflect the demographic diversity of the area they provide services for and increase outreach activities to marginalised groups.
- Life skills programmes and community service orders for offenders (such as park maintenance and graffiti removal) should be expanded for youth offenders.

➢ **Information and Co-ordination**

- A comprehensive database should be established on crime prevention and community safety resources including project summaries, evaluation, examples of success stories and contact details. This database should be accessible by the Internet and telephone through access points in councillors' offices, police divisions, libraries, recreation centres, public health offices and fire halls.
- Good ideas should be promoted and disseminated between communities, though awards for excellence and annual events to share success stories.
- A 'City Watch' programme should be established to assist front line staff in observing and reporting suspicious activities to the police or appropriate authorities. This programme could eventually include private sector partnerships with courier, telephone, gas, cable and delivery services.

➢ **Implementation, Evaluation and Monitoring, including**

- The City Council should set the goal of designating 1% of its funds to be spent on Police Services to expand crime prevention programmes, with a focus on groups vulnerable to committing or being victims of crime.
- The City should request that the Provincial and Federal governments also designate 1% of their funds. This strategy is referred to as "One Percent for Prevention".

APPENDIX 8

THE MAYOR OF NEW YORK'S COMMISSION TO COMBAT FAMILY VIOLENCE

➢ **New York City Police Department Policy Strategy #4.**

- This is an aggressive, pro-arrest policy for domestic violence related crimes to ensure that they are treated as seriously as any other crime. The State of New York passed legislation to ensure mandatory arrest for family assault. This was followed by legislation to ensure the 'primary aggressor' is arrested, to prevent victims who have used self defence also being arrested.
- Each of NYC's 76 police precincts has a specially trained domestic violence Prevention Officers and Investigators. There are currently over 300. These officers track and monitor domestic violence incidents to help make policing decisions, for example deploying officers to deal with offences which tend to happen at a particular time or day or in certain area. Victims of domestic violence receive follow up visits. A specific domestic violence unit in Police Head Quarters oversees the Department's efforts in this area.
- In future, the police aim to focus more on preventive action, offering outreach to those considered at risk of being a victim or offender.

➢ **Domestic Violence Hotline.**

- A dedicated 24 hour, 7 days a week toll-free telephone line, was established in 1994. This is accessible to hearing impaired victims and to those who require services in range of different languages.
- The hotline is staffed by trained counsellors from Victim Services, a not-for-profit organisation. They provide victims with information, crisis counselling and safety planning and refer them to the City's emergency shelter system.

➢ **New York City's Health Initiatives.**

- Domestic Violence co-ordinators have been appointed in each of the 11 acute care facilities of the Health and Hospitals Corporation. These co-ordinators help train hospital staff to identify victims and them to appropriate services.
- The Department of Health has collected data on female homicide over during the past 5 years. The information will be used to understand the risk factors for serious injury and death in order to help service providers in the criminal justice and healthcare systems to better protect women.

➢ **The Alternative to Shelter Project.**

- This is a pilot program in Manhattan to allow victims of domestic violence to remain in their homes through a combination of alarm and communications technology and a co-ordinated community response.
- The project is not used in every situation because some women may not feel safe remaining in their homes even with the support provided. Risk assessments are carried out for each women involved.

APPENDIX 8, CONTINUED

- **Literacy and skills programmes**.
  - The City aims to establish projects to help women get the right skills and training to find work in the future. Victim Services stresses the need to provide women with the right help, at the right time, in the right place.

- **Public Education Campaigns**.
  - The City has sponsored numerous city-wide campaigns, including *Domestic Violence. Call it what it is. A crime.* (1995), *Domestic Violence: Our kids are worth NOT fighting for.* (1996)
  - The City also raises awareness amongst its employees, through its annual *National Work to End Domestic Violence Day*, by distributing letters from the Mayor which highlight the problem, and by imprinting City pay-check stubs with messages about domestic violence.

- **Adopt-a-School programme**.
  - This initiative links public schools with a domestic violence organisation that provides information on how to prevent family violence, counselling for students, community outreach work to parents and training for staff (including janitors and secretaries as well as teachers).
  - This programme was launched in November 1999. It is being piloted in five high schools using $0.25m of City money.

- **Action on Teen Relationship Abuse.**
  - A city-wide public education campaign promoted the message *Relationship abuse: don't settle for that.* 40,000 posters were distributed to schools, hospitals, religious institutions, police precincts, city agencies, community organisations, subways, buses and movie theatres.
  - Providers of services for young people are trained to identify the issue of teen relationship abuse using a curriculum developed in conjunction with Victim Services.

- **Project Debby**.
  - Hotels donate vacant rooms for victims who cannot get emergency shelter but who have somewhere to go to within one to three days.
  - Project Debby is a public-private initiative between the Commission, the New York Junior League, Victim Services, private hotels and private companies.

- **Substance Abuse & DV initiative**.
  - A pilot programme has been established to enhance existing substance abuse treatment services with domestic violence screening, assessment, counselling and treatment.

APPENDIX 9

TACKLING DOMESTIC VIOLENCE IN BIRMINGHAM

- Producing a new inter-agency strategy based on tolerance principles.
- Developing new, high quality outreach services for women and children experiencing domestic violence, particularly in marginalised or hard to reach communities, through Single Regeneration Budget (SRB) 4.
- Developing an accredited training programme for community based women volunteers to work with victims of domestic violence, again through funds from SRB 4, with the aim of training 220 women over next 3 years.
- Developing and evaluating rehabilitation programmes for perpetrators of domestic violence.
- Encouraging the disclosure of information, and strengthening the links between, A & E and Maternity Departments, the police and Social Services in relation to repeat victims. Birmingham Health Authority has been given specific responsibility for leading work in this area and action is already underway. The Director of Public Health has recently written to every trust in the city to assess existing action being on domestic violence.

APPENDIX 10

REGENERATING CIUTAT VELLA, BARCELONA

- Creating new open public spaces, such as the Plaça Central del Raval, where people can congregate and children can play
- Increasing and improving the number of pedestrianised areas.
- Rehabilitating old houses and building new ones. Residents are given the choice of moving out of the area into other city housing or remaining in Ciutat Vella in newly renovated homes.
- Building new public buildings in the district, such as the Museum of Contemporary Art of Barcelona and the Centre of Contemporary Culture, to bring tourists and others into the area.
- Encouraging the improvement of private properties through low interest loans and subsidies from the City Council and Catalan Government.
- Improving lighting, sanitation and the quality of the district's roads.
- Re-organising and improving the district's health services, e.g. pre and post natal services and primary care.
- Establishing the 'House of the Fountain' programme (Casa de la Font), a mother-child service for at risk children under 3 years old, providing support for families in bringing up their children. The 'We've had a baby' programme, run by the district's Family Centre also provides information and support to parents with new born children who cannot, or choose not to use the district's nurseries.
- Providing health examinations and vaccinations, promotes healthy eating and good oral hygiene, and promoting activities to prevent STDs and substance abuse through school health programmes. Other school based programmes include the 'Theatre we go to see' and the 'Theatre we do at school' initiatives to promote the importance of theatre at school and the "Floral games" literacy programme to encourage children to read culturally important texts.
- Promoting sport through after school activities for pupils and encouraging exercise by opening up school sport facilities to other residents, such as older people.
- Establishing the 'Play Clean' campaign in Raval to encourage secondary school pupils to sort out different sorts of waste into re-cycling containers to help promote respect for the environment.
- Implementing the 'Walking on the Raval' project to increase primary and secondary school children's knowledge of their neighbourhood and to encourage feelings of belonging and pride in Raval.
- Encouraging more young people to live in Ciutat Vella by increasing leisure activities such as sports facilities and by bringing the Pompeu Fabra University to the district. There are plans to build another university, the Ramon Llull University in the district in the near future.
- Giving residents a say in decisions about the regeneration of the district through community participation.
- Tackling drug addiction, prostitution and other crimes through joint working between the police, the City Council and the local community.

APPENDIX 11

BIRMINGHAM'S FAMILY SUPPORT STRATEGY

- Local people are trained as community parents to provide help and support to first time parents who need it. For example, 40 Asian mothers in Sparkbrook have been trained to provide help and support to disadvantaged families who are referred to them by Health Visitors.

- Community parents:
  - Encourage parents to go into schools to help children work with their computers. This in turn helps improve the parents' own skills and employment prospects.
  - Give parents advice about healthy diets and cooking on a low income.

- Each child receives 'Book start', a package of books which helps to encourage parents to read with their children.

- The Strategy helps provide parents with affordable, high quality childcare. It also aims to increase the number of play areas and opportunities for leisure recreation.

- The initiative also provides information about parenting and giving infants and children a healthier start in life through radio programmes, newsletters and by working with community groups.

APPENDIX 12

GLASGOW ALLIANCE'S STRATEGY TO IMPROVE CHILDREN'S HEALTH

Long term goal (for 2004 and beyond)

- to identify how advice and information can best be provided to parents and carers and to establish appropriate services.
  Lead agency: Greater Glasgow Health Board (GGHB).

Medium term goal (2001 – 2003)

- To provide structured, group based support for new parents, focusing on education, skills and training.
  Lead agencies: GGHB and Glasgow City Council (GCC).

Short term goals (end of 2000).

- To secure comprehensive improvements in childcare in the city.
  Lead agencies: GCC and the Alliance.

  Activities include:
  - an audit of existing provision
  - developing and implementing of a childcare action plan
  - all members of the Alliance to strengthen their own childcare policies.

- To develop and implement a community safety strategy including particular attention to child safety.
  Lead agency: GCC (working with the police, GGHB and Glasgow Council for the Voluntary Sector)

  Activities include:
  - increased provision of safe play areas
  - safe and active routes to school and home safety equipment schemes.

- To establish a programme of activities aimed at securing the fluoridation of Glasgow's water supply.
  Lead agency: GCHB (working with GCC, the Scottish Office and West of Scotland Water).

- To develop a food policy for the city.
  Lead agencies: GGHB and GCC (working with GVSC and the Glasgow Development Agency).

  Activities include:
  - improving catering provision for children
  - establishing food and health initiatives in all of the Alliance's priority areas.

APPENDIX 13

TORONTO'S TASK FORCE ON ACCESS AND DIVERSITY

The aims of the Task Force are:

- To strengthen civic society and in particular empower those members of the community who face barriers to full participation in the life of the community.
- To more effectively address the barriers faced by women, people of colour, Aboriginal people, people with disabilities, lesbians and gays, immigrants, refugees, and people of different religious and faith communities.
- To strengthen community involvement and public participation in the decision-making processes of the municipality, particularly for those communities seeking equity seeking.
- To continue the City's proactive role in linking and partnership with other institutions and agencies, as well as with the community in engaging in initiatives in support of access and equity.
- To ensure that the contributions, interests and needs of all sectors of Toronto's diverse population are reflected in the City's mission, operation and service delivery.
- To ensure the City shows leadership in the community as a model employer with a workforce that reflects the diversity of its residents and follows fair and equitable employment practices.

Residents of Toronto were invited to apply to serve as members of the Task Force. Over 70 residents applied and 11 were chosen, along with four City Councillors and two community members as co-chairs.

A wide variety of issues, going beyond those relating solely to black and minority ethnic communities, are being tackled. These include:

- aboriginal affairs
- disability issues
- lesbian and gay issues
- immigrant and refugee issues
- ethno-cultural and faith issues
- equity for women
- hate activities
- literacy and communications
- low-income issues
- equity in the arts
- culture and literature
- citizen participation
- municipal grants
- education and training
- transport.

APPENDIX 14

NEW YORK CITY ASTHMA INITIATIVE

- Establishing the Hunt's Point pilot programme, the City's first community based asthma resource centre.
- Setting up asthma committees in public elementary schools to provide information and support to low income communities. In 1999, outreach and education activities undertaken by these committees reached around 2,500 children, 300 teachers and school personnel and 500 parents.
- Initiating a city-wide media campaign to promote improved asthma care
- Providing an Asthma Action Line telephone number, staffed by telephone counsellors providing basic information about asthma and referrals to the health and hospitals medical clinics and other service providers
- Establishing planning groups in three communities to support the implementation of comprehensive programmes linking interventions in doctors offices with activities in schools, homes and community centres
- Offering an education programme for medical providers
- Distributing medical equipment including spacers, nebulisers, peak flow meters and bed covers to prevent exposure to dust mites
- Developing best practice models for asthma management, in co-operation with managed care organisations
- Evaluating the programme's activities and monitoring asthma hospitalisation rates
- Implementing a Critical Event Response Tracking System in East Harlem. This $1.8m pilot project collects information on critical events (defined as an observation of poorly controlled asthma in the classroom, in a school nurse's office, at home, at a physicians office or in a hospital's emergency department). Community health workers are assigned to families of children with asthma who are suffering from repeat critical events.
- Establishing two new asthma task forces, including physicians, nurse practitioners and pharmacists. These taskforces have been set up by the Health and Hospital's Corporation. One taskforce is developing best practice guidelines in the management and treatment of both adult and child patients with asthma. The other is working to identify state of the art medications and equipment for asthma management at HHC facilities.

APPENDIX 15

ACTION TO REDUCE HEART DISEASE AND STROKE IN BIRMINGHAM

- Improving living standards, including:
  - helping families with no earned income by providing training and information about jobs and day care for children;
  - maintaining the quality of Birmingham's parks and green open spaces to encourage people to use them for example for exercise and relaxation; keeping pavements and streets clean and well lit to encourage people to walk and make them feel safe;
  - publicising the 'Passport to Leisure' scheme which gives people on low incomes cheaper access to local leisure facilities .
- Helping people to stop smoking, including:
  - helping the most addicted smokers to benefit from nicotine replacement therapy (patches and gum)
  - training more people in the health service to give advice about how to give up, stopping and stay stopped
  - exploring new methods of helping people to give up smoking and encouraging young people not to smoke
- Helping people to become more active, including
  - Encouraging parents to get involved in the Safe Routes to School initiative
  - Ensuring that people at high risk of heart disease or stroke referred by their doctors to the Exercise on Prescription scheme are carefully followed up and helped to maintain their change of lifestyle.
- Helping young people to eat more healthily, including:
  - continuing to promote healthy eating in schools through School Nutrition Action Groups
  - maintaining minimum nutritional standards for school meals under the Fair Funding regime
- Ensuring people receive prompt, effective treatment, including:
  - ensuring all patients have an equal chance of getting effective, high quality treatment;
  - providing more information about how to recognise the early symptoms of a heart attack
  - cutting the time between calling an ambulance and getting clot-busting drugs.

TABLE 1: COMPARING CITIES WITH LONDON

CITY	POPULATION	KEY HEALTH ISSUES	MAYOR	STRUCTURE OF GOVERNMENT	HEALTH FUNCTION OF CITY	HEALTH SERVICE FUNDING
London	7 million.	High proportion of children and people aged 25 – 35 years. 25% of population from BME communities. Health inequalities, e.g. infant mortality rates. Major causes of death and disease: CHD, stroke and cancer. Also mental ill health, HIV/AIDS and teenage pregnancy. Higher than average rates of unemployment, dependence on benefits, poor housing and homelessness, particularly in inner London.	Yes. Directly elected.	Greater London Authority is regional tier responsible for strategy. 32 London Boroughs (plus the Corporation of London) at local level.	Duty to improve health of Londoners through Mayor's strategies. London Region NHSE responsible for health services.	General national taxation.
Birmingham	1 million.	25% of population from BME communities. Health inequalities, e.g. infant mortality rates. High incidence of low birth weight babies. Major causes of death and disease: CHD, stroke and cancer. Higher than average rates of unemployment and dependence on benefits.	No. Leader of Council. (Cllr Albert Bore.)	Birmingham City Council is a metropolitan council.	City Council responsible for social services. Birmingham Health Authority responsible for planning health and public health services.	General national taxation.
Glasgow	616,000.	Fall in birth rate over past 5 years although now slowing. 3.5% of population from BME communities. Health inequalities, e.g. risk of death before 65 years 30% higher than rest of Scotland. Major causes of death and disease: lung cancer and CHD. High rates of smoking and poor diet. Also social deprivation, unemployment, dependence on benefits and poor housing.	No. Leader of Council. (Cllr Charles Gordon.)	Glasgow City Council. Established April 1999, amalgamating Glasgow District Council and Strathclyde Regional Council. Largest local authority in Scotland.	City Council responsible for social services. Greater Glasgow Health Board responsible for planning health and public health services. Member of WHO Healthy City Project.	General national taxation.
Berlin	3.47 million.	Higher proportion of older people: 18% of population aged 65yrs+. 13% of population from non-German background. High hospitalisation rates for cancer, mental health, circulatory disease, CHD, injury and poisoning. High rates of unemployment, dependence on benefits, social exclusion, poor housing and homelessness.	Yes. Elected by Council. (Mayor Eberhard Diepgen.)	Germany has a federal system of Government. Berlin has both city and federal state status. There are currently 21 city districts, each with its own mayor and town council.	State of Berlin is responsible for health and health services through Ministry for Work, Health and Social Affairs.	Social insurance system.

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CITY	POPULATION	KEY HEALTH ISSUES	MAYOR	STRUCTURE OF GOVERNMENT	HEALTH FUNCTION OF CITY	HEALTH SERVICE FUNDING
Barcelona	1.6 million.	Ageing population. Major causes of death and disease: cancer (especially lung cancer and breast cancer) and CHD. Also TB, HIV/AIDS and drug misuse. High rates of unemployment, illiteracy, poor housing, drug misuse and smoking (particularly amongst men).	Yes. Elected by Council. (Mayor Joan Clos i Mateu.)	Barcelona City Council is within the regional government of Catalonia.	Municipal Institute for Public Health responsible for health protection, prevention and promotion services. (Institute became autonomous from City Council in 1998.) Catalonia regional government responsible for health services, although Council does have degree of responsibility for some hospitals in the city.	Social insurance system.
New York	9 million.	High proportion of population from BME groups. Major causes of death and disease: CHD and cancer. Also HIV/AIDS, mental health problems, teenage pregnancy, suicide and drug misuse. Poor housing and homelessness.	Yes. Directly elected. (Mayor Rudolph Giuliani.)	The USA has a federal system of government. New York City Council is within the State of New York.	New York City Department of Health responsible for health monitoring, protection, prevention and promotion. Mayor also appoints President of Health and Hospitals Corporation (which runs 16 public hospitals in the city).	Private insurance system.
Chicago	2.5 million.	38.6% of population African American, 19.6% Hispanic, 3.5% Asian. Major causes of death and disease: CHD and cancer. Also high rates of HIV/AIDS, STDs, teenage pregnancy and homicide among BME groups. Higher than average rates of unemployment, poverty, dependence on benefits and poor housing, particularly among BME groups.	Yes. Directly elected. (Mayor Richard M. Daley.)	The USA has a federal system of government. Chicago City Council is a municipality within the State of Illinois.	Chicago Department of Public Health responsible for health protection, prevention and promotion services.	Private Insurance system.

CITY	POPULATION	KEY HEALTH ISSUES	MAYOR	STRUCTURE OF GOVERNMENT	HEALTH FUNCTION OF CITY	HEALTH SERVICE FUNDING
Toronto	2.4 million.	30% of population non-white and 50% foreign born. Major causes of death and disease: CHD, stroke, and respiratory disease. Higher than national average rates of injury, suicide and HIV/AIDS. Also unemployment, lack of affordable housing, homelessness and fear of crime.	Yes. Directly elected. (Mayor Mel Lastman.)	Canada has a federal system of government. Toronto City Council is a municipality within Ontario Province.	Toronto Department of Public Health provides health prevention, promotion and protection services on behalf of an independent Board of Health. Member of WHO Healthy City Project.	Social Insurance system.
Paris	2.12 million.	58% of population aged between 20 – 59 yrs compared with 54% nationally. 16% of population born in country other than France. Ille de France region has lowest levels of heart disease in France. Higher rates of breast cancer, lung cancer, infectious diseases, respiratory disease, accidents and suicide. Also HIV/AIDS.	Yes. Elected by Council. (Mayor Jean Tiberi.)	Paris has both Departmental and Municipal status. The city is within the Ile de France administrative region. The city has 20 arrondissements, each with their own mayor and council.	Paris City Council co-ordinates cancer services, prenatal & infant care, school health, and public health services, inc. vaccination, monitoring, and prevention. National government oversees the provision of health services.	Social Insurance System.
Rome	2.65 million.	Ageing population, declining birth rates. 5% of population born in country other than Italy. Major causes of death and disease: CHD, respiratory diseases, breast and testicular cancer. Also high rates of infectious diseases, including HIV/AIDS. High rates of unemployment, poor housing and homelessness.	Yes. Directly elected. (Mayor Francesco Rutelli.)	Rome is both a province and a commune within the Lazio administrative region. Rome is one of 9 Italian cities with metropolitan status. The city has 19 boroughs at local level, each run by a directly elected president.	Rome City Council plans and co-ordinates community based care for disabled and older people, although these services are delivered by the boroughs. The City Council also runs health promotion campaigns. Lazio health region is responsible for health services.	General national taxation.

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[139] Interview with Dr. Jackie Chambers, Director of Public Health, Birmingham Health Authority.
[140] Coote, A., and Gowman, N., *Evidence and public health: towards a common framework*, op. cit.
[141] Interview with Dr. Jackie Chambers, Director of Public Health, Birmingham Health Authority.
[142] Interview with Carme Borrell, Head of Health Information Unit, Institut Municipal de Salut Publica, Ajuntament de Barcelona.
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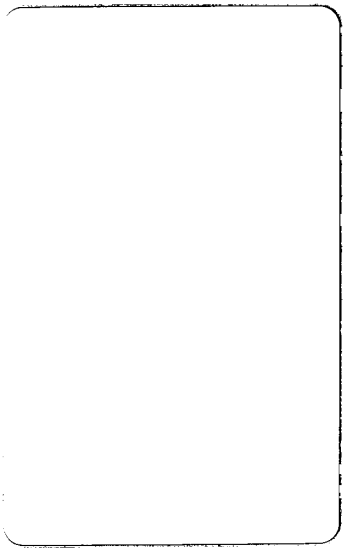

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