



APPLICATION FOR MEMBERSHIP OF THE UK HEALTHY CITIES NETWORK



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Please complete the declaration and questionnaire/supporting statement/ memorandum of understanding / terms and conditions and send electronically to Sandra Brookes at contactus@healthycities.org.uk.

BACKGROUND AND INTRODUCTION

Healthy Cities is a global movement that engages local authorities and their partners in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects. Within Europe, there are around 100 cities that are designated as members of the [World Health Organisation \(WHO\) European Healthy Cities Network](#) (including 14 in the UK) – and in addition, there are approximately 30 national Healthy Cities networks involving more than 1400 local authorities, towns and cities as members. Originally established with funding from the Department of Health for England, the UK Healthy Cities Network is one of 20 networks accredited by the WHO as a member of the Network of European National Healthy Cities Networks. The Network now supported by its members and operates a partial subscription model. It will play an invaluable role in enabling local authorities, towns and cities to access the latest UK and international learning and contribute their learning and experience to the developing pool of knowledge.

The Healthy Cities approach seeks to put health high on the political and social agenda of its members and to build a strong movement for public health at the local level. It strongly emphasizes *equity, participatory governance, solidarity, intersectoral collaboration, sustainable development and action to address the social, economic and environmental determinants of health*. Successful implementation of this approach requires innovative action addressing all aspects of health and living conditions, and extensive networking between cities across Europe and beyond. This entails:

- explicit political commitment
- leadership
- institutional change
- intersectoral partnerships.

[Phase VI of the WHO European Healthy Cities Network](#) runs from 2014-2018. Phase VI maintains the previous Phase V focus of *Health and Health Equity in All Local Policies* – based on an appreciation that population health and inequities in health are largely determined by policies and actions beyond the health sector.

Its overarching goals are

- improving health for all and reducing health inequities; and
- improving leadership and participatory governance for health

Both strategic goals reinforce the strong standing commitment of the WHO European Network to addressing equity and the social determinants of health and striving to improve governance for health.

The core themes in Phase VI will be based on a local adaptation of the four priorities for policy action of Health 2020:

- Investing in health through a life course and empowering people;
- Tackling the European Region's major health challenges of infectious and non-communicable diseases;
- Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and
- Creating resilient communities and supportive environments.

The four themes are not discrete areas of action but are interdependent and mutually supportive.

[Click to see summary of Phase VI](#)

VISION AND AIMS

The vision of the [UK Healthy Cities Network](#) is to develop a creative, supportive and motivating network for UK local authorities, towns and cities that are tackling health inequalities and striving to put health improvement and health equity at the core of all local policies. Its aims are to:

- enhance learning and build capacity through sharing ideas, experience and best practice
- widen participation in the Healthy Cities movement and support member towns, cities and local authorities to develop and test innovative approaches to emerging public health issues
- become a strong collective voice for health, wellbeing, equity and sustainable development – informing and influencing local, regional, country and national policy.

JOINING THE UK HEALTHY CITIES NETWORK

The UK Healthy Cities Network offers members the opportunity to be part of a dynamic and supportive network of local authorities, towns and cities committed to embedding health and health equity in all local policies, to improving the health of their populations and to developing a strong collective voice for public health and sustainable development.

Membership is via an annual subscription and is open to cities, towns and local authorities across the UK. To become a member of the Network, local authorities, towns and cities are required to demonstrate that they meet our membership criteria (see Declaration on p.4).

BENEFITS OF MEMBERSHIP

Specific benefits of being a member of the UK Healthy Cities Network include:

- quarterly Network meetings
- capacity building workshops, master classes and training events
- sub-groups on Healthy Cities themes and approaches
- regular e-bulletin and news updates
- development of a City specific microsite accessible via the UKHCN website
- dissemination of learning and expertise from WHO, its Collaborating Centres and global leaders in the field
- access to knowledge and experience drawn from local authorities, towns and cities across Europe active in Healthy Cities
- being part of a values-based movement with a strong history of putting the principles of equity, empowerment, partnership and community participation into practice in local urban settings.
- Online discussion forum for City co-ordinators

N.B. A full list of benefits can be found in the Network Memorandum of Understanding see Appendix 2

DECLARATION

(Enter Name of Local Authority) hereby applies for (Enter Name of Town or City) to join the UK National Healthy Cities Network. This declaration confirms that (Enter Name of Town or City) has met the minimum requirements for membership as detailed below.

We hereby confirm that (Enter Name of Town or City) endorses the Healthy Cities approach and the vision and aims of the [UK Healthy Cities Network](#).

(Enter Name of Town or City):

- is a city or town
- has a named lead politician to support work in pursuit of Healthy Cities and has explicit commitment from the Council Leader or elected Mayor endorsing Health 2020 and Phase VI (please provide scanned signed copy and/or copy of Council Resolution)
- has an identified lead with appropriate administrative and technical support for taking forward Healthy Cities work
- has formal local partnership arrangements that demonstrably focus on health and health equity and can steer Healthy Cities work
- has in place a range of strategies and activities to address the overarching goals and core themes of [Phase VI of the WHO European Healthy Cities Network](#), as detailed in the attached supporting statement :
 - **improving health for all and reducing health inequities; and**
 - **improving leadership and participatory governance for health**

Both strategic goals reinforce the strong standing commitment of the WHO European Network to addressing equity and the social determinants of health and striving to improve governance for health and promote health in all policies. The core themes in Phase VI will be based on a local adaptation of the four priorities for policy action of Health 2020:

- **Investing in health through a life course and empowering people;**
- **Tackling the European Region's major health challenges of infectious and non-communicable diseases;**
- **Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and**
- **Creating resilient communities and supportive environments.**

- is committed to attending at least one meeting of the UK National Healthy Cities Network each year and to participating actively in the work of the Network by:
 - sharing information about activities and learning with the wider network
 - participating in and contributing to communications and learning activities (both face to face and virtual)
- will provide an annual update on activities and progress.

Name: James Drury

Signature:

Date:

Political Representative

Name: Cllr Chris Ludlow

Signature:

Date:

Healthy Cities Lead

QUESTIONNAIRE/SUPPORTING STATEMENT FOR APPLICANTS FOR MEMBERSHIP

Town/City:	Chesterfield Borough – Affiliate to the Derbyshire Healthy Community		
Local Authority:	Chesterfield Borough Council		
Lead Officer for Healthy Cities work:			
▪ Name	James Drury		
▪ Position	Executive Director		
▪ Tel No	01246 345292		
▪ Email Address	James.drury@chesterfield.gov.uk		
Lead Politician for Healthy Cities work:			
▪ Name	Cllr Chris Ludlow		
▪ Position	Executive Member for Health and Wellbeing		
▪ Tel No			
▪ Email Address	Chris.ludlow@chesterfield.gov.uk		
Partnership arrangements - how will Healthy Cities be delivered locally <i>(Please provide supporting documents/evidence preferably via hyperlinks):</i> <i>Please outline how these will support your Healthy City Initiative and outline how this will be steered and what governance arrangements are in place. Key prompts:</i>	<p>The Derbyshire Health and Wellbeing Board is one of the main thematic groups under the Derbyshire Partnership Forum. It is proposed that the Health and Wellbeing Forum will have responsibility for overseeing the implementation of the delivery of the priorities of the Healthy Communities programme.</p> <p>Derbyshire has a long history of partnership working. Key partnerships include:</p> <p>The Derbyshire Partnership Forum http://www.derbyshirepartnership.gov.uk/</p> <p>The Health and Wellbeing board http://www.derbyshirepartnership.gov.uk/thematic_partnerships/health_wellbeing/</p> <p>The Safer Derbyshire Partnership http://www.saferderbyshire.gov.uk/</p> <p>Derbyshire Economic partnership http://www.derbyshireeconomicpartnership.org.uk/</p> <p>At a more local level we have recently launched the Chesterfield Borough Health and Wellbeing partnership. Terms of reference and locality action plan have been provided as supporting information.</p> <p>As part of the healthy communities initiative Derbyshire County Council and each of the eight district authorities have selected a priority to work focus on for two years and develop best practice to share with the other areas. Chesterfield's priority is:</p> <p>“ Over the next two years, by working with our communities and partners, we will enable increased physical activity for our younger people, promote healthy eating and support communities to design</p>		

	sustainable solutions”
	<p>Strategies/activities to address the overarching goals and core themes of Phase VI of the WHO European Healthy Cities initiative</p> <p><i>This will provide a situation analysis against Health 2020 – please use the goals and themes to assess the local position</i></p> <p>(Please provide supporting documents/evidence preferably via hyperlinks.)</p> <ul style="list-style-type: none"> • Tackling Health Inequalities – improving health for all and reducing health inequities <p>Key Prompts:</p> <ul style="list-style-type: none"> ‣ <i>Links to Marmot work</i> ‣ <i>Local vision and mission / key values/principles</i> ‣ <i>Links to other work streams, e.g. PHE Centres, Public Health Unit, Core Cities; Health and Well Being Board; economic development and investment; key partnerships</i> ‣ <i>Progress with embedding health and health equity in your city's policies – and approach taken</i> <p>Chesterfield Borough Council is a key partner in the delivery of the Derbyshire Health and Wellbeing strategy - http://www.derbyshirepartnership.gov.uk/images/Derbys%20HWB%20Strategy%20final%20Oct12_tcm39-212111.pdf</p> <p>The strategy focuses on the integration of services, tackling health inequalities and supporting the independence and resilience of individuals, families and communities.</p> <p>The strategy will have a focus on key areas of the economy that impact on health to inform and complement the Derbyshire Anti-Poverty Strategy. Specific priorities are to increase access to affordable warmth measures for vulnerable groups, tackle child poverty, increase financial inclusion and develop a collaborative approach to supporting people to access and maintain employment.</p> <p>Derbyshire Anti-Poverty Strategy - http://www.derbyshirepartnership.gov.uk/anti_poverty_strategy/</p> <p>The Public Health Outcomes Framework has been incorporated into the Health and Wellbeing Strategy alongside the relevant parts of the NHS and Adult Care Frameworks.</p> <p>The transfer of the public health function offers significant opportunities for the council to lead on health improvement and address health inequalities. It enables the full range of council services to address the wider determinants of health such as employment, education and transport. Public health programmes are delivered within the Marmot framework.</p> <p>In developing our Chesterfield Health and Wellbeing partnership locality action plan (provided as supporting information) we have used a variety of data including health profiles, Indices of Multiple Deprivation data and the wealth of experience of partnership members to focus on five key areas:</p> <ul style="list-style-type: none"> • Poverty & Financial Inclusion • Mental Health & Wellbeing • Healthy Lifestyles • Older People • Social Capital <p>This plan complements and extends the work of the Derbyshire level</p>

	<p>partnership.</p> <p>Our Council Plan 2015 – 2019 - also puts health and wellbeing at the forefront of our priority activity. The plans includes specific commitments and outcomes to be delivered during the course of the plan.http://www.chesterfield.gov.uk/SiteDocuments/Policies/Council%20plan%202015-16.pdf</p>
<ul style="list-style-type: none"> Promoting and improving city leadership and participatory governance for health <p><i>Key Prompts:</i></p> <ul style="list-style-type: none"> ‣ <i>Active citizenship and community engagement</i> ‣ <i>Health and Health equity in all local policies</i> ‣ <i>Alignment with national policy</i> ‣ <i>Use of JSNA's and Health Impact Assessments</i> ‣ <i>Stakeholder engagement</i> ‣ <i>Partnerships, alliances, joint working and Integration of services</i> ‣ <i>Local political commitment</i> 	<p>Listening to what local people and communities say and ensuring that services meet needs is a priority for the Council. There are a wide range of consultative forums across the Borough which aim to put communities at the heart of decision making. These include our Community Assemblies and Community Development programme and the Equality and Diversity Forum.</p> <p>Community Assemblies and Community Development - http://www.chesterfield.gov.uk/Community-assemblies-1162.html</p> <p>Equality and Diversity Forum - http://www.chesterfield.gov.uk/Chesterfield-Equality-and-Diversity-Forum-227.html</p> <p>Annual reports - http://www.chesterfield.gov.uk/Equality-Annual-Reports-226.html</p> <p>We offer a range of community and voluntary sector funding opportunities which prioritise health and deprivation - http://www.chesterfield.gov.uk/Funding-1166.html</p> <p>All our policies and strategies are impact assessed to ensure equality and therefore meet the needs of the most disadvantaged within the community.</p> <p>We collaborate with Derbyshire County Council on health impact assessments and the joint strategic needs assessment for Derbyshire.</p> <p>We have recently established a Health and Wellbeing political portfolio to champion Health and Wellbeing both within the Borough and A Derbyshire Level.</p>
<ul style="list-style-type: none"> Investing in health through a life course and empowering people; <p><i>Key Prompts:</i></p> <ul style="list-style-type: none"> ‣ <i>Active citizenship and community engagement</i> ‣ <i>Addressing the social gradient</i> 	<p>The overall objectives if the Health and Wellbeing Strategy is to reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities.</p> <p>Our Chesterfield Borough locality action plan supports and strengthens this approach for our area. Examples of work already happening or planned for 2015/16:</p> <ul style="list-style-type: none"> • Delivered intensive financial inclusion and wellbeing community development activity in four key locations following pilots in 2014/15

<ul style="list-style-type: none"> ‣ <i>Age Friendly programmes and initiatives</i> ‣ <i>Early years investment and programmes</i> ‣ <i>Healthy literacy</i> ‣ <i>Vulnerable groups</i> ‣ <i>Tackling social exclusion</i> 	<ul style="list-style-type: none"> • Support for the Credit Union's Junior Saver Scheme • Maximising your money campaign to be delivered in target areas or to target groups • Chesterfield Football Community Trust multi-agency Mental Health Project - Multi-agency project for individuals with mental health issues. • Local mental health awareness training to increase number of courses in Chesterfield • Spire Boxing Club - To support running costs of club who engage hard to reach youths • CVD prevention with BME Groups - Community engagement approach to raise the issue of hypertension, provide information, signpost and support access to appropriate services. Aligns with CCG work. • Ready for Winter health check targeted at older people. • Programme of arts and health activity to support mental health and wellbeing of older people in care homes. • Befriending scheme • Developed a dementia friendly places scheme • Small grants scheme for local groups to support health inequalities work across Chesterfield.
<ul style="list-style-type: none"> • Tackling major health challenges of infectious and non-communicable diseases; <p><i>Key Prompts:</i></p> <ul style="list-style-type: none"> ‣ <i>Joint initiatives in tackling NCD's</i> ‣ <i>You may wish to outline key activities/initiatives around the following topics</i> ‣ <i>Physical Activity</i> ‣ <i>Nutrition and Obesity</i> ‣ <i>Alcohol</i> ‣ <i>Tobacco</i> ‣ <i>Mental health and Wellbeing</i> 	<p>Chesterfield Borough Council makes a significant contribution to Derbyshire's Integrated Wellbeing Approach. We are a key partner in the successful GP exercise referral scheme and many health and wellbeing initiatives including jog Derbyshire and walking for health.</p> <p>We are also a key partner in the "Heart of Derbyshire" healthy eating campaign to tackle obesity, reduce heart attacks and strokes. We particularly prioritise young people through our partnership meet, eat and treat events.</p> <p>We are a member of the Derbyshire tobacco control alliance which enables clear accountability and strategic decision-making as well as allowing for a wide range of partners with different fields of expertise and interests to engage at different levels.</p> <p>The council has pledged its support for the national Time to Change campaign and has developed a corporate plan to reduce the stigma and discrimination experienced by people with mental health difficulties. We have undertaken training, events and updated our policies and procedures to support this campaign.</p>
<ul style="list-style-type: none"> ▪ Strengthening people-centred systems and public health capacity and emergency 	<p>There are robust partnerships systems for emergency preparedness and surveillance in place. The Local Health Resilience Forum covers both Derby and Derbyshire, as does the Local Health Resilience Partnership. With our lead partner Derbyshire County Council have</p>

<p>preparedness and surveillance;</p> <p>Key Prompts:</p> <ul style="list-style-type: none"> ‣ <i>Development of localised services</i> ‣ <i>Integration of Health and Social Care</i> ‣ <i>Supporting Public Health capacity – integration of Depts.</i> ‣ <i>Localised training and CPD</i> 	<p>tested the preparedness of the multiagency partnership and the health community response to a range of emergencies through a number of joint exercises, including most recently extensive flooding and Ebola Virus Disease scenarios.</p> <p>The Local Health Protection Board maintains an oversight of local performance against preventive Health Protection programmes including the immunisation and screening programmes, as well as ensuring effective infection prevention and control arrangements are in place across the health community. A Health Protection Team, hosted by Derbyshire County Council, has been established to provide capacity to drive forward health protection programmes across Derby and Derbyshire, in collaboration with Public Health England Centre East Midlands.</p> <p>As well as being a key member of the Derbyshire Health and Wellbeing Partnership and the Chesterfield Health and Wellbeing Partnership we have established a CBC health and wellbeing group. This group contributes to improving health and wellbeing of our communities including Chesterfield Borough Council employees and elected members. The terms of reference of this group have been included as supporting evidence.</p>
<p>▪ Creating resilient communities and supportive environments.</p> <p>Key Prompts:</p> <ul style="list-style-type: none"> ‣ <i>Creating resilient communities – engaging communities</i> ‣ <i>Asset based approaches</i> ‣ <i>Citizenship – panels – community champions</i> ‣ <i>Creating healthy settings – schools/universities/prisons/workplaces etc.</i> ‣ <i>Healthy urban planning and links to spatial planning partnerships</i> ‣ <i>Transport and travel planning</i> ‣ <i>Housing and</i> 	<p>The focus of much of the councils work is aimed at supporting and creating resilient communities. In this context the Safer Derbyshire Partnership's Community Safety Agreement has identified eleven key risks including safeguarding children, modern slavery, counter terrorism, domestic abuse etc.</p> <p>https://www.saferderbyshire.gov.uk/our-priorities/default.asp</p> <p>DCC's Emergency Planning service covers Derby City and the eight district and borough councils, ensures that plans are in place to prevent incidents, and that Derbyshire is prepared to deliver an effective response and recovery from emergencies http://www.derbyshireprepared.org.uk/</p> <p>Via our CBC health and wellbeing group we will be launching our healthy workplaces initiative in early 2016. (Paper submitted as supporting evidence).</p> <p>We are a key partner in the Derbyshire wide Planning and Health Group. Activities so far have included workshops for public health staff to understand the planning function better and the impact it can have. There have also been joint sessions with public health and planning staff to develop priority activity.</p> <p>The Derbyshire Local Transport Plan 2011-2026 includes a strategy for healthy and sustainable travel:</p>

<p><i>regeneration</i></p> <ul style="list-style-type: none"> ‣ <i>Environmental pollution/climate change</i> ‣ <i>Creativity and liveability</i> 	<p>http://www.derbyshire.gov.uk/images/Chapter%208_tcm44-161125.pdf</p> <p>There is significant on-going investment in infrastructure to support this. For example, over the years 2014/15 and 2015/16 approximately £1.2m will have been invested in expanding Chesterfield's strategic cycle network:</p> <p>http://www.derbyshire.gov.uk/images/Cfield%20Proposed%20Cycle%20Network%20Schematic%202011_tcm44-153474.pdf</p>
<p>What do you envisage doing differently as a result of becoming a member of the UK Healthy Cities Network?</p> <p><i>Key Prompts:</i></p> <ul style="list-style-type: none"> ‣ <i>How do you think you will benefit from being a member of the UK Network</i> ‣ <i>How will membership of the UK Network help you build on existing work?</i> ‣ <i>How will you further embed core Healthy City goals and themes within your town/city?</i> 	<p>We are a key partner in adopting a "Healthy Communities" model across Derbyshire. We are keen to build on our successful partnership working for health inequalities but also to explore how other areas have progressed.</p> <p>Joining the network will help to further embed health and wellbeing across our services and in our partnership working to reduce health inequality.</p> <p>We can benefit from learning from the experiences of other areas via the networks workshops, master classes, training and networking. This will help to inform our future strategy and action planning.</p>
<p>Endorsement of Health 2020 and Phase VI Goals and themes</p>	<p><i>Please provide scanned signed copy and/or copy of Council Resolution.</i></p>

Please complete the declaration and questionnaire/supporting statement/ memorandum of understanding / terms and conditions and send electronically to Sandra Brookes at contactus@healthycities.org.uk.

USEFUL LINKS

[UK National Healthy Cities Network](#)

[WHO European Healthy Cities Network](#)

[Phase VI](#)

[Health 2020](#)

CONTACTS FOR APPLICATION SUPPORT

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Appendix 1



**UK Healthy Cities
N E T W O R K**

MEMORANDUM OF UNDERSTANDING

BETWEEN

UK HEALTHY CITIES NETWORK (PHASE VI)

AND

CHESTERFIELD BOROUGH



1. BACKGROUND

Healthy Cities is a ground-breaking and values-based World Health Organization (WHO) initiative that focuses on city-level political leadership, partnership working and participatory processes to tackle the social determinants of health and health inequality.

The UK Healthy Cities Network is one of 20 such national networks accredited by the World Health Organization (WHO) and forms part of the wider Healthy Cities movement – which has served as a ‘field laboratory’ for tackling inequalities in health and developing innovative and sustainable solutions to public health challenges over more than 25 years.

The Network was established in 2011 with funding from the Department of Health for England and the Public Health Agency for Northern Ireland. Its founding membership comprised the 14 UK cities formally designated as members of the WHO European Healthy Cities Network. Since its inception, it has built a firm infrastructure able to support the delivery of health in and through local government – and has expanded this membership to include other cities, towns and authorities committed to Healthy Cities values and goals

2. PURPOSE OF MEMORANDUM

The purpose of this Memorandum is to formalise the working relationship between and the UKHCN and sets out matters of agreed values and principles, establishes criteria for Membership of the UK Healthy Cities Network and identifies key responsibilities for both the Network and its members.

3. VALUES, PRINCIPLES AND CORE THEMES

The Healthy Cities approach seeks to put health high on the political and social agenda of cities and to build a strong movement for public health at the local level. It strongly emphasizes equity, participatory governance, solidarity, intersectoral collaboration, sustainable development and action to address the social, economic and environmental determinants of health. Successful implementation of this approach requires innovative action addressing all aspects of health and living conditions, and extensive networking between cities across Europe and beyond. This entails: explicit political commitment; leadership; institutional change; and intersectoral partnerships.

Phase VI of the WHO European Healthy Cities Network runs from 2014-2018. The following two strategic goals of [Health 2020](#) provide the overarching themes for Phase VI:

- improving health for all and reducing health inequities; and
- improving leadership and participatory governance for health

Both strategic goals reinforce the strong standing commitment of the WHO European Network to addressing equity and the social determinants of health and striving to improve governance for health and promote health in all policies.

The core themes in Phase VI will be based on a local adaptation of the four priorities for policy action of Health 2020:

- Investing in health through a life course and empowering people;
- Tackling the European Region's major health challenges of infectious and non-communicable diseases;
- Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and
- Creating resilient communities and supportive environments.

The four themes are not discrete areas of action but are interdependent and mutually supportive.

[Click to see summary of Phase VI](#)

4. VISION AND AIMS OF THE NETWORK

The vision of the [UK Healthy Cities Network](#) is to develop a creative, supportive and motivating network for UK cities and towns that are tackling health inequalities and striving to put health improvement and health equity at the core of all local policies. Its aims are to:

- enhance learning and build capacity through sharing ideas, experience and best practice
- widen participation in the Healthy Cities movement and support member towns and cities to develop and test innovative approaches to emerging public health issues
- become a strong collective voice for health, wellbeing, equity and sustainable development – informing and influencing local, regional, country and national policy.

5. THE NETWORK OFFER

The UK Healthy Cities Network offers members the opportunity to be part of a dynamic and supportive network of cities and towns committed to embedding health and health equity in all local policies, improving leadership and participatory governance for health, supporting and delivering sector-led improvement to ensure the health of local populations and to develop a strong collective voice for public health and sustainable development.

5.1 NETWORK BENEFITS

The following outlines the Key benefits offered by the Network to its members:

Learning and Best Practice from the UK and Europe:

- the opportunity to learn from others who may be further ahead in implementing key policy priorities – and to disseminate learning and best practice
- access to the ideas and experiences underpinning local- and national-level policy and practice within other countries active in the Healthy Cities movement
- participation in and access to learning from WHO European Healthy Cities Sub-Networks.

Briefings, Toolkits and Guidance Documents:

- access to materials developed in response to demand and drawing on the assets of Network members and the wider Healthy Cities movement (examples to date include: 20 mph speed limits, smoke-free children's play areas, alcohol minimum pricing).

Policy Development:

- the opportunity to contribute to the development of Network position statements on key policy issues
- engagement with the development and implementation of policy at the WHO/European level, thereby influencing 'upwards' whilst also informing local planning and action.

Collaborative Innovation and Creativity:

- the potential to access expertise and leadership in UK and European cities/towns, national Healthy Cities networks and WHO collaborating centres
- the opportunity to work collaboratively with towns and cities to develop, share, test, refine and implement innovative and creative interventions and programmes.

Advocacy:

- the opportunity to advocate for 'health and health equity in all policies' at a national level through participating in and helping build the Network as a powerful shared voice and vehicle for change
- the potential to strengthen local advocacy through agreeing common priorities and approaches among member cities/towns.

5.2 DELIVERY MECHANISMS

Members will be offered these benefits through the following mechanisms (co-ordinated and/or supported by the Network's Co-ordination Team):

Network Meetings:

- A minimum of three meetings each year, comprising business, WHO update, sharing of practice, peer support and training workshop.

Themed Learning Events:

- A minimum of three interactive training and capacity building workshops and master classes each year (examples to date include: community development; age-friendly cities; planning and health; resilience and assets; welfare reform and health).

Sub-Groups and Collaborations:

- Focused sub-groups and collaborations to support particular groups of stakeholders (e.g. co-ordinators, local politicians, academics) and facilitate shared learning and action on core Healthy Cities themes and approaches (e.g. healthy planning, community development, age-friendly cities and towns).

Website:

- A web-based portal comprising background information; a searchable database of resources and case studies; reports and presentations from meetings; and relevant links.

In addition to this cities get access to their own microsite accessible via the city location dots on the UK map of the main site

Monthly E-Bulletin:

- The production and dissemination of a monthly electronic bulletin, 'Snippets', providing up-to-date information and links relevant to Healthy Cities.

Bi-Monthly Webinars:

- A minimum of six online seminars each year, combining expert input of topical issues and themes with interactive dialogue and debate.

Open Access Conference Calls:

- Open access conference calls offering the opportunity for members to discuss and support one another in addressing priority issues and concerns.

Consultation Responses:

- The facilitation and co-ordination of Network responses to a limited number of relevant national and WHO/European consultations on policy and other developments.

Network Support and Development:

- Support to members, to strengthen Healthy Cities work and facilitate the maintenance and further development of a dynamic and effectively functioning network.

Online discussion forum for City co-ordinators

- This offers additional support to members, providing an additional mechanism for sharing and learning and sourcing solutions to specific issues and challenges.

6. EXPECTATIONS OF MEMBERS

The section outlines the key expectations the Network has of it's of members.

6.1. ROLE OF THE HEALTHY CITIES CO-ORDINATOR

This will be different across individual Towns/Cities as the architecture that supports the development and delivery of the Healthy Cities programme will depend on local structures, mechanisms and partnerships. The Healthy Cities Co-ordinator will play a critical role in co-ordinating and providing effective and dynamic leadership across their town/city and with local partners. The role will focus on championing the Healthy Cities approach which seeks to put health high on the political and social agenda of cities and to build a strong movement for public health at the local level. It strongly emphasizes equity, participatory governance, solidarity, intersectoral collaboration, sustainable development and action to address the social, economic and environmental determinants of health. Successful implementation of this approach requires innovative action addressing all aspects of health and living conditions, and extensive networking between cities across Europe and beyond.

Main Duties and Responsibilities:

1. To advocate and be an ambassador for Healthy Cities, engaging partners across their town/city, identifying strategic opportunities and working across sectoral, professional and political boundaries to develop and progress these.
2. Attendance at National Network meetings and contribute to meetings and agendas (a minimum of 1 meeting)
3. To support development of Network sub groups, task groups and products (e.g. topic specific briefings, case studies, learning resources).
4. To contribute to the development and support the delivery of the Network Learning support plan.

5. To support the local co-ordinator actions outlined in the Network Communications plan.
6. To host National Network meetings on a rota basis.
7. Contribute to the development of the Network website, local microsites and E-Bulletin and actively promote the Network website and to provide links to from local websites.
8. Respond to requests for information from the Network and its members
9. Hold telephone calls with the National Network Co-ordination Team to support development and planning of Network activity.
10. To contribute to Network-wide consultations.
11. Provide an annual report of Healthy City activity and contribute to the evaluation of the National Healthy Cities Network and explore local opportunities for wider research and evaluation relating to Healthy Cities.

6.2. CRITERIA FOR MEMBERSHIP

The criteria for membership of the Network broadly follow the requirements set out by the World Health Organisation (WHO). They are:

Cities' eligibility for membership will be assessed by a panel drawn from the National Network steering group, and cities will be supported by the Network Co-ordinators to show that they meet these criteria.

Geographic focus	Members should be a city or town or municipality based on a local authority footprint (or county council working with district councils to support the Healthy Cities model).
Commitment	Members should have an explicit commitment to the values, principles and expectations outlined in this memorandum.
Political commitment	Members should have an explicit commitment from the Council Leader or elected Mayor endorsing the participation in Phase VI. Members should identify a named lead politician to support work on Healthy Cities themes.
Infrastructures	Members should have: <ul style="list-style-type: none"> • an identified co-ordinator/focal point with appropriate office/admin support for taking forward Healthy Cities work, • formal local partnership arrangements that demonstrably focus on health and health equity and can steer Healthy Cities work
Products and outcomes	Members should have in place a range of activities to promote health and address health inequalities, and be willing to work in partnership to address the core themes of Phase VI of Healthy Cities. Members will be required to provide an annual update on activities and progress and will be asked to reconfirm their commitment at the beginning of each WHO phase.
Networking	Members should attend at least one meeting of the Network per year and actively participate in the work of the Network by: <ul style="list-style-type: none"> • sharing information about activities and learning with the wider network • participating in and contributing to communications and learning activities (both face to face and virtual).
Financial contribution	Members are required to pay an annual membership fee of:

	<p>£1500 plus VAT (district and unitary authorities)</p> <p>Each two tier county application will be assessed on a case by case depending on county size and structure. Based on current membership the indicative amount would be £9500</p> <p>(see additional Terms and Conditions)</p>
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Signatures

Authorised Signatory on behalf of the UK Healthy Cities Network

Signature

Name in capitals Stephen Woods / Jennie Cawood

Post UK Healthy Cities Network Co-ordinators

Date

Authorised Signatory for Other Party

Signature

Name in capitals NAME JAMES DRURY

Post EXECUTIVE DIRECTOR

Date

Appendix 2



UK HEALTHY CITIES NETWORK:

MEMBERSHIP TERMS AND CONDITIONS

Terms and conditions of membership for UK Healthy Cities Network

These Terms and Conditions shall govern membership agreement of the UK Healthy Cities Network. By submitting an application to become a member of the UK Healthy Cities Network members agree to abide by these Terms and Conditions.

Definitions:

“Member” means a subscribing member of the Network.

“Membership” means membership of the Network.

“Membership Fee” means the relevant sum as set out on the membership application form.

“Network” means the UK Healthy Cities Network (acting through UCLan Business Services Limited - registered company number 02340053).

“Network Steering Group” means the group that oversees and provides strategic direction and guidance to the Network; (more information available on the Network website <http://www.healthycities.org.uk/>)

1. General Notices

- i. This document sets out the Terms & Conditions that will apply to Membership of the Network and is entered into between the Member and the Network.

- ii. The Network reserves the right to amend these Terms and Conditions and any other document governing Membership of the Network at any time.
- iii. Members will be informed of changes to the Terms and Conditions by email and any such changes will also be published on the Network website: <http://www.healthycities.org.uk>

2. Membership

- i. Acceptance for Membership is on the basis of the Network membership criteria (available on the Network website: <http://www.healthycities.org.uk/>) and at the discretion of the Network's Steering Group. The Network shall be entitled at its sole discretion to refuse an application for Membership. There is no entitlement to appeal.
- ii. The Network shall endeavour to notify the applicant of its decision within 21 days of an application being submitted.
- iii. Membership will commence on the later of the date of acceptance of the application for Membership by the Network or 1st January 2013 and will be valid until 31st December 2013 (the "**Membership Period**").
- iv. For the avoidance of doubt, refusal of an application shall not give rise to any claim in damages.

3. Membership Fee

- i. The Membership Fee shall be set by the Network Steering Group on an annual basis. The Network's Steering Group may change the Membership Fee from year to year, however, for the avoidance of doubt the Membership Fee may not be changed during the Membership Period.
- ii. The Membership Fee is due annually and in advance.
- iii. The Membership Fee shall be paid by the Member within 30 days of the date of an invoice from the Network for the Membership Fee.
- iv. If any monies remain unpaid for 30 days, the Network shall be entitled to suspend or terminate Membership.
- v. Membership Fees are non-refundable in all circumstances
- vi. In the event the Network ceases to operate Membership Fees will be used to fund costs associated with closing down the Network

4. General

- i. These Terms and Conditions are subject to English Law and the exclusive jurisdiction of the English courts.
- ii. The Network reserves the right to terminate the Membership of any Member at any time and with immediate effect where the Member is deemed by the Network to have behaved inappropriately, including breach of these Terms and Conditions, or where the Member has behaved in such a manner as to generally bring the Network into disrepute.
- iii. These Terms and Conditions do not create a relationship of partnership, agency or any further relationship between the Network and the Member.
- iv. These Terms and Conditions constitute the whole agreement between the Network and the Member and supersede all previous agreements relating to Membership of the Network.
- v. To the extent permitted by law, neither party shall be liable for any loss or damage of any kind (whether arising from breach of contract, tort, breach of statutory duty or otherwise) suffered by the other party in connection with Membership of the Network.

CONTACTS

Jennie Cawood UK Healthy Cities	Stephen Woods UK Healthy Cities	Sandra Brookes UK Healthy Cities	Mark Dooris Director
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