

The Birmingham Charter for Health

Introduction

Thirty years ago, the Ottawa Charter for Health Promotion generated worldwide interest in a new public health, based on the promotion of healthy public policies, environments conducive to health, inclusive public services and community and individual action. Thirty years later we have a clearer understanding of the relationships between politics, public policy and health but are still battling against the odds to realise its aims. Over the summer of 2016 we held a number of events around the country, where people and organisations from across the social spectrum gathered to discuss how we can achieve health justice in the UK. The findings from these meetings fed into a national event on 23rd November 2016 when over 100 people came together at Birmingham City University (BCU) to work on a new charter for health for the UK – specifically, a charter that challenges health inequalities head on. Kate Pickett (co-author with Richard Wilkinson of *The Spirit Level*) made a powerful case for change, demonstrating how the economic model that has held sway for over 30 years has not only failed to shift the gross inequalities in health that are a stain on British society, but has exacerbated them. The day resulted in ideas aplenty for policy and action.

What follows is an early draft of the elements that will form the Charter, drawn from the ideas and feedback from the meetings held in 2016, and from other similar work such as the [Politics of Health Group Charter for Health](#), [The Scottish People's Health Manifesto](#) and student work at BCU. Over the coming period we PoHG, working with participants and our partners, are developing these to come up with new charter for health equity that we hope will be both inspirational and practical. Even more importantly we will be working on strategies to put the charter into practice and make it a powerful tool for change.

The Politics of Health Group

GENERAL FEEDBACK FROM PARTICIPANTS IN THE PROCESS SO FAR

- MORE SPECIFICITY IN LANGUAGE
- SIMPLIFY THE LANGUAGE AND BE CONCISE
- PROMOTE A LONG TERM VISION
- PRODUCE CHARTER IN A VARIETY OF FORMATS
- NEED TO CONSIDER THE LINKS ACROSS THE ASPIRATIONS – INTERCONNECTEDNESS OF ISSUES
- HEALTH AS A TERM STILL PROBLEMATIC – HOW DO WE DEAL WITH THIS?
- NEED DEFINITION OF HEALTH AND WELL BEING
- COMMUNICATION PLANS NEEDED
- DEVISE THIS AS A TOOL TO GUIDE OTHERS
- NEED FOR AN ASPIRATION RELATING TO FREEDOM TO SPEAK TRUTH TO POWER
- HEALTH IMPACT ASSESSMENT REQUIRED FOR ALL POLICIES
- DOES 'BIRMINGHAM' IN TITLE DETRACT FROM THIS BEING A NATIONAL CHARTER
- LINK WITH SUSTAINABLE DEVELOPMENT GOALS
- LINK WITH MARMOT COMMISSION ON SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH
- LINK WITH HUMAN RIGHTS
- PRECAUTIONARY PRINCIPLE TO BE INCORPORATED INTO REGULATION/LEGISLATION

The Birmingham Charter for Health

In order to achieve health for everyone we need

Safety, peace and security

This means peace of mind, which includes freedom from fear and violence in the home, community, nationally and internationally

Equitable social, economic and environmental conditions for health

This means fair wages, decent income, safe working conditions, clean and safe environments, good affordable housing, affordable, safe and clean transport

Food and water security and sustainability

This means a safe and constant supply of nutritious food and clean water, and food production that does not waste resources and can be maintained indefinitely

Universally available and holistic health care

This means high quality health care throughout life, that takes account of the whole person, and which is free at the point of use and publicly provided

Solidarity between more and less affluent communities and diversity recognised as a benefit to all *

This means a fair and equitable economic and social system that is in everybody's interests and a recognition that different groups of people have more in common with each other than differences

Engaged, informed and politically active population

This means that people are fully involved in the democratic process and have access to unbiased information to enable them to make political judgements

Loving, supportive and respectful relationships

This means people can feel secure in their family and personal relationships without fear of violence, prejudice or interference from others.

***These were separate aspirations in the original but they seem to fit together reasonably well**

POLICIES TO SUPPORT THE CHARTER'S ASPIRATIONS

Black type = Policies, ideas and actions identified at the Birmingham event 23 November 2016

Green type = Marmot Commission policy recommendations

Blue type = Policies and actions from the pre-events and other charters/PHM manifesto.

ASPIRATION 1: Safety, peace and security

Arms control for countries in conflict

Domestic violence policies

Child abuse/protection policies

Support communities at risk from criminality and violence

Tighter regulations for arms trade

Transparency and accountability for arms companies

Re-introduce community development programmes

Use planning law to build physical environments that support cohesion

ASPIRATION 2: Equitable social, economic and environmental conditions for health

Healthy workplaces

Living wage

Policies to protect against environmental damage – premium on polluting industries

Investment in jobs

Salary and tax returns to be made public for everyone earning more than the prime minister

Use of environmental planning to encourage social mixing

Create fair employment and good work for all

Ensure healthy standard of living for all

Create and develop healthy and sustainable places and communities

Premium on polluting industries affecting deprived areas

Public sector staff required to promote healthy workplaces

Transfer of investment in oil industries to renewable energy

Increase corporation tax to at least European levels

Stricter policies on implementing health impact assessments on all policies

One person- one house: legislation to curb housing as an investment

- *National programme to build cohesive communities*
- *Labour market, tax, employment and social protection policies which ensure that all families are lifted out of poverty.*
- *Fiscal policies which reduced the wealth gap*
- *Fair wage policy such as citizens basic income or living wage*

ASPIRATION 3: Food and water security and sustainability

- *National sustainable food policy*

Specific targets for food security that are measured and publicised

Controls on promotion of unhealthy food

Minimum nutritional standards in products

Minimal nutritional standards in school food

Policies to support purchasing of local food in public sector

ASPIRATION 4: Universally available and holistic health care

Promote a social model of health

Adequate funding for health and social care through taxation

Longer-term policies for NHS – longer term strategic planning

Policies to support out of hospital care for the dying

More resources for prevention WITHOUT taking away from curative/treatment of illness

Resist passports requirements for healthcare

Protection and better treatment of carers – formal and informal

Parity for mental and physical health in terms of spending

Strengthen the role and impact of ill-health prevention

Celebrate the NHS and its history before and after 1948

Universal health and social care, funded from taxation and focussed as much on care as treatment

ASPIRATION 5: Solidarity between more and less affluent communities and diversity recognised as a benefit to all

Challenge stereotype of them and us through media policies

Policies around improving access to housing in inner cities – affordable housing to be built within more affluent areas

Policies to curb competition for school places: links between housing and school access policies?

Support for countries at risk of instability and conflict

Policies that support digital inclusion

Policies to support quotas for gender equality in senior positions

Development aid budgets developed and enhanced

Quotas for employing people with disabilities

Legislation to include class as a protected characteristic

Education in schools on diversity

Policies that identify things that people have in common

Improve diversity amongst decision makers

- *Extension of equality legislation to include social class*
- *Health promotion policy which focuses on developing collective skills*

ASPIRATION 6: Engaged, informed and politically active population

Policy to support Trade Union Membership

Participatory research

Free wi fi in public places

Devolved government and decision making

Build awareness of social and economic determinants of health

Improve political awareness of general population

Promote lifelong learning as a social good

Encourage responsible and truthful reporting

Give every child the best start in life

Citizen juries to assess policy and action

Include politics of health in health practitioners courses

Celebrate public health and its history

Political education in schools

Re-introduce affordable/free extra curricular courses

Stronger protection for whistle blowers

Freedom to speak truth to power

Sanctions for failure of media to correct untruths

ASPIRATION 7: Loving, supportive and respectful relationships

Reintroduce compulsory sex and relationship education

Enable all children, young people and adults to maximise their capabilities and have control over their lives

Family friendly policies

Encourage inter-generational work

Improve PHSE in schools

- *Education policy which is lifelong and includes a focus on building respectful relationships*

ACTIONS WE CAN TAKE TO SUPPORT THE CHARTER

- Consistent advocacy by public health and health promotion professionals for a political perspective of health rather than one that focuses on individual behaviour change
- Public research programme which systematically identifies any negative impact on health of economic and social policy
- Development of regional and local health forums for discussing political decisions
- Development of health and wellbeing targets that progress can be measured against such as household food security
- Build stronger links between local communities and other advocates for health
- Build a stronger relationships with new media
- Devise economic models which have health at their heart
- Link NHS campaigns more explicitly to health equity