

Sandwell Health's Other Economic summit July 9th -10th 2009 thinking global acting local

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From the 1980s, The Other Economic Summits (TOES) meetings have taken place around the world to coincide with meetings of the G6, now G8 leaders of the most powerful economic nations of the world.(1) The TOES tradition has been continued in Sandwell, a small area of the West Midlands of England, where we hold the SHOES meetings, Sandwell Health's Other Economic Summits.(2) Sandwell is a small area, of 300000 inhabitants, of considerable ethnic diversity. We are part of what is called the 'Black Country' where the industrial revolution began. Sandwell is still reliant on manufacturing but is an area of considerable deprivation and environmental degradation. Sandwell was a birthplace for the Methodist church and was prominent in the antislavery movement. Malcolm X visited Smethwick, one of our six towns, shortly before he was assassinated. Sandwell also hosts major centres for Sikhism, Hinduism and black African Caribbean Christianity. The area has a strong tradition of social justice and for seeing our place in the world and our responsibility to 'think global and act local'. Each year we invite prestigious speakers and take time out from routine health service considerations, to consider the greater problems of the world, climate change, human rights, terrorism conflict and their effects on health. There have been seven Shoes events over the last 11 years. The first was in 1998 when Clinton brought the G8 to Birmingham and we have been established as an annual event since 2005, the day after the 7/7 bombings in London and the G8 summit at Gleneagles, in Scotland.(3)

SHOES focuses on economic and environmental influences on health. Our banner for this year was 'Green, Well, Fair'. We looked at the effects of the credit crunch on health and what local responses we can make from the health service. The subtext for our international health day was 'Health for Some' - reflecting on unfairness in global health with case studies from Africa, Palestine, and the Balkans. This gave us an opportunity to reflect on what Sandwell should contribute, in thinking globally, acting locally. Almost 200 delegates attended over the two days.

Green, Well, Fair

Anna Coote. Head of Health policy at the New Economics Foundation spoke to the conference theme of 'Green, Well, Fair - Three Economies for Social Justice.'(4) This is also the title of an NEF publication, which calls on the government to measure the economy not in terms of gross domestic product, but in terms of quality of life - for us and future generations- in terms of how healthy we are, how we protect the environment and how fair we are as a society. This message applies to all governments- the pursuit of economic growth alone no longer equates to better and happier societies. GDP does not show inequality and unfairness and it does not value the protection of the environment - now- and for generations to come. Dan Grainger described the work of Sandwell's Time Bank, 'Time 2 Trade'. The time bank, a social invention supported by NEF, helps people to exchange their skills and services outside of the conventional money economy, enabling people to get what they need even if they have no money. People earn time credits for the work they do and can exchange these for services they want from other members of the time bank. Many of the services people need have little value in the conventional economy but are vital for their independence and survival - they include such tasks as basic household maintenance, gardening, shopping and caring for pets. The time economy is inflation proof- your time is worth the same now as in years to come- so it is a sustainable economy. It is also a fair economy because it gives everybody's contribution the same value - my time is worth the same as yours. It is no different from 'air miles' and store reward cards which give people back something of value that they can exchange.(5) Dr Steve Watkins, Director of public health in Stockport in the north of England described how the credit crunch had shown ordinary people how far monetary systems had distorted priorities and taken us away from the real exchange value of money- money was only important because of the exchange value it had - if the pursuit of money did not have real value in terms of exchange this led to the crisis in banking - large amounts of money were made against property values which were not real - ; now the reverse could be true and even more damaging - things that needed to be done could not be afforded because there was no money - money as a symbol for the exchange of goods and services people needed had been undermined if not destroyed because

there was no trust, or confidence, in what money represented. . Watkins and Galbraith for the UK Medical Practitioners Union, had proposed in the nineties the idea of a citizen wage. This was a wage that would be paid to everyone – and would recognise and value the contributions all citizens made to society - for example as carers, for home working, for volunteering. Much more challengingly perhaps, it would not be withdrawn from citizens in times of sickness, or in unemployment, or in incarceration.(6) The citizen wage would cost about £40 billion - something less than had been paid to keep the UK banks operating in the autumn of 2008. It would do away with many aspects of the state benefit system and would help employers, because the first component of their wage bill would be paid by the state.

Thinking global

The international session of the conference was introduced by Dr Nick Banatvala, head of international division at the Dept of Health who described the five big commitments of the new DH international health policy, 'Health is Global'.(7)

The policy holds ten principles contained in box 1:

The policy has five main areas of work - better global health security; stronger, fairer and safer systems to deliver health; more effective international health organisations; stronger, freer and fairer trade for better health; and strengthening the way we develop and use evidence to improve policy and practice.

This policy recognises that health is global and that international factors affect health locally - what better example than the current swine flu. The DH policy is strong on international surveillance for infectious disease and for emerging chronic disease in developing countries. It describes UK funding commitments a desire to see donor aid streamlined and simplified and to see a more effective World Health organisation. Dorothy Logie, a GP from Scotland and lifetime practitioner in Africa described how the essential tenets of the World Health organisation's primary health care strategy still hold good - clean water and sanitation, good nutrition, shelter, education, maternal health, immunisation, basic and effective low cost drugs, and essential healthcare.(8) These tenets still hold true for developing countries and indeed, for deprived areas of industrial areas of the western world. Where, although taken for granted, even water and sanitation are precarious.(9)

Case studies from healthcare in Palestine and the Balkans confirmed the need for political solutions and conflict resolution as essential requirements for health improvement. Sir Iain Chalmers is the founder of the international Cochrane Collaboration which is the evidence base for so much of our assessment of effective health care treatments, but he spoke to SHOES about his first-hand experiences as a doctor in Gaza. Tension in the Middle East continues to create breeding grounds for terrorism and potential violence elsewhere in the world and he urged delegates to support non-violent campaigns for justice for Palestinians, particularly those led by courageous Israeli dissidents. (10-12) He described the poor health of Palestinians in Gaza, the very high infant mortality and stunted growth of babies, which was a predictor of poor health throughout life. He urged the health community to support the work of Physicians for human rights Israel.(13) Professor Slobodan Lang for Zagreb, Croatia described how lessons from the wars in the Balkans had not been learned by the international community and so human rights abuses continued to occur in the wars in Iraq and elsewhere, A public health approach to recording data on violence and hatred was needed if violence, warfare and genocide were to be prevented or controlled in the future. Lang went on to describe 10 measures for prevention of war and for reducing the harmful effects of conflicts which are contained in the box. His challenge to the audience and to the public health community in general was that new knowledge, development and power demand new vision and profound changes of international institutions and relations; reminding us of the maxim of Andrija Stampar, that 'where there is no vision, the people suffer'. Social vision, thinking, knowing and doing are key responsibilities of Public Health .The challenge of goodness is the challenge of the future.

The role of SHOES

Alan Dean from the Sandwell Health and Well Being Unit described some developments since last year's SHOES event on food security and urban planning. SHOES conferences have over the years, contributed to major recommendations for improvements in health and the Sandwell local economy amongst these, the roll out of GP welfare rights services, the development of support for health-care related manufacturing and the Sandwell time bank. In the last year SHOES had given impetus to our work on healthy urban planning, community agriculture and healthy eating.

SHOES provides a forum for thinking globally and acting locally, and provided us with the opportunity to consider how we rebuild a resilient and financially secure future for all. A major component of all the SHOES events of recent years has been the involvement of the Sandwell Youth Parliament and the Sandwell Independent living Centre, Ideal for all. As we move from a fixed conference format towards a summer school approach Ideal for All have taken to the summer school format with

incredible enthusiasm. Over 300 people attended three meetings in the run up to SHOES and contributed immensely to the recommendations that Sandwell's director of adult social care responded to on the Friday session with commitments to try to deliver the new agenda of personalised social care for disabled and vulnerable clients in Sandwell. This is an agenda which social care agencies internationally face- the need to meet the aspirations of all the vulnerable and disabled clients – but to restructure and redefine what the services they are provide – over professionalisation of services and defined access criteria restrict and disable clients more and there is a strong desire from disabled people to be in control of the services they need and to be able to keep themselves independent of services where at all possible. This fight for the respect and dignity of vulnerable people at home is a basic platform from which to build and demonstrate respect for human rights across the globe. The health and care communities do have to stand up and be counted.

Here in Sandwell, the Primary Care Trust and the Council will now be looking at ways of putting into practice the issues raised at SHOES. As a result of the conference, we are reviewing the volunteering policy for staff with a view to implementing it later on in the year. We will be opening a Sandwell PCT time bank account and will use this opportunity to stimulate the Sandwell Time Bank and encourage other partners to get involved. Health and social care agencies gave their commitments to maximising the benefits of the new personalisation agenda in social care in England. We will continue to develop our links with other countries – we already have strong lines with Croatia, with china and India. We will develop our relationships with European union. Our major agency for disabled people, Ideal for All hosted SHOES meetings involving over 300 people - shortly after our meeting it was announced that Ideal for all were to lead a major EU funded project with partners in Germany and elsewhere in Europe to champion the rights of disabled people.

All the conference presentations will be going up on our website and the videos of keynote speeches will also be going on the web.

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