



UCL POLICY BRIEFING – JUNE 2012

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AUTHORS

Yvonne Rydin

Professor of Planning, Environment & Public Policy,
UCL Bartlett School of Planning
y.rydin@ucl.ac.uk +44 (0)20 7679 4805

Sarah Chaytor

Head of UCL Public Policy,
Office of the UCL Vice-Provost (Research)
s.chaytor@ucl.ac.uk +44 (0)20 7679 8584

KEY MESSAGE

The key finding of the UCL–Lancet Commission’s *Shaping Cities for Health* report was that health for all urban citizens could be promoted by:

- engaging in public debate about incorporating health concerns into planning policies
- looking for opportunities to experiment with a variety of urban health initiatives
- using evaluation tools judiciously in inclusive dialogue with public health stakeholders.

The UCL–Lancet Commission: Shaping Cities for Health

Policy briefing: Implications for local government and the planning profession

Summary

While the requirements for healthy cities are well understood, it is less clear how these requirements can be effectively delivered.

Building on the insights of the Healthy Cities movement and evaluation of its five phases – as well as extensive literature reviews and case studies of a number of health issues in specific cities – the UCL–Lancet Commission’s *Shaping Cities for Health* report recommends a new approach to urban planning for health.

This new approach entails understanding that cities are complex systems. To implement improved urban health, it is necessary to:

- **build an urban health agenda**, which involves all actors
- **encourage planners to act as policy entrepreneurs** and promote diversity in health initiatives
- include **effective and consultative evaluation** of approaches.

What do healthy cities need?

We know what healthy cities look like, both in low-income countries – where problems of inadequate sanitation and unregulated traffic and pollution dominate – but also in higher-income countries, where there are possibilities of ‘retrofitting cities for health’. We know that a healthy city needs:

- **clean water and good sanitation:** a supply of potable water and sanitation infrastructure for sewage treatment and disposal
- **clean air:** good air quality
- **clean land:** decontamination of polluted land and facilities for safe waste disposal
- **safe homes:** housing that provides protection from the weather and a safe indoor environment
- **secure neighbourhoods:** localities offering security and a sense of community
- **car-independence:** frequent, affordable and accessible public transport and provision for safe walking and cycling to support

mobility and exercise

- **green and blue spaces:** an infrastructure of greenery and water features for exercise, local climate control, flood prevention and mental wellbeing
- **healthy facilities:** an accessible, equitable and functioning system of healthcare facilities.

Cities are complex systems

The approach of the UCL–Lancet Commission is based on the recognition that cities are complex systems. The inter-relationships leading to urban health outcomes are non-linear and that causation is multi-directional. Causes are also outcomes, and positive and negative feedback loops are widespread.

In addition the links between cause and effect are often delayed, so that connections can be difficult to discern. Such complex systems can be illustrated at different levels of detail. The figure on this page provides a broad-brush illustration, looking at the multiple interactions between:

- the nature of society and governance
- urban planning and management
- features of the built environment
- built environment determinants of health
- urban health outcomes.

Key issues for implementation

For policy and planning purposes, more detailed analyses of the complexity of specific urban health issues and interventions in city environments can be developed, and these can guide planning and policy development. However, the UCL–Lancet Commission wished to move the emphasis away from the preparation of plans as an aim in itself and instead consider **issues of implementation**. The following three aspects were identified.

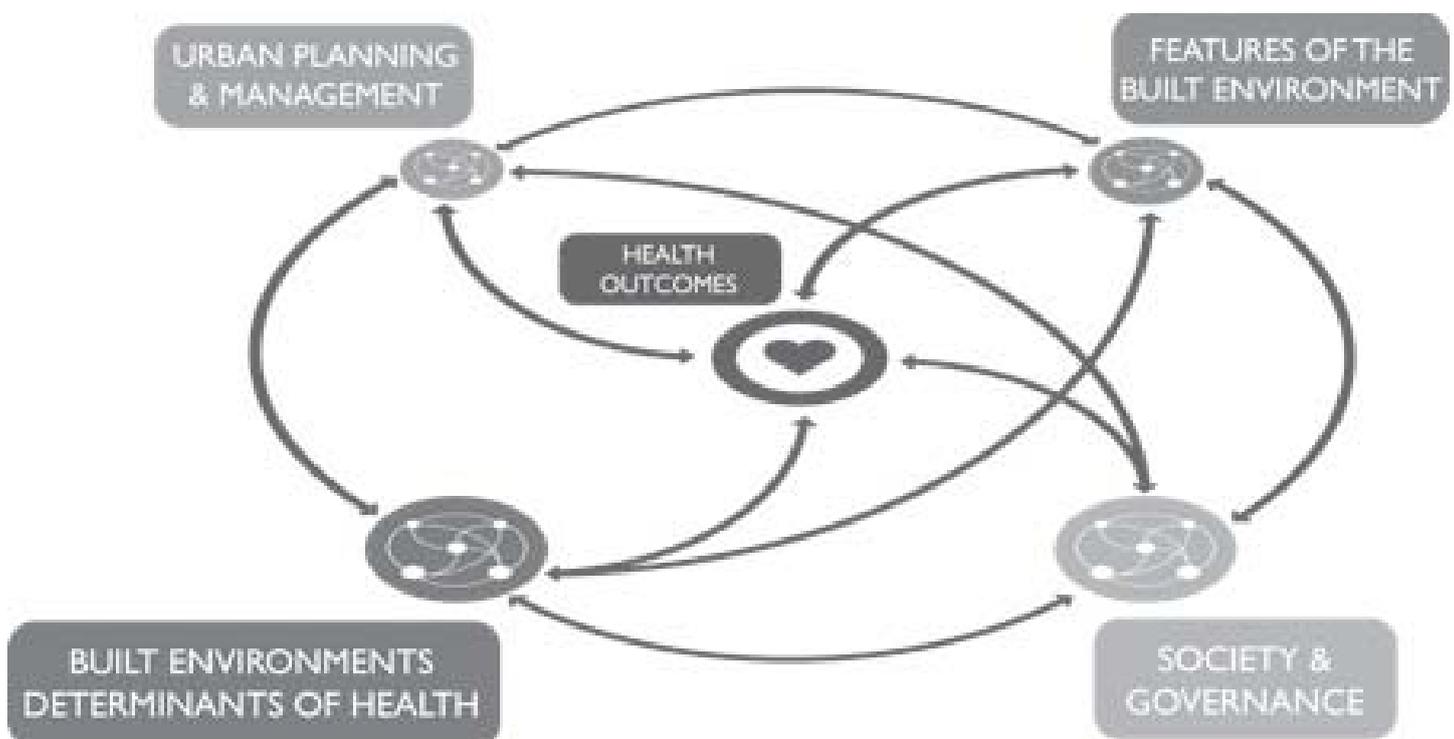
- 1 It cannot be taken for granted that better health outcomes will be an urban policy priority, given the competition from other pressing agendas. Therefore it is necessary to **build an urban health agenda** and to create arenas for debate on planning for

urban health. This will require the involvement of all actors who can deliver urban health outcomes alongside communities and other key stakeholders. It is imperative that planners and public health officials engage with each other but also that they engage with communities, and particularly vulnerable communities who suffer the worst health outcomes in cities.

Strategic Environmental Assessments, Health Impact Assessments and Joint Strategic Needs Assessments can all be used to engage stakeholders and communities and to build this urban health agenda. The key is to use these tools discursively, that is to promote communication and as a means to bring health stakeholders into contact with urban planners. **There needs to be, in every city, a forum for discussion about health and the built environment.**

- 2 In building on the identification of cities as complex systems, urban governments and planners need to **promote diversity** within efforts for urban health. This is best done through a variety of different initiatives and projects. Variety, experimentation and trial-and-error are the most effective responses to the unpredictability of complex systems. **Urban planners need to act as policy entrepreneurs** and be alert to opportunities for new initiatives, whether they originate from communities, the public sector, the private sector or partnership arrangements.
- 3 There also needs to be an emphasis on **evaluation and learning**. The complex systems approach alerts us to the reality that measures adopted to shape the built environment in order to improve health outcomes often fail to achieve their goals. Unintended consequences are a key feature of complex systems, the rule rather than the exception: this is where evaluation comes in. But to promote genuine learning within cities and among planners and stakeholders, rather than limited to expert feedback by report. The aim is to create a community of practice around urban health which promotes learning by doing.

Urban health outcomes as the result of complexity



The UCL–Lancet Commission’s key recommendations

- 1 City governments should work with a wide range of stakeholders to build a political alliance for urban health.** This should involve all those able to deliver urban change for health in active dialogue; in particular, health officials and practitioners need to be in dialogue with urban planners and managers at all levels.
- 2 Attention to health inequalities within urban areas should be a key focus of planning the urban environment.** This will necessitate community representation in arenas of policymaking and planning for urban health and may require local government to support less well-resourced and less well-organised sections of the urban population.
- 3 Action needs to be taken at the urban scale to create and maintain the ‘urban advantage’ in health outcomes through changes to the urban environment.** Planning frameworks for cities should explicitly incorporate urban health goals and policies aimed at improving urban health, as a signal to key decision-makers of the importance of action for urban health.
- 4 Policymakers at national and urban scales would benefit from undertaking a complexity analysis to understanding the inter-relationships between interventions affecting the urban environment and urban health outcomes,** identifying where there are bi-directional relations of causality, feedback loops and tensions between objectives, and being alert to the unintended consequences of their policies.
- 5 Progress towards effective action on urban health will be best achieved through local experimentation in a range of projects, supported by evaluation and self-reflection.** This should involve practitioners and communities in active dialogue and mutual learning. Tools such as impact assessments and indicator sets should be used judiciously to support such evaluation.

Further information

For links to the UCL–Lancet Commission’s full report published in *The Lancet*, commission membership, further briefings for professionals and policymakers, and upcoming events, see the Healthy Cities website (www.ucl.ac.uk/healthy-cities).

BACKGROUND: SHAPING CITIES FOR HEALTH

The majority of the world’s population live in cities. With current high rates of urbanisation, the World Health Organisation has recognised the need to understand how urban environments influence health outcomes and benefits as an urgent priority.

In response the UCL–Lancet Commission on Healthy Cities met from November 2009 to June 2011, bringing together a cross-disciplinary team of experts with the aim of understanding the dynamics involved in delivering better health outcomes through interventions in the urban environment in cities across the world. The resulting report, published in *The Lancet* on 16 May 2012, was a major output from the UCL Grand Challenge of Sustainable Cities (GCSC), which seeks to rally the breadth of our expertise – in partnership with external agencies – to address aspects of the major problems facing cities in the 21st century.

The UCL Grand Challenges are those areas in which we are facilitating cross-disciplinary interaction – within and beyond UCL – and applying our collective strengths, insights and creativity to overcome problems of global significance. Along with GCSC, the other UCL Grand Challenges are of Global Health, Intercultural Interaction and Human Wellbeing. See the UCL Grand Challenges website (www.ucl.ac.uk/grand-challenges).

