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Healthy Urban Planning in practice: experience of European cities

Report of the WHO City Action Group on Healthy Urban Planning

edited by Hugh Barton, Claire Mitcham and Catherine Tsourou

Healthy Cities 21st Century

Milano
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EUROPE

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Abstract

Healthy urban planning means planning for people. *Healthy urban planning – a WHO guide to planning for people* (Spon Press, 2000) introduced the concept and principles of healthy urban planning. This book describes the efforts of a group of cities in the WHO European Healthy Cities Network to introduce health in their urban planning practices. Six city case studies covering a wide range of approaches are presented and analysed. Some are at an early stage in linking planning and health, whereas others have many years of experience on which to draw. Some focus on specific policy areas or projects, whereas others focus on the process of making plans. The analysis draws not only on the written material from each city but also on in-depth interviews with key protagonists and seminar discussions within the wider group of cities that participated in this work. The book summarizes the conclusions and lessons learned and makes recommendations for taking healthy urban planning practices forward on a larger scale.

Keywords

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Foreword

This publication is based on the experiences and work of a group of member cities of the WHO European Healthy Cities Network, which has made efforts to introduce healthy urban planning into practice. This is an exciting and challenging area of work requiring the active engagement of urban planners and architects. After *Healthy urban planning – a WHO guide to planning for people* was published in 2000, WHO set up the WHO City Action Group on Healthy Urban Planning. Planners from 12 diverse members of the WHO European Healthy Cities Network agreed to work together for 3 years. The City of Milan supported the work of the Group. Participants were convinced of the importance and the potential benefits of integrating health into planning processes and practices and therefore attempted to explain, promote and apply these ideas in their cities. The Group became thus a forum for sharing and learning.

Technical documents must be based on evidence. The knowledge acquired from testing new ideas in practice can be an invaluable source of learning and inspiration. Integrating health and quality of life considerations into planning practices implies a cultural shift in how people understand and deal with space and human needs. The Group's work demonstrated that healthy urban planning is worth developing and exploring further. The case studies are concrete examples of how health concerns can influence planning decisions. These are glimpses into the richness of the practical implications of healthy urban planning.

WHO is giving high priority to healthy urban planning. Healthy urban planning and health impact assessment are core developmental themes for the fourth phase (2003–2007) of the WHO European Healthy Cities Network. Thus, many cities will achieve the political legitimacy and the technical support to work systematically and to innovate in urban planning and health. The lessons learned by the Group will be useful for the newcomers. Healthy urban planning should be increasingly recognized as a key domain for public health policy.

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1.

Introduction and context

Hugh Barton[1]

Purpose and scope

The WHO Regional Office for Europe launched the healthy urban planning initiative in 1997 as part of a move to integrate the agenda for health with that of sustainable development. The healthy cities movement had recognized from the start that the quality, equity and efficiency of the urban environment profoundly influences health. But the new initiative went further than that, seeing human health and well-being as the central purpose of sustainable development. Health, it was believed, should be a prime goal of urban planning, helping to provide a coherent and evidence-based foundation for policy-making.

The WHO healthy urban planning initiative has involved collaboration between practitioners in the healthy cities movement and academic advisers from England and Italy. The first phase of this collaboration resulted in *Healthy urban planning – a WHO guide to planning for people* in 2002 .[2]

The second phase involved the formation of the WHO City Action Group on Healthy Urban Planning. The members of the City Action Group have pushed forward with practical programmes, implementing the principles advocated in the book. This new publication attests to their efforts and their achievements.

The book reviews the practical experience of a range of cities as they move towards health-integrated planning. The cities are self-selected members of the action group, but they do represent a good range of approaches. Some are at an early stage in linking planning and health, whereas others have many years experience to draw on; some are concerned with specific policy areas or projects, whereas others focus on the process of plan-making. The people directly involved in each city wrote the six case studies. They are structured on a common pattern, telling the story of the development of their healthy planning initiative and highlighting specific projects and programmes. Taken together, the case studies offer a rich and diverse source of inspiration for others to follow.

Chapter 1 sets the scene for the city studies, summarizing the principles of healthy urban planning and outlining the development of the WHO initiative on healthy urban planning. Chapter 8 analyses the case studies. This draws not only on the written material from each city but also on in-depth interviews with key protagonists and seminar discussions within the wider City Action Group. This leads on to Chapter 9, the conclusions, recommendations and the next steps. The work reported here is blazing a trail that all member cities will take up in the fourth phase of the WHO European Healthy Cities Network: healthy urban planning will be a key aspiration and obligation.

The WHO initiative on healthy urban planning

The WHO initiative on healthy urban planning was based on a conviction that urban spatial and transport planning significantly influence the de-

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[2] Barton H, Tsourou C. *Healthy urban planning – a WHO guide to planning for people*. London, E&FN Spon, 2000.

terminants of health[3] together with a recognition that attempts to change personal behaviour without changing basic social, economic and environmental conditions are likely to have little success.[4] The third phase of the WHO European Healthy Cities Network (1998–2002) therefore emphasized the need to promote health through urban planning.[5]

The foundations for this initiative were laid in the mid-1990s with the involvement of the WHO European Healthy Cities Network in the European Sustainable Cities & Towns Campaign. The Campaign recognized the interrelationship between health and sustainable development[6] and triggered growing interest in the links between health and planning policy. The historical connection between public health strategies and urban planning had been severed in most cities, at some cost to people's health, especially in terms of healthy exercise and road safety. At the same time, in the aftermath of the United Nations Conference on Environment and Development in Rio de Janeiro in 1992, local authorities have been asked to produce Local Agenda 21 strategies. Urban planners became increasingly conscious of the need to plan explicitly for the quality of life and sustainable development.

WHO began regular work with urban planning practitioners and academics in 1998. As a first step, in 2000, *Healthy urban planning – a WHO guide to planning for people*[7] was published – the result of seminars and consultations across the movement. It advocates human health and well-being as a key goal of town planning and provides 12 key health objectives for planners. It also shows how healthy cities principles such as intersectoral cooperation, community involvement, equity and political support are equally relevant to planning. It sets out robust policy guidelines for development projects, neighbourhoods and cities.

The publication noted the gulf between principle and practice. It reported (in Chapter 3) a survey of chief planners from the cities participating in the second phase (1993–1997) of the WHO European Healthy Cities Network. This showed that health and planning agencies regularly cooperated in only 25% of the cases. The chief planners – perhaps surprisingly, given their position – considered that planning policies were actually incompatible with health in certain ways. Many cited rigid standards for location and zoning as reasons. They also highlighted health problems in relation to transport and traffic, social segregation and the focus on private and public profit and budgets rather than the everyday needs of citizens. If such practices were prevalent in cities in which health already has a high profile, then they are likely to be even more so elsewhere.

Given this conspicuous lack of integration between planning and health, a group of cities that had cooperated in producing the book decided to go a step further. At a meeting in October 1999,[8] ur-

[3] Duhl LJ, Sanchez AK. *Healthy cities and the city planning process – a background document on links between health and urban planning*. Copenhagen, WHO Regional Office for Europe, 1999 (http://www.euro.who.int/healthy-cities/Documentation/20020514_1, accessed 17 September 2003).

[4] Lawlor D et al. The challenges of evaluating environmental interventions to increase population levels of physical activity: the case of the UK National Cycle Network. *Journal of Epidemiology and Community Health*, 2003, 57:96–101.
McCarthy M. Transport and health. In: Marmot M, Wilkinson, R, eds. *Social determinants of health*. Oxford, Oxford University Press, 1999.

[5] *WHO Healthy Cities project Phase III: 1998–2002. The requirements and the designation process for WHO project cities*. Copenhagen, WHO Regional Office for Europe, 1997 (http://www.who.dk/healthy-cities/Documentation/20020617_1, accessed 9 September 2003).

[6] Price C, Dubé C. *Sustainable development and health: concepts, principles and framework for action for European cities and towns*. Copenhagen, WHO Regional Office for Europe, 1997 (http://www.euro.who.int/healthy-cities/Documentation/20010918_11, accessed 17 September 2003).

[7] Barton H, Tsourou C. *Healthy urban planning – a WHO guide to planning for people*. London, E&FN Spon, 2000.

[8] *Healthy urban planning: report of a WHO seminar*. Copenhagen, WHO Regional Office for Europe, 1999 (http://www.who.dk/eprise/main/who/progs/hcp/UrbanHealthTopics/20020604_1, accessed 8 September 2003).

ban planners from cities in Europe agreed, with encouragement from WHO, to form a group to test the book's ideas and provide an opportunity to share their developing experience. This provided the momentum for the foundation of the WHO City Action Group on Healthy Urban Planning.

The City of Milan volunteered to lead and support the work of the WHO City Action Group on Healthy Urban Planning. At the first meeting in June 2001, urban planners and healthy city coordinators from 11 cities across Europe explored their perspective and knowledge. The initial membership included cities from northern, southern, eastern and western Europe: Gothenburg (Sweden), Horsens (Denmark), Sandnes (Norway), Turku (Finland), Sheffield and Belfast (UK), Milan (Italy), Seixal (Portugal), Vienna (Austria), Geneva (Switzerland), Pécs (Hungary) and Zagreb (Croatia). This group has carried forward WHO's work on healthy urban planning in a process that has involved a rapid learning curve for some cities.

Since 2001, this group of cities has been the focus for WHO's developing work on healthy urban planning.[9] Group meetings have provided a forum for sharing knowledge and experience of exactly what healthy urban planning implies in practice and how it affects day-to-day planning processes and outcomes. These planners have developed understanding not just of each other's differences and unique perspectives but of their common situation and of the general relevance of their experience to other European cities. Together they have begun to examine and experiment with how urban planning can promote health, well-being and the quality of life and to discuss the many challenges and difficulties. Although several cities have dropped out during the process, the experiences of the remainder in tackling problems associated with redefining planning processes and working on specific thematic issues have been invaluable. In addition, six interesting case studies have emerged.

The case studies demonstrate the degree to which health can inspire coordinated socially responsible policy-making and implementation by local authorities. There is no one template, however, in relation to either the process or the policy focus.

Barton et al.[10] further analyse the WHO healthy urban planning initiative, examining its context and rationale.

Principles of healthy urban planning

It is ironic that, although the environment is generally recognized as a fundamental determinant of health,[11] most environmental initiatives in public health have attempted to change the behaviour of individuals and small groups, reaching only a minority, and are seldom sustained in the long term.[12] Economic pressure and broad land-use and transport policies often cause the problems, but the solutions are being sought at the individual or community level. This is happening not because the professionals – in health, planning and transport – are not aware of the causal processes, but because breaking down barriers between agencies and achieving integrated programmes are difficult. Policy inertia leads

[9] *First meeting of the City Action Group. Report on a WHO Meeting; Milan, Italy, 24–25 June 2001*. Copenhagen, WHO Regional Office for Europe (in press).
Second meeting of the WHO City Action Group on Healthy Urban Planning. Report on a WHO meeting, Milan, Italy, 23–24 May 2002. Copenhagen, WHO Regional Office for Europe (in press).

[10] Barton H, Mitcham C, Tsourou C. Healthy urban planning. In: *WHO Healthy Cities in Europe: a compilation of papers on progress and achievements. Working document prepared for the 2003 International Healthy Cities Conference, Belfast, United Kingdom, 19–22 October*. Copenhagen, WHO Regional Office for Europe, 2003 (Centre for Urban Health).

[11] Lalonde M. *A new perspective on the health of Canadians*. Ottawa, Health and Welfare Canada, 1974.
Whitehead M, Dahlgren G. What can we do about inequalities in health? *Lancet*, 1991, 338:1059–1063.

[12] Lawlor D et al. The challenges of evaluating environmental interventions to increase population levels of physical activity: the case of the UK National Cycle Network. *Journal of Epidemiology and Community Health*, 2003, 57:96–101.
McCarthy M. Transport and health. In: Marmot M, Wilkinson, R, eds. *Social determinants of health*. Oxford, Oxford University Press, 1999.

to progressive deterioration in some aspects of health. The essential principle of healthy urban planning, therefore, is interdisciplinary, interagency and intersectoral collaboration: shared recognition of the problems and shared determination to tackle them. As with other healthy city initiatives, the shared determination can only happen if the top is committed: especially cross-party political commitment within the authorities responsible for land-use and transport planning. The case studies in this book give examples of the difficulties of achieving coherent healthy urban planning strategies and examples in which collaboration developed over several years has led to integrated programmes of action and policy.

Achieving coherent strategies depends not only on the processes of policy-making and implementation but also on shared concepts and understanding. *Healthy urban planning – a WHO guide to planning for people* attempted this in two ways – by promoting an agreed, negotiated list of key health objectives for planning and by emphasizing consistent approaches at a range of scales – from subregional planning down to specific building projects. The objectives, expressed as questions, are set out below.

Do planning policies and proposals encourage and promote:

1. healthy exercise?
2. social cohesion?
3. housing quality?
4. access to employment opportunities?
5. accessibility to social and market facilities?
6. local low-impact food production and distribution?
7. community and road safety?
8. equity and the reduction of poverty?
9. good air quality and protection from excessive noise?
10. good water and sanitation quality?
11. conservation and decontamination of land?
12. climate stability?

At each scale of operation and decision-making, these criteria must be interpreted appropriately and mechanisms implemented to ensure that health is given due weight. At the broad level of whole settlements or city regions, the key issues are related to general economic and social trends and the overall pattern of spatial development. Consistency and mutual reinforcement of policies are essential but can be difficult to achieve. For example, access to good housing is a significant health factor, but if the housing supply is constrained (perhaps for conservation reasons), prices will rise, which will influence disposable household income, locational choice and dwelling adequacy in relation to need. Policy has to recognize this tension and deal with it so that health is not compromised.

The neighbourhood level has a similar need for policy consistency, but working with local communities is also a priority, especially in poorer areas, such that people feel empowered and social capital (which is important for mental well-being) is boosted.[13] The case studies give many inspiring examples of this process at work.

Implementation actually happens at the level of individual projects. *Healthy urban planning – a WHO guide to planning for people* provides a challenging checklist of criteria for proposals to satisfy, tying in with broader strategies. This is only likely to be successful if enterprises, institutions and developers understand (and eventually accept) the policies entailed. This, in turn, relies on a collaborative approach.

The background philosophy at all levels must be that projects, plans and policies are there to serve the interests of people. Settlements comprise the human habitat, and this habitat should enable people to provide for their needs – physical, social, economic and psychological. A focus on health within urban planning greatly assists the recognition, inherent in the definition of sustainable development of the World Commission on Environment and Development, that people – not procedures or profit or even the environment per se – are the focus of our efforts.

[13] Barton H, Grant M, Guise, R. *Shaping neighbourhoods for health, sustainability and vitality*. London, E&FN Spon, 2003.

2.

Getting started: the experience of Seixal, Portugal

Natália Madureira[14]

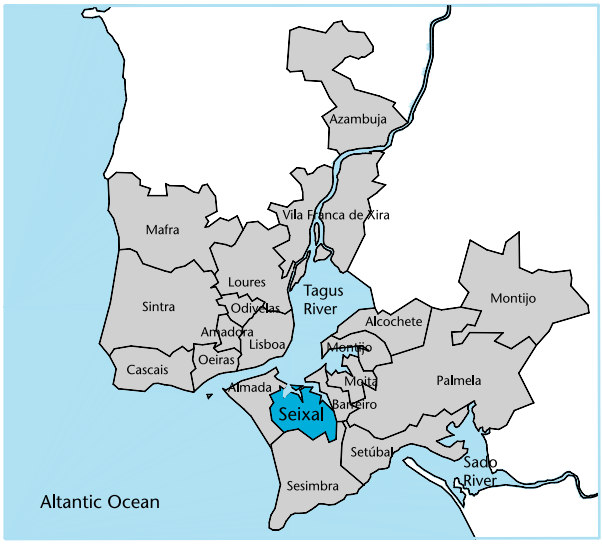
Seixal is a recent convert to the idea of healthy urban planning. In a context where planning legislation is weak, Seixal illustrates how concern for health can be a powerful motivating force for innovative policies.

City profile

Seixal is a municipality with 150 thousand inhabitants that is part of the Lisbon Metropolitan Area. Lisbon is the capital of Portugal. This region, where 27% of the Portuguese population lives, is located on the coast, near the Atlantic Ocean. The Tagus River flows through Seixal. The Tagus is a long river that originates in Spain and flows into the Atlantic Ocean near Lisbon. Seixal is located on the south bank of the Tagus River, opposite Lisbon (Fig. 2.1).

Until the early 20th century, the inhabitants of Seixal performed activities related to water – fishing, shipbuilding and also milling in tidemills, taking advantage of the tides. Seixal was a port for agricultural products coming from southern Portugal such as cork and cereals. Benefiting from its closeness to Lisbon and attracted by the natural landscape, the upper classes of Lisbon had some of their leisure and weekend farms in Seixal. In the early 20th century, industry in Seixal boomed. The main activity was processing cork but included the spinning, glass and soap industries.

Fig. 2.1. Seixal in the Lisbon Metropolitan Area

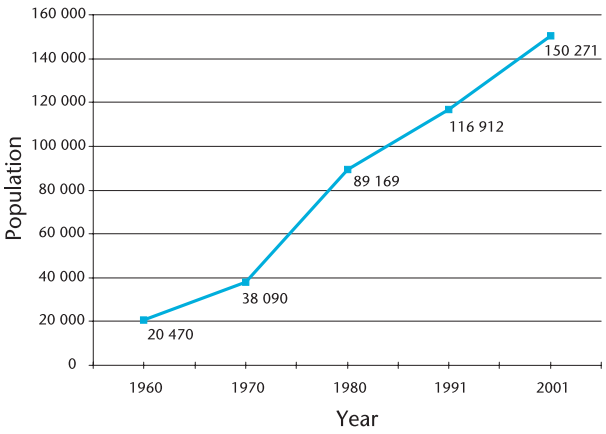


In the 1960s, the first and the only steelworks in Portugal was created in Seixal and the first bridge connecting the two banks of the Tagus River and a highway were built, making Seixal closer to Lisbon. These improvements started strong population growth in Seixal, which received a heavy flow of the migrants to the Lisbon Metropolitan Area (Fig. 2.2). In the 1960s and 1970s, Seixal became a bedroom community. In recent years, the number of jobs in industry has been decreasing and has been replaced by jobs in trade and services. However, half of Seixal's labour force works elsewhere, mainly in Lisbon.

In 1974, the resumption of constitutional government in Portugal increased the remits and financial resources of local authorities. Municipalities now solve local problems more directly. Municipalities are committed to developing their cities and improving the living conditions of the inhabitants. The Municipality of Seixal has given priority to solving one of the main problems of Seixal by building a wide network of basic sanitation infrastructure to offer to an ever-growing population.

[14] Urban Planner, Municipality of Seixal, Portugal.

Fig. 2.2. Population of Seixal, 1960–2001



The urban development of Seixal was marked by extensive and scattered low-density settlement along the main roads. This model requires considerable money for building and maintaining a wide network of facilities and roads.

An attractive aspect of Seixal is its landscape: it is near the river and the ocean, it has very mild weather and the fauna and the flora in the marshlands is very diverse. Its historical heritage includes the tidemills from the 15th century.

Seixal offers great cultural diversity. Seixal inhabitants come from all over the world: from Portugal, several Portuguese-speaking countries in Africa, Brazil and lately even central and eastern Europe. Many associations of young and elderly people and those promoting sports and protecting the environment have been successful in integrating the new residents into the social context.

Urban planning in Seixal

In urban planning, the Municipality is responsible for preparing a land-use plan and other plans such as renovation plans and detail plans.

The Strategic Development Plan of the Lisbon Metropolitan Area establishes the main strategic objectives and development guidelines for the wider region in which Seixal is located. A main objective of this regional plan is containing urban expansion, reversing the sprawl of the last quarter of the 20th century.

Seixal has had a land-use plan since 1993 stipulating zoning. The main concern of the urban planners in 1993 was to establish regulations for development. These regulations allowed a balance between urban and non-urban land uses and attempted to protect natural resources and improve environmental quality.

This land-use plan is now being revised. The main aim is to lay down a development strategy to improve this suburban territory that integrates urban uses of land with rural uses, improves the quality of the urban environment, reduces excessive car use and creates a policy of promoting a public transport network. Now people are the real aim of this plan and the main concern of urban planning.

The Municipality also has authority to approve residential and industrial development. Its responsibility has been extended to building nursery and primary schools and sports, cultural and other public facilities as well as designing and maintaining open spaces. In addition, it has the authority to grant permits for all construction within Seixal.

The healthy urban planning project

The Municipality of Seixal has belonged to the WHO European Healthy Cities Network since 1998. The invitation to Seixal to join the WHO City Action Group on Healthy Urban Planning drew attention to another range of problems relating health to the daily practice of urban planning. It also made the Municipality think about how the design of urban projects affects people's quality of life.

In the past, the rapid growth of Seixal made it difficult for urban planners and other colleagues to share information and to discuss the methods and the solutions used in urban planning. There were no opportunities to evaluate how the chosen options affect the urban environment. The first question raised when we got together to discuss the principles of healthy urban planning was therefore to find out the best way to get around, to talk about each other's work and to be able to consider the possibility of coordinating efforts to promote healthy conditions. This was achieved through specific projects, but the first step was to join with colleagues from relevant departments in a joint working group.

The group members have been identifying problems that really worry us; The Healthy Seixal Project Office was already working on some we would like to solve in an urban context.

Transport, mobility and accessibility

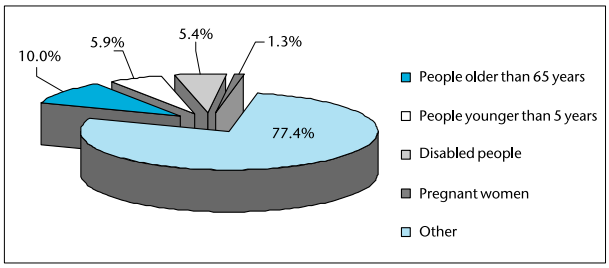
The Healthy Seixal Project Office already identified transport, mobility and accessibility as being fundamental to people's health and well-being. Seixal's urban growth pattern is closely related to car use. Public transport is inadequate. The existing services are predominantly tailored to people who commute to Lisbon, but public transport between different neighbourhoods of the city is almost nonexistent. In addition, the scattered settlement encourages people to drive almost everywhere – school, work, shopping and leisure activities.

Many spatial obstacles make mobility difficult. In 2001, 23% of Seixal's population had a mobility problem and needed practical and well structured networks that would allow them to move freely and easily (Fig. 2.3). Spotting this mobility problem allowed us to establish several regulations that should be kept in mind in designing streets and public spaces.

The mobility and accessibility problem is being carefully studied in the process of revising the land-use plan to increase the number of residents within walking distance to the railway stations.

To avoid traffic jams, we are also studying improving the road network system by building new roads.

Fig. 2.3. Seixal residents considered to have especially reduced mobility



Source: population censuses, 1960–2001

Together with the existing ones, they will strengthen the network. Meanwhile, a new means of transport – a light rail system – is being built. This non-polluting transport will transport many passengers.

The municipal working group for healthy urban planning has been tackling other matters such as establishing new practices in the resolution of problems related to social rehousing, establishing a method for renewing the historical urban centres, identifying green spaces that should be protected and included in the municipal ecological network and revitalizing urban allotment gardens (Box 2.1).

Conclusions

We believe that the concept of healthy urban planning opens new ways to a more integrated approach to spatial planning and allows stronger involvement of the population (as users), urban planners and politicians in urban issues, contributing to improving the quality of the urban environment and of public space. Seixal has been creating the conditions for increasing the involvement of decision-makers in implementing projects that contribute to the well-being of the population. Our meetings with the population have clearly demonstrated their concern in warning the administration about problems they want to see resolved. Technical staff are also becoming more critical about their own projects, contributing to the adoption of urban planning policies favourable to health.

Analysis of the local situation and new societal values are contributing to designing the new municipal land-use plan, which is in its initial phase. The success of the new proposals cannot yet be evaluated; the concepts and new strategic goals are being set up. For this reason, we do not yet have any feedback on the new proposals, but public participation has gathered together residents, institutions and developers and encouraged sessions organized around thematic panels of experts. The local newspaper publishes information on the main issues being discussed every 2 weeks. The main objectives are related to environmental quality, sustainable development and promoting public transport.

Box 2.1. Reviving allotment gardens

Seixal has a wide waterfront. A vast network of streams is dispersed across Seixal, making the soil fertile and suitable for agriculture. For many years, some Seixal inhabitants have dedicated themselves to cultivating small allotment gardens that provide them with vegetables for their own use. The number of people dedicating themselves to this activity has increased recently. This is occurring not only because retired people still possess the vitality and energy to work but also because agriculture is seen as a way of relaxing after a working day or on the weekend and contributes to promoting healthy lifestyles. In addition, the products benefit low-income families economically.

During the period of peak population growth, this kind of activity was not properly valued. However, today the concept of healthy and sustainable development, which is the basis of the urban municipal policy, pays special attention to protecting natural resources and to the interaction with the urban fabric. It is therefore important to create the right conditions so that the quality of the allotments can be developed to promote health by guaranteeing the quality of the products. Urban allotments are also a part of the municipal ecosystem and thereby contribute to its quality.

The municipal working group on healthy urban planning has been studying how to promote an urban allotment network in Seixal. The first step was to carry out a survey near its users. The inventory found 644 allotments, some of which are isolated and others grouped in small plots. Most of the allotments (87%) are located in valleys and slopes and within private property. The size ranges from 21 to 4460 m^2, but 70% have less than 800 m^2. All gardeners grow vegetables for their own use, 42% have fruit trees and only 13% have ornamental plants. The watering is done manually, with water from reservoirs and wells. Most gardeners are Portuguese (87%), retired, men and older than 60. The choice for the location of the allotment is directly related to where people live.

The next step will be establishing a partnership between the Municipality and its gardeners that considers the quality and value of these spaces, including them in wider projects of revitalizing open space. The allotment garden project aims to be a new resource for healthy urban development in Seixal.

3.

A progressive, learning approach: the experience of Milan, Italy

Paola Bellaviti, Laura Donisetti, Alessandro Balducci & Emilio Cazzani[15]

Milan's decision in 1999 to initiate healthy urban planning led to intense activity to establish joint planning procedures and projects involving three city departments. This was reinforced by research links with the Politecnico di Milano Technical University, which have helped to ensure that both the opportunities and the problems are recognized and learned from.

City profile

The City of Milan has 1.3 million inhabitants, but the conurbation accounts for 4 million people (the province) and the wider Lombardy Region about 9 million. The number could be even higher depending on the boundaries drawn for one of the largest urban regions in Europe.

Milan is the historical economic capital of Italy and was the main industrial centre until recently. Economic trends have induced substantial transformation, with traditional industrial activities waning (moving to peripheral areas) and new economic and urban functions for industrial activities. A new economic, social and urban profile has been shaped. Milan has become the most important centre for industrial services in Italy, especially in finance and management, publishing, fashion, design, culture, universities, research and health care.

The transition from an industrial city towards a postindustrial city caused a crisis in Milan's identity and in its socioeconomic and spatial relationships. The system of production and the local public authorities have slowly started to mitigate this crisis.

Attempts have been made to tackle the most relevant problems by implementing various programmes of urban regeneration that reuse former industrial sites for new dwellings, urban parks and strategic urban functions (a congress centre, the European Library of Information and Culture and a new auditorium). Nevertheless, Milan has many of the current problems of metropolitan cities: traffic, pollution, unsafe conditions, housing and social insecurity, poverty, immigration, poor environmental quality and poor quality of life.

The Milan Healthy City Project

Milan has participated in the WHO European Healthy Cities Network since 1987. During 10 years of activity, the Milan Healthy City Office has promoted substantial research to help prepare a healthy city plan for Milan. In addition, the research provided opportunities to establish new partnerships among private and public urban actors. The Milan Healthy City Office has prepared plans on some emerging themes (HIV/AIDS, alcohol and mental health). An integrated and participatory approach to urban design was also promoted through an urban children project on a very small scale.

In 1999, the city government decided to participate in healthy urban planning, leading the WHO City Action Group on Healthy Urban Planning from 2000 to 2002. This has given the City an important opportunity to develop the Milan Healthy City Project even further, focusing on a more integrated approach that can introduce

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health concepts into urban planning. A research programme was created ad hoc and implemented at the local level to experiment concretely with healthy urban planning: learning by doing instead of analysis. Continual dialogue with international partners has supported the city leadership, allowing further developments.

The healthy urban planning story

Starting the process

The Social Care Department (where the Milan Healthy City Project is located) joined with the Urban Planning Department in committing the city government to working on healthy urban planning. This important choice motivated the heads of the Departments to seek an alliance with university researchers to set up a competent staff and a specific work programme.

In particular, during 2000–2002, the Department of Architecture and Planning of the Politecnico di Milano Technical University formulated a research programme to turn the healthy urban planning approach into a practical pilot action and to set up a work group at the Milan Healthy City Office.

The process began based on this collaboration between the city government and the University and on a programme that proposed moving in two directions: within the city government and in the broader community.

The efforts within the city government included starting joint, intersectoral planning procedures with the people responsible for sectoral policies aimed at creating the conditions and opportunities for establishing integrated projects. This is based on the evidence that implementing urban policies inspired by the principles of a healthy city requires an intersectoral approach to all sectors of public administration, such as policies on urban planning, social services, environment, the labour market and training. The current public administration lacks integration among sectors and the related tasks and objectives.

A second target was the local community, where it was agreed to look for practices of urban transformation that would be innovative with respect to the actors (associations, clients of the service sector, private business operators and agencies) and the methods used.

The process

Milan's healthy urban planning programme was developed over 3 years. It was mainly centred on experimenting with practice by setting up an increasingly broader network with (and between) officials and heads of the municipal sectors most directly affected by and involved in the initiative and between them and the actors in urban planning, with the aim of implementing and reflecting.

Identifying good institutional and spatial practices

Since the objective was to try out intersectoral work methods to build integrated projects, projects and initiatives planned or already started up in Milan that combine physical, social and environmental aspects were reviewed.

This review led to an atlas of the projects for a healthy and sustainable city (Box 3.1), which offers a broad view of the most important experiences and the good practices taking place for improving health and the quality of life in Milan.

Taking an intersectoral and participatory approach in three pilot projects

Based on the atlas, the heads of the city departments chose three pilot projects in which an intersectoral and cooperative design method could be applied. The objective was to develop pilot interventions as examples to demonstrate the practicality and potential of the integrated approach. They include some districts with crucial problems that are virtually impossible to tackle with a sectoral approach: physical degradation of public housing together with social disadvantage among the residents; the concentration of marginal activities and populations in abandoned and polluted districts; and the degradation of settings of great historical, cultural and environmental value.

For each project, joint planning procedures were instituted with the department heads and

Box 3.1. Atlas of the projects for a healthy and sustainable city

The atlas of the projects for a healthy and sustainable city creates a cognitive picture of the overall initiatives that can offer analytical and operational support to formulating a strategy on urban planning for a healthier city, a shared heritage on the good practices in the institutional and voluntary sectors aimed at promoting innovative and integrated urban planning procedures.

The Atlas includes urban planning projects and other projects of different origins in which intersectoral work can potentially focus on improving health. The urban planning projects deal with several problematic dimensions such as housing, economics, green spaces and spatial organization. The atlas therefore has many of them. Many are urban regeneration programmes, some extensive urban projects, renovation of old public housing, projects for green spaces and public spaces and environmental projects.

The social service projects are almost always strictly sectoral but are sometimes linked to urban planning or are situated in areas affected by projects of another nature. For example, in this district the following were selected: the Calvairate Psychiatric Project, which promotes mental health in disadvantaged neighbourhoods; economic support for districts with urban degradation; and social protection projects in deprived public housing neighbourhoods. The Environment and Transport Department selected a series of potentially interesting projects: projects for sustainable mobility and projects on Ecological Sundays. The Portal initiative funded by the European Union Urban II programme has also been considered. Finally, some projects led by the City Department of Decentralization, such as an urban security and quality of living project and a neighbourhood watch project, have been researched.

The initiatives of the local community were also explored. This aimed to determine the topics of action from the viewpoints of the problems dealt with and the methods and tools used. In particular, we try to identify the most innovative actions, both in promoting actors and practices. These actions propose new solutions – thematic, organizational and procedural – to the emerging problems in the urban policies of the metropolis, and the projects located at the crossroads between the problematic dimensions are always considered. These examples were useful in rationalizing the possibility of a more structured and fertile relationship between public operations and the initiatives of the voluntary sector in Milan.

The atlas for a healthy and sustainable city highlights the richness and variety of plans and projects drawn up by the city government and the community.

some noninstitutional actors to identify the appropriate content and implementation measures that could enrich the projects through an integrated approach.

This innovative method (Box 3.2) enabled integrated proposals to be structured for the three districts and future action to be outlined in slightly more than 1 year. Some of this action has already been started.

From experimentation to strengthening integrated planning activity in Milan

The intersectoral and cooperative design associated with the pilot projects produced positive operational results and also influenced the work and methods of operation of the city administration.

In fact, the joint planning activity linked a broad group of government officers who customarily worked in separate sectors with no mutual

Box 3.2. Collaboration at work: initiating the pilot projects

To formulate the pilot projects, we invited the different officers responsible for sectoral projects within the selected areas and other actors active in the same areas to several round-table discussions. Through structured group discussion, we firstly identified the critical points and the picture of the projects underway, verifying where they intersected, where they were at odds, aspects that dealt with poorly or not at all and then the opportunities to redefine, integrate and compile the resources and co-funding (seek additional resources). All participants brought to these meetings their own project (sector) and their own vision (partial) of the problems. A collective image of the territory and the action opportunities of the pilot project was produced through a process of comparison and reciprocal hybridizing.

The round-table discussions (five sessions during 1 year) marked each stage of the joint planning project, from initially exploring the problems and the existing opportunities to act to reconstructing integrated and enriched proposals.

Between meetings, we had individual meetings to thoroughly investigate the various highlighted elements with all the participants and with other actors, and the opportunity for involvement during the group discussion slowly emerged. The work parties were thus progressively enlarged, bringing together a broader and broader complex of sectoral and intersectoral competencies. The participation of some associations and committees active locally in the discussions brought the viewpoint of the inhabitants to the working parties and had a decisive role in the (re)construction of the planning process, its rules and its results.

For example, the sequence of working parties for the Molise-Calvairate pilot project was as follows.

During the first meeting (November 2001), the healthy city and the healthy urban planning initiatives were presented, and we explained what we proposed to obtain through the working parties. Each participant then contributed his or her own experience and knowledge of the neighbourhood and its problems.

During the second meeting (February 2002), an initial proposal for formulating the district project was presented, formulated based on personal meetings with the participants. The intention to continue to construct an integrated project for the neighbourhood was outlined, both with the economic resources already available and with possible additional resources to be sought.

The third session (April 2002) took place as a workshop. The participants were divided into two groups to deal with the theme on the agenda – an initial reflection on defining a grant proposal for a ministry neighbourhood contract programme financing the regeneration of degraded neighbourhoods.

During the fourth session (June 2002), an initial proposal of the Molise-Calvairate pilot project was presented and modifications and additions to the proposal were discussed to formulate a final document to present to the city government.

In the last session (December 2002), the final proposal of the pilot project was presented and discussed and the outline for its implementation was created, in particular through the neighbourhood contract tool but also through other intermediate initiatives.

Overall, almost 20 council officers and 5 representatives of external actors participated in this process.

A scientific manager, an operations manager and two junior researchers from the Department of Architecture and Planning of the

Politecnico di Milano Technical University organized this joint planning process together with the staff of the Milan Healthy City Office: the Healthy City Project Coordinator, a secretary and a consultant. This is a minimal and weakly structured organization that still managed to initiate an increasingly structured and legitimized process.

Finally, this planning process was accompanied by a series of meetings with the top executives of the Milan Healthy City Project (the central manager of the Social Care Department and that of the Social Services Sector for adults, together with the heads of the other central departments most directly involved in the initiative, the Urban Planning Department and the Environment and Transport Department) to present the work carried out and the results gradually attained and to outline possible developments. Intersectoral structuring was thus also tried at this level, although with no formal coordination, and this provided the necessary decision-making support for the trial.

communication. Community groups. which are usually excluded from policy-making, were also involved in this process, which demonstrated great effectiveness. Further, the process increased the interest of department heads in transferring this approach to and anchoring it in the broader context of the city government.

As the first step, the City Manager and other senior managers requested that a management document be formulated aiming to promote an intersectoral and cooperative approach focusing on promoting health within urban policies. The Healthy City Project staff therefore formulated guidelines on promoting health in urban policies

Box 3.3. Guidelines on promoting health in urban policies

The guidelines on promoting health in urban policies at the city level in Milan identify the 12 objectives from *Healthy urban planning – a WHO guide to planning for people*[17] as the main ones to define the urban policies oriented towards well-being and improving the quality of life. Indicators have been selected to guide the city departments in assessing their activities based on WHO documents, Agenda 21 and some Italian documents.

The guidelines are the first scheme drafted to support Milan's city health development plan by becoming the basis for interdepartmental discussions and partners' research.

The draft guidelines were developed in five phases:

- identifying targets, criteria and indicators related to the principle of well-being and quality of life in key documents inside the WHO Healthy Cities project that could act as a reference point for public activity;
- organizing joint debates with the department officers directly involved in implementing policies and action aiming at developing criteria and indicators;
- advancing the experimentation, within some pilot schemes, of an intersectoral and cooperative approach;
- incorporating the outcome of the experimental activity in the local guidelines; and
- adopting the guidelines as a common basis for the city health development plan.

[17] Barton H, Tsourou C. *Healthy urban planning – a WHO guide to planning for people*. London, E&FN Spon, 2000.

based on WHO documents[16] and on the ideas and practice developed in the pilot projects. The guidelines provide a grid of principles, objectives, priority courses of action and indicators to orient the different departments towards improving health, well-being and sustainability in Milan (Box 3.3).

As the second step, the City Manager asked that the experimental stage of the integrated approach to urban policies be consolidated to establish within the City this innovative method of public action.

This perspective encouraged reflection on a new organizational solution that can embed previous experience.

The Milan Centre for the Promotion of Integrated and Participatory Planning was therefore proposed as the future healthy city structure: a research and development office of the City dedicated to compiling integrated projects to improve the quality of life in Milan (Box 3.4).

Specific application: the pilot projects

The pilot projects represent the most advanced experience of the healthy urban planning process begun in Milan. Its specific field of application includes three districts characterized by interrelated problems.

Molise-Calvairate. Molise-Calvairate is one of the largest neighbourhoods (with more than 5000 inhabitants) of public housing in Milan. It is situated near the city centre; some of the district has been influenced by major urban and infrastructural projects designed to solve some local problems, but other parts are in crisis: seriously physically degraded and the residents have social and health disadvantages. For example, 12% of the population has mental disorders and many resource-limited elderly people and long-term unemployed people live there.

Cascina Merlata – Via Barzaghi. Cascina Merlata – Via Barzaghi is a large district that surrounds the largest cemetery in Milan. It has been designated by urban zoning as a park, but illegal and at times dangerous activities, functions and marginal populations have settled in, in particular very large groups of Roma, who create a situation of serious social and environmental emergency.

Chiaravalle–Nosedo–Ex Porto di Mare. Chiaravalle–Nosedo–Ex Porto di Mare is an extremely sprawled district at the south-eastern edge of Milan, where the first sewage treatment plant in the area is being built. The district has distinctive environmental, landscape and historical assets. Connected to the settlement of the Cistercian Abbey of Chiaravalle and the surrounding farming ecosystem, this heritage is being seriously compromised by the processes of environmental and social degradation brought on by urbanization.

Round-table discussions among institutional and noninstitutional actors helped in defining some integrated district projects for these three districts: the critical aspects to deal with, the present planning framework and the integrated action proposals. These are articulated in priority courses of action that compile a series of specific actions and possible progress in implementation, including communication and activities aiming to involve local actors.

The pilot project for Molise-Calvairate in particular proposes integrating operations to improve living conditions and to alleviate and prevent social disadvantage through a participatory process to enable the residents and local actors to define the priorities and the structure of the integrated project. To facilitate the process and to make sure the project could be realized, the healthy urban planning office is investigating submitting a proposal for financial support from the second round of a ministerial programme for neighbourhood contracts, which allocates funds to regenerate degraded neighbourhoods physically and socially.

The Cascina Merlata pilot project focuses on a proposed unconventional park that, together with the green space and facilities for the surrounding neighbourhoods, will attempt to try out innovative methods of action to deal with the disadvantage

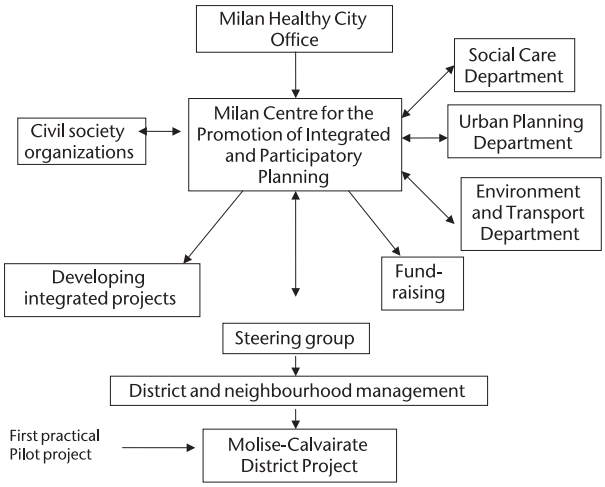
[16] Barton H, Tsourou C. *Healthy urban planning – a WHO guide to planning for people*. London, E&FN Spon, 2000.

Box 3.4. Proposal for a Milan Centre for the Promotion of Integrated and Participatory Planning

The priority tasks of the Milan Centre for the Promotion of Integrated and Participatory Planning (Fig. 3.1) will be:

- integrating projects, beginning from the sectoral plans underway, requiring an intersectoral approach open to the participation of local actors that would then be reinserted in the various parts of the city government affected by their implementation, which would maintain management of the process;
- obtaining additional resources to support the implementation of projects, especially funding from the European Union and Italy's ministerial programmes; and
- implementing neighbourhood or district management to implement local integrated projects and especially to manage the participatory planning activities.

Fig. 3.1. Organizational dynamics intended to result in the Milan Centre for the Promotion of Integrated and Participatory Planning



The Centre will link different sectors of the city government, especially those involved in the pilot projects in relation to the specific projects.

The Centre must develop and maintain relations with the actors and experiences of the local social actors that could be usefully involved in the government projects, thus performing the functions of facilitation, support and coordination that are essential for effective involvement of the local community in public policies.

This is an initial hypothesis that still needs to be evaluated and developed further based on similar experiences in other cities.

and residential and social exclusion of marginalized people, especially the Roma present in the district. This project was called, a bit defiantly, Social Campus, to try to stimulate the search for innovative ideas related to the themes and problems that current policies often deal with poorly. In this case, we also tried to provide effective operational output for the proposal with the (few) existing resources and with possible additional resources, for example, from the European Union Urban II Programme.

The proposal for the Chiaravalle–Nosedo–Ex Porto di Mare pilot project reviews and orders the different problems and projects advanced by various institutional and nongovernmental organizations for these areas. The proposal articulates them along priority action axes: promoting the cultural, social and spiritual aspects of Chiaravalle; giving priority to the ecological, environmental and landscape aspects of Valle della Vettabbia; and upgrading the former Porto di Mare. The City Council or the regional government had already approved and funded some of these projects. The healthy urban planning staff therefore decided to concentrate on ensuring integration and spatial continuity in sev-

eral project areas (the area of the sewage-treatment plant, the Porto di Mare and Sports Village area, Abbey and the Village of Chiaravalle) and on strengthening collaboration between the city government sectors involved in the various projects and supporting communication between institutions and social needs, improving the capabilities and skills of the local actors.

Problems and solutions

Similar to other experiences of integrated policy projects in neighbourhoods, this one also faced the resistance to change by the sectoral apparatus of the city government. From this viewpoint, the city government of Milan has only marginally developed intersectoral approaches to urban planning.

In the healthy urban planning process, the participation of council officers was basically voluntary, being only allowed or suggested by the district executives and not provided for formally. We therefore had to promote their participation. However, we found fertile ground: almost all the officers contacted participated in the entire process, often with enthusiasm, willingness and conviction towards the validity of the intersectoral approach adopted.

This work "with" and "on" the officers, through their involvement in a reflective process of learning, is one way to overcome resistance and inertia within the city government towards the integrated approach. In fact, this can promote a change in administrative culture by creating a lasting work style. Nevertheless, if this direction lacks organizational support, it risks being limited in development. A new organizational solution has therefore been proposed to consolidate the integrated approach.

Another problematic aspect was the interaction between council officers and local actors and between the local actors and the researchers: the different rationality and difference in language make the relationship with the local actors especially complex and demanding, certainly one of the most delicate knots of the entire process. Nevertheless, it is precisely the interaction with these actors that inevitably slows down the process and redefines the problem with its occasionally disruptive cognitive and creative contribution. This vastly improves the quality of the planning, which is no longer solely an exercise in comparison and interrelation between technical and professional knowledge and sectoral projects but also integration and comparison with the local knowledge, thereby increasing interpretive capacity and producing effective planning solutions.

Opening the planning process to local actors and networks is therefore a direction that should be developed using suitable tools, capacities and sensibilities.

Results

Achievements

The process started in Milan of directly experimenting with healthy urban planning is still underway; no final conclusions can be reached. Nevertheless, some initial achievements have emerged at different levels.

The pilot projects are especially significant given the wide range of involvement of the city officers in the experimentation. This process of institutional learning involving different departments in multidimensional action might represent a common basis for the potential development of an intersectoral approach to public administration.

Secondly, the results of these pilot projects could ensure the durability of the process. In particular, the Molise-Calvairate pilot project has been chosen as a proposal for a government grant for physical and social regeneration in disadvantaged public-housing districts. This is an extremely satisfying result and even somewhat unexpected. The other two projects also have good opportunities to move on to implementation.

More generally, introducing this innovative model of experimentation on healthy urban planning has aroused interest in the city administration to reflect on the possible consolidation and development of this experience.

The City Manager requested guidelines on promoting health in urban policies to introduce these principles into a wide range of public policies. The idea of establishing a new unit to promote the integrated planning process has also been drawn into the aim of making the pilot activity permanent. This project has only just been devised, but the process is on the way.

Lessons learned

Integrating the health dimension (in its broadest sense) into urban policies, especially planning, requires great conceptual and organizational effort. Some themes such as environmental sustainability, the spatial quality of new settlements, reducing pollution, green spaces and facilities and regenerating physically degraded and socially disadvantaged districts already have an important role in defining policies and projects. Nevertheless, the integrated treatment of different problems, including urban planning, health and the environment, with a multidimensional reference required by the concept of health, still needs to be developed.

The pilot projects demonstrate the potential of the integrated approach but highlight the problems this entails. Dealing with problems multidimensionally enables planning processes to more effectively improve the quality of life and health of local residents. This includes integrating physical upgrading with social, environmental, cultural, training and occupation interventions.

Compiling the various policies of the city government is not a simple summation of sectoral activities but requires creating a new framework for action that generates innovative and effective potential, as the round-table discussions between officers demonstrated well. Integrating the interventions promoted by the city government with the activity of the local actors and with the needs and requests of the community is more likely to meet the real local need, to produce a sense of belonging in the local community and to build up relations of trust between local actors, inhabitants and institutions.

Collaboration is required to proceed along these directions: constructing agreements and mediating any conflicts between the public and private actors involved in the processes. This means thorough innovation in the operating methods of the public administration, especially in its relationship with private actors. This may lead to many conflicts and problems. Officers have demonstrated considerable interest in the intersectoral work within the city government, but consolidated methods of operation tend to counteract innovative change. In addition, interaction with the local practices and the involvement of residents in planning processes is made difficult by poor reciprocal trust and even conflict.

Nevertheless, the development of the healthy urban planning project in Milan demonstrates the possibility of the positive evolution of participatory intersectoral models. In the future, the problem is how to turn this “extraordinary” way of operating into ordinary practice.

Development prospects

The healthy urban planning project in Milan has many development prospects, although they are all linked by the guiding idea of disseminating the integrated approach in Milan’s urban policies, to maintain all the resources (cognitive, relational and technical skills) built up so far in the experiments carried out.

In this sense, one possible direction of strategic development is to consolidate the organizational work formula that has been gradually structured around the formulation of the pilot projects. The Milan Centre for the Promotion of Integrated and Participatory Planning is a proposal to move towards this, to try and take on this problem rather than to foreshadow an already defined solution. In fact, we plan to start discussing and evaluating the various hypotheses of consolidation and to try out organization formulas for establishing and promoting the pilot projects in the city government structures.

The development of the already defined pilot projects is another fundamental perspective, ac-

companied by the idea of progressively extending the number of integrated projects, until a true fleet of integrated projects can be built up to intercept the opportunities of implementation and funding offered by European Union programmes and the programmes of Italy's ministries.

Finally, another important development prospect is to be able to transform the guidelines for promoting health in urban policies into the formulation of a city health development plan that delineates the more relevant areas of operation and sets priorities among the common actions of the city government but also of other economic and social components, according to what has been suggested in the Milan Healthy City Project. This must still be constructed, placing the healthy urban planning approach in relation to the other policies of the city government, especially formulating the new services plan for Milan.

4.

Decentralized integration: the experience of Gothenburg, Sweden

Ingrid Sondén[18]

Gothenburg has achieved an impressive integration of planning and health at all levels of operation, breaking down traditional institutional barriers. Especially interesting is how planners are involved alongside social workers, health workers, the police and voluntary groups in local health groups across Gothenburg.

City profile

Gothenburg (Göteborg in Swedish) is Sweden's second largest city, with 475 000 inhabitants. Together with 12 surrounding municipalities, it forms the Gothenburg Region with 850 000 inhabitants. The city is located on the west coast of Sweden at the mouth of the River Göta. The city is very green with large parks and green spaces, even close to the city centre. The nearby sea and an archipelago give good opportunities for leisure activities. By tradition, Gothenburg is a trade and manufacturing city. Even after the shipyard industry has closed, almost one fifth of the labour force is working in manufacturing, mostly car manufacturing and biochemical industry. The service sector is the most rapidly growing sector. Gothenburg is also an important university city with about 30 000 students, which gives the city a young population. About one fifth of the city population was born outside Sweden.

The population is increasing, and Gothenburg is planning for many new dwellings, businesses and new infrastructure. Settlement has been dispersed during recent decades, and car transport is extensive. The topography with rocky hills and river valleys with large roads in between contribute to a problem with air quality. Reaching our environmental targets will be difficult unless we make efforts to invest in infrastructure for public transport or manage to reduce car transport and air pollution in other ways.

Another problem also linked to spatial planning is housing segregation. Sweden has long attempted to equalize wages and living conditions, but in the past decade the gap between classes has increased. People with higher incomes move from the less attractive districts of the city, and people with low income, including many immigrants, are concentrated in these districts. People's health also differs in different parts of the city. The changes in fiscal policy have contributed to the disparity even if the resource distribution compensates to some extent. Both the city and the region consider the disparity to be a great problem.

The planning system

The municipalities in Sweden are responsible for urban planning, and the municipal council takes the broad planning decisions. The state, through its regional administration, provides guidance and supervises national interests. Every municipality has to make a municipal comprehensive plan that covers the whole territory of the municipality. It has to be revised every 4 years. The municipal comprehensive plan, which deals with the long-term strategic aspects of land use, is not legally binding. Detailed development plans cover only an area that is to be developed in the near future. They are more detailed and include the right to develop in accordance with the plan. In Gothenburg, the City Planning Authority deals with planning and building issues. The municipal comprehensive plan as well as detailed development

[18] Senior Executive, City Planning Authority, Gothenburg, Sweden.

plans integrate planning for roads, railroads and traffic with land use. The City of Gothenburg cooperates closely with the state, which is responsible for large roads and railroads, as well with the municipality-owned company that provides public transport for the region. Many agencies are involved in urban planning, such as the departments responsible for transport, park and landscape administration, property management and environment and the 21 district committees.

The healthy urban planning story

Gothenburg has been a member of the WHO European Healthy Cities Network since 1988 and has initiated many activities to improve health. All city departments have been engaged in different ways over the years. In Gothenburg's healthy city policy, the planning departments showed their contributions to improving the health of the inhabitants. In the third phase of the WHO European Healthy Cities project, when healthy urban planning was one of the special themes, the planning departments have been more engaged in the health issue. Healthy urban planning has also been on the agenda at the national level in Sweden, with several conferences and documents on this concept.

There is a consensus among politicians and planners in Gothenburg that paying attention to health implications is important in shaping the physical surroundings. Health aspects in planning are not new, but health and security in Gothenburg's planning documents were previously more linked with factors directly linked to health and safety such as drinking-water quality, sanitary conditions, road safety, noise and construction stability. Gothenburg also has a long tradition of working with social and welfare issues in planning and of using many concepts related to a wider definition of health.

Box 4.1. The Gothenburg Council – Safer, Better and More Secure

The crime rate in Gothenburg is not very high. The reported crime per capita is lower than in the other two largest cities in Sweden, Stockholm and Malmö. Nevertheless, the citizens are dissatisfied and concerned about the crime situation.

To channel people's urgent concern about the crime situation, the Gothenburg Council – Safer, Better and More Secure was established in January 2001. Its mission is to coordinate, increase knowledge of and create opinion around crime prevention. The Council works with direct social work–oriented efforts and with the physical environment.

Such projects take a wide approach, and the Council cooperates with the district councils for crime prevention, the public health council, the police, traffic and public transport office, art administration, the university and institutes of higher education, the correctional services, businesses, youth workers, drug prevention organizations and local clubs and associations and especially with the City Planning Authority.

A planner from the City Planning Authority works half time for the Council and the second half for the City Planning Authority with safety questions. The Council is a great resource for urban planning. It provides interfaces with research and continuing education. Several conferences and seminars have been arranged that many planners have attended. The cooperation has also resulted in a map database over reported crimes that needs to be analysed together with the police. Using the competence of the group and implementing knowledge in the planning processes are important. The city government considers the work very urgent and has just decided to extend the project.

In the past decade many aspects and perspectives have been in focus for the planning in Gothenburg, as in many other cities. For example, we have worked for many years with the gender perspective and, through this, worked on safety issues. We have also strongly emphasized environmental issues for many years and have introduced environmental impact assessment, including some health issues, in the detailed development plans. We have worked with social aspects and sometimes placed democracy as the main principle for a plan. The focus has gradually changed to a citizen perspective. The latest municipal comprehensive plan in 1999 has empowerment as one of the most important objectives besides sustainability and competition. Empowerment means that everyone can live an active and meaningful life. It emphasizes that the city is not only a physical structure but also, perhaps most of all, the sum of its citizens.

Healthy urban planning was a new planning concept discussed at the First Seminar on Healthy Urban Planning in Milan in October 1999[19] and through *Healthy urban planning – a WHO guide to planning for people*,[20] the book produced afterwards. WHO's definition of health, in which health is not only the absence of disease but includes human well-being and the quality of life, is a valuable aim of planning activities. It put the most central mission in focus and integrates many different aspects of planning principles.

When Gothenburg joined the WHO City Action Group on Healthy Urban Planning, we started a Healthy Group at the City Planning Office, with the special task of improving our work with the health aspects of planning and building activities. The Healthy Group consists of people working in different stages of the development process: planning, building permits and building inspection. The Group studied *Healthy urban planning – a WHO guide to planning for people* and found that most of the content applies to our planning. The Group discusses different plans and building permits from a health viewpoint and tries to find a way to use the opportunities for every level in the planning process. In recent years the question of safety and security has been in focus in the city, and the Group has taken an active part in this work. The Group cooperates closely with the special organization Council Gothenburg – Safer, Better and More Secure (Box 4.1). Through contact with them and the local police, we improve people's knowledge of how to reduce crime and improve safety.

Another form of cooperation that has developed in recent years is with the local public health groups under the district committees, which are responsible for public health. It gives the planners good knowledge of local conditions and opportunities to contribute to improving the environment.

Increasing the level of awareness and knowledge of the opportunities to improve the quality of the urban structure and neighbourhoods is important. In the past year, the City Planning Office has arranged a series of seminars on various health themes, such as green spaces and their importance for health, how to decrease car use in various ways and how to create a safer city through planning (Boxes 4.2, 4.3).

Cooperation and knowledge is important as well as common objectives. Gothenburg does considerable work to integrate health aspects in a wider sense into planning. The concept of health is beginning to be used more frequently in our planning documents, but we need better instruments to follow it up correctly. Even if getting acceptance for health considerations is easy in theory, following them up in practice is not always easy. Many things must be in focus and other factors, often economic, take over. Sometimes even different health considerations can be contradictory.

[19] *Healthy urban planning: report of a WHO seminar*. Copenhagen, WHO Regional Office for Europe, 1999 (http://www.who.dk/eprise/main/who/progs/hcp/UrbanHealthTopics/20020604_1, accessed 8 September 2003).

[20] Barton H, Tsourou C. *Healthy urban planning – a WHO guide to planning for people*. London, E&FN Spon, 2000.

Box 4.2. A safe and beautiful city (trygg vacker stad)

The City of Gothenburg is working on various fronts and in various ways to improve the city environment to make it more attractive to residents and visitors.

Trygg vacker stad is collaboration between various city bodies and private organizations to ensure that Gothenburg becomes a safe, clean and attractive city.

Each body has different assignments, responsibilities and various competencies. The common objective is to increase the quality of public space and to provide a nice, beautiful and safe urban environment, with potential for economic growth and increased welfare for the citizens.

Striving together towards the common objective provides synergy, which benefits the cause and is far more effective than individual efforts made by each administration. The idea is to focus on and to give priority to certain matters.

In top focus today are questions of safety and beauty.

Within the framework for the collaboration there are various projects in progress. In a long-term perspective, there is work with policies and programmes.

This includes an urban design programme ensuring that the appearance of public spaces in each district reflects the individual character of the district. It also includes a policy for lighting the city and actions against graffiti etc.

Trygg vacker stad also includes concrete actions linked to certain funds directed to urban renewal.

A present project is upgrading the environments for pedestrians in urban districts: providing good lighting, park benches and litter baskets and pruning the vegetation. The aim is that people will feel more comfortable walking around at any hour without inconvenience. Special care is taken on main paths and streets that connect public housing areas with public transport stops.

This project involves the City Planning Authority, the Traffic and Public Transport Authority, city district administrations and property owners in a joint effort.

The concept of healthy urban planning is a useful concept and sounds very good in English. Finding a good translation in Swedish is more difficult. Such terms as well-being and the quality of life can be more useful. Having a leading theme for the planning and a concept that can integrate the many different aspects required to create a healthy city is important. We will probably start to work with our next municipal comprehensive plan and anticipate that health will be a central theme in that plan.

Box 4.3. Manual for safe and secure walks

The City Planning Authority had collaborated closely with local public health groups in recent years to improve the quality of the environment and make it more safe and secure. Through this work, we have come in touch with many local groups and people interested in improving the environment. We started to make inventories of the neighbourhoods to identify places where people felt unsafe to walk or stay. Many people were involved in these "safe and secure walks".

Public health workers or other people from the city district administrations usually take the initiative for the walks, but sometimes even district councils for crime prevention or individuals can do this. People who live or work in the area have the best knowledge about their own environment, and listening to them is important. We wanted to share the experience from these first walks and decided to publish a manual.

The manual makes effective safe and secure walks easier. The manual includes what to think about before the walk, a checklist about what to observe during the walk and how it can be followed up.

The manual recommends observing three perspectives: maintenance, design of buildings and structures and design of city plans.

Maintenance. For example, where does vegetation need to be pruned to improve visibility? Where are the lamps broken? Where are paths, stairs and banister repairs needed? Where are more park benches and wastepaper baskets needed?

Design of buildings and structures. Where do walls block the view and where are there dark and creepy car parks? How are entrances, lighting, subways and bus and tram stops designed?

Design of city plans. Are there any desolated, unsafe and insecure spaces? Is it difficult to orient oneself between the blocks? Are there barriers to moving between neighbourhoods?

5.

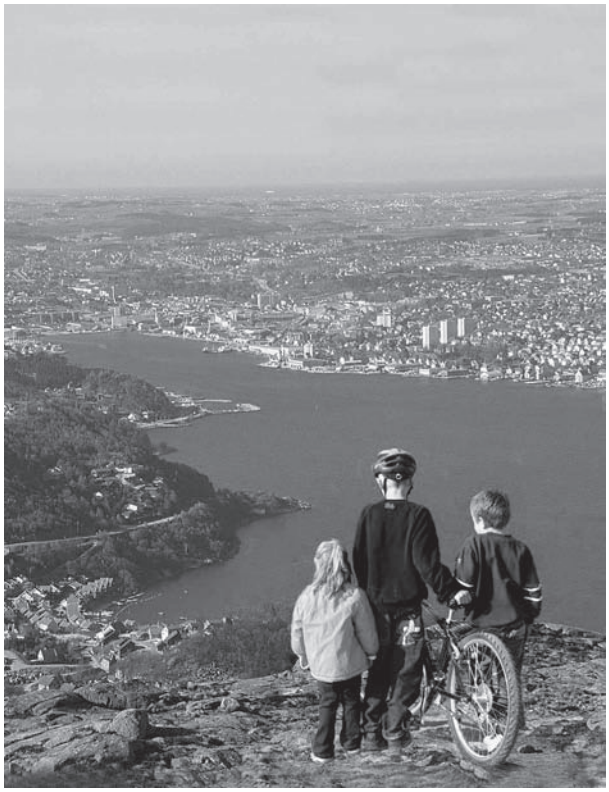
Health-integrated spatial planning: the experience of Sandnes, Norway

Marco Zanussi[21]

Participation in the WHO City Action Group on Healthy Urban Planning led to Sandnes' health planning process being integrated with the spatial development plan, bringing considerable benefits not only in policy consistency but also in public and political involvement in the overall health strategy.

Profile

Sandnes has about 55 000 inhabitants. It is part of the Nord-Jæren region, a continuous conurbation of about 200 000 inhabitants in four municipalities. The capital of the region is Stavanger, with 105 000 inhabitants.



Sandnes is centrally located in the region. The town centre lies at the bottom of a fjord with steep hillsides – a challenging topography for development. Forests and mountains close to the town are attractive for all kind of outdoor activities. A coastline of about 100 km is an excellent recreation area for all inhabitants of the region. Sandnes is expanding very rapidly, with an annual population growth rate of nearly 2%.

Sandnes is a transport centre in the region. The main roads through Nord-Jæren, E39, and routes 44 and 13, all meet in Sandnes and then split to different parts in the district. This is both an advantage and a challenge for the town.

During the last two decades, Sandnes has transformed from an industrial town to a service and commercial town with a high rate of employment in oil-related activities and consultant services. Retail trade is well developed, and Sandnes is one of the two regional centres for more specialized retail trade with a modern and varied selection of merchandise. The centre of Sandnes is mainly a commercial centre and has been extensively modernized in recent years, although it has maintained its architectural characteristics. The centre still has a great potential for development and modernization.

The Nord-Jæren region is one of the most rapidly expanding in Norway as a result of a flourish-

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Box 5.1. Sandnes Bike City

The aim of Sandnes Bike City was to profile Sandnes as one of the two cycle towns in Norway, to promote cycling as the main means of transport for as many residents as possible and to reduce motoring in privates cars.

Many projects have been carried out under this common name since 1991, to promote cycling and to create facilities for cyclists. Administrators and politicians at all levels have been involved in various projects such as:

- planning and building the main cycle path system for the city centre and for the peripheral neighbourhoods;
- planning and building parking stands for cyclists;
- making a cycle map for Sandnes and the region;
- implementing several campaigns promoting cycling;
- planning recreation routes for cyclists; and
- planning and carrying out a city-bike system that is free of user charges.

The main purpose of the project was to encourage daily cycling and reduce car-driving both for commuting and for recreation. This has an environmental protection component and a health component. The health component is in terms of daily exercise, fewer road accidents and less air pollution.

About 70 kilometres of cycle lanes and 400 parking stands with space for about 400 bicycles have been built. Sandnes was the first town in Norway offering free city bikes in 1996. A special bicycle and a special electronic lock system were constructed, and 225 city bikes are now spread throughout the town centre in 40 racks.

By implementing measures to facilitate bicycling in the urban area, Sandnes has gained experience that could be useful to other European towns. Sandnes is participating in a separate project (SAVE II) under the direction of WHO and the European Union, in which it will work closely with one or two European towns that want to give priority to promoting the increased use of bicycles.

ing economy mainly connected with oil-related activities. At the same time, because of challenging geography, the region lacks new, centrally located expansion areas, except for high-value agricultural land and natural recreation areas. In fact, Sandnes is the only municipality with relatively good expansion potential to satisfy the demand of the whole region. Sandnes is also important for agricultural production, however, and the main challenge for development planning today is conflict between local expansion plans and national objectives for preserving agriculture.

Norway's political system is based on the national, regional and municipal levels. Local development planning at the municipal level is influenced by national policy guidelines aimed at protecting overall national interests such as protection of the cultural heritage and agricultural land, integrated planning of land use and transport and maintaining the main road and rail system.

The regional level influences local planning through county plans that include the public transport system, land use and retail trade and industrial development.

National and regional bodies more strongly influence local community planning and development than in many other countries through directives and regulations that are often very detailed.

Sandnes as a healthy city

Sandnes joined the WHO European Healthy Cities Network in 1991, at first as an integrated part of the municipal administration, and later in 1994 as a separate Healthy City Office. Many initiatives and projects aimed at improving health and environment protection have been carried out since

1991, both at the regional and local levels.

In the early 1990s, Sandnes joined a national project launched by the Ministry of the Environment involving the ten largest urban regions. This project has been clearly linked with healthy urban planning, the main objective being to reduce car transport and to encourage cycling, walking and public transport.

The project's main strategy has been to promote sustainable development through a planning process in which land use, transport and environmental protection were integrated in a long-term perspective. Based on the results of the project, the Ministry of the Environment granted funding to the region and the municipalities for implementing road safety initiatives, public transport lanes and cycle and pedestrian paths.

Sandnes Bike City (Box 5.1) started within this context, and Sandnes became one of the two cycle towns in Norway.

As a result of strong national directives and the Municipality's engagement in the healthy cities movement and Agenda 21, in the early 1990s the Sandnes Municipal Council instituted both a Children's Representative in political bodies and the Children's City Council.

The Children's Representative in political bodies was introduced in Sandnes' political life as a result of changes in the Planning and Building Act requiring municipalities to appoint an officer with special responsibility for managing the interests of children (0–17 years of age) in planning. This arrangement is now well integrated in the political system of Sandnes. The Children's Representative attends the meetings of the Urban Development Committee and makes statements and comments about all local development plans involving children's interests.

The Children's City Council was instituted in about 1995 to stimulate young people to increase their understanding for and participation in the Municipality's political activity and to give them

Box 5.2. The Children's City Council

The Children's City Council was instituted to encourage young people to increase their understanding for and participation in the Municipality's political activity and to give them the opportunity to manage their own interests in planning.

Every year the Sandnes Municipal Council allocates money that the Children's City Council may grant for short-term projects. Each class in primary and secondary school makes proposals for how to use the budgeted money and prepares questions to be answered by the Municipality.

The school council sets priorities and prepares the school's proposals and questions and elects two delegates to the Children's City Council.

Every year in November, two delegates from each primary and secondary school in Sandnes gather in the town hall:

- to pass resolutions on the use of the money allocated; and
- to question the municipal leaders on issues related to children's interests.

The Children's City Council is an excellent way for the Municipality to obtain an understanding of what is important for children. Children get an understanding of how democracy and the Municipality works.

Since 1997, Sandnes has been cooperating with five upper secondary schools in Latvia and five in Croatia together with the Strand Secondary School in Sandnes and with support from Rogaland County and Norway's Ministry of Foreign Affairs. The backbone of this scheme to promote children's democratic participation is the Children's City Council in Sandnes. Models for increased school democracy inspired by the work in Sandnes have been established in both Croatia and Latvia.

Box 5.3. Children's trails project

The objectives of the children's trails project were:

- to strengthen and make visible the interests of children in municipal planning;
- to give children the opportunity to participate in and influence how their environment is used and shaped;
- to provide a better decision platform for future land use; and
- to carry out national directives for managing children's interests in planning.

Children 8–13 years old, schoolteachers and nursery school teachers were involved in the project. A steering group from the municipal administration was responsible for overall decisions and budget. A reference group provided professional advice, and a project leader was responsible for carrying out the project. The Sandnes Municipal Council endorsed the project's final report and decided that all spatial planning should take it into account.

The project included several steps. Children in all schools were asked to record on maps their own use of all kinds of areas. As a supplement to map registration, children gave qualitative information about areas and paths. What was positive about the areas? Why is it good being there? Is there anything that can be done to improve the areas? All the mapped information has been transformed into digital form and is available through the municipal mapping program and intranet system.

Managing children's informal play and moving areas improves children's quality of life and makes them identify with the local neighbourhood and thereby improves their well-being and health.

Children's trails registration is now considered and evaluated as a permanent routine in all spatial planning processes.

Municipal and private planners proposing local development plans are strongly requested to use the mapped information from the project in their planning, to take into account and possibly include in their plans informal children's paths and play areas.

The Children's Representative in the Municipality ensures that the registered children's trails and playing areas are taken into account.

the opportunity to manage their own interests in planning (Box 5.2).

Between 1998 and 2000, Sandnes was involved in making a regional land-use and transport plan in following up the national project mentioned. One of the main postulates of the plan was that high density in urban settlements permits sustainable land-use planning and sustainable transport systems. Towns should therefore mainly develop within their current boundaries instead of expanding outwards into valuable rural areas and potential recreation areas. By concentrating new residential and workplace areas alongside high-capacity and high-frequency public transport arteries, mainly within current boundaries, the regional plan aimed at reducing car transport and increasing public and non-motorized transport.

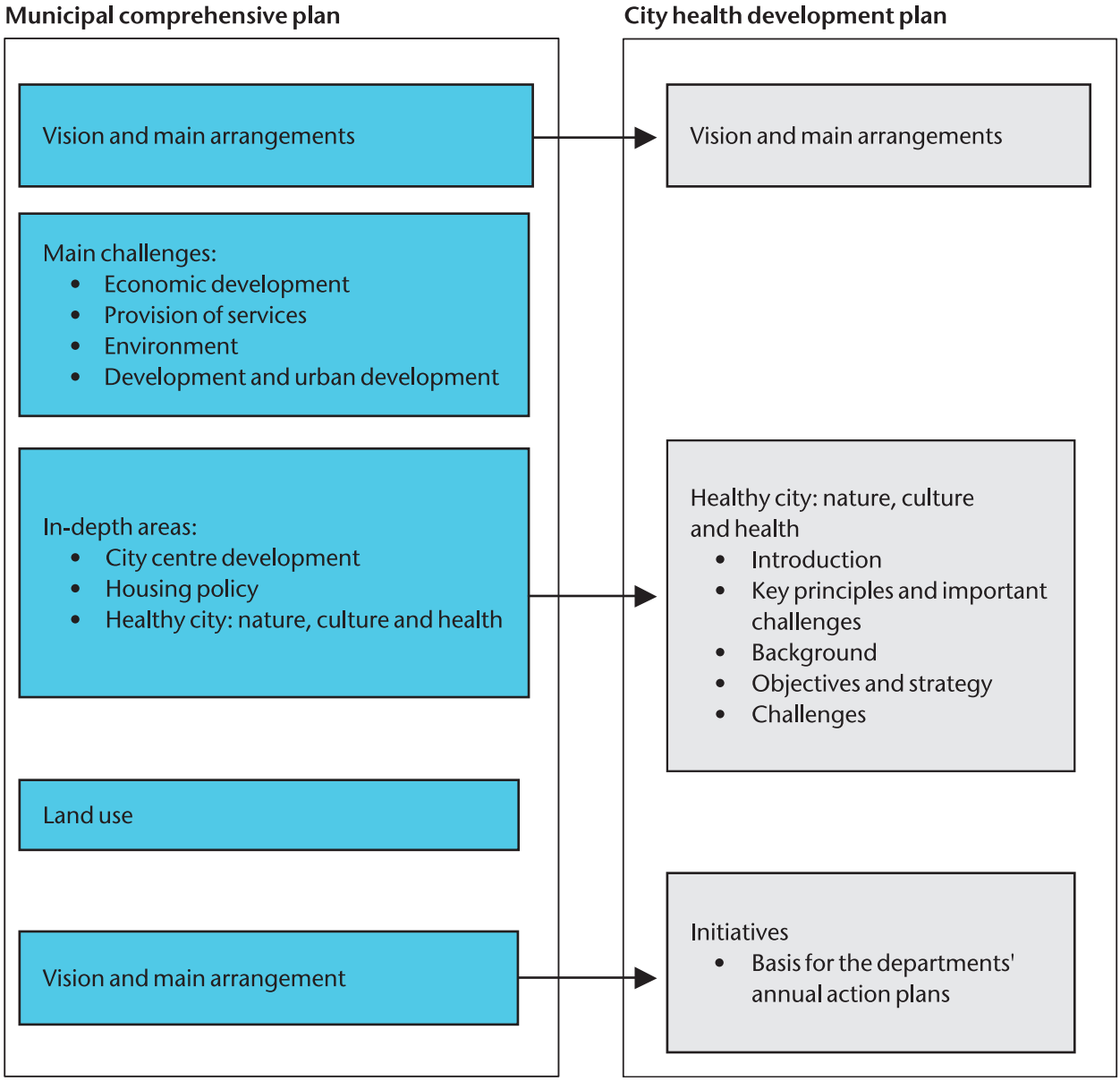
Another important project related to healthy urban planning for children was carried out between 1999 and 2001: the children's trails project.

The Municipality extensively registered children's trails. These are areas and tracks that are important for children's games and physical activities. The municipal comprehensive plan contains separate targets and initiatives aimed at ensuring that areas defined as important for the physical activities and development of children in the children's trails project are considered and possibly preserved through spatial planning and development (Box 5.3).

The Healthy City Office had been working on a draft proposal for a health development plan for Sandnes when the work of the WHO City Action Group on Healthy Urban Planning started in June 2001. The preparation of the municipal comprehensive plan had also started.

Since the municipal comprehensive plan is the main long-term document directing the Municipality's activity, the working group for the municipal comprehensive plan realized that using the proposal for the health development plan as a chapter of the municipal comprehensive plan would be the best way to introduce the concept of healthy urban planning in Sandnes. The compre-

Fig. 5.1. Relationship between the municipal comprehensive plan and city health development plan in Sandnes



hensive participation process usually carried out for the municipal comprehensive plan would ensure that the concept of healthy urban planning reached all politicians, all institutions and organizations and most of the citizens. Regional and national authorities would also be involved in the participation process.

Thus, the working group proposed a scheme for relating the two plan documents to the municipal committee responsible for the municipal comprehensive plan (Fig. 5.1).

Healthy city: nature, culture and health would be one of three in-depth subjects included in the revised municipal comprehensive plan (Box 5.4). This in-depth area would constitute the main core of the city health development plan, and thus it would become an integrated part of the overall municipal governing document (the municipal comprehensive plan) as well as a separate planning document.

Thus, the city health development plan would essentially be an action plan dealing with concrete initiatives and actions The plan's key principles, objectives and strategies would be deeply rooted in the municipal comprehensive plan and achieve institutional weight because of this.

The municipal comprehensive plan committee and later the Sandnes Municipal Council accepted the proposed scheme. The municipal comprehensive plan for Sandnes was adopted on 5 November 2002. Its main strategies for land use were:

- to give the town good growth opportunities inside and near existing built-up areas using existing infrastructure while preserving valuable agricultural land, natural recreation areas and areas important to biological diversity;
- to contain expansive land use by promoting high density in new development areas and by regenerating existing built-up areas such as disused industrial districts near the old centre;
- to contain any further increase in car traffic by locating new dense development alongside existing and future public transport arteries such as existing local railways and a future light-rail system connecting the whole region; and
- to ensure good non-motorized transport between the different parts of the town and between the town and the region through a strong and continuous regional green space network.

The chapter on healthy city: nature, culture and health is an important part of the municipal comprehensive plan and is clearly related to some of the plan's main objectives such as sustainable development, good and equitable living conditions and efficient local democracy. The philosophy behind the chapter is simple and clear.

In Norway's affluent and well-organized society, human health and well-being depend very much on how everyday life is organized. Do I have to commute by car? What kind of contact can I have with nature? What cultural and recreational activities can I join? Is my neighbourhood safe? Are there pedestrian and cycling routes between my home, workplace, the city centre, local open space and natural recreational areas such as agricultural land, forests and the seashore? Do I feel at home in my neighbourhood? Is it a healthy and attractive place to live? Do I feel safe when I am in the town centre? Is it easy to meet friends and to join cultural and social activities without too much stress, noise and insecurity? Good spatial planning should provide appropriate answers to these questions.

The main strategies outlined in the chapter on healthy city: nature, culture and health are:

- integrating health, well-being and environmental protection as central principles for the Municipality's service delivery and achieving this through continual monitoring and development of tools, methods and cooperation;
- introducing permanent routines to ensure respect for health and the environment in planning and service delivery;
- continuing efforts to promote health, well-being and environmental protection through the involvement and participation of all parts of the municipal organization;
- actively participating in cooperative projects with other towns and municipalities in Scandinavia and Europe to share experiences and to

encourage efforts to promote health and environment protection;
- continuing cooperation with municipalities in central and eastern Europe to strengthen democracy both there and in Norway;
- actively assisting other European municipalities with experience about improving cycling in towns;
- working for good conditions and accessibility for disabled people;

Box 5.4. Policies in the municipal comprehensive plan – examples from the chapter on nature, culture and health

Integration of health and the environment

- Integrate health, well-being and the environment as central values for the Municipality's provision of services. The integration work is to take place through continuous testing and development of work methods and cooperation.
- Introduce regular routines to ensure consideration of health and the environment in the planning and provision of services. For example, use a separate checklist to assess the likely effects on health and the environment in connection with local development plans and planning applications in accordance with the environmental plan for Sandnes.

Continue the work to improve health, well-being and the environment through the involvement of and participation by all parts of the municipal organization.

Internationalization and solidarity

- Sandnes will participate actively in joint projects with other towns and local authorities in the Nordic countries and the rest of Europe to exchange experience and promote the work aimed at improving health and the environment in Norway and elsewhere.
- Sandnes will continue its cooperation with cities in central and eastern Europe to strengthen democracy both there and in Sandnes. This cooperation is linked with the Children's City Council in Sandnes.

Sandnes will actively assist other cities in Europe in the effort to promote increased cycling in urban areas.

Disabled people

- Adapt public buildings, means of transport, areas and services to ensure that disabled people can use and gain access to these services in the same way as people without disability.
- Prepare and follow up a separate plan for municipal tasks in relation to disabled people.
- Endeavour to ensure that more disabled people can obtain employment.

Impose requirements relating to life-cycle standards for a percentage of homes in all development plans.

Ensure the well-being of children

- Sandnes will stimulate and make arrangements to ensure the well-being of children and provide safe, stable and challenging activities in urban areas.
- Cooperation with parents, the volunteer sector and the adult population in general is especially important to achieve positive results in this type of work.
- In particular, Sandnes will ensure that available knowledge about the wishes and needs of children forms the basis for priorities and initiatives (including input from the Children's City Council).
- Let adolescents assume responsibility for their own choice of lifestyle and relevant

lifestyle-related problems associated with their own health and well-being.
- Support the schools in teaching, guidance and cultural education.
- Help ensure that as many young girls as possible finish their education.
- All children in Sandnes will be offered youth centres near the areas where they live.

All new schools will be planned and adapted to a broad range of activities in their local communities (local community facilities).

Provide and develop good residential and local communities

On its own initiative, in cooperation with the volunteer sector or other public bodies, the Municipality of Sandnes will endeavour:
- to establish meeting venues;
- to develop local cooperation forums, such as welfare organizations;
- to develop good quality green spaces;
- to develop interesting activities for children; and
- to help to develop residential areas with a high technical and aesthetic quality.

The Municipality will work together with housing cooperatives in developing guidelines for planners, decision-makers, developers and inhabitants about considerations that are important in developing good residential areas.

Stimulate outdoor activities and adventures in the local community
- Sandnes will make arrangements for and promote bicycle riding in the town and rural districts to improve general health, to create a pleasant urban environment and good local communities and to reduce pollution and accidents resulting from the use of private cars.
- Sandnes will make provisions for and inform about the opportunities for an all-round outdoor life.

Stimulate physical activities, for instance through such projects as Healthy in the Outdoors.

Work to improve safety and prevent accidents
- The Municipality of Sandnes will endeavour to reduce to a minimum the human, material and societal costs caused by accidents.
- To ensure the best possible road safety, Sandnes will actively follow up the adopted traffic safety plan.
- Sandnes will prepare a separate strategy for improved safety and security in Sandnes by 2002. The strategy will be based on current plans for accident prevention in Sandnes and will focus on the opportunities for co-operation with private citizens, volunteers and other public agencies.
- Residential areas will be planned to achieve the best possible safety and security in terms of traffic, play, everyday life and crime prevention.

Refugees and immigrants
- Sandnes will implement initiatives in accordance with the adopted action plan for immigrants and refugees.
- Sandnes will make arrangements to ensure that immigrants have a good and integrated life in their local communities.
- Sandnes will inform and help immigrants in relation to the requirements and challenges of Norwegian society.
- Sandnes will follow up the plan for cooperation, participation and qualification.

Make arrangements to ensure that more immigrants and refugees obtain gainful employment.

- promoting safe, stable and challenging conditions in which children can grow up;
- providing good and safe community environments;
- encouraging activities and experiences in the natural environment; and
- promoting safety and accident prevention.

Prospects and conclusions

The most important result in the attempt to implement healthy urban planning in Sandnes is that health and environmental protection are now fully integrated as a main topic for Sandnes' further work with urban development and provision of services.

A healthy city has become one of the three in-depth subjects of the municipal comprehensive plan. As this plan is the main long-term document directing the Municipality's activity, all sectors will be involved in fulfilling these strategies.

To ensure that health and good living conditions are given due consideration in planning, Sandnes has introduced a checklist for health and environmental impact to be used for all local development proposals and plans.

We have come a long way in establishing routines for providing good living environments. We have also made considerable efforts in shielding residential areas from traffic noise, and we are working efficiently and purposefully to ensure that everyone has a satisfactory water supply.

The inhabitants have even better opportunities for adventure and recreation in their local environment, as more areas have been prepared for recreational use. Cycling opportunities are continually improving in Sandnes. The endeavour to improve the indoor climate in the schools is an important contribution to improving public health.

6.

Prizing open the barriers: the experience of Belfast, United Kingdom

Victoria Creasy[22]

Belfast is still a divided city, and in 2003 the central government still makes decisions. In this situation, the healthy urban planning initiative is breaking down barriers to cross-agency cooperation and developing techniques of assessing the quality of life and encouraging participation.

The City of Belfast

The City of Belfast lies at the head of Belfast Lough on the River Lagan and has a striking landscape setting, flanked by hills and mountains. It became the capital of Northern Ireland in 1921. The area covered by the local authority, Belfast City Council, has a population of 280 000. Socially, Belfast underwent tremendous change over the last three decades of the 20th century. Civil unrest created bitter divisions and left Belfast one of the most deeply segregated cities in Europe. The violence, coupled with massive public housing redevelopment, led to a huge exodus of people from Belfast from 1971 to 1991, with most moving to satellite towns on the fringe of the city. As a result, the population of the city decreased by one third during this period. The population level, however, has gradually stabilized in recent years.

Belfast has traditionally been an industrial city, the main industries being shipbuilding, aircraft manufacture, textile production and engineering. Many of these traditional industries, however, have either disappeared or are in decline. Unemployment is concentrated in particular disadvantaged areas of the city, with 12 of Belfast's 51 wards (24%) accounting for 40% of total unemployment within the city.

Politically Belfast has seen a dramatic transformation over the past 6 years. As part of the peace process, a new power-sharing local assembly was established, which returned decision-making powers to the politicians of Northern Ireland for the first time in 30 years. At the time of writing, the Assembly has been temporarily suspended because of political disagreement, and central government in London has resumed responsibility for key decision-making. Discussions are currently underway to restore the Assembly.

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Planning in Belfast

The City of Belfast has been a member of the WHO European Healthy Cities Network since 1988. One of the key requirements of the third phase (1998–2002) was promoting healthy urban planning, and Belfast Healthy Cities saw this as having an important role to play in placing health and the quality of life on the broader planning agenda. Belfast is hosting the 2003 International Healthy Cities Conference in October 2003, which will mark the end of the third phase and will provide a platform for sharing experiences of integrating health into urban planning.

Much has been achieved in healthy urban planning in Belfast over the past decade. Health issues are now very much part of the urban planning agenda. The main policy document for Northern Ireland, Programme for Government, suggests political commitment to the principle of healthy urban planning in its acknowledgement of the need to tackle the wider determinants of health and ensure that the environment promotes healthy living. Planners have now explicitly recognized health-related issues in development plans. This chapter outlines some of the successes of integrating health into planning and considers some of the limitations of doing this in Northern Ireland.

Planning in Belfast is carried out across many different government departments and agencies. This is primarily a consequence of the fact that Belfast City Council has limited powers and most of the major government functions are carried out at the regional level. Thus, although the main work of urban planning is carried out within the Department of the Environment Planning Service, other departments play an important role in promoting healthy urban planning. The Department for Regional Development, for example, is responsible for regional planning and transport, whereas the Department of Social Development is responsible for regeneration and housing. In addition, Belfast City Council has a statutory consultative role on planning issues.

Urban planners in Belfast contribute to healthy urban planning in two main ways:

- by incorporating health issues into regional and area plans; and
- by being represented and seconded to other bodies, such as the Strategic Planning Group on Transport, Environment, Planning and Housing of Belfast Healthy Cities and the West Belfast/ Greater Shankill task forces.

Integrating health into strategic plans

The Department for Regional Development has recently published the Regional Development Strategy for Northern Ireland 2025, which sets out a picture of how the region might look in 25 years. This is important because it provides an overarching strategic framework for all development plans, including the Belfast Metropolitan Area Plan, which is currently being prepared.

The Regional Development Strategy contributes to healthy urban planning in many different ways. It sets out a vision for strategic planning guidelines that aim "to change the regional travel culture and contribute to healthier lifestyles" and "to create healthier living environments and to support healthier lifestyles". The Regional Development Strategy also contains a chapter relating specifically to the Belfast Metropolitan Area that sets out guidelines to revitalize the city of Belfast, to promote an urban renaissance, to develop and enhance the metropolitan transport corridor network, to improve the public transport service and to manage travel demand within the metropolitan area. Healthy urban planning and the vision of a healthy city are intrinsic aspects within all of these guidelines.

The Belfast Metropolitan Area Plan provides the main focus of healthy urban planning in Belfast. It covers six local administrative districts including Belfast City Council and contains a population of about 650 000, almost 40% of the Northern Ireland population. The draft Plan will be published in 2003 and, following a public inquiry, the final Plan is anticipated to be adopted in 2005. In addition to providing guidance for future development and investment in the city, the Plan will also provide the context for health-related urban

Box 6.1. Belfast Metropolitan Area Plan – public consultation

The public consultation process on the Belfast Metropolitan Area Plan was a critical and fundamental element of the overall formulation of the draft Plan. It was designed to encourage involvement and ownership by local communities wishing to influence the future development of their districts and neighbourhoods.

The consultation was based on a detailed and comprehensive issues paper published by the Department of the Environment, Belfast Metropolitan Area Plan team in December 2001, which set out the main issues on which views were being sought.

The consultation included initial public meetings across the Plan area to brief and inform the public of the issues and the process, public meetings across the area to discuss and debate the issues and targeted focus meetings with particular groups who were not expected to be well represented at the public meetings. A total of 37 public meetings and focus groups were held attended by more than 1500 people representing a broad cross-section of the population living in the area. A second stage was then carried out to cover gaps in the process. This consisted of four focus groups with disadvantaged communities and four workshops with a mix of different interest groups.

There needs to be a shift from building houses to building communities

The following key issues relating to healthy urban planning emerged from the exercise:

- the need for types of housing to meet needs rather than demand;
- the need to move away from building houses and towards building communities;
- the need for well designed neighbourhoods with good lighting, community safety, visual coherence alongside focus and identity;
- more sustainable use of public services;
- the need to link land-use planning and transport and shift from a car culture to a new integrated public transport system; and
- the recognition that regeneration should be fairly distributed across the city and that regeneration should not be fragmented or focused on showcase sites.

The task of the Belfast Metropolitan Area Plan team now is to ensure that the principles of healthy urban planning are embodied within the published Plan.

policy initiatives and set a land-use framework for neighbourhood renewal programmes and local area strategies. Improving the coordination of renewal and regeneration is anticipated to improve how the needs of local people are met and consequently improve their health.

In December 2001, the Planning Service published a issues paper on the Belfast Metropolitan Area Plan, the aim of which was to promote widespread public debate on issues of strategic significance and the shape of future development within the plan area. The issues raised include health-related issues of regeneration and social inclusion, recreation and open space, the quality of the envi-

ronment and accessibility. As with the Regional Development Strategy, issues of healthy living are very much at the forefront of the Belfast Metropolitan Area Plan approach (Box 6.1).

Before the draft plan is published, the policies and proposals within the Belfast Metropolitan Area Plan will have to be tested against a range of health-related indicators, including new targeting social need, equality impact assessment and strategic environmental assessment.

1. New targeting social need. New targeting social need is the Northern Ireland Executive's main policy for combating social exclusion and poverty, which are key determinants of health. It aims to do this by targeting efforts and available resources towards people, groups and areas objectively defined as being in social need. The Department of the Environment Planning Service is not a major spending agency, but new targeting social need considerations will be influential in creating a land-use framework that will allow investment to take place.

2. Equality impact assessment. The Northern Ireland Act 1998 requires public authorities to carry out their functions in such a way as to promote equality of opportunity between various groups of people. The equality impact assessment will allow the policies and proposals contained in the plan to be assessed with respect to their impact on these various groups.

3. Strategic environmental assessment. Strategic environmental assessment is a process that

Box 6.2. Quality of life matrix

In February 2002 Belfast Healthy Cities launched its city health development plan, Planning for a Healthy City. This publication was the result of an extensive consultation process involving more than 1000 people from 250 organizations, from which four recurring themes or priorities were drawn, one of which was transport, environment, planning and housing. An intersectoral strategic planning group was formed to translate these priorities into an action plan.

The group identified the need for a tool that could be used to assess the effects of land-use plans on people's quality of life. It would therefore promote the quality of life and contribute to reducing inequality. Such a tool would take the form of a matrix that would outline actions with positive and negative effects on people's quality of life.

Since the Belfast Metropolitan Area Plan team was in the process of drawing up a land-use plan for the Belfast Metropolitan Area, the matrix was designed to assess quality of life issues specific to land-use planning in this area. Belfast Healthy Cities was identified as the lead agency for this action, and a small working group came together to design and produce the matrix, using as a starting-point environmental impact assessment reports from across Northern Ireland, strategic environmental assessment reports from Kent, Lancashire and Exeter and *Healthy urban planning – a WHO guide to planning for people*.[23] Local universities contributed their expertise.

The matrix was completed in December 2002, and in January 2003 it was formally submitted to the Belfast Metropolitan Area Plan team as a tool for assessing the Plan.

Although the quality of life matrix was developed to be used with a land-use plan in a specific area, the framework can be used to develop a more general matrix. It is available from Belfast Healthy Cities as a print publication that also illustrates the positive and negative aspects of land use in photographs depicting sites in and around Belfast.

[23] Barton H, Tsourou C. *Healthy urban planning – a WHO guide to planning for people*. London, E&FN Spon, 2000.

anticipates and evaluates the environmental, social and economic consequences of policies and proposals such as those that will be contained within Belfast Metropolitan Area Plan. Belfast Healthy Cities has produced a quality of life matrix (Box 6.2) that outlines not only environmental considerations but also social and economic considerations that can affect the quality of life. The matrix was submitted to the Belfast Metropolitan Area Plan team for consideration in their assessment of the Plan.

The second way urban planners in Belfast contribute to healthy urban planning is through their involvement and participation in other health-related initiatives. The role of urban planning in other initiatives and groups has allowed a cross-fertilization of ideas and has advanced the concept of healthy urban planning in Belfast significantly.

The Belfast Metropolitan Area Plan team has been represented on the Strategic Planning Group on Transport, Environment, Planning and Housing of Belfast Healthy Cities. This group included representatives from relevant public bodies, academics and interest groups and was established to consider effects within these topic areas on the health of the people of Belfast and to develop integrated action plans to improve health. The issues considered have included sustainability and compact urban forms, health impact assessment, public consultation, promotion of healthier modes of transport, air quality and noise pollution, waste management, open space and community safety. The action plans developed formed part of the city health development plan Planning for a Healthy City, which was implemented during 2002–2003. Representation of planners on this Group contributed to good working relationships between organizations and sectors and increased the success of the actions implemented.

A further example of the contribution of urban planning to a health-related initiative in Belfast is the West Belfast/Greater Shankill task forces (Box 6.3). The Minister for Employment, Trade and Investment and the Minister for Social Development set up the task forces jointly. In this disadvantaged part of the city, the link between socioeconomic issues and health is paramount.

The future of healthy urban planning in Belfast

To what extent can this integration of health into planning be expected to prove sustainable? Investing for Health, the public health strategy for Northern Ireland, calls for a partnership approach to health, acknowledges that "the range of factors influencing health extends far beyond the remit of the Department of Health" and states that the strategy will be implemented based on the experience of Belfast Healthy Cities and other partnerships in using an intersectoral process. It states that the work of the Department of the Environment "clearly has significant potential implications for the health of the public". Such high-level acknowledgement of the role of this Department in improving health leads the way for increased integration of the Department's work, such as planning, with other health-related areas.

The current review of public administration being carried out in Northern Ireland is also anticipated to affect the nature of planning, in that it questions the current structure of service delivery, highlighting planning services, and considers the option of transferring development control to local authorities. A further step might then be to delegate to local authorities the authority to prepare area plans. Returning all statutory planning powers to local authorities for the first time since they were withdrawn in the early 1970s would be likely to improve the coordination of health-related functions at the local level and provide increased opportunities for addressing the needs of local people.

Box 6.3. Task forces for West Belfast and Greater Shankill

Two intersectoral task forces were set up to bring forward recommendations aimed at reducing unemployment and poverty in a disadvantaged area, identifying recommendations that could be implemented both by local groups and government agencies and that have measurable inputs and outputs. The Minister for Employment, Trade and Investment and the Minister for Social Development set up the task forces as an interdepartmental initiative. A Planning Service representative sat on the technical support group for infrastructure and planning services. The fact that the task forces reported directly to ministers encouraged members to believe that the recommendations they gave would be implemented with urgency.

Although the key driver for change was stated to be economic, the task forces were also asked to consider the broad social costs of unemployment and poverty and the benefits of full employment, including the indirect costs of social problems such as alcoholism and family break-up. A key feature was that planning services would create a clear framework for regeneration that is relevant to the demands of the 21st century and that this would be linked to the infrastructure investment provided. Planning and socioeconomic issues were therefore integrated from the outset of the initiative.

The report of the task forces included the following recommendations.

- In the absence of a current land-use plan, an immediate local area plan should be drawn up to influence and guide development and regeneration efforts.
- Defined areas should be earmarked for commercial and industrial development.
- Current planning policies that restrict the scale of office and commercial development outside the city centre should be amended.
- The need to protect the physical environment should be considered.

Overall, there was willingness to work together, increased understanding that no one organization has exclusive ownership of any part of the process and that the delivery of major infrastructure projects does not change overnight. The learning and personal development that took place came largely from having the opportunity to work with a diverse range of people and meant that people got a wider view than they would usually have. Task force members reported finding the experience intense but rewarding.

The report is anticipated to catalyse positive change in the West Belfast and Greater Shankill areas over the next decade.

7.

Health as the goal of planning: the experience of Horsens, Denmark

Bjarne Gregersen[24]

The Municipality of Horsens has a very well developed and integrated approach to healthy urban planning. Health is a general and fundamental objective for all activities of the Municipality. Decision-making is open and transparent, with local people actively sharing ownership of the process. Equality and sustainability are axiomatic in a healthy city.

City profile

Horsens has about 60 000 inhabitants and is a part of the eastern Jylland region with about 700 000 inhabitants.

The city is managed by a democratically elected Municipal Council of 25 members. The Municipal Council regularly works with professional organizations, interest groups and a citizens' council with democratically elected representatives.

Horsens is situated on an attractive fjord about 40 km south of Aarhus, Denmark's second largest city. The infrastructure is well developed with harbour, railway connections and an extensive road network including a motorway west of the city. The terrain is gently undulating hills between flat rural plateaus and broad river valleys.

The city, an old market town with a history extending back many hundreds of years, suffered severely in the financial crises of the 1920s and 1930s. Large industrial companies went bankrupt, causing extensive unemployment and social problems that still characterize the city to some extent many years later, as a type of social heritage. The city's current commercial structure is characterized by a strongly developed production base and a relatively weakly developed service sector, and the city is therefore especially vulnerable in periods of economic downturn and poor market conditions. Numerous new dwellings are being constructed, older residential areas are being renovated and businesses are expanding, while major new companies are moving into the city.

The Municipality is not in as good a fiscal position as many cities of comparable size; one reason is a smaller tax base.

The Municipality has been striving for many years to improve its social conditions and to break down its negative social heritage, improve the city's image and economy and raise the level of education. Numerous initiatives have been taken in a working relationship between the Municipal Council and groups of citizens to improve social conditions in the city and to change the city's image in a more positive direction, but much work remains to be done. The city's life is still marked by the negative social heritage, and intensive long-term work is being carried out to break this pattern. The Municipality is attempting to generate positive change in close collaboration with its citizens. Ways include active pursuit of Agenda 21 and health for all objectives and strategies based on longstanding participation in the WHO European Healthy Cities Network. Citizen involvement is therefore very widespread within the city.

The national government is emphasizing balanced spatial planning with a fair degree of autonomy for self-management in the individual municipalities. Concepts such as Agenda 21, citizen involvement, municipal self-management,

[24] Head Urban Planner, Municipality of Horsens, Denmark.

sustainability and good conditions for citizens and business are central to national policy.

The Municipal Council formally makes decisions on all matters concerning the Municipality's policy areas within the authority assigned by the county and the state. Citizens are actively involved, including via the citizens' council, study groups and various forums. Every fourth year the Municipality prepares a general municipal plan within all policy areas, and a intersectoral healthy city group and the planning group with representatives from all administrations actively participate in the planning work. The Municipality is generally responsible for all local spatial planning. Planning must, however, comply with regional planning guidelines and relevant legislation.

Healthy urban planning in Horsens

Health is the general goal and a fundamental requirement for all municipal planning in Horsens today. Adopted as a goal by the Municipal Council, health is part of the daily activities of all administrations.

Healthy urban planning means creating healthy living conditions (the WHO definition), including via planning that includes citizens. Joint ownership of plans and results increases citizens' awareness of quality and context. Only with the support of the citizens can healthy urban planning be implemented in the city and break down barriers between key players and administrations.

This is a prerequisite for attaining development in which people are equal and sustainability is axiomatic.

Health has been integrated into planning in Horsens for many years. One of the reasons for this is Denmark's social welfare system, in which government ensures the individual a basic level of sound living conditions. Denmark's planning legislation include provisions that seek to ensure a good environment and sound living conditions. The Municipality of Horsens has built on this planning legislation with health for all, a clean and sustainable environment, beautification of the city and the open countryside, an active urban development and redevelopment strategy and comprehensive citizen involvement via quadrennial planning processes.

Interdisciplinary project and development groups have been established involving administrations, local associations and groups of citizens in the city. The tradition of collaboration is extensive, and the planning process is open and visible.

The most important themes in the newly adopted municipal plan are urban and residential policy, youth policy, health and senior citizens.

The Municipal Council has unanimously adopted municipal plans in which health for all and Agenda 21 are the general objectives and strategies for the city's development and its activities. The municipal plan is a strategic plan expressed concretely in action plans carried out by the individual administrations, often in collaboration involving administrations, external organizations and groups of citizens. The plan is re-evaluated every year. Health is a concept that enters all policy areas and the work of all administrations. The Municipal Council is unanimous in these endeavours, but there is some lack of unanimity in the debate on the most effective way of achieving the objectives.

The Municipality has thus been working for many years with extensive citizen involvement on the basis of numerous models and methods and has created a very open, strategic and comprehensive system of plans. The results of the plans include wide-ranging meetings of citizens in all districts in connection with planning, including soliciting ideas from citizens, establishing a strategic planning system with formulated objectives, areas of initiative, action programmes, inclusion in budgetary planning, the administrations' action plans and an annual evaluation in which results are described and explained. Citizens' groups, a citizens' council and forums have also been established with the objective of improving cooperation and dialogue between the Municipality and its citizens. All conceivable methods of disseminating information are used, such as briefings and invitations to citizens via the local press, local television, the Internet, folders delivered to homes,

Box 7.1. Neighbourhood regeneration and renewal

Neighbourhoods are places where people live. They imply a sense of belonging and of community, with shared educational, shopping and leisure activities that provide a focus for social life. Regeneration implies an integrated approach to solving urban problems (urban planners working in partnership with other actors to achieve social, physical, environmental and economic improvements). Renewal emphasizes a process of physical change to support the social, environmental and economic goals of regeneration.

Renewal and revitalization of the Vestergade district

In 2001, the Municipality of Horsens began a 7-year social and physical urban renovation project in the Vestergade district, the city's socially and economically most disadvantaged area with about 3500 residents. With financial support from the national government and the Municipality, work will continue for a number of years on improving conditions in the district in all areas: better dwellings, establishing attractive and safe streets, squares, open areas, recreational options and communal facilities and network-promoting activities for the residents.

The project's general objective is to transform the area from the city's most disadvantaged to an exciting modern active suburb in which the original residents can remain with new and improved conditions while becoming empowered: developing new personal competencies via active participation in the district's development.

The urban revitalization project involves a very broad spectrum of stakeholders. These include the Municipal Council, officials and the heads of relevant administrations, interest organizations, Healthy City and a very broad spectrum of citizens and citizens' groups, government interests and representatives of private business.

The course of the project

Meetings were held in the district after the project organization was established. Several hundred citizens participated in these introductory meetings, and 12 citizens' work groups were subsequently established, distributed according to a range of relevant themes the citizens in the district desired. The initiatives were ranked by consensus and began with the more detailed planning and implementation based on this consensus ranking. This is where the project currently stands. The project is under continual evaluation based on predefined criteria of success and interim targets and indicators.

From the project's start, health has been a key parameter and one of the project's general objectives. One of the objectives is thus that people in the district will increase their competence in a wide range of areas and feel a greater sense of identity with and ownership of the district.

The entire conceptual basis of the project and the way it has developed are a result of the Municipality's commitment and priority-setting in relation to health for all and equity in health.

telephone contact, study groups, future-oriented workshops and the like.

In the Municipality's experience, people are happy to participate actively when their own local area is concerned, but citizen participation is very limited for more general strategic planning initiatives and principles.

The formation of such citizens' councils as the senior citizens' association, the village association and the suburban association has created a high level of empowerment, and interest in strategic planning has grown through this. The Municipality has also initiated many project initiatives, especially via Healthy City and the healthy city shop.

The Municipal Council has determined that all administrations are to incorporate health and Agenda 21 in their daily work. A intersectoral planning group has been established and a healthy city group has been formed with members from the various administrations that contribute to the general planning. The Municipality prepares a health statement and a health plan as part of its work on the municipal plan. There is a widespread tradition of informal contacts between sectors and administrations, and many different professions are involved.

Horsens has used indicators to measure results in numerous projects and plans. The goals achieved in certain project forms, especially concerning the social sector, have been difficult to measure, and work is therefore continuing on the development of usable and reliable indicators.

The health impact assessment system is regularly used in connection with planning and implementation and is generally a part of our method of work with respect to planning and implementation.

Prospects and conclusions

Based on the many years of experience of the Municipality, involving citizens is difficult when spatial planning is debated at the strategic level but easy when planning is local and concrete. The establishment of joint ownership of the plans by involving public and private stakeholders is important. Projects can only be anchored and implemented via joint ownership and understanding.

Finding financial support to realize plans is difficult if the plan's general objective is principally to promote health and better living conditions. Health must therefore be anchored in more rational cost–benefit considerations such as the fact that health is good business, is a positive parameter of competition and improves image.

Horsens is undergoing a positive transformation via urban renovation and renewal and architectural policies for construction and facilities generally in the city (Box 7.1). This includes urban design and outfitting, improved options for personal recreation and improved cooperation between the Municipal Council, associations, citizens and business through the active involvement of citizens. The aim is to make Horsens a good place to live and work in accordance with the Agenda 21 and health for all strategies.

The planning and initial implementation of new recreational green options for everybody in the city (Box 7.2) is in full swing together with an improvement of conditions in the villages and a significantly enhanced working relationship between residents of the villages and the Municipality of Horsens.

A comprehensive transport plan for the entire municipality is being prepared in which the most important objectives are road safety, mobility, the beautification of roads and surroundings, noise reduction, sustainable transport and reducing carbon dioxide emissions.

Environmental planning has been intensified significantly. Projects are intended to improve the environment in the form of cleaner watercourses, lakes and fjord, to ensure biological diversity and to reduce air and noise pollution.

Box 7.2. Open space planning

Open space refers to the many different types of public open spaces in cities. It includes formal and informal areas, green spaces, play areas, sports fields, squares and parks, natural places, riversides, lakes and beaches. It also covers areas of all sizes, from large municipal parks used as resources for whole cities to very small local parks and spaces on neighbourhood streets.

After public hearings on the municipal plan in the late 1990s, Horsens Municipal Council decided that the city should be made greener and more recreational for its citizens. After ideas from citizens were solicited, more than 300 suggestions for improving the city's green profile were received. The Municipal Council decided based on these to prepare a green structure plan for the entire municipality, and work on the structure plan is now in full swing. Parts of the plan have already been implemented. The green structure plan is based on the many suggestions from citizens together with the Municipality's objectives in accordance with health for all and Agenda 21. Apart from the aesthetic treatment of the city's areas and open spaces via these green initiatives, health, environment and sustainability are considered on an equal footing. The plan will initially be designed as a discussion paper for debate with citizens and then the Municipal Council will adopt it in final form. The plan is being prepared in cooperation with private interest organizations and groups of citizens who represent smaller local areas. An action plan was prepared to finance the implementation of the green structure plan.

An early concrete result was the establishment of a major new recreational forest area south of the city so that all the city's residents can have easy access to green spaces. Novel recreational pathways were also created in all suburbs, thus making exercise, adventure and fresh air for everybody a real option. By involving citizens in the process, the Municipality has ensured appropriate design, a realistic level of ambition and joint ownership of the green areas – an important element in the Agenda 21 and health for all strategies. The green structure plan will cover all types of open space from the smallest to the largest in the city, in the open countryside and in the villages.

The general objective of the green structure plan is to make the city and its surroundings more beautiful and greener. Reasons include making the city a highly attractive area in which to settle, creating improved recreational options for citizens based on a principle of equity and improving environmental conditions in general.

In particular, the planning of major recreational areas south of the city is a result of a careful consideration of health, emphasizing equity in health – here in the form of equal access to green recreational areas.

8.

Analysis and evaluation

Claire Mitcham[25]

Implementing healthy urban planning: common themes and issues

The experience of urban planners from cities across Europe conveys an overriding impression of experimentation. For most of the group, the special emphasis on health as a central goal of urban planning has been a new feature of their work, and the first phase of work with healthy urban planning has included becoming familiar with the concept and testing practical ways to implement the ideas.

Discussion and debate during group meetings provided an opportunity to learn about the different perspectives and experiences of each group member, and to share opinions about what healthy urban planning implies, both in theory and in practice.[26] Group members quickly agreed that healthy urban planning should involve a greater focus on people. The importance of creating healthy environments and supporting healthier lifestyles has been a central objective for these cities along with an emphasis on the importance of joint ownership of plans and policies among various sectors and among citizens.

The cities of the WHO City Action Group on Healthy Urban Planning differed substantially in size and situation (Table 1).

Table 1. Members of the WHO City Action Group on Healthy Urban Planning

City	Population	Description
Northern Europe		
Gothenburg	475 000	Medium-sized city
Horsens	60 000	Small city in a rural context
Sandnes	55 000	Small municipality, part of medium-sized conurbation (200 000)
Southern Europe		
Milan	1 300 000	Large international conurbation (4 million in a wider area)
Seixal	150 000	Medium-sized municipality – part of the Lisbon Metropolitan Area
Western Europe		
Belfast	282 500	Medium-sized city – capital of Northern Ireland

These cities approach urban planning activities differently on several levels, and these have influenced how each has approached integrating health issues into their work. Such differences include historical, geographical and cultural characteristics, legal and institutional frameworks, existing national, regional and local policy agendas and different urban planning traditions.

When the Group began its work in mid-2001, the level of experience in trying to incorporate health issues into urban planning work also varied. Some cities had several years of experience supported by national and regional government initiatives and a history of involvement with their local healthy city project, whereas others em-

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[26] Barton H, Tsourou C. *Healthy urban planning – a WHO guide to planning for people*. London, E&FN Spon, 2000.

braced the concept as something completely new for their city and an opportunity to add something of unique value to their existing planning work.

As a result of these influences, each Group member has taken a different approach to implementing the ideas associated with healthy urban planning.

Belfast has emphasized integrating health into strategies and plans. Several departments of the national government carry out urban planning activities, and this work is strongly plan-led. The Department of the Environment and Belfast Healthy Cities have jointly carried out the work to incorporate health into the urban planning process, with additional involvement from departments responsible for related issues such as regeneration. The approach is reciprocal, with the Belfast Healthy Cities team providing input into urban planning processes and urban planners providing input into complementary initiatives developed by Belfast Healthy Cities. This has therefore been a joint approach focusing on preparing plans and policies and on building relationships between various policy sectors and initiatives within the city.

Gothenburg has made significant progress since taking the initiative to focus on health in planning in 1999. A key step was the establishment of a health group within the City Planning Authority. This has helped to integrate health and quality of life issues into a wide range of day-to day planning work, including preparing the detailed plans for new development on specific sites and the use of environmental impact assessment of planning proposals. Much work has been done with the healthy city project to raise awareness about the ideas within the City and to increase citizen empowerment. The City is also following up a specific interest in issues of safety and security.

In Horsens, work to integrate health into urban planning processes has been ongoing since the early 1990s. With the support of the national government, the concepts of health for all and Agenda 21 have become central to the work of the whole Municipality. During this period, health has become integrated into urban planning documents and specific initiatives, and citizen empowerment is especially emphasized.

Milan has also taken a joint approach. The Urban Planning Department and the Healthy City Project have worked together, with input from the Politecnico di Milano Technical University, to take forward the work. The city has chosen three pilot projects to test the implementation of healthy urban planning principles. This work has focused on developing an intersectoral approach to preparing proposals for regenerating and developing three specific urban areas. The challenge now is to implement these ideas on a wider scale.

Sandnes has been working with healthy urban planning ideas for several years, implementing specific projects as part of its healthy city initiative. After attending the First Seminar on Healthy Urban Planning in Milan in October 1999, Sandnes began a process of integrating health fully into the municipal comprehensive plan, and this is now one of three key themes of the plan.

Seixal began to work with healthy urban planning in 2001 and has since established an intersectoral working group to take forward the ideas. Early work has identified specific initiatives and projects, and this is now being followed by a process of incorporating health issues into the new plan for the municipality.

Experimentation with healthy urban planning has focused on two key areas: (1) incorporating health principles and objectives into documents and policies that guide development and (2) implementing specific projects and initiatives that test out principles such as intersectoral action and community participation or that aim to advance understanding in relation to specific thematic areas. Individual cities have adopted quite different methods and have begun to develop their own tools and processes to support the work. In many ways, these methods reflect the context within which each city is working. They include such initiatives as: a quality of life matrix (Belfast), a

health monitoring group (Gothenburg), an intersectoral working group (Seixal), collaboration with academics and between sectors (Milan) and establishing community or children's councils (Horsens and Sandnes). Several cities have worked together with the healthy city project or the public health sector to explore how health principles can be integrated into urban planning work. In addition, some cities have carried out specific initiatives to raise awareness within their own departments.

Discussions and exchanges with members of the City Action Group have clearly showed that cities are struggling to translate their interest and belief in healthy urban planning into practice in a meaningful way. Much has been achieved, but there is a sense that cities are feeling their way, and significant barriers to progress remain in some cases. There are practical difficulties in every city in realizing the two underlying principles of community involvement and intersectoral action. The intersectoral approach is difficult to develop and requires continuous effort and input, even when well established. People working in different sectors often speak different languages, and efforts to work together can be thwarted by bureaucratic norms and procedures and resistance among some staff and politicians. This can reinforce vertical procedures and prevent intersectoral discussion and action. Several cities commented on the desirability of citizen involvement and the importance of increased trust and empowerment, linking it to the successful implementation of projects. Nevertheless, poor mutual trust could sometimes be a barrier to successful community involvement. Several Group members noted that they had found it very difficult to engage citizens in discussions on strategic planning processes, although engaging people in debate on specific and local issues was much easier. Several cities emphasized the importance of raising awareness among citizens about the wider objectives of healthy urban planning, commenting that public attitudes and practices were a barrier to the success of some initiatives. For example, getting people to cycle and use public transport, even when this was well provided for, sometimes required constant publicity and promotion.

Several cities noted ongoing practical difficulties and disagreements among staff, politicians, and citizens. Even when there was unanimous commitment to objectives and principles, there was not always agreement on how these should be achieved. A particular stumbling block was the relationship between economic objectives and objectives related to health and the quality of life. Several cities noted that, even when health concerns were integrated into plans and policies, politicians sometimes had difficulty in giving priority to less easily quantifiable health benefits over short-term economic gains. Nevertheless, experience had also shown that obtaining funding for promoting health and improving living conditions may be more likely if this is linked to wider economic goals (good health is good business).

All members of the Group that completed the questionnaires feel positive about the progress they have made. Inevitably, their achievements are linked to how long they have been working with healthy urban planning ideas. Cities such as Horsens and Sandnes, who have emphasized health, well-being and quality of life over a long period, felt that they were now seeing improved living conditions and a large number of "concrete improvements". Joint ownership of plans and policies was seen as the key to success. The cities in the early stages had, quite rightly, focused on building relationships and laying foundations for future work, but they had also seen some real changes in working practices. For these cities, perhaps the most important achievement was that staff recognize that health is key to urban planning and that it should be explicit and not implicit in urban planning work. Group members had taken the ideas and experience discussed during meetings and tried to integrate these into their own working practices. Cities in which intersectoral cooperation was a new approach reported that staff participated in the work with interest and enthusiasm and noted the synergistic

value in this approach. A cultural change was beginning to take place, and the planning process was becoming more open and accountable (Milan and Seixal). Many people attending meetings or conferences return home and put these new ideas or examples on a shelf and gradually forget their enthusiasm. These planners have not done this; they have really tried to do something practical, and step by step, they are beginning to see the results of their efforts.

9.

Emerging principles and prospects

Hugh Barton[27]

Certain themes and principles are reiterated throughout the case studies. It is far from easy, however, to extract principles in a way that does justice to the impressive and diverse approaches exemplified by the six cities and draws out lessons for other municipalities who may be moved to follow their lead. Below is one attempt at a series of nine summary principles – drawing not only on the case studies but also previous WHO publications, especially *Healthy urban planning – a WHO guide to planning for people*.[28]

1. Human health as a key facet of sustainable development

The focus on human health and well-being offers a means of refining and sharpening what is meant by social sustainability and the quality of life in the debates about sustainable development. Health, with its relationship to income, equity, social capital and environmental quality, provides an human-centred perspective on sustainable development.[29]

Several of the case study cities make this connection explicit: for example, Horsens and Sandnes with their full integration between health and planning, and Belfast with its quality of life matrix. Health is a more user-friendly term than sustainable development and can thus offer common ground for different interests and agencies. If policies are declared to be unsustainable, this is open to much equivocation because of the many different facets of sustainability. If they are declared to be unhealthy, with some evidence to back this, fewer will argue. Thus, we recommend using the principle of health to build constituencies of support for good urban planning.

2. Cooperation between planning and health agencies

Cooperation between planning and health agencies is essential in developing effective integrated programmes. This is a two-way affair: public health experts can advise planners on the effects of policy, and planners can advise health officials on the opportunity for intervention in relation to the determinants of health.

All the case studies demonstrate this principle. Milan, for example, has a very well orchestrated strategy for building cooperation between key departments. Gothenburg has taken this to a neighbourhood level. The healthy city team in Seixal, starting from a general segregated structure of departmental responsibilities, has used specific projects to build bridges.

3. Cooperation between the public, private and voluntary sectors

Broader intersectoral cooperation is vital to ensure a coordinated programme, without one agency undermining others. This applies, for example to education authorities, health and social services in relation to equitable access. It applies to transport

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[28] Barton H, Tsourou C. *Healthy urban planning – a WHO guide to planning for people*. London, E&FN Spon, 2000.

[29] Price C, Dubé C. *Sustainable development and health: concepts, principles and framework for action for European cities and towns*. Copenhagen, WHO Regional Office for Europe, 1997 (http://www.who.dk/document/e53218.pdf, accessed 8 September 2003).

authorities working with land-use authorities. It applies to major investors in the private and voluntary sectors recognizing their social and environmental responsibilities.

In a pluralist society, achieving healthy and socially inclusive cities is difficult unless businesses and public sector investors accept some shared responsibility with planning and health agencies. Horsens, for example, has a long tradition of consensus-building between sectors. Success relies on the central authorities acting transparently, being willing to pool responsibility and coordinate action.

4. Community consultation and empowerment

Public consultation and involvement are key means of empowering local communities and of trying to ensure the responsiveness of policy to local needs.

Empowerment – ensuring that people have a sense of their ability to control their own environment – has direct health benefits. Sandnes, for example, has worked extensively with children. More generally, planning policy is littered with examples of initiatives that failed to recognize basic human needs, and the participants responding to the questionnaire highlighted this. Public participation (such as that being developed by Belfast) is a means of reducing the risk of devising unhealthy policies.

5. Political commitment at the highest level

Political backing from the top tier of the city government is an essential prerequisite for the development of long-term programmes and for effective liaison between departments in a situation in which each department tends to have its own specific remit and professional perspective.

This is a theme common to all healthy city projects, illustrated particularly well by Milan, with its coordinated programme. It is essential that the politicians have something to gain in terms of profile and prestige and something to lose if support is withdrawn. This political visibility is also good for intersectoral working and public participation, raising awareness generally.

6. Health-integrated plans and policies

The critical factor that will help to ensure that planning policy is aimed towards health is absorbing health into the mainstream of plan-making and plan implementation activities. Merely tagging on a health objective or retrospectively assessing health impact is not enough. The plans should be geared to health through and through.

Planning systems differ widely in each country, so that practical problems of achieving health-integrated plans are greater in some places than others. The case study cities are at different stages in the process. But the long-term objective for all is full integration, so that health is a central goal of plans governing land use, transport, open space, housing and economic development. This should certainly involve some form of health assessment of emerging plans, policies and projects, but all the evidence suggests that it is far more important to set the right (health-promoting) objectives at the outset, so that the decisions flow from those objectives.

7. Health integration at all scales from macro to micro

The strategic plan (or plans) for a city region sets the broad policy and investment strategy that key implementing agencies need to work with positively. The neighbourhood, town or community plan is the level at which local people can become actively involved. Each new development project is significant in moving towards (or away from) a healthy human environment. All three levels of operation are essential, each reinforcing the others.

The case study cities are all working towards this consistent approach, although for some the institutional context set by government can make this awkward. At the strategic level, the main priority is that of increasing the realistic choices

open to excluded groups – choices in terms of transport options, housing opportunities, work and recreation – to reduce the health penalties of poverty, immobility and other disadvantage. At the neighbourhood level, the key priority is to ensure local accessibility by foot and bike to a wide range of facilities in a safe and pleasant environment, encouraging healthy lifestyles and supportive social networks. At the project level, the priority is to ensure that established health-oriented policies are not compromised for short-term gain or expediency.

8. A comprehensive approach to the determinants of health

Planning policy documents (briefs, plans and guidelines) and policy assessment processes need to recognize the full breadth of relevant healthy objectives.

Some of the most important are:

- opportunity for healthy lifestyles (especially regular exercise);
- social cohesion and supportive social networks;
- access to diverse employment opportunities;
- access to high-quality facilities (educational, cultural, leisure, retail, health and open space);
- opportunity for local food production and healthy food outlets;
- road safety and a sense of personal security;
- an attractive environment with acceptable noise levels and good air quality;
- good water quality and sanitation; and
- reduction in emissions that threaten climate stability.

Some case study cities have had time to develop a comprehensive approach. Others are more targeted, focusing on specific issues. A significant realization is that these objectives are not some completely new health-related set separated from normal planning objectives. On the contrary, they tend to reinforce these "normal" aspirations – which are also there for other reasons, sometimes historical. But the health angle gives added weight to certain objectives, such as the opportunity for healthy exercise, which can otherwise get submerged in the rush for development.

9. Evidence-based planning for health

Planning agencies must be able to learn from experience, monitoring the actual effects of policy, basing policy review as far as possible on evidence and not hunch or vested political, commercial or NIMBY (not-in-my-backyard) interests.

One of the great strengths of linking the public health and urban planning professions is the potential it gives to draw on both medical and environmental evidence and research, so that policies can be more rigorously assessed. Can they be implemented? Do they affect behaviour as intended? Do they have tangible health benefits?

Future prospects

Healthy urban planning represents a multifaceted field that still needs to be explored to its full conceptual depths as well as policy and practical implications. It intrinsically appeals to decision-makers and professionals who are experiencing the ill effects of unhealthy and unsustainable planning on a daily basis. Commitment to health and sustainable development cannot be comprehensive without addressing planning practices. Planning for people is not just an attractive slogan. It epitomizes the imperative to redirect development policies and practices to have regard for the quality of life, equity, health and well-being. Taking the healthy urban planning work forward to a more visible and dynamic stage requires explicit commitment on a larger scale. This is why the WHO Regional Office for Europe has made healthy urban planning a core developmental theme of the fourth phase (2003–2007) of the WHO European Healthy Cities Network. This means that all European Network cities will have the opportunity to work on this topic systematically: developing, implementing and experimenting with different approaches and initiatives. Healthy urban planning principles will be applied, tested and linked to different issues of priority in-

cluding the needs of children and older people, neighbourhood planning, access to services, urban regeneration and democratic and participatory governance. Thus a central aim of the fourth phase is to work with city politicians, planners, architects, environmentalists and public health professionals to apply and further explore the concept and principles of healthy urban planning and develop knowledge, skills and tools that can be used in cities across the European Region.

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