Cities and Health

Summary piece for policymakers and opinion formers. Prepared for the Foresight Future of Cities project, Government Office for Science. The views expressed do not represent policy of any government or organisation.

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Cities have always shaped the health of their citizens in important ways and will continue to do so into the future – at an accelerating rate.

Policy initiatives and planning decisions in the urban environment that positively affect such things as air quality, noise control, levels of physical activity or access to green space, fresh food and positive social contact play a vital role in helping to keep us physically and mentally healthy.

Urban farming: access to fresh food will be important to the health of cities
(Source: Helen Hamlyn Centre for Design, Royal College of Art)

Urban policymaking and planning decisions that ignore or override these wider health considerations do the opposite – they make cities more unhealthy places and put additional pressure on healthcare services to cope.

This polarisation between health-friendly cities and urban conurbations unconsciously putting people in harm's way is likely to grow when we consider the key trends that have been identified by the Foresight Future of Cities project.

The twin mega-trends of urbanisation and ageing have served to swell city populations with large numbers of older people who will require higher levels of care in the future while also becoming more and more economically dependent.

Changing patterns of migration will put also put increasingly diverse and multicultural cities under unprecedented strain to support their citizens in leading healthier lives, especially when set against the backdrop of emerging health challenges of the early 21st century. Factor in the rise of diabetes or dementia or the

co-morbidity of chronic conditions, and the urban health pressure-cooker really starts to heat up.

Interestingly, while cities eventually moved smartly to ban the lifestyle epidemic of the 20th century – smoking – from our public places, the growing threat of the lifestyle epidemic of the 21st century – obesity – has risen relatively unimpeded. So, as future trends point to busier, more diverse and more intense cities in every way, how do we avoid fighting old health battles on tomorrow's urban streets?

Health, not just healthcare

One answer is to address head-on the way in which urban planners and policymakers currently tend to focus on *healthcare* in cities rather than *health*.

Most city leadership, urban policymaking or action on the ground prioritises the safe and efficient delivery of formal healthcare services in hospitals and the community rather than a wider focus on public health and healthy lives. This is cure rather than prevention. The Foresight Future of Cities project has identified a broader perspective that could be adopted – one that looks at urban health and wellbeing as a total 'ecosystem' to be embraced, rather than urban healthcare as a complex system to be managed and resourced.

The argument put forward is that what is needed in our future cities is a whole-picture approach to improving *health* – not just the delivery of better healthcare services. And if a more comprehensive and holistic way of looking at health in cities is adopted, then healthcare *services* within this bigger picture can be better designed and targeted on need with more efficient use of resources over longer time cycles.

So, what would this whole-picture approach to supporting healthier lives in our future cities look like? It could have a number of key components:

New spatial strategies

The first of these key components would be to achieve better linkages between public health and planning in cities, leading to the adoption of new spatial strategies to support factors that positively influence health and wellbeing.

The deliberate design of urban environments that promote such things as more active lifestyles, access to healthier food or provision of better housing would go some way towards implementing a more holistic policy approach on health. One could envisage cities making better use of rivers, canals and waterways for health purposes, for instance, or rethinking how to connect dense, compact neighbourhoods with green spaces and local food produce.

Of course there are challenges in bringing the health and planning professions together – an historically weak evidence base, the sheer complexity of planning healthier cities, cultural and language barriers, and the current focus on public health priorities such as cutting smoking, alcohol and drug use rather than looking at wider determinants associated with the built environment.

However the urgent need for rapid growth in new housing and associated facilities in the UK presents a ready opportunity for change; and the momentum around joint working between public health and planning professionals has been helped by recent legislation that has promoted localism and shifted some public health responsibilities from the NHS to local authorities.

Resisting infectious diseases

One particular joint sphere of influence relates to the introduction of better resilience planning so that cities are properly equipped to address the spread of infectious diseases in the context of the globally mobile and connected city populations of the future.

According to Lloyd's City Risk Index 2015-2025[1], the outbreak of a human pandemic is ranked third only behind financial crisis and war as a serious risk to citizens. However, despite the seriousness of this ranking, current practice in such diverse areas as medical architecture and corporate food production work against the need to protect city populations from rapidly spreading pandemics. More work on resilience planning will need to be done in the future, with greater focus on the subject by public health professionals

Active travel

Another joint arena for health and planning identified by the Future of Cities project is active travel – an approach to urban transport that actively promotes healthier alternatives to travelling by car, such as walking and cycling. Current modes of urban transport have become unsustainable – an over-reliance on car use has demonstrably contributed to a rise in air pollution, mental stress and obesity. That is even before the impact of death and injury from road accidents is factored in.

There is now a general shift towards reclaiming our streets from dominance by vehicular traffic and redesigning them to address the health and wellbeing needs of a much wider range of users. This will take time and effort to change accepted behaviour in how we travel around cities. New infrastructure will be required in the health-friendly cities of the future – and new information systems too, as cities must become more 'legible' to negotiate.

Research suggests that policies supporting active travel will not just improve health and reduce air pollution and congestion – they will also reduce demands for public spending and create a more desirable environment to attract private investment.

Better ways of working

Reducing long and burdensome commuter journeys by car – a practice more prevalent in the UK than elsewhere in Europe – is also part of the pathway to better health in our future cities. That requires developing new patterns of work in which workplaces are more conveniently located for urban workforces and there is greater

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[1] www.lloyds.com/cityriskindex/

flexibility in workplace policies so that people can find a better balance between work and life.

In a 24/7 digital economy that is always 'on', there is now a real fear of employee burnout among experts in the field. The adoption of new ways of working with more local employment policies and reduced commuter journeys has become a priority to ensure that the economic demands of work are balanced with the health and wellbeing needs of workers.

Within the workplace itself, a greater focus on exercise and mobility, social interaction, access to natural light and good air quality will become more important to counter the unhealthy effects of sedentary, screen based working.

Healthier homes

Alongside the provision of healthier workplaces, the new homes required for growing urban populations will need to be constructed with a more clearly defined specification that supports better health outcomes. An evidence base exists to support the design of homes in cities with more efficient insulation and heating, safer stairs, more appropriate spatial layout and better access to natural light, green spaces and local neighbourhood and community amenities.

The cost to the NHS of cold, damp housing with unsafe features and low levels of daylight is not far behind the cost of the impact of smoking or alcohol (Nicol et al., 2015). The design of housing and neighbourhoods that support higher levels of social and community interaction, especially but not exclusively among older people, could also help improve mental health and reduce the healthcare bill.

Indeed the housing market is central to the challenge of health in cities. The provision of more specialist housing to support people as they age, especially in the context of a rise in dementia, could release larger homes for families to flourish in healthier surroundings. Better use of smart technologies in housing could facilitate more working and caring at home, thus creating more flexibility in urban systems.

It is also important to consider the provision of affordable homes so that key health and care workers in hospitals and the community are not priced out of cities.

Innovation in healthcare

This brings us to an important point. Healthcare workers, buildings, infrastructure and services will, of course, remain a key component of any whole-picture approach to supporting healthier lives in our future cities. The work of the healthcare system should however sit within a broader 'ecosystem' of city leadership, planning and policymaking for health.

Within the healthcare system itself, the accent should be on innovation. New ways of doing things are likely to take many forms in the future. Adoption of new technologies to support telecare, remote monitoring and other person-centred medical interventions will accelerate with advances in such areas as ubiquitous

computing, 'soft' robotics, 3D digital printing and nanotechnology. Big data will have an impact on how cities manage healthcare.

Medical architecture will need to adapt too. One could, for instance, envisage the introduction of a more modular approach to building healthcare facilities in cities so that clinics, GP practices and hospital departments can be scaled up or down in line with the fluctuating demands of an transient population. Currently, some inflexible healthcare facilities are marooned in urban areas that have become depopulated either through redevelopment or an excess of overseas investors who are absentee homeowners.

A whole-picture approach

Taken together, the key components described in this essay could have a powerful effect on the health of future city populations.

New spatial strategies, better resilience planning, closer links between public health and urban planning, active travel, new ways of working, healthier homes and neighbourhoods, and innovation in the healthcare system itself – these are separate elements that add up to a more holistic, whole-picture approach.

Taking city policymaking out of its silos and into a more integrated and joined-up health frame will require real leadership and a change of attitude.

At a Future of Cities project workshop on health and cities, experts identified how a more local approach to planning, with greater local autonomy and community accountability in such areas as transport, housing and spatial zoning, might support this approach. Incentives for developers of new infrastructure that actively promotes healthier living were also seen as important.

It is sometimes said that city dwellers currently enjoy an 'urban health advantage' because they tend to be healthier than their rural counterparts. However, within cities, there are health inequalities that are based on social inequalities, and this should be addressed.

There are also no guarantees that urban citizens will continue to enjoy this health advantage as cities become more dense, diverse and complex in the future, with more pressure on water, energy and material consumption.

A paradigm shift from healthcare in cities to *health in cities* will require a profound policy debate followed by real action on the ground. Let's start the debate here.

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