



Building Healthy Communities Final Report

October 2011



Connecting cities
Building successes





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For more and complete information on BHC see all the documents, reports and material produced on the project webpage in www.urbact.eu

1. BHC

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The Building Healthy Communities (BHC) Thematic Network consists of a partnership of 10 cities from seven EU member states that have been working together over the past 30 months in order to capitalise knowledge and practices on urban factors influencing health and to create opportunities for cities to shape and implement healthy policies for their citizens.



2. Building healthier communities in European cities

The ten partner cities of BHC have tried to design local action plans (LAP) in which health and quality of life could be considered as keywords and goals. This in a moment in which the economic and financial crisis has hit hard European economies, thus changing dramatically the scenario for local development policies: priorities had to be re-selected, strategies re-defined, challenges re-focused.

This situation is shared by all EU cities, with a more or less hard impact according to the relative good conditions of national economies, and signals of recovery are clear in some countries while in others more cuts to public expenditures and more reforms are expected. The crisis is reflected in choices and activities described in BHC LAPs: many actions are foreseen but their implementation is linked to the diminishing availability of funds; interventions tend to prepare sound programmes for the future rather than scheduling for the next months; attention has been paid to the city increasing capacity to assess for the right decision to be made and to monitor the implementation process of current activities.

Notwithstanding, the ten synthesis of the local action plans, presented in the “City Guide Report” (available, as all the other documents, in the project webpage in www.urbact.eu) give the reader a positive picture of ideas and activities that reflect the work of the member of the local support groups (LSG), their ability in adapting to a changing scenario, and their will to propose a local way to introduce health and quality of life in all urban policies, as promoted by DG SANCO.

Each LAP synthesis has been labelled as city guide, because it represents a specific situation, local conditions and peculiarities, the city interpretation of the process of building a healthy community. It is, then, possible to see ten very different city guides reflecting different political and civic cultures, contexts, approaches and needs. And yet this diversity has proved to be the real richness of BHC, because the learning process that is usually expected in EU projects even exceeded the first expectations: the project started with three thematic workshop (held in Łódź, Torino and Bacău) and right after the first it was clear that there was a much bigger need to exchange ideas and practices. Furthermore, the three thematic workshop had been scheduled to provide partner cities with knowledge on how to assess and monitor health in cities, on different models of healthy lifestyles (and thus policies), on the available opportunities for funds in the current EU programming period (especially as regards Structural Funds, SF). But that was not enough: partner cities wanted to know more on how concretely assess health in urban policies, and a training session on health impact assessment (HIA) was organized in Belfast; the need to improve the effectiveness of local policies since their definition led to another meeting, in Barnsley, in which the use of social marketing techniques for designing health policies has been analysed; finally, the need to understand how to reshape regeneration policies and interventions in order to take into account health and quality of life conditions of the citizens led to two meetings, in Madrid and Lecce, in which the local experiences was at the centre of the attention.

3 Thematic Workshops

Łódź (PL), 07-10.06.2009
Torino (IT), 05-07.03.2010
Bacău (RO), 30.09-02.10.2010

Final Conference

Brussels (BE), 07.06.2011

4 Multi-lateral Exchanges

Belfast (UK), 28-30.09.2009
Barnsley (UK), 08-10.07.2010
Madrid (ES), 16-18.12.2010
Lecce (IT), 14-15.03.2011

A shifting EU scenario...

The redefinition of the activities of the network, their doubling in fact in terms of meetings, can be seen as a direct consequence of the changes in the wider EU scenario. What was expected at the beginning could have been sufficient to leave to each city the time to design a good LAP but, in a period in which the economic crisis was modifying the basic conditions for the development of EU cities, the need to find new “tools” and ways to react

to the crisis became of great importance. It is not by chance that cities have been interested in techniques, toolkits, typologies of interventions: they are all seen as ways in which local actions could be more effective and efficient.

Another consequence of the changes in the EU scenario contributes to explain the diversity of the activities that cities are promoting via the LAPs: cities are usually not the appropriate institutional level for designing health policies and provide health services, but cities (as municipalities) were involved in BHC, sometimes represented by the local health service or the health department. In a pre-crisis scenario it was expected that there could be the possibility to influence the allocation of funds to health related projects, but in the middle of the crisis this idea became clearly naïve. Since the first months, in fact, it became clear that the relation between health and SF, that is the main source of funding at EU level, was going to become the more problematic issue: cities in the Competitiveness Objective areas found it very difficult to identify priorities in the Regional Operational Programmes related to health, even in indirect way; cities in Convergence Objective regions had a more favourable situation but also a more complicated general context in which health was mainly intended as infrastructures. The relation between health and Structural Funds has been linked to the definition of national and regional strategies and priorities so the possibility for cities to invest on health is strictly related to the possibility – if any – to cooperate with their relevant Managing Authority of the European funds. From the point of view of BHC this has raised two main problems: the difficult involvement of Managing Authorities in the process of designing the LAPs and the fact that national and regional programmes had already decided almost everything in terms of actions and initiatives.

... influencing a flexible local strategy

As a result of the difficulties that partner cities were experimenting, there has been a shared strategy of broadening the focus from health considered in a more traditional way to include the general wellbeing of citizens, so to design LAPs that could holistically link different interventions (often already planned or ongoing). From a certain point of view cities were practicing the “health in all policies” principle because it was too difficult to design or promote regular health policies. Furthermore, it became clear that it is at the local level that there is an urgent need to promote integrated interventions to improve the quality of life of citizens, to intervene to prevent certain phenomena to become problems, especially during the economic crisis that is still hitting hard local authorities spending and programming capacity. To this extent, cities need to integrate different funds and to include health into existing programmes, so to “interpret”, “adapt” and “imagine” differently. The situation is certainly complex *and* has produced different answers in BHC: from the complete absence of reference to Structural Funds to their indirect use via existing agreement between Managing Authorities and cities.

A matter of political choices

Cities can not rely completely (or at all) on Structural Funds, but need to “creatively” imagine to fund their LAPs with different funding sources, at EU, national and local level, public and private funds. This understanding is a direct result of the unequal relation between the critical mass of challenges that have to be faced at local level and the practically insufficient relevant means and competences attributed to cities. Still, BHC experience does not call neither for a major devolution of competences to cities, nor for a generic increase of available funding. The focus is instead in the improved assessment capacities to help citizens, politicians and experts to know more about their cities and to define better policies for a healthy development. This because a major point to be highlighted is that health in cities is a local political choice. It is not mandatory for cities to put health and quality of life at the hearth of their strategies, but if they do so it is to answer to the citizens legitimate need for better, healthier living conditions.

3. A ready-to-use toolkit developed to measure and monitor health conditions

by Antonella Cardone (BHC Thematic Expert)

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In urban areas the environmental, economic and socio-cultural dimensions meet most strongly. Cities are where many health and quality of life problems are concentrated, but they are also the economic drivers, the places where business is done and investments are made, the places where people from different social and cultural background meet most intensively. However, there are increasing concerns about the state of Europe's urban environment. The environmental challenges facing cities have significant consequences for human health, the quality of life of urban citizens and the economic performance of the cities themselves. So quality of life, well-being and health are directly influenced by the state of the urban environment, economic and social factors.

It is, then, fundamental for all the stakeholders involved in urban regeneration plans to consider the impact on health of public investments. Urban decision makers are exhorted to think about the effects of regeneration plans on the health of the citizens, and in particular, how they can work on reducing health inequality in the urban context. Cities are aware of the importance of health and quality of life in urban regeneration and development, but there is a clear lack of competences and tools to support healthy sustainable urban development at local level by people in charge.

Identifying indicators and criteria

Given that health needs to be integrated into all policies and coordinated action is needed among the EU, the national, the regional and the local level, there is a need for a common understanding at different levels, and in various contexts, of what health, quality of life and sustainable urban development are. There is also the need to inform the general public and to help decision makers to monitor changes and progress, to improve knowledge about the potential impact of a policy, a programme or a project, to inform decision-makers and affected people, and facilitate adjustments of the proposed policy in order to mitigate the negative impacts and maximize the positive ones. Those needs are addressed through setting criteria and identifying indicators.

The broad objectives of identifying indicators and criteria for a healthy sustainable urban development are meant to address the key health challenges faced in the coming years, through protecting citizens from health threats, supporting healthy ageing, supporting sustainability of health systems and the wider economy, increasing the focus on global health, working to reduce inequities in health, and supporting a "Health In All Policies" approach.

The process of identifying indicators starts with scoping out the purpose of and need for the regeneration project, the ways in which it might impact on the community, and on which citizens, and the constraints and conditions under which it must be implemented. Based on this understanding, a set of specifications is drawn up to guide the regeneration project design. The first step in designing indicators is, then, to identify clearly who they are for, and for what purposes they are required. Based on this, the information needs can then be defined.

The second thing that can be done is to make use of the available scientific knowledge and information. This alone does not define urban health and wellbeing issues, and it certainly cannot prioritize them. On the one hand scientific understanding is itself bounded and sometimes patchy and biased. On the other, setting priorities is a matter of applying value judgements, and though values can never be wholly excluded from science, usually they should at least have been minimized. In any case value judgements are likely to be better if they are informed by the available science.

The third thing that can be done is to use explicit criteria to compare and define the issues. These may not always be strictly quantitative: urban health problems are often too diverse in terms of their effects, and who they touch, to be adequately described simply in terms

such as the numbers of schools or average morbidity rate. But there are creative ways of making the necessary comparisons. The use of DALYs is one such method. Multi-criteria assessment provides another method. Other, less formal, methods have been used to help set priorities for instance in National Environmental Health Action Plans.

Scoping of the information requirements of the key users provides a basis on which to select the indicators that best meet these needs. Selection, however, cannot be a purely intuitive or random process. Each of the issues on which users need information may be conceptualized in different ways: the indicators we design are likely to vary accordingly. Defining the best indicators (or even those that are merely satisfactory) also implies that we understand how to judge their effectiveness. Before we select indicators, therefore, we need to understand both the conceptual framework in which we are working, and the key criteria that the indicators must satisfy.

Steps towards the identification of indicators

1st Step: Who the indicators are for? For what purpose are they required?

2nd Step: Make use of available scientific knowledge and information.

3rd Step: Use explicit criteria to compare and define the issues.

At the first BHC Thematic Workshop in Łódź, (Poland) participants from the 10 Cities involved in the project have agreed to identify a set of indicators to assess the impact of urban regeneration plans on the health and quality of life of their citizens and to develop a more friendly tool to be easily used by the cities involved at different levels.

During the workshop participants have agreed on a set of indicators having an impact on health focusing on three themes:

1. **Economic Development.** There is a clear link between a healthy population and economic prosperity. Enhanced development of cross-sectoral synergies could lead to a positive impact on the economy through better understanding of, for example, the impact of health on the labour force and the impact of innovation on health systems. The link between health and economic prosperity would be better understood, supporting sustainable health systems and economic gains in the long term.
2. **Cultural and Social Cohesion.** Building on existing cross-sectoral synergies could lead to a positive social impact particularly in fields like employment and health, social capital and health, safety and quality of life and emotional wellbeing.
3. **Environmental Regeneration.** Environmental health indicators have been defined as: an expression of the link between environment and health, targeted as an issue of specific policy or management concern and presented in a form which facilitates interpretation for effective decision-making. "Environment" is a concept that means many different things to different people. In reality, the environment has no clear bounds. It simply means the context within which things happen: "the conditions or influences under which any person or thing lives or is developed" in the words of the Oxford English Dictionary. In terms of environmental health, the environment thus includes not only the natural world, but also the anthropogenic world of the home, school, workplace and neighbourhood. It includes not only physical and chemical influences, but also the social and other factors that affect our health. This is an expansive definition. We need to define a focus for our attention. This focus is provided by the physical contexts within which urban citizens interact: the ambient

environment (the wider world of air, water, land and living creatures); the community (the social environment or neighbourhood within which they live); and the home environment.

The next tables shows which issues and relevant criteria have been identified by BHC members. A complete version of the toolkit, plus a glossary, is available in the First Thematic Report (see the URBACT website, BHC pages).

Healthy sustainable urban development focusing on economic development

Issues	Objectives	Indicators
Economic status and wealth	Improve the economic status and decrease the level of poverty	<i>Income per capita</i> <i>Rate of poverty by gender</i> <i>Rate of poverty by ethnic group</i> <i>N. of births by teenage parent</i> <i>Dependency ratio</i>
	Attract more investments from other regions and from abroad	<i>Rate of local investments</i> <i>Rate of international investments</i> <i>Economic activity composition</i>
Employment and working conditions	Maintain high and stable levels of employment	<i>Rate of local unemployment</i> <i>Labour force participation</i>
	Improve working conditions	<i>Level of employees satisfaction</i>
	Increase employability	<i>Level of attainment</i> <i>Rate of professional education compared to availability of jobs</i>
Living conditions	Reduce/Increase/Maintain the cost of living	<i>Cost of living</i> <i>Cost of households per square metre</i>

Healthy sustainable urban development focusing on Cultural and Social Cohesion

Issues	Objectives	Indicators
<i>Demographic issues</i>		
Age	Attract younger people population Improve elderly people living conditions	<i>Aging index Rate of elderly people in need of social and health care Growth rate</i>
Ethnicity	Increase/reduce/maintain the migrant population	<i>Density of migrants by country of origin Rate of family integration or reintegration</i>
Family	Improve family living conditions	<i>Rate of single parent families Rate of single teenager parents</i>
<i>Living Conditions issues</i>		
Housing	Improve the conditions of homeless	<i>Rate of homeless people by ethnic group, gender and age</i>
	Increase/reduce/maintain social homes	<i>Rate of social homes</i>
	Reduce the proportion of unfit (housing) stock	<i>Rate of homes judged unfit to live in</i>
Leisure time	Increase leisure time opportunities for all Improve access to recreational opportunities	<i>Level of attractiveness of parks, green areas and playgrounds Level of satisfaction of the cultural activities implemented by season in the area</i>
Access to services	Improve health of the population	<i>Healthy Life Expectancy at birth</i>
	Improve accessibility to health services	<i>Proximity of health services Level of satisfaction of the health services in the area Rate of health services accessible to disabled Proximity to pharmacies in the area Self reported health status</i>
	Improve accessibility to social services	<i>Proximity of social services Level of satisfaction of the social services in the area Rate of people using social services by gender, age, ethnic group Rate of social services accessible to disabled Rate of voluntary organisations providing social services Rate of volunteers by age, gender and ethnic group</i>
	Improve accessibility to education and vocational training opportunities	<i>Illiteracy rate Rate of education attainment by age, gender and ethnic group Proximity of schools by grade Proximity of vocational training venues Rate of schools accessible to disabled Rate of vocational training venues accessible to disabled</i>
	Improve/maintain accessibility to private services	<i>Proximity of shops</i>
Safety	Increase the level of safety	<i>Level of crime Rate of reported domestic violence Self reported level of safety by age, gender and ethnic group</i>
Mental health and emotional wellbeing	Improve mental health, quality of life and emotional wellbeing	<i>Rate of death by suicide Rate of hospitalisations for intentional self-harm Residents' rating of how happy they are Residents' satisfaction with their own lives in general Residents' rating of experiencing negative stress over the past 12 months</i>

Healthy sustainable urban development focusing on environmental regeneration

Issues	Objectives	Indicators
<i>Environmental issues</i>		
Air Quality	Reduce air pollution and improve air quality	<i>Contamination per capita</i>
Indoor Air Quality	Improve Indoor Air Quality	<i>Contamination per capita</i>
Noise	Reduce noise	<i>Contamination per capita</i>
Contaminated land	Reduce/treat/isolate contaminated land	<i>Contamination per capita</i>
Radiation	Reduce/isolate radiated area	<i>Contamination per capita</i>
Waste	Promote recycling	<i>Rate of recycled waste per total kg of waste produced</i>
	Reduce generation of waste	<i>Rate of waste produced per capita</i>
Greenhouse gas emissions	Reduce greenhouse gas emissions	<i>Greenhouse gas emission per capita</i>
<i>Planning and transportation issues</i>		
Energy usage	Reduce energy usage increasing the usage of energy saving materials for new buildings	<i>Used electricity per household/person</i>
Traffic and congestions	Improve choice in transport; improve access to education, jobs leisure and services; and reduce the need to travel by private cars	<i>Road traffic</i>
Parks, green areas and playgrounds	Increase the number of green areas and playgrounds, improve accessibility to parks, playgrounds and green areas.	<i>Green areas square metres per capita Playground square metres per child under 15</i>

4. BHC City Guides: local action plans to design the future of 10 European cities

11 As previously said, the general economic situation has influenced the definition of the LAPs, so that cities have mostly worked on influencing and reshaping existing projects.

In Bacău, for instance, the alignment of the city development strategy to a health oriented agenda has promoted a LAP that aim to create a “healthy community where citizens wish to live, work and invest their hopes for a better life”.

Bacău



In Baia Mare the LSG has worked on the strategic planning process started in 2003, which led to the “Integrated Urban Development Plan”. Inclusive practices have been promoted in designing the plan: citizens and representatives of the civil society took part to the debates on the most relevant and pressing urban and territorial issues and results of this interaction has produced a LAP that puts together the development strategy with a renewed attention to the effects on the quality of life of the citizens that such strategy may have.

Baia Mare

In Barnsley, the aim of the LAP is to use the planned opportunities provided by the improved urban environment and the new walking and cycling routes to encourage more active travel to school, work, retail and leisure, so to contribute to the improvement in the general health and wellbeing of the residents of Athersley North, a district of the city, and to contribute to a long term change in the behaviours and lifestyles.



Barnsley



In Madrid two types of proposals have been selected for the LAP: the first one, already implemented in the Ministriles Square in the Embajadores neighbourhood, is trying to solve the issue of the use of the square by local residents; the second proposal, “Route for a healthy neighbourhood: an action plan based on the participation and methodological innovation”, came as a consequence of the relation of the use of public space in regeneration areas with the idea of a sport and healthy itinerary.

Madrid

In the majority of cities BHC has promoted attention to health in regeneration and development strategies, so to promote new interventions that have taken into account health and quality of life as key concepts. Amaroussion, for instance, has focused on several interventions for the regeneration of the Urban Unit 7, a district of the city, in the framework of a more general strategy for sustainable development that the Municipality has adopted.



Amaroussion



In Łódź the problems that were identified regarded the poor condition of the green areas in the city, the low levels of physical activity of the city residents and especially of the elderly people, and the poor image that that city itself has for its citizens. To this extent a “Green Ring of Tradition and Culture” has been designed, to improve the quality of public spaces in the city and to create new opportunities for its residents to spend their leisure time in an active and interesting way.

Łódź

In Torino, the LAP consists in the project “Building Healthy and Sustainable Cities”, which has been included in the bigger Integrated Project for Urban Development. This is a project that, in 2011-2014, will work to improve urban quality in the Barriera di Milano neighbourhood of the city.



Torino



In Lidingö projects are focused in one neighbourhood, Gångsätra. This area has been chosen because of its already high level of municipal intervention and because it is a part of the city with mixed typologies of dwellings and inhabitants. The main goal is to collect the citizen's views on the municipals already planned actions to increase wellbeing.

Lidingö

In Lecce, starting from a regeneration strategy that has significantly changed the historic centre in the last twenty years and from a relocation project for an electric station, the LSG has also designed a “healthy” path which connects the past with the future i.e. the historical centre with the industrial area located in the north-western side of the city. This proposal is, furthermore, related to the exchanges of practices between partners (in specific the Madrid experience).



Lecce

The importance of transnational exchanges is highlighted by the influence that one city strategy can have on another. The same process of adaptation of a regeneration strategy that Lecce has experienced can be seen in Lidingö, where the techniques of social marketing presented in Barnsley (a city with a long experience in this field) are now starting to be adopted. On the other hand, future developments in Barnsley and Lecce are taking into account other partners experience in answering to EU bids so to strengthen the city possibility to implement its development strategy.



The long experience that Belfast has in the use of indicators to assess and monitor health and quality of life has been considered as important for the whole BHC partnership. Specific workshops has been dedicated to this issue and almost all the partners have introduced the theme of indicators measurement in their LAPs, while Belfast has focused its LAP on this theme: the set of indicators that has been developed is described, encompassing why they are important in the context of urban regeneration and health, how to interpret them, and giving guidance on which indicators need to be used according to the contents of various types of regeneration proposal introduced at the city level.

Belfast

Full details of the ten LAPs can be found in the City Guide Report, available on the website.



CITY GUIDE REPORT

AMAROUSSION

BACĂU

BAIA MARE

BARNSELY

BELFAST

LECCE

LIDINGÖ

ŁÓDŹ

MADRID

TORINO

Annex 1: Networking cities and practices. A study on the BHC networking process

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by Cristina Viano, Torino Local Support Group

BHC, as well as other networks, has been analysed in order to study the networking mechanisms both at the international and local levels¹.

In the following paragraphs key features, to which specific “rules” seem to correspond, of networking will be highlighted, because they are peculiar of an active networking among local administrations according to the most relevant experiences. Furthermore, each feature will be directly related to its influence in BHC, stressing what has worked and what has – instead – represented a problem during the past months of cooperation in the thematic network. The aim of this annex is to provide a synthesis of useful insights into a networking process, trying to stress what the “rhetoric of networks” generally fails to grasp. In fact, we start from the assumption that:

- networks of cities differ from other kinds of networks (e.g. NGOs, made by activists or researchers, lobby networks, etc.). This because local administrations must comply with political mandates, administrative procedures and budget constraints, that affect their interaction with partners;
- in the international cooperation context there is a “rhetoric” of networks, that tends to emphasize advantages (which indeed exist and must be enhanced) and to take for granted the effectiveness and positiveness² of the method.

Feature: *Purpose of the network*

Rule: *Networks that aim at exchanging knowledge and practices¹ can also have among their objectives the realization of concrete projects and actions on the urban territory. These can foster a more active commitment of the partner cities.*

A local project is, according to the main purpose of the network, not indispensable, but it makes the capitalization of the exchanged information easier, thanks to a first experimentation. However, it does not automatically guarantee an effective impact in the longer period in the same urban territories. This mainly depends on each city’s ability to maintain its commitment even after the end of the transnational project.

BHC’s expected outputs were the production of thematic reports, the definition of a common “indicators toolkit”, the development (for each city) of a Local Action Plan (LAP)¹. The actions that constitute the LAPs are themselves expected as results of the network. In fact, these actions are intended to guarantee the concretization, in each city, of the exchange of knowledge that brought to the common indicators toolkit and to the different plans. At the same time, differences in the long-period impact in each city will also be related to the degree of specification of each LAP: the less clearly targeted ones run a higher risk of planning actions that are not really eligible for funding.

¹ Here we refer in particular examples of *active networking*: networks that are intentionally created to share knowledge and resources that also foresee the realization of common projects on a specific theme.

² Attributed to the exchange among peers and on the democracy, quickness of communication, innovation that the networks permit.

The Social Network Analysis³ and the studies of networks of associations, social movements, professionals, individuals who share common purposes, often list among the positive factors for the network's effectiveness some structural characteristics such as: numerousness and diversity of the nodes, density and intensity of the links among them, decentralized leadership, absence of hierarchy. This because they guarantee availability of many and various resources, a more stable and long-lasting cooperation, more learning opportunities, an active participation of all the members, respect of each member's opinion and needs. But these criteria are not fully valid for networks of cities, and for networks in which concrete local or common outputs must be produced.

Feature: *Structural Characters*

Rule 1: *A project network with a great number of members can run into excessive management costs.*

Making the most of the resources provided becomes difficult if communication and decision-making are long and complex. However, a limited number of partners is not sufficient in itself: clear common rules on one side, and individual commitment of the partners on the other, are necessary.

In BHC, there is a limited number of partners (ten) and the network is highly structured, with clearly defined rules and deadlines that derives from the URBACT framework: in this case the number of partners seems to be proper to the purposes of the project.

Furthermore, with some differences, the level of active involvement of the partners has generally been satisfying. A proof of this is the fact that the activities of the network were not just those originally scheduled for the project, but additional workshops and meetings have been proposed.

³ It studies social structures and behaviours by concentrating on relationships among individuals and organizations. The nodes (the actors) that make up the networks, the links among them and what they exchange are observed through statistical methods and through the graph theory. See for example Scott J. (1991) *Social Network Analysis*. London: Sage.

Feature: Structural Characters

Rule 2: *Too a high degree of heterogeneity among the cities can make exchanges difficult and less interesting.*

If the urban context are too different, the transfer knowledge can be not fully exploited because not really transferable among the partners.

Even if all of them belong to the European Community, BHC partner cities show important differences in terms of dimensions, problems, international experience, knowledge on indicators, capacity to use them, development of policies that take into account health. The mechanisms of “donors and receivers”, established to improve the transfer of specific knowledge, proved to be a good way for making the most of the differences.

Another common mechanism in networks that are quite heterogeneous is the one of “clusters”. Temporary clusters, in BHC, are the “Exchange groups” which organized additional meetings for three/four cities interested in specific topics (social marketing, urban regeneration). On the contrary, some problems in the network management arose, deriving from the differences among the cities in their experience with international networks and in the capacity of internal organization (for adopting an inter-sectoral approach to local actions and for maintaining constant communications with the Lead Partner).

Feature: *Structural Characters*

Rule 3: *The presence of a strong “centre” of the network is necessary in order to organize, control deadlines, define methodologies.*

If the purpose is a concrete project and the generation of new knowledge (and not only the exchange of already existing ones), the leader must not act just as a facilitator of the exchanges. This does not necessarily mean that it adopts decisions in a hierarchical and constraining way.

The existence of a city acting as Lead Partner, with a Management Team, is a basic element in the URBACT networks. The opinions expressed by BHC partners show that the Management Team played a positive role, with a good balance between organizing, defining methodologies and tasks, taking in to consideration the partners' needs and supporting them. The risk of too a centralized and hierarchical structure has been avoided with a common mechanism in the network logic, that consists in defining general objectives and fundamental principles at the network level, letting the partner autonomous in choosing the means to comply with them. In fact, the structure of the Local Support Groups (LSGs) and of the LAPs has not been defined in details, so that each partner could adapt them to its own reality. Nevertheless it is interesting to note that, sometimes, the partners themselves have requested more (and more detailed) instructions.

The contacts of each city with the others have been far less frequent and constant than with the Lead Partner/Management Team, even if it had to ask some partners for a more complete and timely reporting on the prosecution of local works.

Feature: Structural Characters

Rule 4: *Both formality and informality of the structure of a network have advantages and disadvantages; they must be weighted according to the purposes, context, duration of the project.*

Some international networks of cities are not formally instituted and structured, so that cities can reduce costs and shorten communication times, and be therefore more willing to cooperate. But an informal structure can also cause longer works, if it becomes an obstacle to uniform action, respect of deadlines, etc. On the contrary, a formal commitment or the adoption of standard procedures can favour the continuity in participation.

BHC is formally structured according to rules common to all the URBACT projects. Being part of a Programme of the European Union, partners must comply with tasks, deadlines and limit in budget which do not depend only on each city's will. BHC partners who have already experienced both formal and informal networks can evaluate which choice is more suitable to their needs and way of working. This comparison must not be done in absolute terms, but in accordance with the specific purposes and kind of actions foreseen in each network.

Feature: *Costs and benefits*

Rule a: *When joining a network (or when monitoring or evaluating the project), a municipality should undertake a sound cost-benefit analysis of the networking process.*

Rule b: *If it is clear from the beginning what the expected results of the network are linked to (efficiency, synergy, competence), each partner can plan an adequate participation strategy in order to get them.*

Costs can be quite easily defined, starting from the time the officers spend in networking (and the corresponding portion of their wage), budget allocated on purpose, travel costs, etc. On the contrary, some benefits are difficult to calculate: this because they are immaterial (e.g. acquisition of knowledge, strengthening international relations,...), or verifiable only in the long period (e.g. higher effectiveness of urban policies). It is however possible to identify which *kind of benefits* the cities expect from network, in order to then verify if they are met. Local administrators or network managers can clarify if the partners expect advantages in terms of *efficiency* (e.g. cheaper access to information through good practices exchange), *synergy* (e.g. reaching a critical mass for realizing a project by pooling the inputs), *competence* (generating new know-how).

As regards costs, the international interaction among BHC partners (international workshops, communications with the Management Team,...) has been economically sustainable. The partners expressed more worries about the costs for the actions in each city; in fact, beside funding its own participation to the international activities, each administration must assign human resources to the LSGs, get funds to implement what is planned in the LAPs, etc.

Considering BHC's benefits, we can speak of advantages in terms of competence, since new know-how has been generated with the production of the indicators toolkit and the experimentation of the inter-sectoral work in the LSGs. If the partners had just shared knowledge and good practice (during the workshops and exchanges), they would have reached only efficiency in getting information.

Feature: *Knowledge management and transfer*

Rule a: *The knowledge about urban governance that network of cities generate must be capitalized and developed in the longer period, by planning adequate communication tools for internal transmission (within the municipal administration), and for external dissemination.*

In fact, the increasing number of networks of cities in international cooperation generates a great amount of knowledge that risks to have impact just in the short period on the direct participants. Only partial exploitation of resources happens when officers and municipal sectors involved in the network improve their skills, but these are not shared with other department or transmitted to successors. Or, on the external side, when a city does not know where to find the most useful information in the huge amount of websites, newsletters, publications reporting the activities of other local authorities and other networks.

Rule b: *What should not be absent in the communication tools produced by the networks is the indication of problems arisen and unreached results.*

This information is important for partners and coordinators, in order to honestly verify if the work has been productive. But it should be accessible also to other cities, so that the planning of international networks can improve, build upon already existing know-how and avoid duplication of efforts.

People who took part in BHC meeting and activities are responsible for the internal transmission of the knowledge they acquired regarding topics such as Health Impact Assessment, inter-sectoral and inter-departmental approaches in dealing with health policies, effective use of European Funds. Formally planning an internal communication strategy can be especially useful when a theme is new for an administration and need to be consolidated. In the months following the end of the project, it will be interesting to check if such a kind of documents (if produced) is actually consulted by officer who did not directly take part in the network. Or, if other cities became aware about what BHC project did and are interested in its results. For what regard this latter aspect (external diffusion), first of all it should take place within the URBACT community. The Secretariat plays a strategic role in stimulating this process and the reciprocal interest among the networks. Beside this, mechanisms such as thematic “clouds” and “pole” have been thought in order to facilitate knowledge-sharing among similar project.

Feature: *People in the network*

Rule a: *Individuals play a relevant role in networks. The participation of a city in a network can be based more on the personal engagement and interests of single officers rather than on a collective and permanent work of a team.*

If the responsibility of networking is only assigned to one or few officers, without a conscious commitment of the whole administration (or sector), the experience they gained risk to be not transmitted whenever a change in roles and functions happens. Or, they can get no sufficient political support, and consequently be constrained by scarce allocation of resources and lack of political interest in the long term.

BHC is in general characterized by a good level of active participation and motivation of people in charge of the project, and by a satisfying support from local politicians. At the same time, some difficulties have been highlighted. The Management Team encountered problems with some LSGs, when it was difficult to find the referees or there was a quick rotation of the participants. The causes of this can be both limited personal interest, or unclear strategies of local administrators. Some cities report obstacles to local action due to changes of local politicians, or insufficient political support to the officers: this means less continuity in take part in the network activities, and difficulty in engaging in local actions.

Rule b: *International networking is an opportunity for investing in human capital, but this should not be the only result of a network that aims at concrete local results.*

Establishing contacts with other administrators, visiting foreign cities, discovering the other's local problems and solutions, is first of all an occasion of professional and personal growth for people involved. For this reason, participants often express satisfaction for the experience on the whole even if the network project didn't reach its core objectives, or the local action didn't prosecute for a long time. This is a positive effect, but it is not sufficient alone in networks where individual learning must bring to improvement in the public sector and gains for the community (new methodologies, pilot actions).

Several participants to BHC works, when asked to identify the main functions they attribute to the network, mentioned "inspiration". Inspiration is personal (even if then shared with colleagues) and derives from coming into contact with other social and urban realities and from working with people of different nationalities. This is an example of how effective network projects can be in raising individual awareness about the European common interests and values.

Feature: *Meaning and functions of networking*

Rule: *Each partner attributes a specific meaning to the network, and this influence reasons and ways of the participation. It is interesting to see if the meanings are shared among partners, and if with the promoters of the project.*

The meaning attributed to a network by its promoters influences the structure they plan, and the expectations of the partners condition the way in which they participate. A minimum of agreement is necessary for an effective cooperation.

BHC partners have been asked to identify which is the kind of added value they expect to get, and the function they attribute to BHC. Some metaphors have been then suggested to make comparison of the functions easier. All the partners expect from the network the “strengthening of their international relations”, which is not among BHC’s explicit objectives; this example of how being involved in networking dynamics and linkages has in itself a value. On the other side, almost all the partners acknowledge the importance of the “local projects”, thinking that the networks can concretely contribute to their implementation. Some partners don’t list the acquisition “generic knowledge about the action of other cities” and of “specific abilities” is among the major advantages. This apparent contrast with BHC’s objectives can be explained: these are cities who also belong to other networks dealing with similar themes¹, where they could have already found some competences about “health in all policies”. Among the functions attributed to the network, “motivation” and “help” in planning actions concerning health are mentioned. Resorting to the different metaphors that the image of the “network” permits, we could define BHC as a trapeze artist’s safety net, which offer support (in this case, more technical than political) and/or protection. Another function that has been indicated by several partners, “building a common knowledge”, suggests that there is not only exchange of knowledge (like in a telephone system), but also creation of new ones. BHC can therefore be compared not so much to a fishing net, that help catching resources that already exists, as to an irrigation system that permits to generate something new. BHC partners show a good level of agreement about the meaning and function they give to the network, and about the type of added value they are expecting from it. If the suggestion of the irrigation system metaphor is approved and shared, then the challenge from now on is to keep alive the seedlings that have been growing thanks to the system. This is now up to each partner, that during the project should have gathered sufficient resources (new ideas, competences, practical tools) in order to continue improving policies related to health and sustainable lifestyles.

Feature: *External and internal interactions*

The new relationships that a network establishes are not only the links among the partners. There also new relationships that are external to the network and internal to each partner city.

Rule a: *Joining a network, a city often comes into closer contact with international organizations and bodies, and with other networks dealing with similar themes. This can enhance its capacity of external relations and its knowledge on a given topic, but can also cause overlaps and repetitions.*

If the responsibility of networking is only assigned to one or few officers, without a conscious commitment of the whole administration (or sector), the experience they gained risk to be not transmitted whenever a change in roles and functions happens. Or, they can get no sufficient political support, and consequently be constrained by scarce allocation of resources and lack of political interest in the long term.

In terms of external relations of the networks, BHC shows a high degree of interactions. Some partners belong to other networks dealing with health, such as WHO Healthy Cities. They generally consider the interaction positive: BHC boosted more practical actions in the urban contexts in comparison to Healthy Cities, and both memberships contribute to the local implementation of the European Health Strategy. The network is in contact with other URBACT projects dealing with similar themes, in particular through the thematic poles and clusters. This exchange mechanism mainly works at the URBACT Secretariat's and Lead Experts' level, involving to a lesser extent the partner cities.

Rule b: *Triggered by the network project, new collaborations start within each city too, among municipal sectors, organizations and people involved in the local actions. It is a positive result if they continue even independently from the external push of the network project.*

In BHC, these relationships are formalized in the LSGs. The interaction within them could be improved. LSGs have been characterized by a clear prevalence of number of private actors on the public ones. The participation of the private actors has sometimes been inconstant; they feel less committed to the network, especially if the local action cannot provide immediate concrete results. The same happens within the public administration if the level of interests and commitment is different among departments. This means that integrated approach to urban policies, inter-sectoral work and interaction public-private is something in which many cities still have to practice more. International networks can foster this process by providing methodological support, boosting the municipalities to test themselves in concrete project, monitoring their local dynamics.

Conclusion

International networks of cities provide coordination, uniform implementation of policies, exchange of knowledge and resources, identification of new solutions. Recognizing all this potential does not mean neglecting some critical aspects, that have been treated in the previous paragraphs. They can arise during and after the networking process.

During the network project, they are due to the necessity of a steady political support, of respecting administrative and economic constraints, of planning the interaction between the initiatives deriving from the network and the other local policies. Structure and functioning of the network must safeguard both the autonomy of each city and the effectiveness of the common action.

After the end of the common action, the main critical issue is the capitalization of the assets that have been generated (knowledge, relationships), so that they are integrated with wider local strategies

Each network requires an effective mix of structures, rules, and type of expected results, according to the theme faced and the characteristics of the partners. There is not a unique recipe. Considerations made for BHC, which is a project limited in time, deriving from a wider programme, can be not fully valid for networks dealing with different themes, or involving non-European countries, or with a more de-centralized leadership. At the same time, networks of cities are characterized by a lot of similarities, common logics and problems.

A city that participates in more than one international network can make comparisons in order to identify its own weaknesses and strengths in networking, and difficulties and opportunities that the different networks can provide.

Annex 2. Funding healthy policies: the difficult role of Managing Authorities

The third workshop that has been organised by BHC, in September-October 2010, has been titled “Use of Structural Funds in developing health gains”. The title of the workshop recalled the third theme of the network, after “Indicators and criteria for a healthy sustainable urban development” and “Healthy sustainable lifestyles”. Since the first meetings it became clear that the relation between health and SF were going to become the more problematic issue: to involve representatives of the Managing Authorities was not an easy task, especially with the intention to have them concretely on board of their relevant local support group. Furthermore, cities in competitiveness objective areas found it very difficult to identify priorities in the Regional Operational Programmes related to health, even in indirect way, while cities in convergence objective regions had a more favourable situation but also a more complicated general context in which health was mainly intended as infrastructures.

In general, the relation between health and Structural Funds is linked to the definition of national and regional strategies and priorities so the possibility for cities to invest on health is strictly related to the possibility – if any – to cooperate with their relevant Managing Authority of the European funds. From the point of view of BHC this has raised two main problems: the role, again, of Managing Authorities in this process (i.e. their involvement in designing the local action plans) and the fact that national and regional programmes had already decided almost everything in terms of actions and initiatives.

After the first months, in late 2009 and more clearly in early 2010, partner cities were broadening their idea of health to include the general wellbeing of their citizens and were designing local action plans that were focusing on linking holistically different interventions (often already planned or ongoing). From a certain point of view cities were practicing the “health in all policies” principles because it was too difficult to design or promote health policies! Not only cities were and are often not the competent body for health at the local level, also at the local level it is more evident the need to promote integrated interventions to improve the quality of life of citizens, to intervene to prevent certain phenomena to become problems, especially during the economic crisis that is still hitting hard local authorities spending and programming capacity. To this extent, cities have to use not only Structural Funds and among such funds not just one typology (European Regional Development Funds and European Social Funds). Furthermore, cities need to integrate health into existing programmes, so to “interpret”, “adapt” and “imagine” differently. The situation is certainly complex and has produced different answers in the BHC partnership: from the complete absence of reference to Structural Funds to their indirect use via existing agreement between Managing Authorities and cities.

BHC cities and SF

Among the 10 BHC cities there are some interesting examples of “indirect” use of SF for health and quality of life. The city of Amaroussion (GR), for instance, has promoted actions to upgrade urban green spaces by using priorities identified in the NSRF, while interventions on the renovation of building facades have been in part financed through the ROP, as some interventions in the field of road safety, public lighting and – with a more direct link to health – the funding for a mobile medical tests unit and for social inclusion initiatives.

Lecce (IT) local action plans builds on existing – and sometimes completed – interventions that have been funded by the EU (mainly URBAN II initiative), but is envisaging the involvement of the regional Managing Authority of the SF to continue to regenerate the historic centre and the peripheries.

Baia Mare (RO) has identified 48 different projects, part of which to be funded via the ROP (for 11 millions of euro). Among the foreseen actions: improve urban accessibility (road network), interventions on the public transport system, building a centre for disabled.

Also in Bacău (RO) and Torino (IT) there is a link with SF, direct funding in the case of the Romanian partner, indirect in the Italian case, but in the other cases (Madrid – ES, Lidingo – SE, Łódź – PL, Barnsley and Belfast – UK) there was since the beginning a great difficulty in linking the needs and ideas of cities with the ROPs. In the case of cities in competitiveness regions this was expected (as we have seen in part 1, health is not a priority for competitiveness regions), in convergence regions, instead, the main problem was to coordinate and harmonize regional and cities priorities.

In general, even when a good use of SF has been achieved (or foreseen), still the relation with the Managing Authority has been problematic – often because MAs have to take into account needs of many cities in their regions – making the scenario proposed by the Barca Report even more promising for the future programming period.

The Barca Report and its relevance to BHC activities

Health remains a “hot” political subject, which furthermore represents one of the biggest expenditure lines in national and regional budgets. Yet, while often without clear and direct competence on health, EU cities are called to face health related issues and to provide effective answers to their citizens. Being on the frontline means that local governments need to find space for health in their policies, to concretely introduce health in all policies (as EU is asking) by widening the spectrum of intervention possibilities: from facilitating access to health services to designing sustainable urban development strategies, from learning to monitor critical categories to promoting inclusion policies for the elderly or migrants.

The role of local governments, of cities and local bodies in general, in facing the issue of the wellbeing of their citizens has been clearly recognized in one of the most advanced policy document that the EU has commissioned in the last years: “An Agenda for a Reformed Cohesion Policy. A place-based approach to meeting European Union challenges and expectations”. This independent report, prepared in 2009 by Fabrizio Barca for the former DG REGIO commissioner Danuta Hubner, design a Union in which a greater role is given to the local level in addressing and developing policies for a competitive and cohesive Europe. The Report suggests some core priorities for the EU action (“innovation” and “climate change”, with a largely economic objective; “migration” and “children”⁴, with a predominantly social objective and “skills” and “ageing”, where the two objectives are of similar importance), where two of the criteria adopted for identifying those priorities are (i) their EU-wide relevance and (ii) their place-based nature.

The Barca Report explains the rationale for place-based interventions and to do so it questions the “one size fits all” principle. Since institutions capable of supporting a healthy, sustainable market-based system are highly specific to local conditions, and since much of the knowledge they require cannot be transferred as a blueprint, local knowledge needs to be exploited. This means that the local level needs to be able to answer to national or EU stimuli not simply by answering to calls for proposals on the basis of already decided typologies of actions (as it is in the current programming period), but to propose to EU the kind of intervention that would suit better for its territory and the citizens. There is more, the local level is called to implement such intervention, to be able to monitor it and to learn from the process⁵.

Apart from designing a possible form for the next programming period (2014-2020), it is possible to see that the relation between health and EU funds has also stimulated BHC

⁴ The “children” priority is the one that is more directly linked to health, because healthy children will be healthy adults and then less-dependent citizens on social and health services. This is a rather economy-driven approach, but it is in line with the general EU approach to cohesion.

⁵ It is not by chance that in this framework DG Regio is called to become a centre of competences, to provide highly qualified experts in the core priorities, with expertise on policy, measurement, institutions, and a capacity to tailor the analysis to specific contexts. For more info on such perspective see pp. 183-184 of the Barca Report.

cities to imagine creative ways of financing interventions in the field of quality of life and wellbeing of their citizens. In some cases the link with SF is clear, but in all the case this happened because at the city level local actors decided to “bring health into SF”.

Key points for the future debate on funding health policies

- ⇒ Links between health and Structural Funds are possible as long as there is a concrete possibility of cooperation between Managing Authorities and cities (cooperation will produce more than adaptation of one agenda to the other)
- ⇒ Health and quality of life are very broad issues and their relevance is to be found in different budget lines, programmes, initiatives that can be interpreted, adapted and imagined differently
- ⇒ Greater attention should be paid to investments in non-health sector that have potential added value for health, and specifically potential impacts on the wider economic, social and environmental determinants of health
- ⇒ Knowledge of the Structural Funds process and of the funding possibilities is vital for cities
- ⇒ Assistance with EU and national bureaucracy requirements is needed
- ⇒ The local level should highlight its role in proposing, implementing, monitoring and learning about healthy policies

URBACT II

URBACT is a European exchange and learning programme promoting sustainable urban development.

It enables cities to work together to develop solutions to major urban challenges, reaffirming the key role they play in facing increasingly complex societal challenges. It helps them to develop pragmatic solutions that are new and sustainable, and that integrate economic, social and environmental dimensions. It enables cities to share good practices and lessons learned with all professionals involved in urban policy throughout Europe. URBACT is 255 cities, 29 countries, and 5,000 active participants

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