

IDENTIFYING WHAT NEEDS TO CHANGE FOR HEALTHIER URBAN DEVELOPMENT

The issue

Unhealthy urban environments present significant public and planetary health risks around the world, and the causes lie upstream in complex areas of public sector policy-making, governance and private sector control.

By working with a wide range of academic disciplines as well as a large number of stakeholders, we sought to uncover where to intervene to make the most impact, basing the decision on as deep an understanding as possible of the fundamental problems.

This briefing note summarises our research approach, main findings and key recommendations.



Our Response

We used a systems-based and participatory approach to identify and prioritise the upstream issues, focusing on two key sectors: large-scale property development and city-region transport planning.

Our team included experts in urban planning and development, public health intervention design and evaluation, real estate investment, engineering and systems approaches, public involvement, public policy, managment, moral philosophy and the law. In the main first phase of the programme, we:

- **Mapped** the systems using literature reviews, 132 in-depth interviews and four stakeholder workshops.
- Identified 50 potential intervention areas based on the evidence gathered, the team's shared understandings of the system, and stakeholder consultation on the evidence.
- **Prioritised and refined** areas for intervention that would demonstrate a clear path to improved health, albeit focusing on upstream impact on policy and practice.

See Appendix 1 for the 50 potential intervention areas, including the specific problems, those stakeholders who have agency over these problems, and the sectors in which they sit. In the second phase of the programme, we went on to develop seven of those interventions covering national, regional and local governments, the private sector (property and land use) and public engagement.



Local authority partners



University consortium















The Evidence

Across the 50 intervention areas, we identified three themes:

- The need to address global and structural problems such as the commercial and political determinants of health, and the power of private sector federations and lobbying groups compared to, for example, underpowered local authorities.
- The prioritisation of health in agenda setting, particularly at the heart of government national level, and the lack of ambition and leadership to promote health in policymaking more generally.
- Opportunities to leverage health in mechanisms where it is currently insufficiently included, such as funding criteria, regulatory requirements, local authority legal expertise, and effective public engagement.

Recommendations

When looking to intervene for healthier urban developent, from the outset:

- Recognise the scale and complexity of the challenges ahead. We found issues such as short-term thinking, lack of health prioritisation and imbalance of power between local and national governments could be beyond the scope of one single research project.
- Look far upstream. We found that we had to look at wider structures and decision points than traditional public health intervention approaches.
- Taking a participatory approach, developing iteratively deeper shared contextual understandings.
- Employ sophisticated and progressive systems and transdisciplinary theories and tools, ensuring a pragmatic approach to working with inevitable uncertainty.
- Consider multiple systems and cumulative effects for high quality change.

• Target connected factors such as the prioritisation of planetary health, the integration of health evidence across urban development processes, and innovative methods for transforming mundane public involvement.

Future research should maintain the focus upstream on root cause problems, though perhaps on other areas of urban development (e.g. the political and economic pressures preventing reduction of car use, community ownership and infrastructure). It is highly recommended too that research teams prepare well for the challenge of engaging and involving comprehensively the very wide range of people that have a stake in these urban futures.

About Truud

'Tackling the Root causes Upstream of Unhealthy Urban Development' (TRUUD) is a 5-year, £6.7m research project that aims to design policy interventions to support the development of healthier urban environments. Our research seeks to promote a fundamental shift in thinking about how to prioritise healthy urban development. We are funded by the <u>UK Prevention</u> <u>Research Partnership</u>.

Contact the authors

This briefing is based on the article <u>Identifying</u> <u>intervention areas to shape healthier urban development</u> <u>in the United Kingdom</u> by Geoff Bates, Daniel Black, Sarah Ayres, Krista Bondy, Neil Carhart and Judi Kidger published in PLOS Sustainablity and Transformation.

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Clusters of potential intervention areas, the 'problem holders' and sectors



PROBLEM HOLDERS

		POLICY: PRIVATE SECTOR
	Ρ	1. Viability appraisal locks in bare minimum
	Ρ	2. Shareholder short-termism
	Ρ	3. Land too expensive
	Ρ	4. Lack of incentives
	Ρ	5. Lack of diversity in property delivery methods
	Ρ	6. Developers too powerful
		POLICY: PUBLIC SECTOR
Ρ	Т	1. Different interpretations of planning policy
Ρ	T	2. Short-term political cycles
Ρ	T	3. Responsibility split across different departments
Ρ	T	4. Health not prioritised by senior decision-maker
Ρ		5. Large-scale regeneration schemes unpopular
Ρ		6. New-build prioritised over retrofit
Ρ	Т	7. Health not prioritised consistently
Ρ	Т	8. Lack of leadership, culture and ambition
Ρ		9. No one wants to pay for public realm
Ρ	Т	10. Prioritisation of cars
Ρ		11. National agencies ineffective
Ρ	T	12. Lack of systems thinking
Ρ	Т	13. Lack of shared agenda and resource
Ρ	Т	14. Lack/use of health evidence in policymaking

DATA

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(1. Lack of data on local residents' perceptions	
(2. Lack of health data linked to developments	
(3. Lack of health impact from buildings' emissions	

PARTNERSHIP

3. Centre-local relationship - imbalance of power

	1. Lack of partnership between development partners
Т	2. Health agencies not effectively involved





Private Sector



Local Government



Public Sector



Senior Decision-Makers





Professional Bodies







REGULATIONS	
1. Lack of quality public in private rental	Ρ
2. Health is not prioritised in urban development	Ρ
3. Lack of regulatory requirement for valuing health	Ρ
4. Inadequate regulations (e.g. space, land disposal)	Ρ

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1. Lack of public understanding and trust	Ρ	
2. Consultation not early or deliberative enough	Ρ	
3. Community engagement not valued	Ρ	
4. Unclear what "good" public engagement looks like	Ρ	
5. Lack of public engagement with national policy	Ρ	

MECHANISMS / STANDARDS		
1. Lack of tool/mechanism for valuing health	Ρ	Т
2. Health not sufficiently represented in KPIs	Ρ	Т
3. Health poorly accounted for in transport appraisal	Ρ	Т
4. Contract mechanisms not prioritising health	Ρ	
5. Land acquisition mechanisms not prioritising health	Ρ	
6. Professional standards insufficient	Ρ	
7. Health insufficiently prioritised in national funding	Ρ	Т
8. Urban development standards ineffective	Ρ	Т

	AWARENESS		
-(1. Naive as to how decisions impact on health	Ρ	
(2. Lack of legal confidence of local authorities	Ρ	Т
-(3. Lack of active travel expertise at key points		Т
	4. Unclear on what healthy development looks like	Ρ	Т
(5. Unclear on who is responsible: public or private	Ρ	Т