



External Advisory Board – Economic Valuation

Minutes

Thursday 29th April 2021, 10am-12pm

Attendees:

Julia Goldsworthy (JG - Chair), Stephen Aldridge (SA), Daniel Black (DB), Nancy Edwards (NE), Leah Fisher (LF), Leila Gamaz (LG), Matthew Hickman (MH), Halima Khan (HK), Richard Meier (RM), Victoria Ofovbe (VO), Sunand Prasad (SP)

Guests: Sarah Ayres (SAY-TRUUD Work Package 1 Co-Lead), Alistair Hunt (AH-TRUUD Work Package 2 Lead)

Apologies: Rachel Brierley, Dan Bristow, Gabriel Scally, Richard Upton

1. Introductions and welcome

2. Actions from previous meeting

- DB/RB to ask WP2 whether the tool will include existing guidelines / tools from different sectors – *to be covered in today's presentation.*
- DB to update Terms of Reference, including foundational principles and key definitions (including coproduction) and confidentiality – *completed.*
- LF to share meeting slides and copy of draft protocol – *circulated via email on 21.01.21.*
- LF to circulate communication to establish preference of meeting frequency – *currently quarterly from June 2021.*

3. Finalisation of Terms of Reference

The addition of a process was proposed by which changes in membership/emerging gaps in numbers/expertise are addressed. No objection noted.

Changes in membership – **Ed Cox (WMCA)** and **Paul Leinster (Cranfield University)** have withdrawn from the EAB.

It was questioned whether urban/active landscapes including food are being covered adequately. Key policy is re-thinking entire access, with landscaping playing a critical part. Landscapes are poorly valued/costed – always the first part of a budget to be cut, despite this being one of the most cost-effective ways of improving health. Suitable contacts can be recommended to Work Package 1 on this subject.

4. Valuation presentation – Part 1 (Daniel Black)

Discussion/Reflection:

National resilience arrangements, set up for acute events rather than how the system responds to chronic background issues. From a health point of view, background radiation in the system is as important as the acute event.

BRI hospital numbers are a reminder of running at capacity consistently. Drive to efficiency and maximum utilisation has been a significant occurrence since around 2005, post Labour government spending. A very upstream, cultural practice to save money. Can TRUUD tackle at this deep cultural level? Climate adaptation has received a lot of attention in architectural and engineering circles. 'D4FC' (Design for Future Climate) study may be worth exploring.

Clarification was sought on what the expectations are from the EAB today around the economic tool. What would you like from us? Are there any other methods of valuation that TRUUD are applying? This presentation is a response to EAB request from last meeting for more detail on economic tool. Development is still in the early stages; main question would be how and where it can be applied. There are broader elements of valuation to consider, collective opinions on this would be welcomed.

Multi-disciplinary research team will be mapping system and what is happening day to day. Initial interviews will be in depth, thinking about potential levers for movement and persuasion. This will then be combined with the findings from valuation work, which will begin to inform thinking around developing new interventions.

Concern around lack of valuation precision in case study. Have 'what if' type scenarios been considered? Helping people to think differently about problems, as opposed to a precise description of costs and benefit. Orientation in presentation is very hospital focussed, will programme be looking at wider health sector (e.g. to include primary care). Flooding and heat cause big problems around inequalities in populations. Intersectional interface work is being carried out in Canada; TRUUD can be put in touch if learnings would be useful.

'What if' scenarios are an area of interest, these were looked at in bid development but not brought into programme. TRUUD don't currently have core competency for this in the team but would be something to consider expanding into. Our sectoral boundaries are large scale property development and transport, healthcare is not a focus in this sense but data that comes out of the healthcare sector will be a fundamental informant of the programme. Health inequalities are front and centre in TRUUD thinking.

Support for the importance of good valuation, but this is only one part of the jigsaw. Later work in terms of capturing some of the more intangible aspects of health may be beneficial. Urban health indexes are being developed; point made about considering these other aspects as an extension to the valuation piece.

The programme is mindful of politics, values and bigger picture. Would be useful to come back to group on wider picture of TRUUD at some point.

5. Valuation presentation – Part 2 (Alistair Hunt)

Discussion/Reflection

What decision makers do TRUUD have in mind to target? Different motivations and vested interests. What motivation would developers have for doing an economic analysis?

How is information framed differently for different decision-makers?

In cost benefit analysis, it is not always clear who the cost is born by and who the benefit accrues to. More clarity in this differential would lead to a more accurate place.

A key aspect throughout UPSTREAM/TRUUD is trying to identify who the end payee is. Helpful to differentiate between cost of treatment, loss of productivity and wider pain and suffering.

Health/treatment costs are still aggregated to a degree.

Some of these bigger questions are really important. Sometimes issues can be lost sight of in economic analysis such as sector cost/benefit. Convincing decision makers in urban development that costs to health sector should matter to them is very difficult. An articulation around larger questions (climate change, generational benefit etc) is extremely important. Also to perhaps look at hypothetical interventions and timeframes.

SA- Looking for better evidence to help us monetise different benefits in evaluations and policy appraisals. Work such as this is always valuable. When undertaking intervention, how do you know what impact it has had? In relation to place based interventions which may lead to changes in property prices/rents, changes in area populations. How do you know changes in health are due to intervention rather than a re-sorting of people to place as a result of the intervention? There are other categories of intervention besides economic, such as fiscal impacts and wellbeing framing. Are mental health impacts being picked up on as well as physical?

In Foxhill case study, what was the cost in better design? And how was it measured?

There was a plea to keep assumptions front of mind when undertaking TRUUD research, e.g. assumption could be made on the distance over which you might expect citizens to travel in order to use a piece of urban development. When talking with public it may become clear that some assumptions may not hold in the real world, for example due to informal social boundaries.

Mental health likely to be a focus going forward with regards to valuation study. Points taken on disaggregation of public and private, fiscal costs, distributional weighting etc. Trying to find ways of internalising externality in decision making. A cost benefit analysis was not undertaken for Foxhill study, but we may touch on costs of building design in TRUUD.

Vicious circle around private/public sector responsibility, mapping this will be a central part of navigating system. Modelling of unintended consequences could feed into assessing what impact interventions will have.

6. Next steps

Time scales – Nearing end of first phase, interviews due to begin imminently, with completion by end of June. Analysis will take place over Summer/Autumn 2021. Work Package 2 economic valuation work will be continuing and feeding into this. Proposed interventions to begin taking shape early 2022.

Outputs – Various papers planned over lifespan of programme.

Next steps for EAB – Co-production deep dive in May meeting (more about understanding public contribution role). Quarterly plenaries - Indicative forward plan of items for those plenaries to be designed.

Festival of Ideas – Hoping to have a day in October around economic valuation. Management Team may come to EAB for key-note speaker requests in due course.

7. AOB

Links related to issues raised on public value which may be of interest:

<https://urbanhealth.org.uk/insights/reports/urban-health-index-uhi-for-lambeth-and-southwark>

https://media.nesta.org.uk/documents/Public_Value_WEB.pdf

2021 Meeting Dates:

Coproduction Meeting: Monday 17th May, 11am-1pm

Plenary meetings:

Thursday 1st July, 10am-12pm

Wednesday 29th September, 10am-12pm

Wednesday 15th December, 10am-12pm

External Advisory Board Membership:

Julia Goldsworthy (Chair): Director of Strategy, West Midlands Combined Authority

Stephen Aldridge: Director for Analysis & Data, Ministry of Housing, Development & Local Government

Dan Bristow: Director of Policy & Practice, Wales Centre for Public Policy

Nancy Edwards: Professor Emeritus, School of Nursing, University of Ottawa

Leila Gamaz: Public Contributor

Halima Khan: Executive Director Communities & Skills, Mayor of London/London Assembly

Richard Meier: Co-Founder & CEO, Stories

Victoria Ofovbe: Public Contributor

Sunand Prasad: Principal, Penoyre & Prasad Architects London

Richard Upton: Chief Development Officer, U+I

TRUUD Management Team:

Matt Hickman: PI and Research Director, Professor in Public Health and Epidemiology, University of Bristol

Gabriel Scally: Research Director, Visiting Professor, University of Bristol

Daniel Black: Programme Director, Specialist in Urban Development for Planetary Health, University of Bristol

Rachel Brierley: WP5 lead, Programme and Communications Manager, University of Bristol

Leah Fisher: Programme Administrator, University of Bristol