



Tackling Root Causes Upstream of
Unhealthy Urban Development

UK Prevention Research Partnership



Critical research management for complex problems

Lessons learned in establishing a major research programme
aimed at addressing unhealthy urban development



Crowdhelix Research and Technology Organisations & Corporate Members' Event
Greenwich, London | 12th January 2023

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- Neil Carhart: University of Bristol, Civil Engineering
- John Coggon: University of Bristol, Law School
- Andy Gibson: UWE Bristol, Health and Social Sciences
- Alistair Hunt: University of Bath, Economics

1. Overview of project & funders
2. Foundational understandings (& implications for research management)
3. Critical reflections (example case study management challenges for projects like this)

A grey arrow pointing upwards from the box below to the third item in the list above.

Projects 'like this'?

- ❑ Large number of researchers / stakeholders
- ❑ Mission-oriented (socio-economic impact)
- ❑ Inter/trans-disciplinary
- ❑ Co-produced/emergent



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About

TRUUD + UKPRP

UK Prevention Research Partnership

is a £50 million multi-funder initiative that supports novel research into the primary prevention of non-communicable diseases to improve population health and reduce health inequalities.

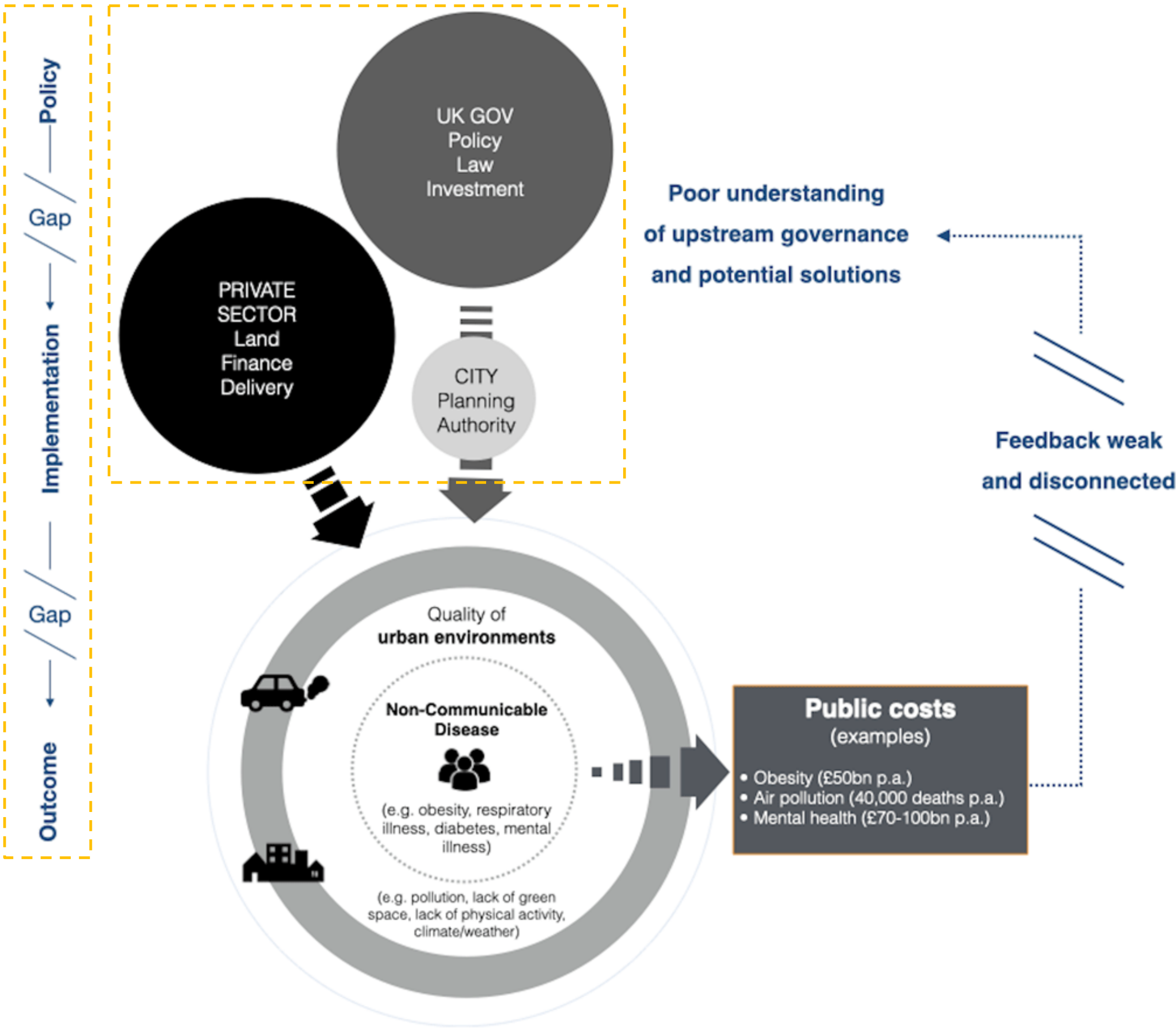
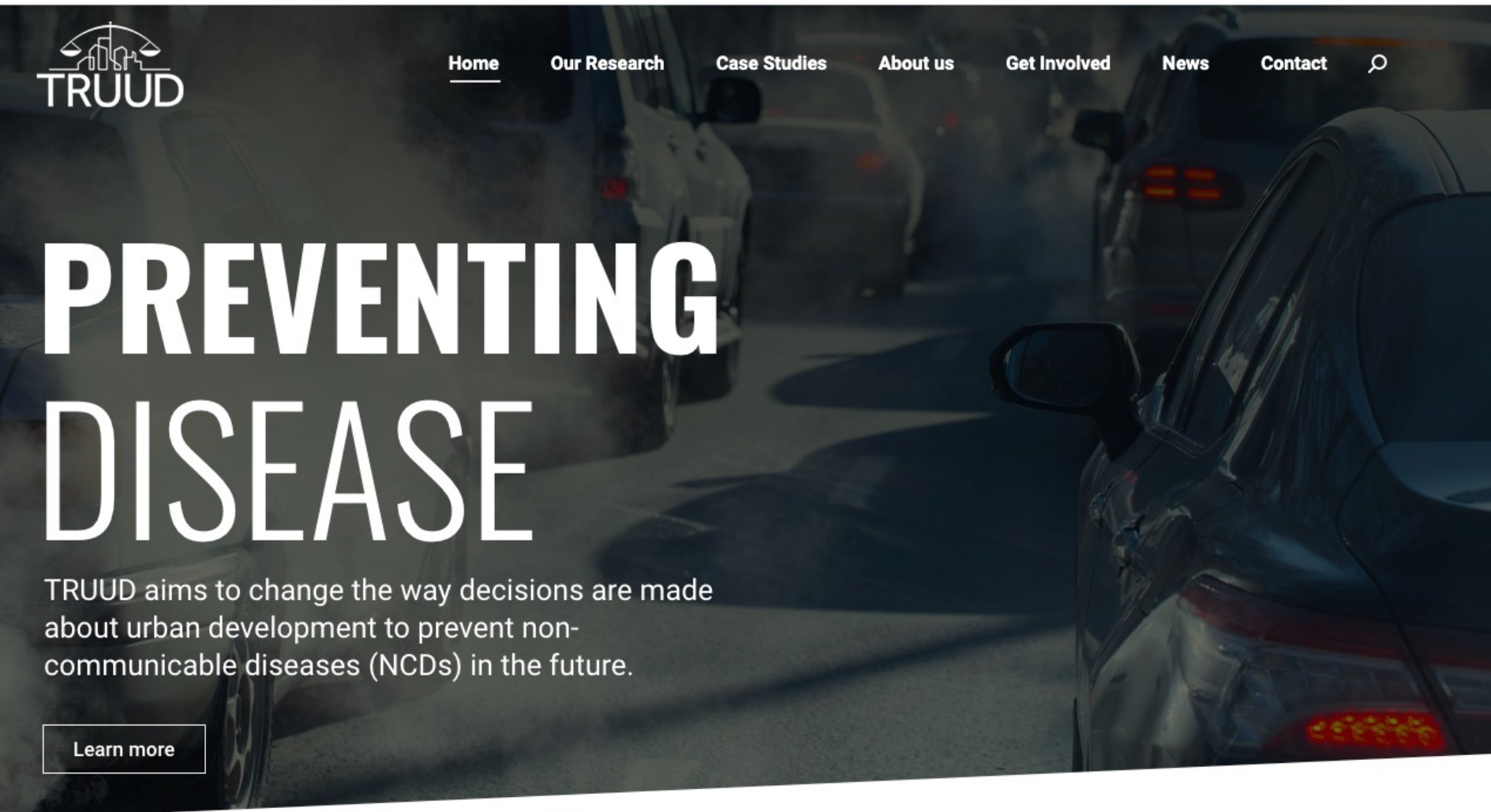


CALL CRITERIA

- “New approaches to population health research” (going beyond ‘traditional’)
- Whole systems
- Interdisciplinary
- Multiple ‘upstream’ actions
- Co-creation with end users
- ‘Knowledge brokers’ key
- Solutions/societal impact (changes in *policy and practice*)

TRUUD ‘grand mission’:
To enable a paradigm shift in how health is valued and integrated at root-cause decision-making points in the urban planning and development sectors

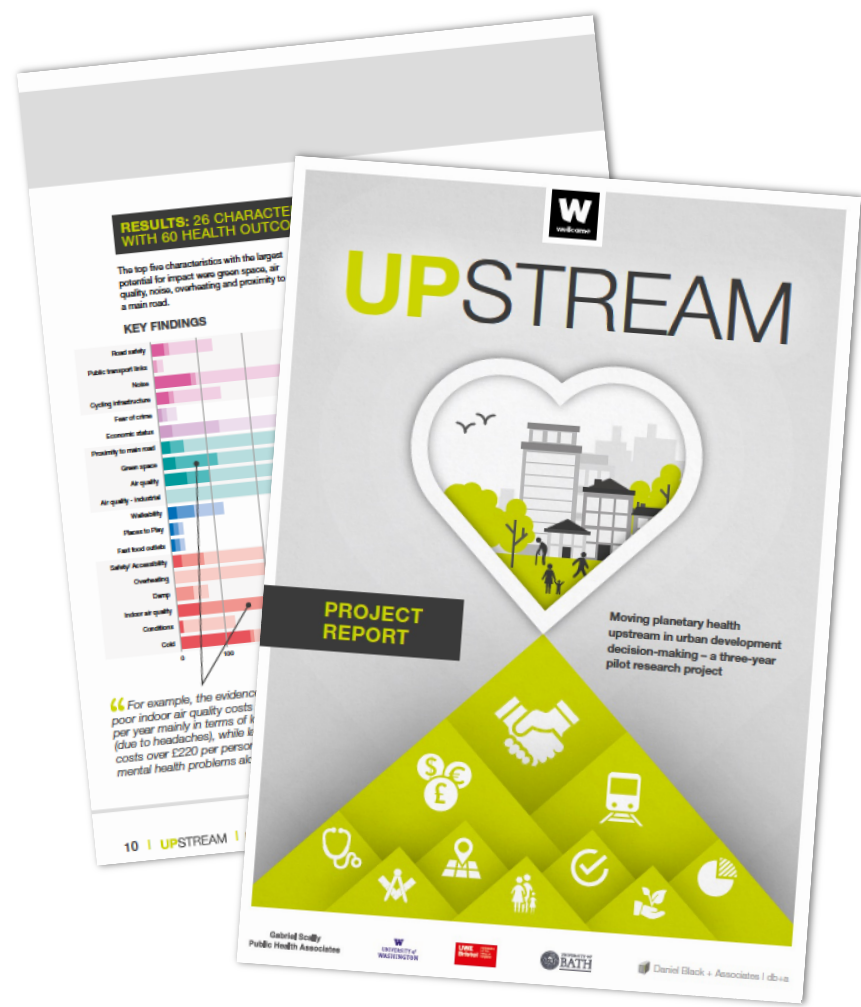
Mechanism (how):
By developing and testing a multi-action intervention in two main sub-sectors: transport and property



www.truud.ac.uk



Engaging policy-makers & practitioners



The Royal Society of Medicine

Building health into the urban environment: Evidence and opportunities



Sir Malcolm Grant
Founding Chair, NHS England (2011-2018);
Chancellor, University of York



Andy Burnham
Mayor of Manchester



Paul Smith
Cabinet Member for Housing: Bristol City Council



Richard Meier
Former Partner: Argent LLP
Vice-chair of Urban Land Institute UK



Victoria Hills
Chief Executive: Royal Town Planning Institute

Policy-makers & practitioners

Current advisors, stakeholders – recruitment ongoing...



Julia Goldsworthy
(Chair)
Director of Strategy
West Midlands Combined
Authority
[Read more](#)



Stephen Aldridge
Director for Analysis &
Data
Ministry of Housing
Development & Local
Government
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Dan Bristow
Director of Policy &
Practice
Wales Centre for Public
Policy
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Nancy Edwards
Professor Emeritus
School of Nursing
University of Ottawa
[Read more](#)



Nicola Kane
Head of Strategic Planning,
Insight and Innovation
Transport for Greater
Manchester
[Read more](#)

LOCAL GOVERNMENT



INDUSTRY MEMBERSHIP / THIRD SECTOR



Halima Khan
Executive Director
Communities & Skills
Mayor of London/London
Assembly
[Read more](#)



Richard Meler
Co-Founder & CEO
Stories
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Victoria Ofove
Public Contributor
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Sunand Prasad
Principal
Penoyre & Prasad
Architects
[Read more](#)



Mark Sandford
Senior Research Analyst
House of Commons
[Read more](#)

NATIONAL GOVERNMENT



INDUSTRY (developers, architect)

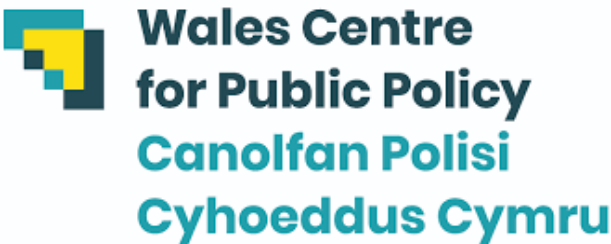


Abigail Stratford
Head of Regeneration
Bristol City Council
[Read more](#)



Richard Upton
Chief Development Officer
U+I
[Read more](#)

DEVOLVED / REGIONAL GOVERNMENT



ACADEMIC

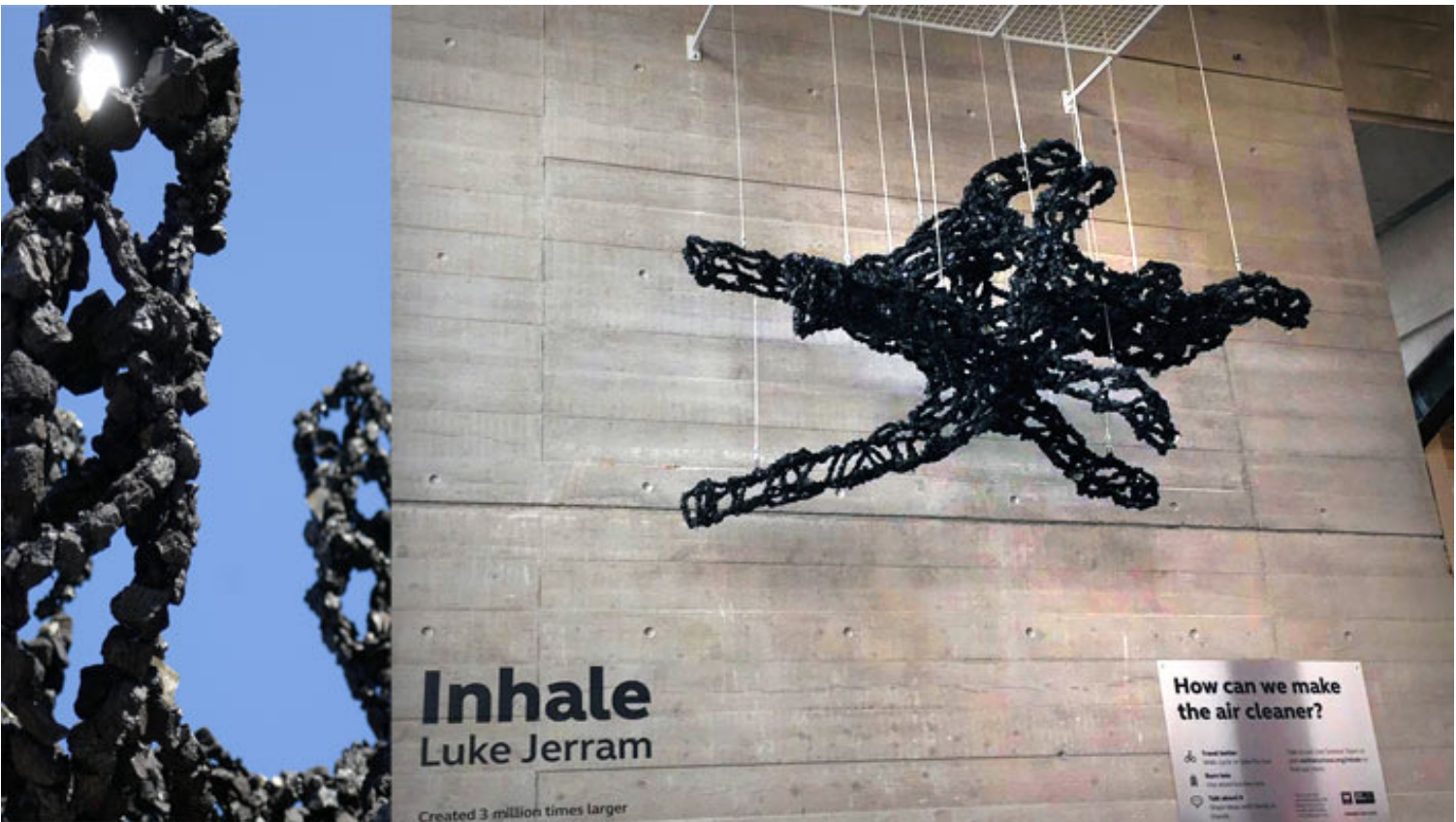


Community engagement



UPSTREAM

<https://urban-health-upstream.info/>



Aim: to ‘transcend’ existing consultation practice in urban development

Initial community representatives leading to.....



Public Advisory Group (x6)

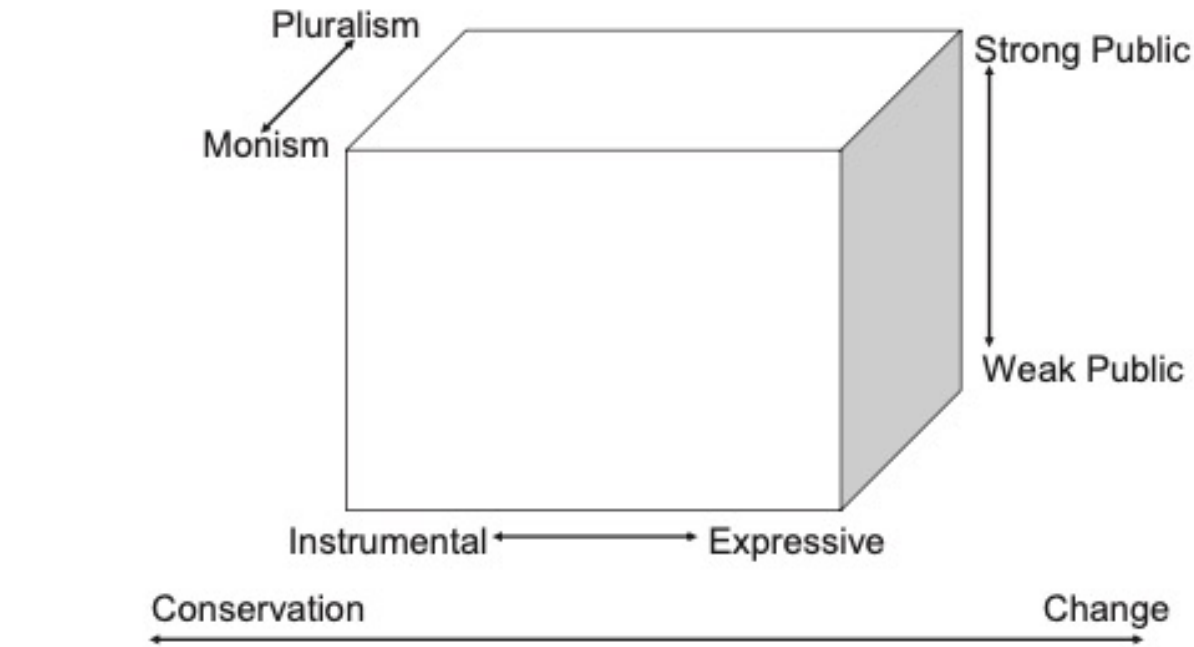
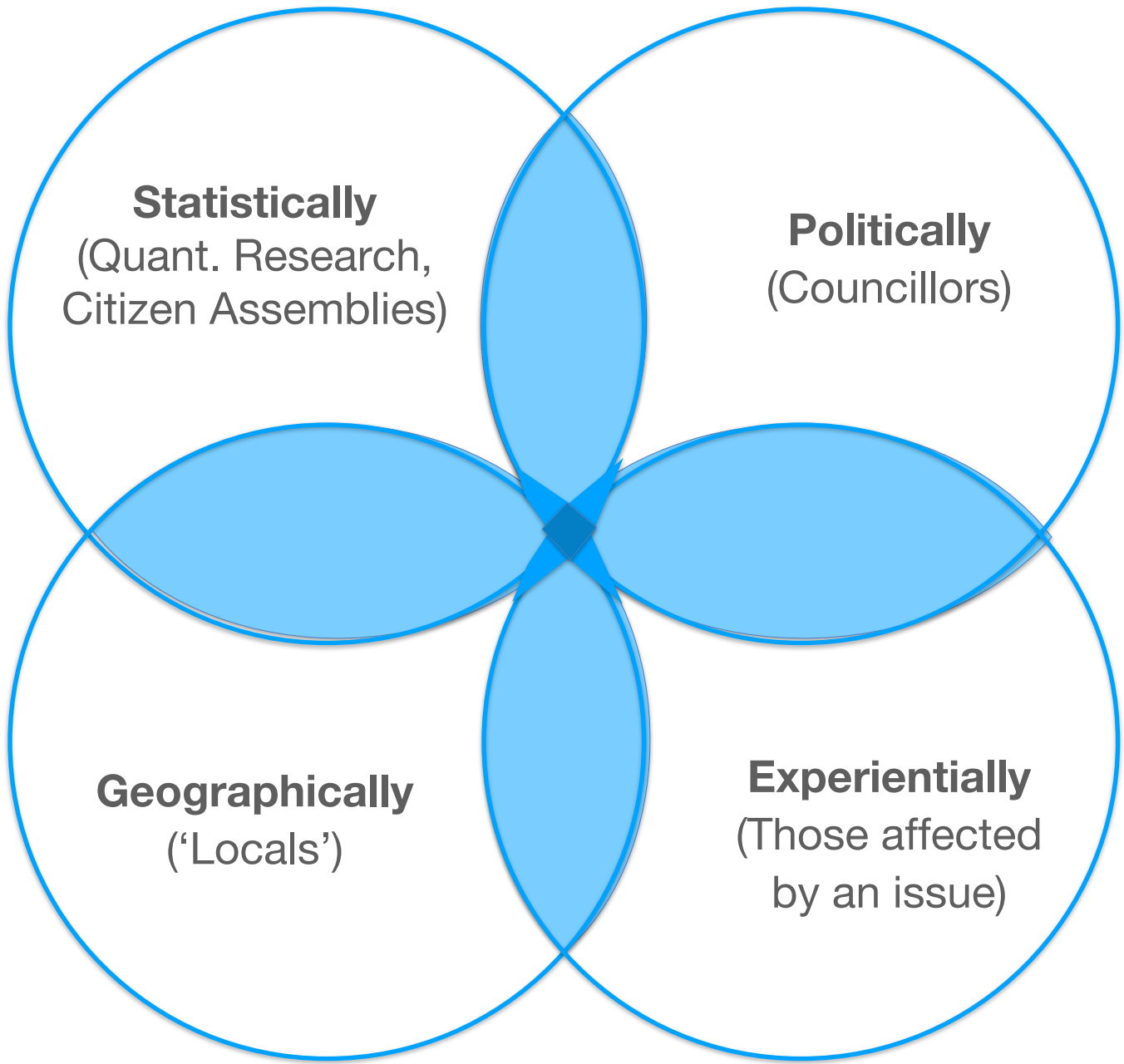


Figure 1. A four dimensional view of knowledge spaces

Gibson A, Britten N, Lynch, J (2012) *Theoretical directions for an emancipatory concept of patient and public involvement.* Health. Sage.

Phase 1: Methods, findings

Methods

Interviews

- 30 pilot interviews
- 127 interviews
- Purposive, snow-ball sampling (Phase 1)
- Large-group TD design and analysis

Workshops (x4 in Phase 1)

- Participatory mapping
- Causal loop diagrams

Economic valuation (environmental, health)

- Systematic reviews (urban-health evidence)
- Agent-based modelling
- GIS/Quality Outcomes Framework
- Database/tool development
- Testing and refining on case study projects

Intervention identification

- MRC Complex Intervention Framework
- Bespoke TRUUD Template
- Iterative, participatory selection

Phase II

- Emergent (participatory co-design)

Identified problem areas

National Govt: e.g.

Lack of: integration (health compartmentalised), comparable evidence, funding/long-term thinking/investment

Local Govt: e.g.

Resource, agency, lack of evidence

Private sector: e.g.

Dominant property delivery models, investment risk appetite, lack of incentives, short-termism

Third: e.g.

Land control/value, 'hope value', tax arrangements

Law: e.g.

Power asymmetry, resultant risk aversion, siloed legislation, systemic inertia

50 Areas of potential intervention identified

8 INTERVENTION AREAS TAKEN FORWARD

1. Corporate decision-making
2. Real estate investment
3. National government policy
4. Design coding
5. City-region transport KPIs
6. Large-scale property – spatial plans
7. Law (legal capacity – local govt)
8. Public engagement (digital tools)



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Foundational understandings

(Implications for research management)

Foundational understandings: Issues of complexity and societal challenge

“despite its promise and many excellent individual examples, **most interdisciplinary research remains at the academic margins**, largely because understanding about such investigations is fragmented”

(Bammer G, 2013)

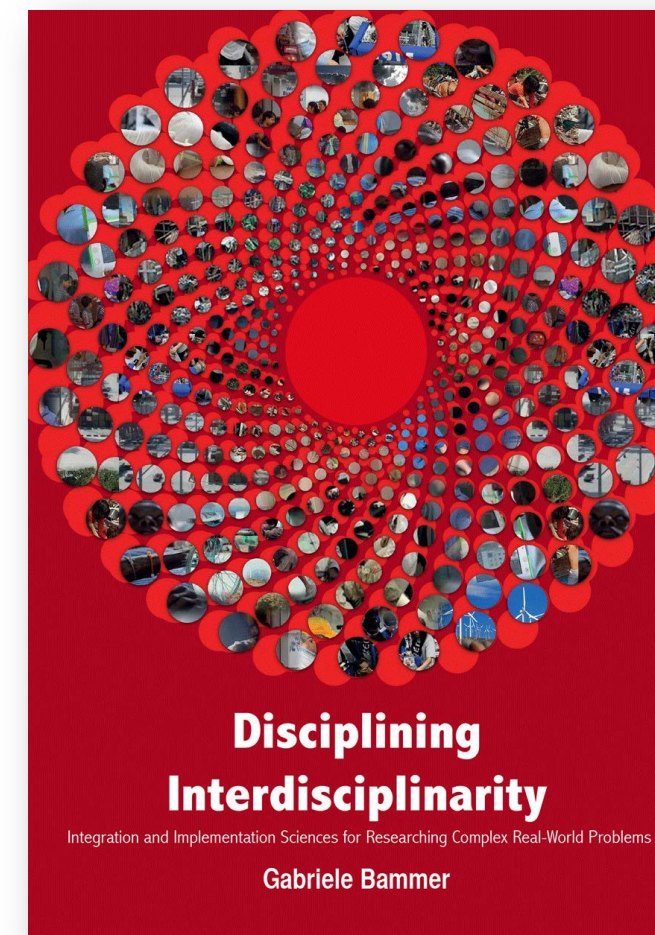
“so far there is only limited understanding of the enabling conditions, challenges, lessons, and tools for inter-disciplinary research...”

...increasing our understanding of how to effectively design and deliver interdisciplinary research is crucial...”

(Brown R, 2019)

“not constrained by an unduly limited set of perspectives and approaches (and which should include) methods and perspectives where experience is still quite limited”

(Skivington et al, 2022)

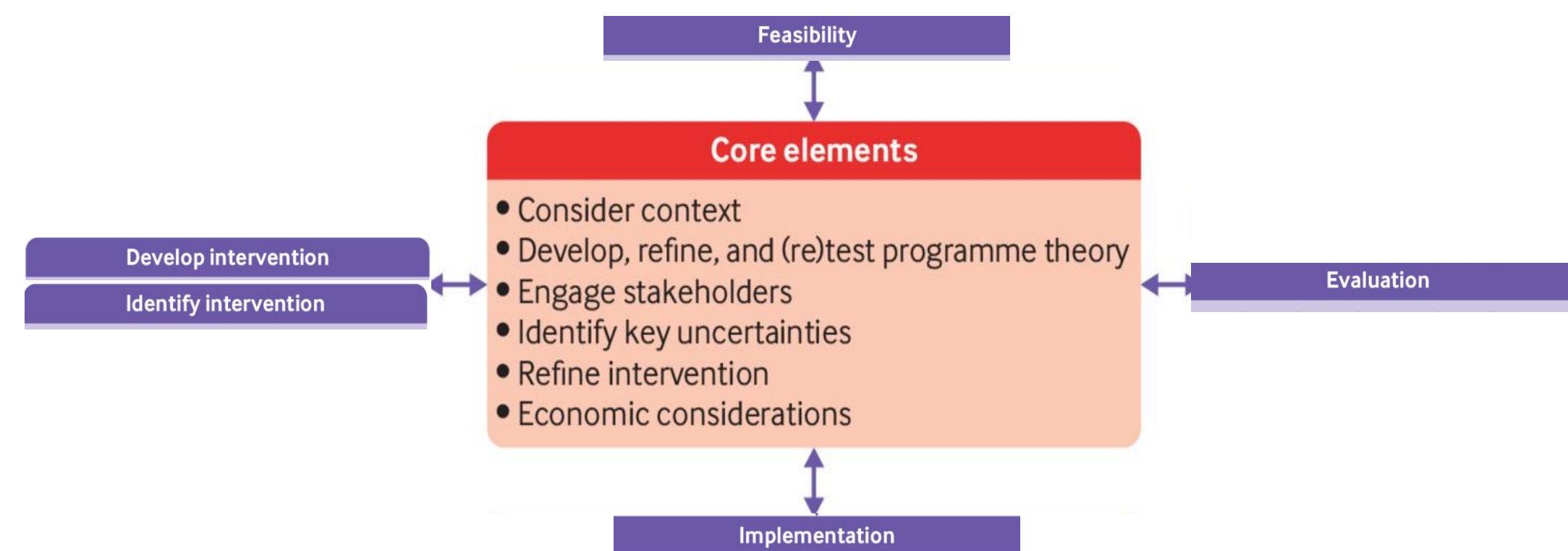


Bammer G (2013) **Disciplining Interdisciplinarity: Integration and Implementation Sciences for Researching Complex Real-World Problems**. ANU Press.



Brown et al (2019) **Interdisciplinary Research and Impact**. Wiley. Global Challenges.

Black et al (2019) **Moving Health Upstream in Urban Development: Reflections on the Operationalization of a Transdisciplinary Case Study**. Wiley. Global Challenges.



Skivington et al (2021) **A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance**. Research Methods and Reporting. *BMJ*.

Foundational Understandings:

‘Key team processes’...need time and support



	Developmental	Conceptual	Implementation	Translational
Primary goal	Establish a shared understanding of the scientific or societal problem space of interest—including what concepts fall inside and outside its boundaries—and mission of the group	Develop novel research questions or hypotheses, a conceptual framework, and a research design that integrate and extend approaches from multiple disciplines and fields	Launch, conduct, and refine the planned TD research	Apply research findings to advance progress toward developing innovative solutions to real-world problems, as appropriate to the level of science at which the research is conducted
Team type(s)	• Network	• Emerging team	• Real team	• Adapted team
	• Working group	• Evolving team		• New team
	• Advisory group			
	• Emerging team			
Key team processes	• Generate a shared mission and goals	• Create a shared mental model	• Develop compositional, taskwork, and teamwork transactive memory	• Adapt the team, as needed, to address translational opportunities
	• Develop critical awareness	• Generate shared language	• Conflict management	• Generate shared goals for the translational endeavor
	• Externalize group cognition	• Develop compilational transactive memory	• Team learning	• Develop shared understandings of how these goals will be pursued
	• Develop a group environment of psychological safety	• Develop a team TD ethic		

JOURNAL ARTICLE

A four-phase model of transdisciplinary team-based research: goals, team processes, and strategies [Get access >](#)

Kara L. Hall, PhD ✉, Amanda L Vogel, PhD, MHS, Brooke A Stipelman, PhD, Daniel Stokols, PhD, Glen Morgan, PhD, Sarah Gehlert, PhD

Translational Behavioral Medicine, Volume 2, Issue 4, December 2012, Pages 415–430, <https://doi.org/10.1007/s13142-012-0167-y>

Published: 25 October 2012



Management/admin support needed:

- Governance expertise
- Management expertise
- Communications
- Graphic design / data visualisation

And all need time (i.e. funding)



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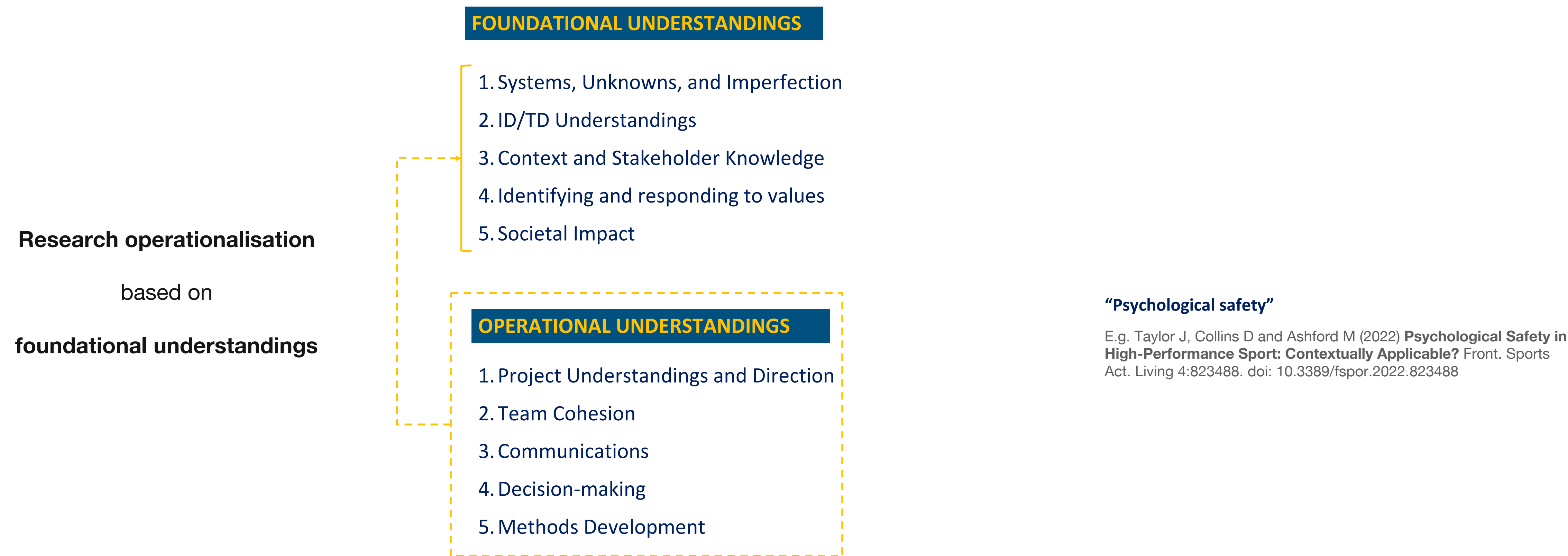
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Examples

Critical reflections

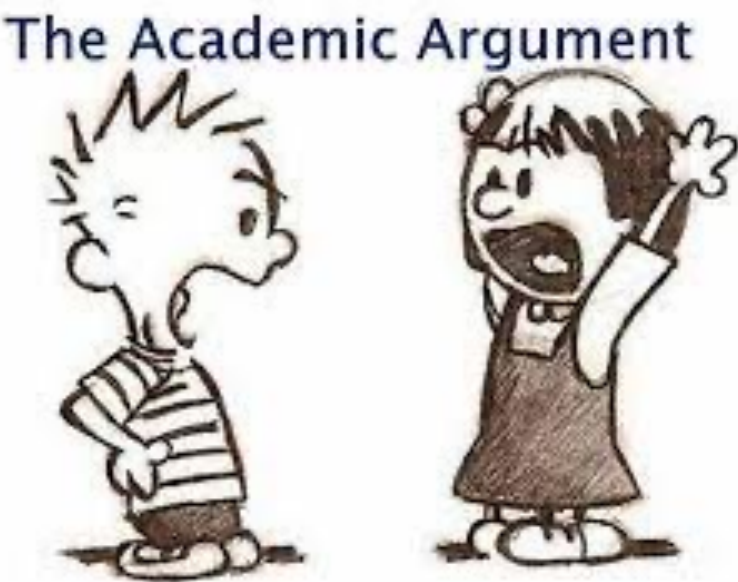
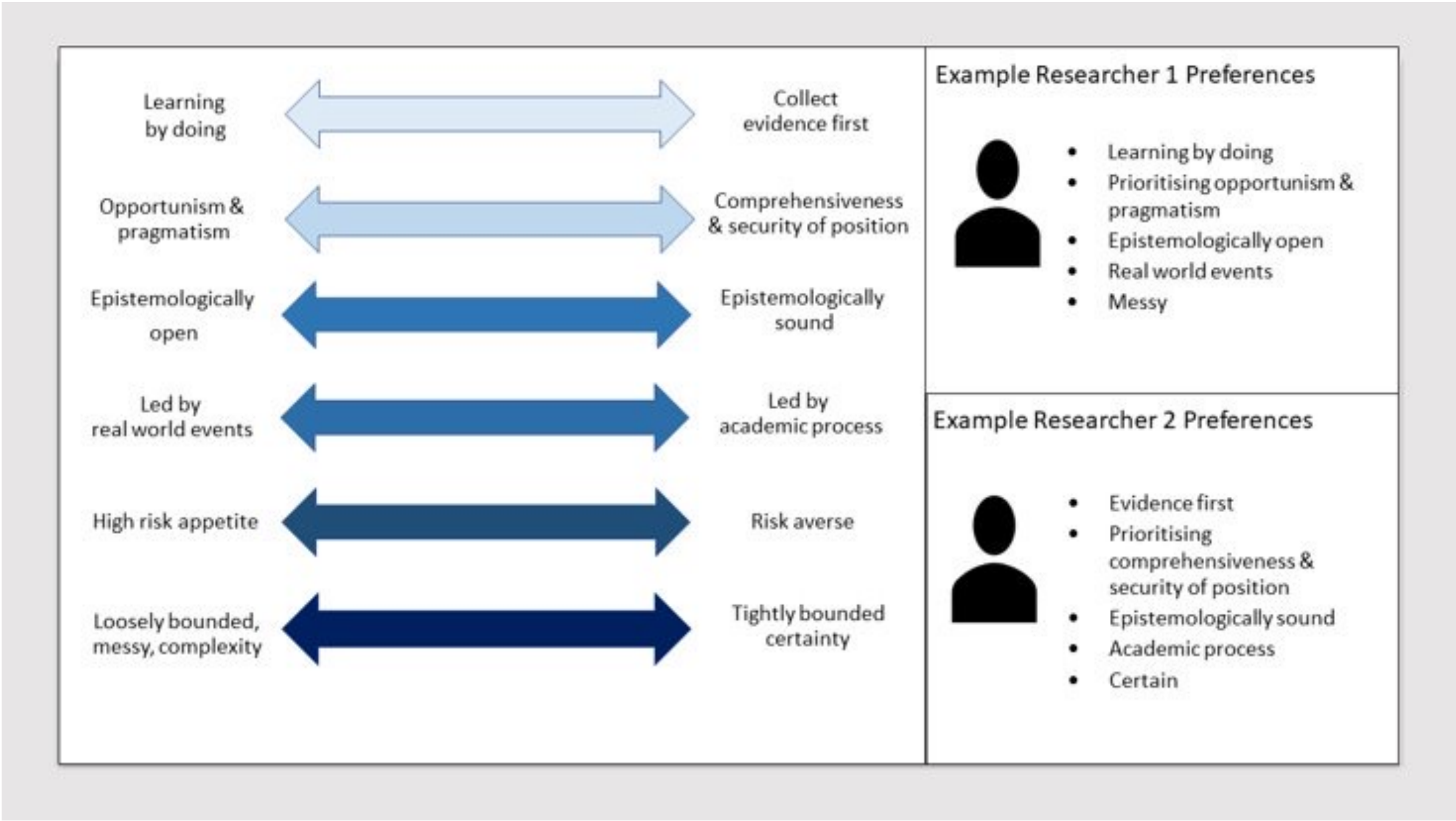
Critical Reflections: Our 10 ‘bespoke’ criteria



Critical Reflections:

Different ways of working, ‘psychological safety’, and time needed for discussions

Example output: Different researchers and disciplines work in different ways

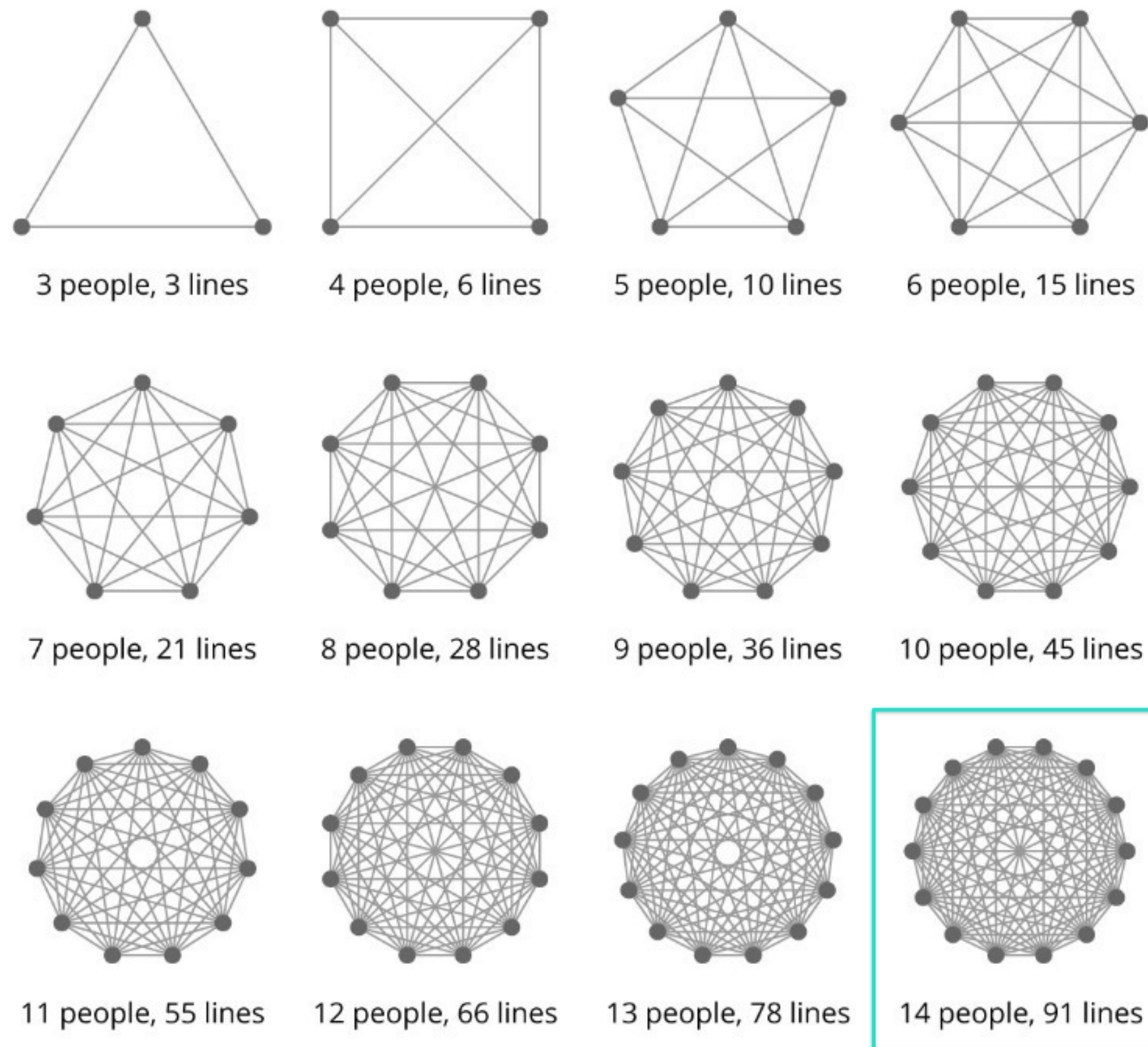


“Psychological safety”
E.g. Taylor J, Collins D and Ashford M (2022) **Psychological Safety in High-Performance Sport: Contextually Applicable?** Front. Sports Act. Living 4:823488. doi: 10.3389/fspor.2022.823488

Black D, Bates G, Ayres S, Bondy K, Callway R, Carhart N, Coggon J, Gibson A, Hunt A (2022) **Operationalising a large research programme tackling complex urban and planetary health problems: a case study approach to critical reflection.** Sustainability. [Under Review]

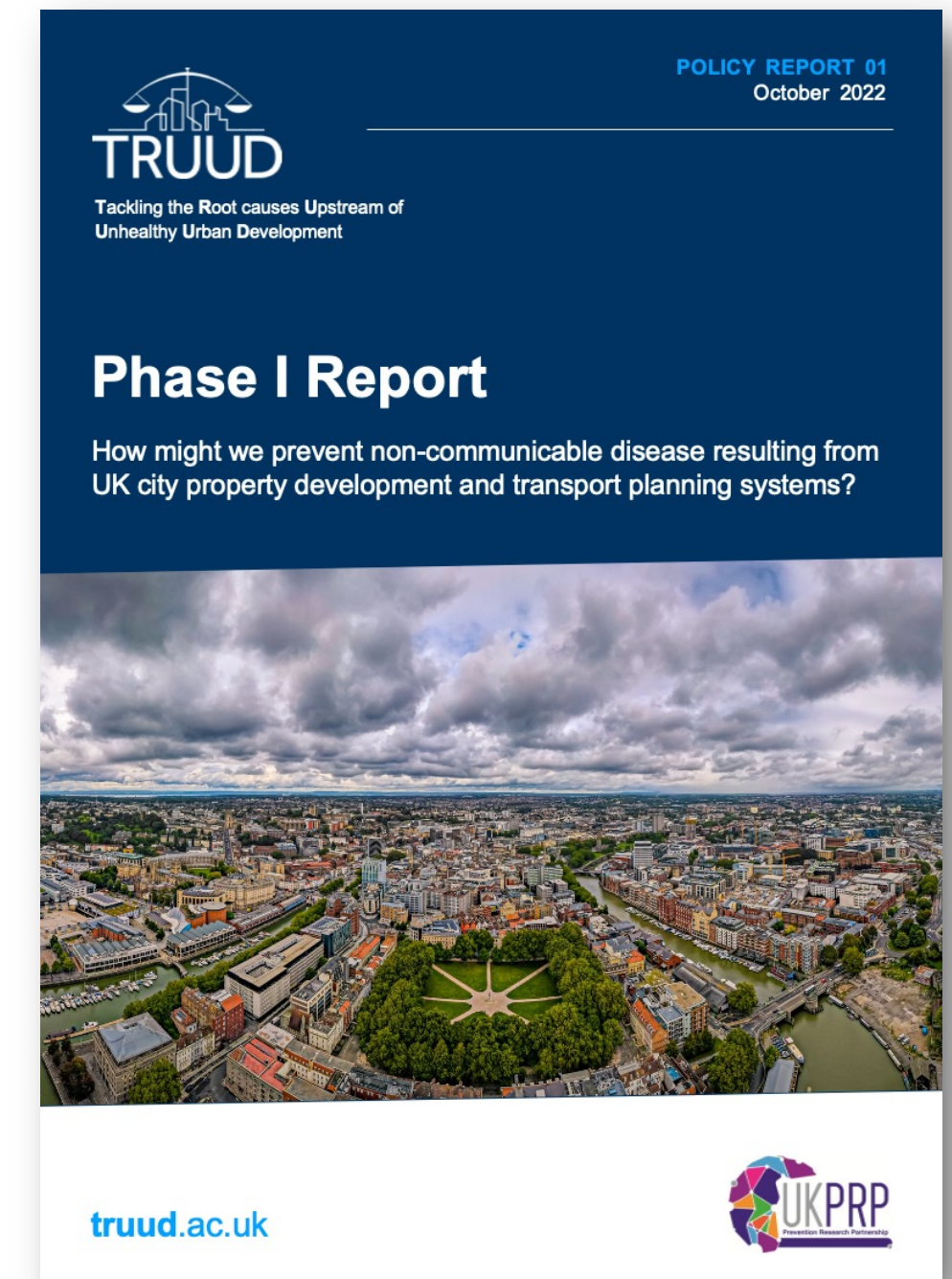
Critical Reflections:

Large teams + complexity = substantially increased communications

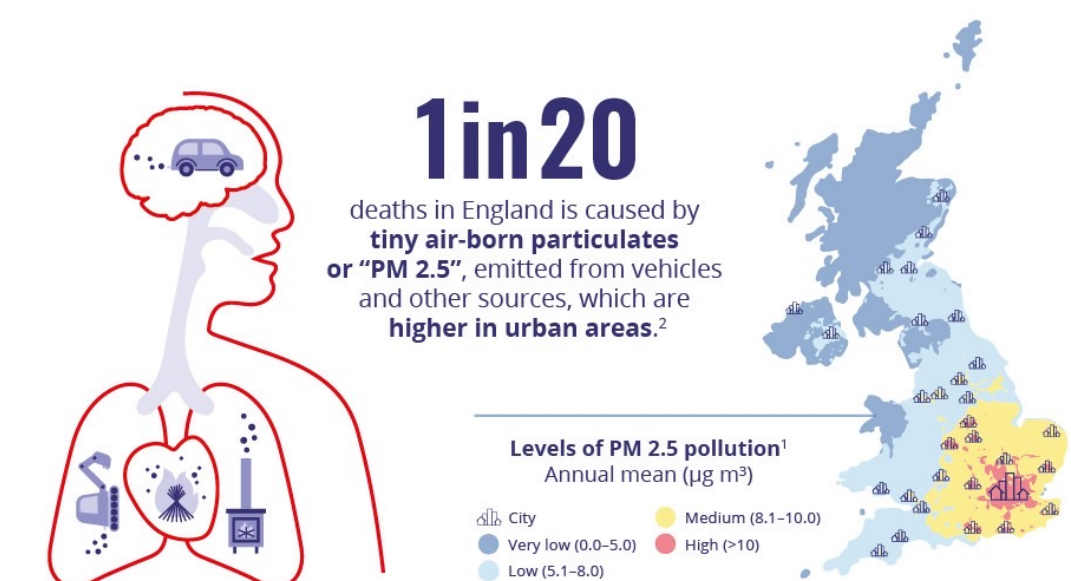


Complexity & Communications

- **Many moving parts** that need to be well connected/integrated
- **Requires relatively more time/resource** both from comms team and researchers
- **Differences of opinion on resource needs**
- **Wider 'infrastructure' very limited** - standard university capacities available (e.g. Policy Bristol, media/training opps), but not substantial



Air pollution is **more intense in urban areas** exacerbating respiratory, cardiac and other diseases.¹



¹ Centre for Cities (2020) Holding our breath — How poor air quality blights cities | Centre for Cities
² Environment Agency (2021) State of the environment: health, people and the environment - GOV.UK (www.gov.uk)

Critical Reflections:

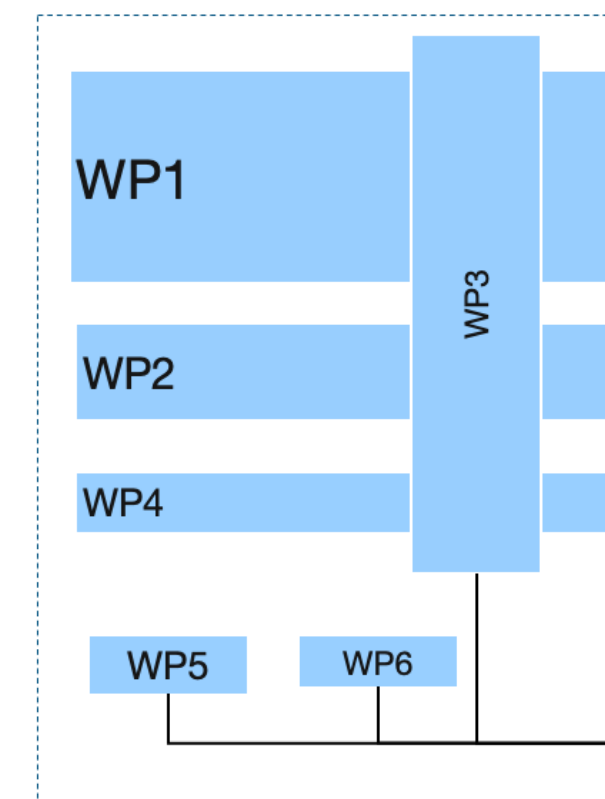
Bid development, integration, emergent team evolution

First bit easy...?

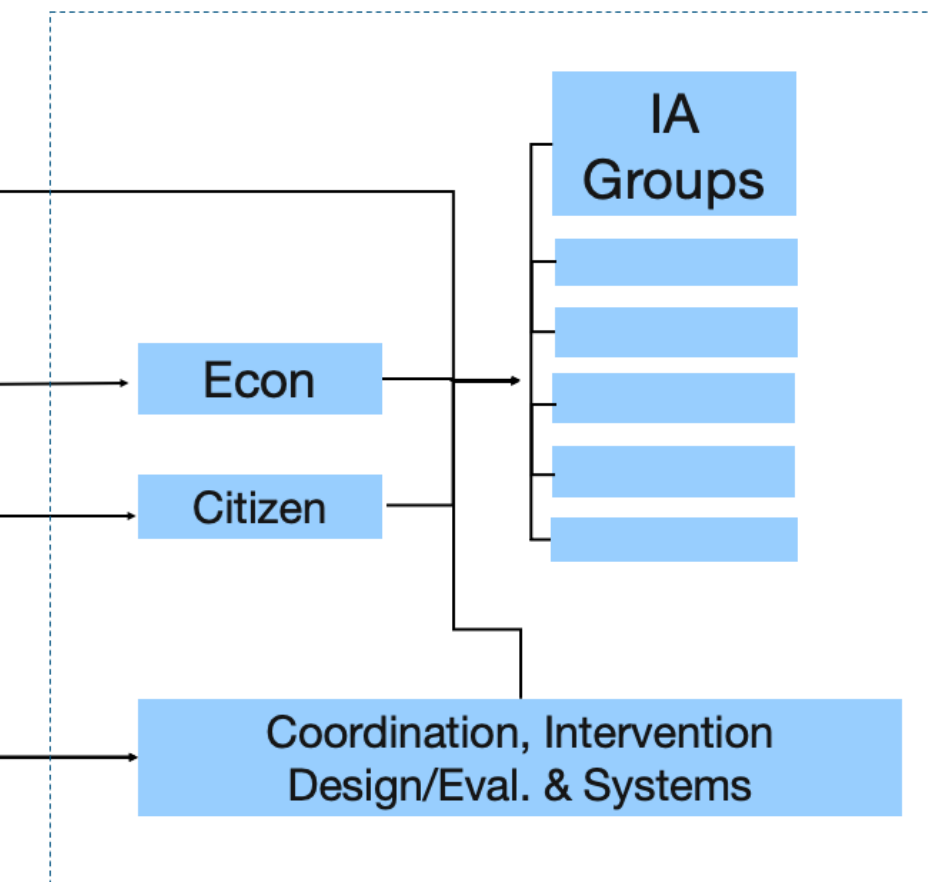
Group description	Disciplines (newly combined)
<ul style="list-style-type: none"> • 40-odd researchers • 5 HE institutions • Multiple cost centres • 2 city / city regions • National / Westminster • 100s of stakeholders • £10m research funding 	<ul style="list-style-type: none"> • Public health • Urban planning • Policy studies • Management • Real estate investment • Law • Environmental economics • Health economics • Systems engineering • Psychology • Public engagement • ...

Emergent design
(and management) –
via co-production

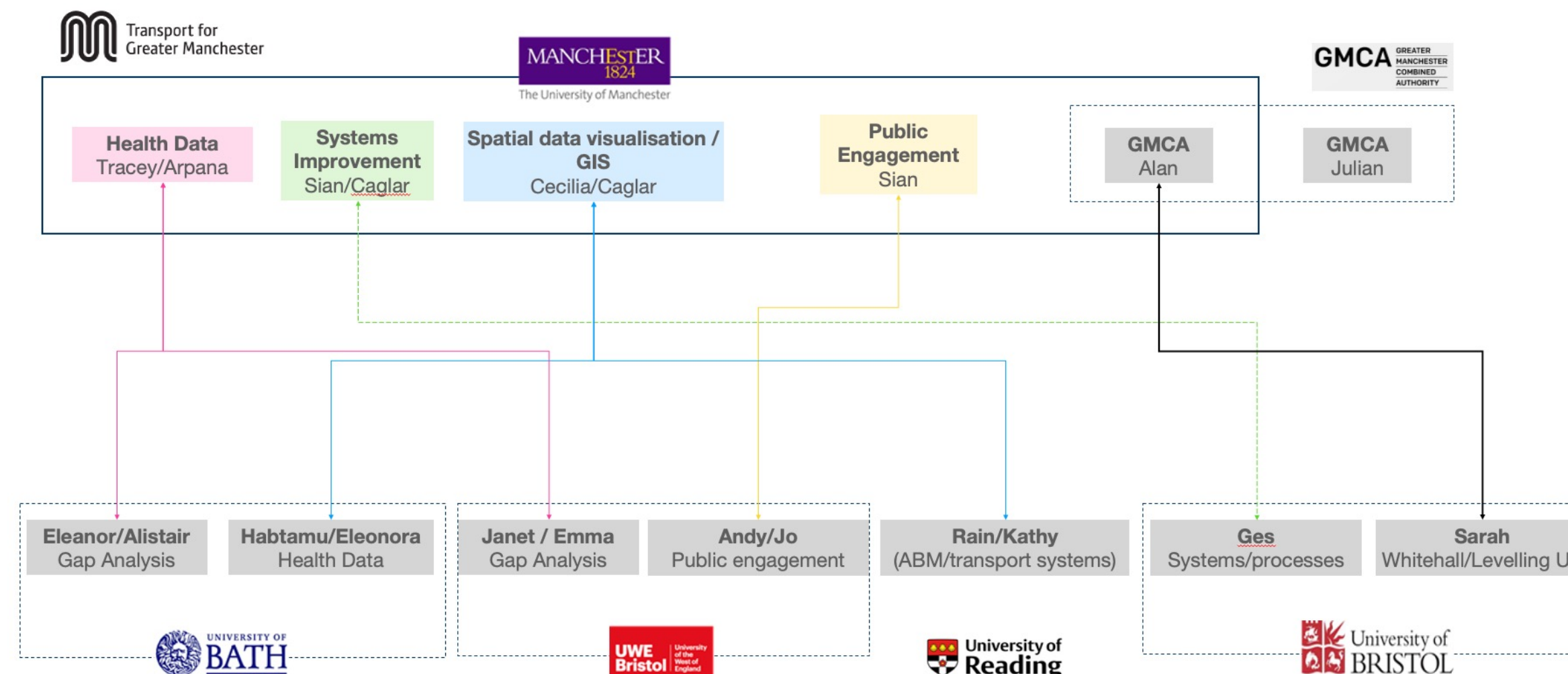
Phase I



Re-structuring for Phase II



Example integration –
Greater Manchester:
**Time-consuming,
complex management
(e.g. expectations)**



X 10+
(and all highly integrated)

Critical Reflections: Culture, expectations, skills

Straight sprint

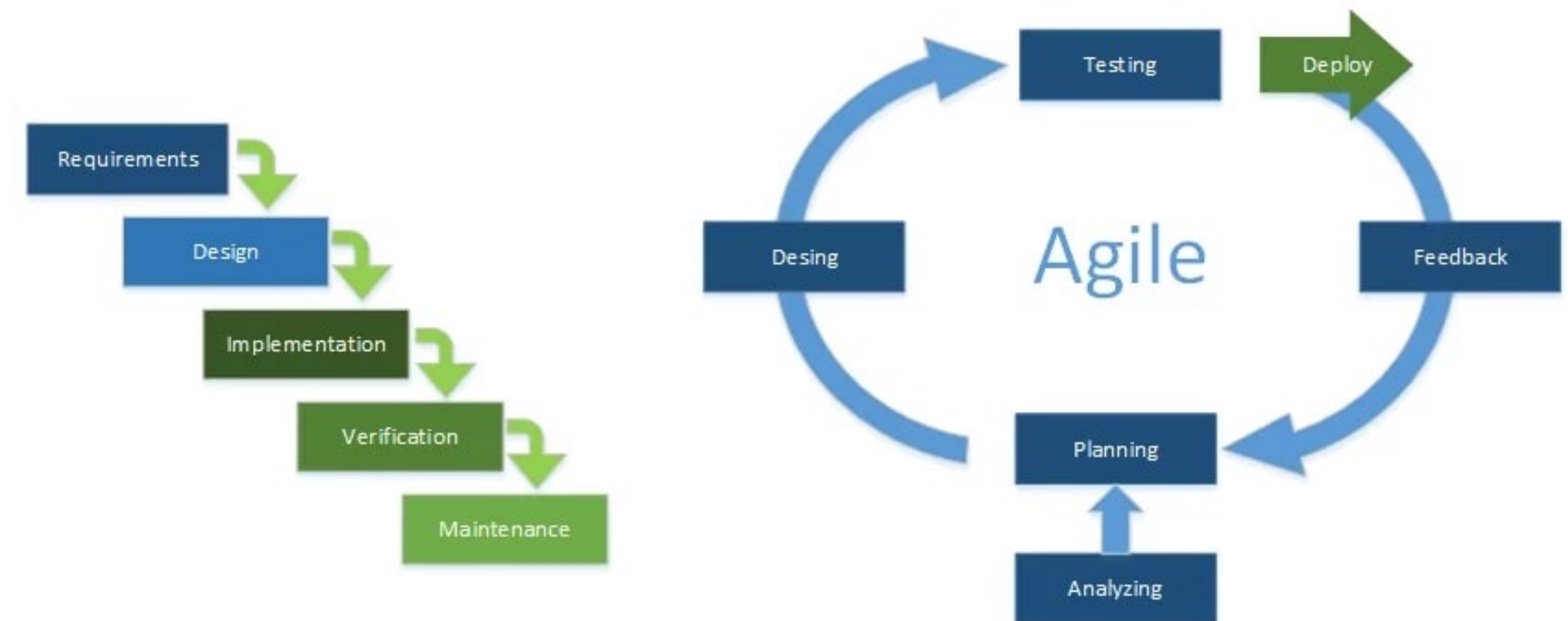


VS



Open team play

Waterfall vs. Agile



We'd love to hear from you!

1. Have you heard of others facing similar challenges?
2. What resource constraints are you aware of?
3. Making the case for additional resource not easy - due to lack of academic 'outputs' (papers) – how might it be possible?
4. Other?



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Acknowledgements

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Weblink: <https://mrc.ukri.org/research/initiatives/prevention-research/ukprp/>

