Mapping health consideration and multi-sectoral interventions in the urban development decision-making system

The issue

The meaningful consideration of health has been consistently low across the different elements of the urban development decision-making system. This encompasses both public and private sector, operating from the national to local levels.

While actions have been taken in the past to facilitate or encourage the consideration of health, they are often aimed at specific actors, domains, processes or otherwise bounded fragments of the larger system.

We wanted to understand the underlying systemic causes and co-design a coherent set of interventions that target these in a sustainable and joined-up way.

Our response

This Briefing Note presents a simplified system map of factors affecting the consideration of health in urban development decision making drawn from 123 interviews with 132 participants (see page 3). It highlights synergistic multi-level, multi-sectoral TRUUD interventions aiming to influence the system at different points.

Factors – and the relationships between them – were identified from the interview analysis of particular stakeholder groups. They were represented using the language of Causal Loop Diagrams whereby an arrow represents a causal influence from one factor (or variable) to another.

A **blue arrow** (with a + at the head) means a change in the variable at the tail of the arrow tends to influence a change in the **same direction** within the variable at the head. In other words, an increase causes an increase, and a decrease causes a decrease.

A **red arrow** (with a – at the head) means a change in the variable at the tail of the arrow tends to influence the **opposite change** in the variable at the head, such that an increase causes a decrease, and a decrease causes an increase. These can combine to form feedback loops.

Seven system maps were created, each representing a particular stakeholder perspective on the factors affecting the meaningfulness of health consideration in urban development decision making. These were aggregated to form a single map of 49 variables and 144 causal links. Once this structural complexity had been understood, an established method was used to simplify the model to best communicate the core dynamics. This resulted in a map that was further refined and validated through a workshop with ten experts across the TRUUD project. The final model contains 20 variables and 70 causal links.

The interventions TRUUD is developing were highlighted next to the variables they are seeking to target directly, with changes anticipated in other parts of the system as a consequence.

University consortium

Local authority partners

Key messages

The system map represents the core dynamics affecting the consideration of health in urban development decision-making at a macro-level and improves our understanding of how multi-level, multi-sectoral TRUUD interventions influence the system and interact with one another to drive and reinforce positive change.

TRUUD interventions, detailed in other Briefing Notes and summarised in the table on page 4, target the issue from multiple points across the system. Some are structural in that they relate to policies and formal procedures; some are socio-cultural in that they relate to norms and values; some relate to capabilities, tools and information to inform decisions.

Addressing any of these in isolation limits the ability to produce sustainable change at the level required. Addressing policies alone will have a delayed and constrained effect without providing the capabilities to enact them or the values to sustain their adherence. Addressing socio-cultural priorities without providing the means to achieve them and within a system of rules that are not compatible with those values may not be sustainable. Providing tools and capabilities to value health will see limited traction within a system of incompatible rules and without a cultural incentive to apply them.

TRUUD's interventions attempt to address these systemic issues holistically and synergistically.

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 UK Prevention Research Partnership.
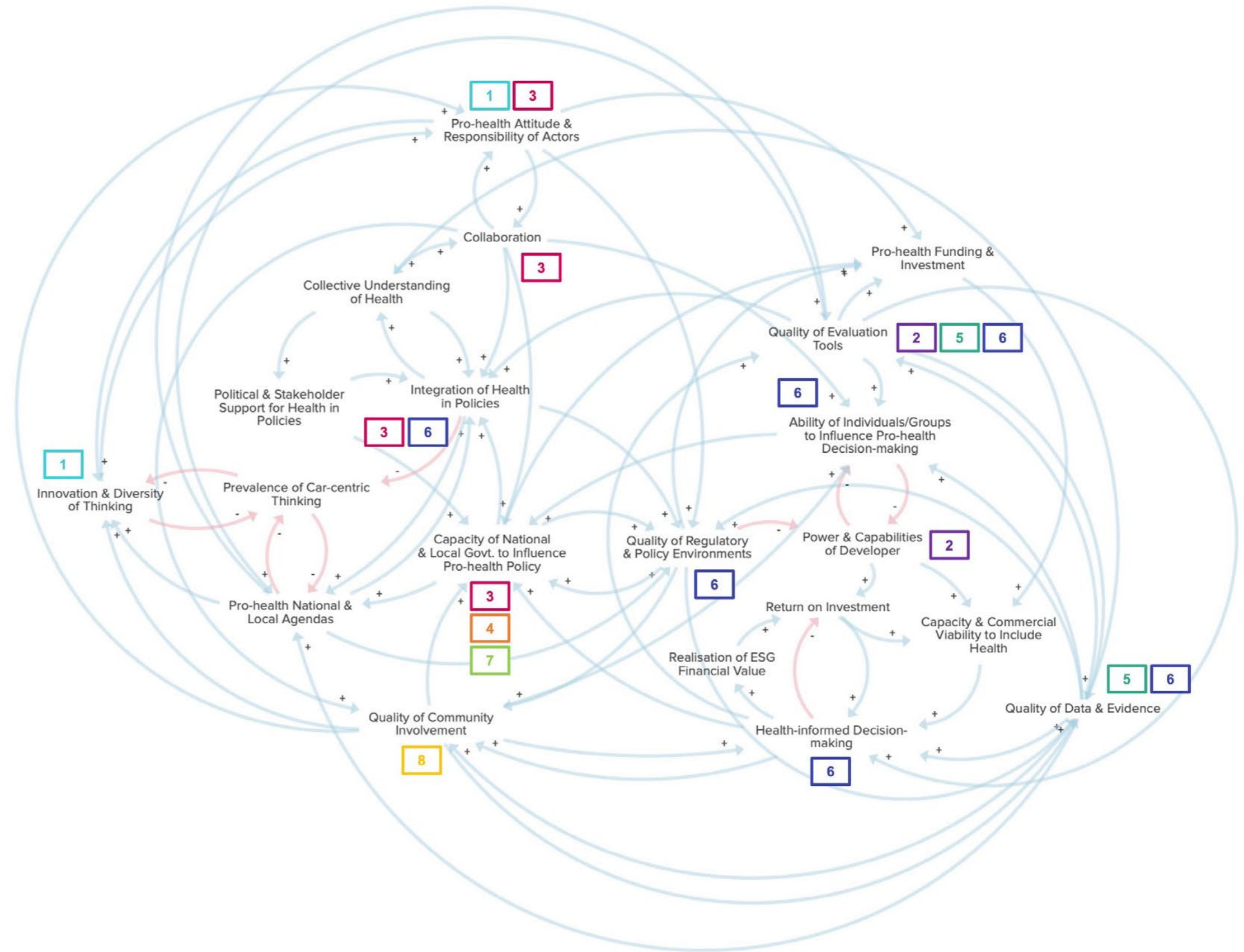
Contact the authors

This model was built by Neil Carhart and Pablo Newberry using interview data collected by colleagues across the TRUUD project.

Their research focuses on sustainability, regenerative design and health in relation to infrastructure and the built environment within the School of Civil, Aerospace and Design Engineering at the University of Bristol.

Legend

→ Adds to / same direction

→ Subtracts from / opposite direction

1	Land & Development – Changing Mindsets
2	Real Estate – Investment Decision-making
3	National Government – Urban Policy
4	Health Advocacy – Legal Determinants
5	City-Region Government – Transport Planning
6	Local Government – Spatial Planning
7	Local Government – Legal Capacity
8	Local Community – Public Engagement

Diagram nodes:
- Pro-health Attitude & Responsibility of Actors
- Collaboration
- Pro-health Funding & Investment
- Collective Understanding of Health
- Quality of Evaluation Tools
- Political & Stakeholder Support for Health in Policies
- Integration of Health in Policies
- Ability of Individuals/Groups to Influence Pro-health Decision-making
- Innovation & Diversity of Thinking
- Prevalence of Car-centric Thinking
- Capacity of National & Local Govt. to Influence Pro-health Policy
- Quality of Regulatory & Policy Environments
- Power & Capabilities of Developer
- Pro-health National & Local Agendas
- Return on Investment
- Capacity & Commercial Viability to Include Health
- Realisation of ESG Financial Value
- Quality of Data & Evidence
- Quality of Community Involvement
- Health-informed Decision-making

Intervention	Intervention Summary
1. **Land & Development – Changing Mindsets**	Develop a message package that uses tools from both power and norms to position health and health equity more centrally in the mindsets of senior industry actors in urban development.
2. **Real Estate – Investment Decision Making**	Co-produce a model with industry experts that incorporates health and wellbeing data alongside environmental, social, and governance (ESG) data in real estate investment appraisal and develop advice notes on the determinants of healthy places for local authority planner, developers, and funders to further include health in policy vehicles and strategies.
3. **National Government – Urban Policy**	Use evidence and advocacy to ensure health outcomes and inequalities feature in central government's strategic planning on urban development and include the Health Appraisal for Urban Systems (HAUS) valuation tool in relevant tools and processes.
4. **Health Advocacy – Legal Determinants**	Improve understanding of how the application of law impacts health outcomes.
5. **City-Region Government –Transport Planning**	Work with Transport for Greater Manchester's (TfGM) and Greater Manchester Combined Authority (GMCA) to develop high-quality health metrics, drive continuous improvement, and create health data-driven tools and visualisations to inform decision-making and demonstrate the health impact of the 'Streets for All' strategy.
6. **Local Government – Spatial Planning**	Review local plans in England in collaboration with Bristol City Council and feedback recommendations, including a toolkit for using the review framework, for integrating health in local development planning policies.
	Model and evaluate the health impacts associated with different environmental features of design options for the Frome Gateway regeneration area to inform healthier place-making principles in the Frome Gateway spatial regeneration framework.
	Acting as a bridge between research and practice, the researcher-in-residence at Bristol City Council shares knowledge, builds relationships, and brings health into discussions with actors involved in decision-making for urban development, such as using health evidence to inform Frome Gateway design principles.
	Work with the Frome Gateway Engagement Steering Group to support and improve community engagement with diverse publics for large-scale urban development, sharing learning across Bristol City Council and other local authorities.
7. **Local Government – Legal Capacity**	Provide training and co-produce resources in collaboration with Health Improvement and Disparities (OHID) to strengthen the legal capacity of people working in local authorities to effectively use Health Impact Assessments (HIA) in planning processes.
8. **Local Community – Public Engagement**	Review and co-produce digital tools with a Public Advisory Group, data expert, and creative engagement practitioner that effectively communicate health and health inequality data, evidence, and information and provide a platform to share the lived experience of marginalised communities to enable more meaningful public engagement.