



# TRUUD Impact Report

2019 – 2025

JULY 2025





An estimated **80 per cent of deaths** in the UK are caused by non-communicable diseases (NCDs). Many of these diseases, such as cancers, type-2 diabetes, obesity, mental ill-health and respiratory illness, are **considered preventable**.

The TRUUD (Tackling the Root causes Upstream of Unhealthy Urban Development) research consortium was launched in October 2019 to provide evidence and tools to improve the way health is considered for urban planning and development and turn the tide on NCDs and health inequalities.

Combined expertise from six partner universities focused on influencing the way decisions are made 'upstream' by professionals in the public and private sector about the environment we live in.



#### Local authority partners



#### University consortium



# Welcome to our Impact Report

You can't have a healthy country unless you have a healthy population. During the past decade, the UK has come to realise that it has a significant health problem. The life expectancy of people has stopped improving at the rate it had been rising for decades. For some groups in our society, life expectancy has begun to decline. Addressing and reversing this alarming trend is a complex task.

Although improving health services can contribute, it is in the broader realm of how we lead our lives that change is needed.

**To give everyone in our society the opportunity to lead a long, healthy, and rewarding life means changing how we organise our communities.**

This will require the combined efforts of all sectors of society to enable people to be born into, grow up and live and work in environments that enhance their health and well-being, rather than harm it.



Whether it be dramatically improving our standards of housing, reducing air pollution, enhancing the quality of our diets, increasing levels of physical activity, or making our urban spaces welcoming oases for rest and recreation, it requires an unprecedented level of integrated social, financial, and professional effort. This is where the TRUUD research programme comes in.

Our goal has been to dismantle barriers between individual academic disciplines and learn how to harness that transdisciplinary expertise to address problems that can only be resolved through an integrated approach. Building links into communities and the private and local government sectors, using embedded researchers in some cases, has been an essential part of the process.

Collectively we have produced some learning and tools to ensure that creating healthy places is not just achievable, but a practical proposition. If this delivers better health for our population through changed upstream decision-making, then our efforts will have been more than worthwhile.

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**Gabriel Scally**

TRUUD RESEARCH CO-DIRECTOR



There is a phenomenon familiar in many diverse fields: the huge complexity of modern society, culture and political economy create operational contexts in which beneficial, sensible and apparently simple things prove near impossible to practise, let alone implement.

We have known for a long time that urban environments can impact peoples' health. These impacts are measurable and significant. Including discussions around health and health outcomes in the way we deliver and manage our urban environments is an effective route to reducing the personal and public burden of ill-health.

There are many ways in which our built and natural environment have positive and negative health impacts. On the positive side: access to nature and healthy food, high quality walking and cycle routes, and residential design that enables social interaction all promote good physical and mental health. Air pollution, noise, the urban heat island effect, unsafe or convoluted pedestrian routes all harm health. Such determinants of health intersect substantially with income and wealth inequalities. For example, the Marmot Review 'Fair Society, Healthy Lives' found that life expectancy in London neighbourhoods drops by one year per Underground stop the further east you travel from Westminster

We know that a range of practical solutions to create healthier and safer places have been proven in practice. It is therefore frustrating that unhealthy urban development persists so widely. At conference

after conference and in papers and discussions, people have identified possible causes: market and political short-termism, the failure to measure and demonstrate real value, perverse incentives, silo-thinking or the failure to listen to customers, clients or people. But the diagnoses often remain speculative.

## **What makes TRUUD so significant is its forensic, evidence-based focus on pinpointing and tackling these causes.**

TRUUD set out to identify precisely where, at the head of decision-making chains and operational cultures, are the weak links and blockages. Weak links that let through policies, procedures and practices that give rise to health-harming urban developments; blockages that prevent health-promoting measures from prevailing. At the same time the research programme canvassed potential solutions and has tested them through extensive engagement, both with specialists and the public. I believe that this will make a real difference for best practice in urban development to flourish. It should prove to be an effective research method highly applicable in other fields.

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**Sunand Prasad OBE**

CHAIR OF THE TRUUD EXTERNAL  
ADVISORY BOARD

# Why health in urban places?

Taking care of an increasingly sick population is expensive and unsustainable and hits the poorest communities the hardest. Making health a priority much earlier in urban development decision-making protects wellbeing and prosperity for future generations.

**Taking a preventative approach to tackling NCDs is now a government priority as it recognises the long-term benefits.**

## Unravelling complexity

To address our overarching research question - how might the prevention of risk factors causing NCDs be fully incorporated by those with the most control of urban development in the UK we:

- Engaged and involved decision makers in the public and private sectors and consulted with advisors from the public;
- Mapped the systems of urban development and how they relate to each other; and
- Co-produced and tested interventions where we could have the most impact.

## What did we find?

Our early work clearly identified that both government and industry want to improve urban health through their policies and practices so we focused on finding ways to help them achieve meaningful and lasting change.

Insight from more than 150 interviews and linked workshops with experienced practitioners from the public, private and third sectors helped us understand the barriers to embedding health in policy and practice.

These include:

- Short term thinking
- Lack of joined-up systems thinking in government
- Health only prioritised in healthcare policy
- Lack of opportunities to value health
- No diversity in decision-making
- A dislocation of health from land and financial decision making

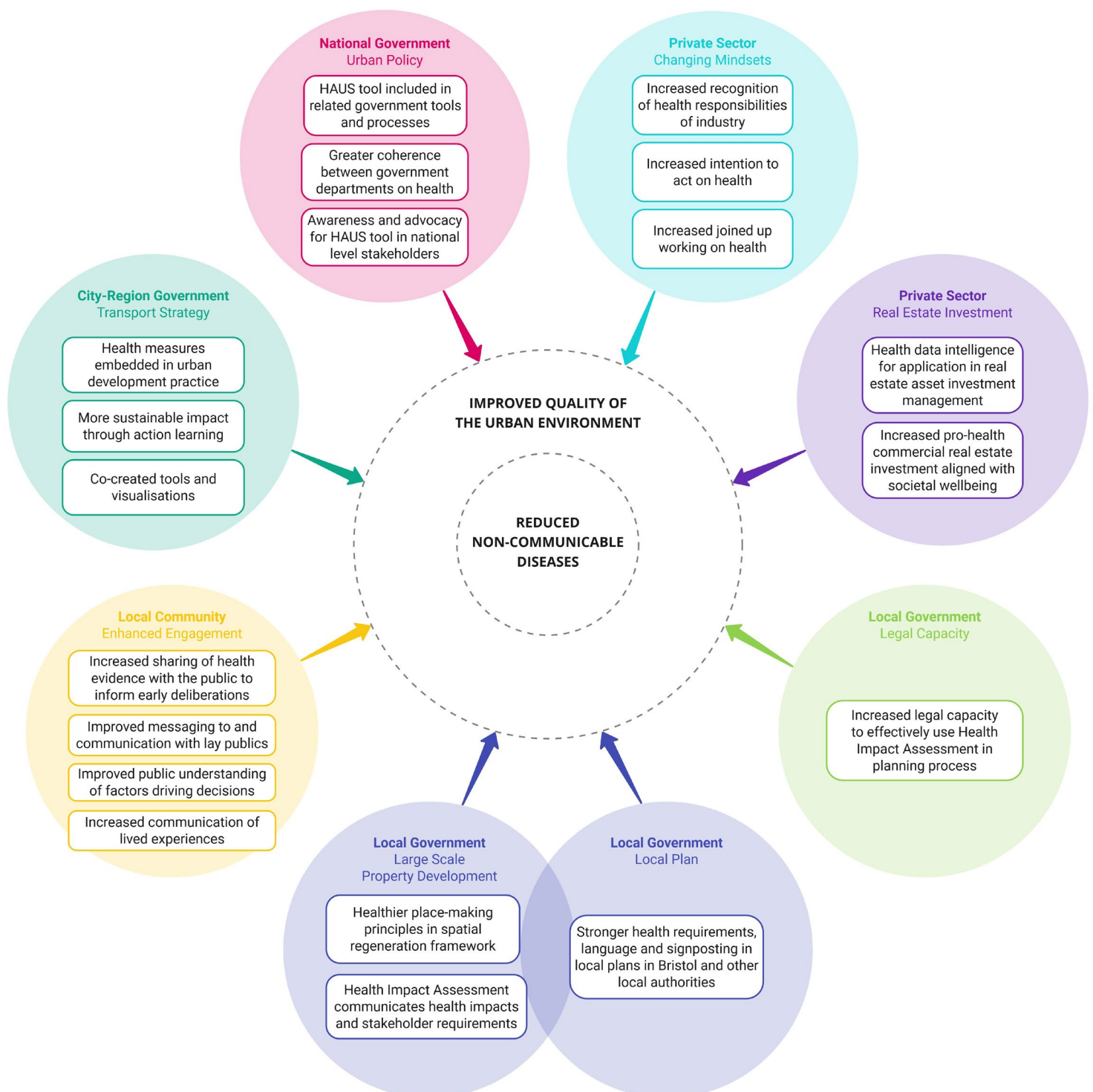
We identified 50 ways to improve matters, and developed and tested seven areas where we could make a difference:

- Changing mindsets of private developers
- Improving data for the real estate investors
- Informing urban policy in national government
- Influencing transport strategy in a city-region (Manchester case study)
- Influencing spatial planning in local government (Bristol case study)
- Increasing legal capacity in local government
- Enhancing engagement with communities

Our conceptual framework sets out the problems identified alongside mechanisms, outcomes and evidence supporting each intervention.

# Conceptual framework

This framework shows how the TRUUD interventions are expected to contribute to healthier development. The interventions were designed to bring about the specific outcomes shown in each intervention area, with the cumulative effect of improving the quality of the urban environment to, further down the line, reduce non-communicable diseases. The full version of this framework including the specific problems each intervention sought to address and the mechanisms involved is available at [truud.ac.uk/connecting-truud](http://truud.ac.uk/connecting-truud).







# Creating tools and guidance

We know that the reason we continue to build unhealthy places is complex. With support from partners we produced targeted tools and guidance to aid upstream decisions towards health. The following tools and guidance are available to explore on our website. Further resources on health-informed deliberative approaches for public engagement will be launched before the programme completion (September 2025).



# 1. A new economic valuation model to support healthier urban planning

## THE PRODUCT

### HAUS (Health Appraisal of Urban Systems)

quantifies and values the health impacts of urban environments. Using comparative risk assessment methods, it allows users to assess how changes to a specific place may affect the health of residents and expresses these changes in terms of societal costs.

What sets HAUS apart is its depth of evidence and modelling on environmental health determinants and the burden of disease. It evaluates impacts on both adults and children and includes factors inside and around homes. The model covers aspects such as air pollution, green spaces, walkability, crime, deprivation, climate change, and access to services like public transport and healthy food.

## THE BENEFITS

**Supporting healthier urban design:** HAUS can guide planning from early stages by highlighting how environments affect health, comparing alternative design scenarios, and connecting users with evidence on impactful interventions.

**Boosting planning team capacity:** HAUS supports detailed health impact assessments, estimating changes in disease cases and life years lost.

**Informing investment decisions:** By monetizing health impacts, HAUS strengthens financial appraisals and cost-benefit analyses.

**Addressing health inequalities:** Users can understand the distributional impacts of new schemes, by identifying where in the community the costs of ill health will land.

## WHO IS IT FOR?

Planners, developers, investors and policy-makers in the public and private sectors.

## THE TEAM BEHIND IT

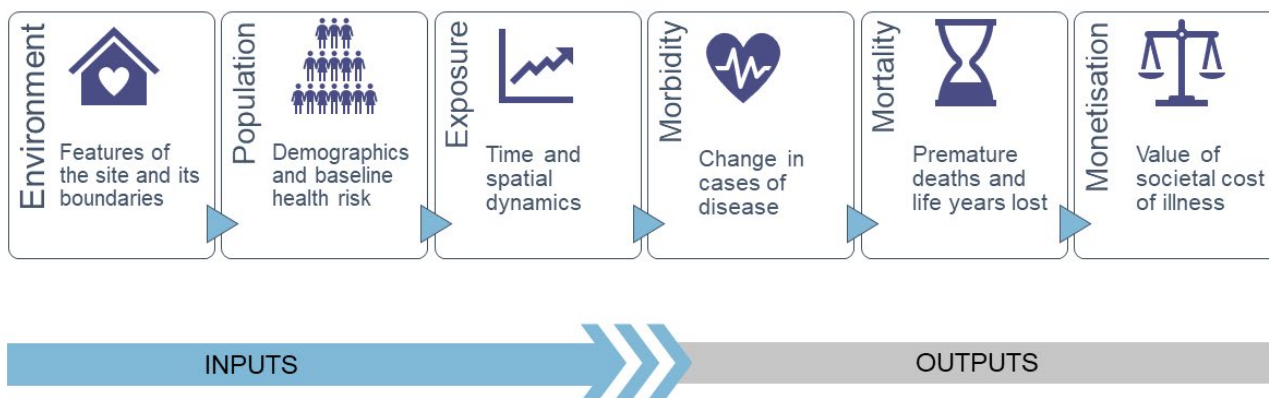
Dr Eleanor Eaton and Dr Alistair Hunt at the University of Bath, with evidence from Dr Janet Ige-Elegbede at University of the West of England.

## How HAUS works

Tackling Root causes Upstream of  
Unhealthy Urban Development



## Health Appraisal of Urban Systems (HAUS)





## 2. Improving use of Health Impact Assessments and Local Plans

### THE PRODUCTS

Working with the Local Government Association and Office of Health Improvement and Disparities, we created a series of nine films on Health Impact Assessments (HIAs). These films provide helpful practical illustrations of how HIAs can be embedded in local policies and focus specifically on where a HIA is undertaken as part of process for planning permission to develop land.

With the Town and Country Planning Association we produced guidance to support healthier Local Plans and policies. This includes a framework with clear guidance, evidence and recommendations (with specific examples from adopted Local Plans) that should be considered.

### THE BENEFITS

Health Impact Assessments can be a valuable tool to influence the health of communities across many generations, helping improve people's lives through the decisions we make now for healthy developments.

The films offer insights on how to make HIAs as effective as possible, supporting healthier urban design which can ultimately improve health outcomes.

Local Plans are key statutory documents through which planning authorities set out a vision and framework for how an area will change and

develop. The new guidance fills a gap in [response to research](#) that found that while Local Plans have the potential to create healthy places, they can be weak and inconsistent on how exactly this can be achieved.

### WHO IS IT FOR?

Local government and private sector professionals involved in development and planning.

### THE TEAM BEHIND IT

Dr Edward Kirton-Darling with Katherine Hanss at the University of Bristol for the HIA films and Dr Anna Le Gouais and Dr Emma Bird with Dr Judi Kidger and Dr Mark Drane for the Local Plans guidance.

**“Collaborating with TRUUD on the Planning Healthy Places toolkit for local authorities in England, was a powerful way to bridge research and real-world planning practice. By combining TRUUD’s robust evidence on health and place with the TCPA’s policy and practice expertise, we’ve co-created a practical tool that supports councils to embed health more deeply into Local Plans. We hope this resource empowers planners and public health professionals to design places that promote wellbeing and tackle health inequalities – helping to create healthier, fairer communities for all.”**



**Dr Gemma Hyde**  
TOWN AND COUNTRY  
PLANNING ASSOCIATION

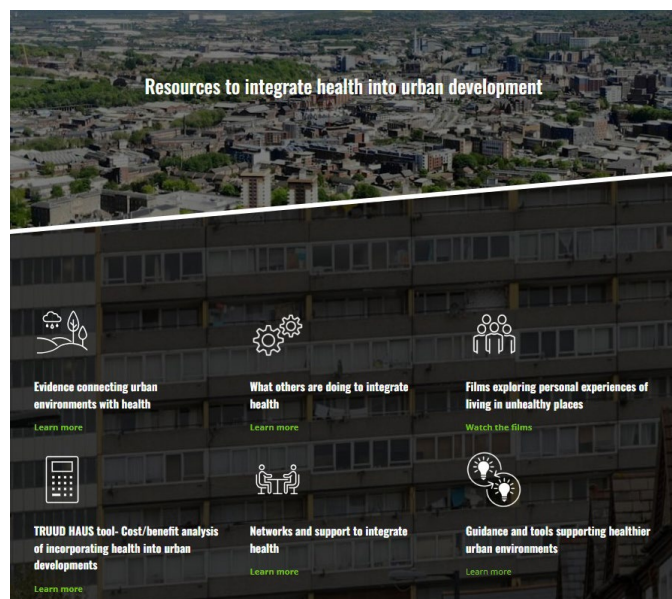
### 3. Increasing the acceptability and desirability of acting on health by the private sector

#### THE PRODUCT

A digital resource to support professionals working in urban development to include health in their professional practice.

Resources include:

- Industry partner presentations (Oxford Properties and Dandara Living),
- Signposting to networks to support prioritising and integrating health;
- Evidence connecting urban environments and health;
- Examples of how organisations are already incorporating health in practice;
- Films exploring personal experiences of living in unhealthy places;
- A new cost/benefit analysis model, HAUS; and
- Guidance and tools



#### THE BENEFITS

The tools provide practical support for all levels of industry professionals who want to know more about why and how to include health in their professional practice. The tools enable practitioners to understand how their peers are talking about, experimenting with, or 'doing health'. They also induct practitioners into a growing community of peers who are working together to understand how best, within their particular roles and industries, to act on health in ways that, further downstream, will have the potential to improve the lives of all who live and work in urban spaces.

#### WHO IS IT FOR?

Industry professionals in urban development.

#### THE TEAM BEHIND IT

Dr Krista Bondy at the University of Stirling with Martha Jordan and Dr Sophie Turnbull at the University of Bristol, Dr Rebecca Linnett at the University of Stirling and industry partners Harry Knibb & Zoe Sharpe.





## 4. Designing in health

### THE PRODUCT

New Design Code guidance produced with the Quality of Life Foundation, Tibbalds and the Town and Country Planning Association. Professionals who should be involved in creating health-focused design codes can source the importance of involving the community in the process and access illustrative case studies dealing with movement; context and identity; nature; built form; public space; use; homes and buildings; and lifespan and resources. Design at scales, implementation and a detailed action checklist for reference, are included.

### THE BENEFITS

A shared public health, planning and real estate understanding of what constitutes healthy development is the missing link to achieve effective community health and wellbeing outcomes. Published design code guidance has been essential to support a shared vision of what healthy development looks like on the ground in order to make the vision a reality.

### WHO IS IT FOR?

Different audiences are seen as potentially wishing to develop a health-focused design code – local politicians/councillors, urban design experts, neighbourhood planning groups, local planning authorities and local public health teams. It emphasises that the application of design codes to specific places must include relevant communities and real estate decision-makers at the earliest stages of drawing up plans for new developments to create successful health and wellbeing outcomes.

### THE TEAM BEHIND IT

Professor Kathy Pain with Research Assistants at University of Reading Henley Business School: Dr Amy Burnett, Dr Tessa Lynn, Dr Ijeoma Mary Emeghe, Dr Heeseo Rain Kwon, Oliver Tannor, and Dr Nalumino Akakandelwa (seconded from the University of the West of England).



## 5. Designing in health for transport planners

### THE PRODUCT

Tools that can be used by urban transport planners and the local authorities to learn how to measure the impact on health of policy decisions. By opening the narrative and co-producing the key indicators required for measuring health and especially inequalities in health, for the first time, we have health indicators in the planning process in Transport for Greater Manchester's Streets For All programme.

Measuring health and deprivation is often difficult to visualise. We are creating easy to use tools to help the public, policy-makers and other professionals consider the impact of transport on health and especially inequalities. These maps will be interactive and link the data with our case stories.

The most important tool is our legacy for TRUUD. We have created a Community of Practice to ensure the latest research and evidence base is incorporated into policy and practice as well as informing new research.

### THE BENEFITS

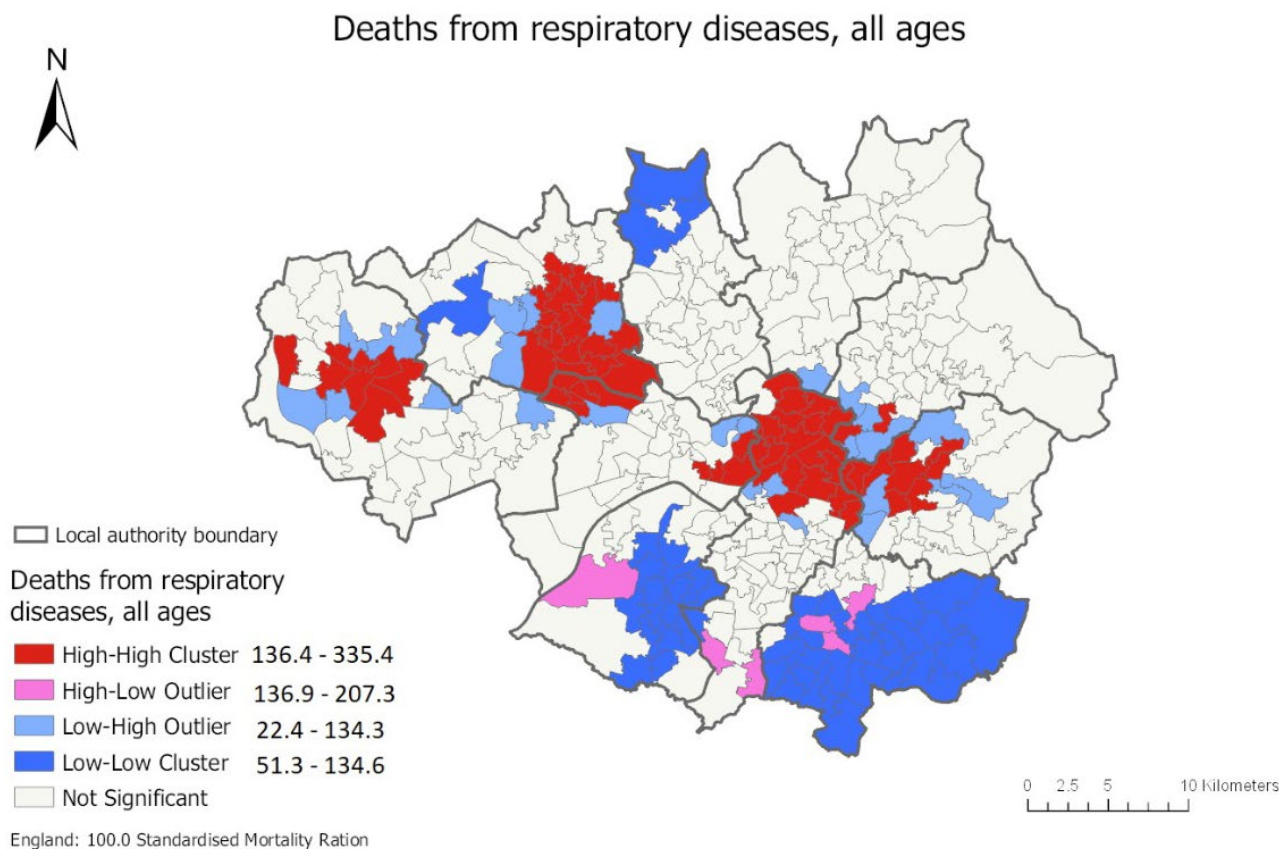
They will help across the full scale of decision making, from the conceptual to the implementation and evaluation phase of urban transport planning. We would like to emphasise how these upstream policies can deliver better health and wellbeing while reducing inequalities. Understanding the impact of good transport policies on health and wellbeing is vital for all our cities and communities.

### WHO IS IT FOR?

Transport planners and public health officer in local authorities and combined authorities working across the wider and social determinants of health for healthier neighbourhoods, communities and futures.

### THE TEAM BEHIND IT

Dr Sian Peake Jones, Dr Tracey Farragher, Blessing Nyakutsikwa led by Professor Arpana Verma and Professor Cecilia Wong.





## 6. Living in unhealthy places

### THE PRODUCT

A series of three emotive films sharing first-person accounts and the impact on their families of living with damp, mould, noise, polluted air, overcrowding and inadequate public space. The topics were informed by our HAUS valuation model.

### THE BENEFITS

Increasing understanding of what it is really like to live in a place that makes you sick by bringing attention to the people most affected and getting closer to their realities.

Heightening awareness of the multiple, and sometimes less obvious, impacts of the built environment on health.

These films, produced with Drummer TV, are designed to provoke discussion and action towards healthier urban places and are accessible for a range of audiences. They have been used by our Changing Mindsets and National Government interventions as part of their work to influence behaviour and have gained media coverage for the topics covered.

**“Bristol Health Partners has shared the TRUUD films to highlight the lived experience of people living in damp and mouldy homes, and the impact that this has on health and well-being. This has led to further work in this area, including the development of a new damp and mould toolkit for healthcare professionals, which we have supported.”**



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**Karen Llewellyn**

SENIOR PROJECT MANAGER, BRISTOL HEALTH PARTNERS ACADEMIC HEALTH SCIENCE CENTRE

### WHO IS IT FOR?

Decision-makers and practitioners as well as academics and professionals who want to explain what it is like to live in an unhealthy place with real-life examples.

### THE TEAM BEHIND IT

Dr Andy Gibson and Dr Jo White with Daniella McCarthy and Professor Jon Dovey at the University of the West of England.





# TRUUD



**6 year  
programme**

## TRUUD'S INNOVATION FUND

**A consortium innovation fund  
helped researchers pursue  
individual projects**

This included:

- a bespoke survey tool for analysis of systems;
- an app to map residents' emotions in relation to their environment;
- a dashboard for the prevalence of diseases in Greater Manchester;
- support for the delivery of 'Planning for Healthy Places' with the Town and Country Planning Association;
- secondments from the Ministry of Housing, Communities and Local Government and local government;
- additional residential survey for the Frome Gateway Regeneration Framework; and
- extra literature reviews and case study analysis for our evaluation.



**63 dedicated  
researchers**

**across 13 disciplines at  
6 universities**

**10**

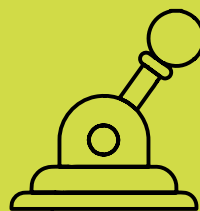


**Public Advisory  
Group consultations**



**153**

**professional and  
expert interviews**



**50**

**levers identified**



**7**

**interventions  
created**

**2**

**researchers  
-in-residence**

**11**

**partners or  
collaborators**



# IN NUMBERS



**7** Innovation  
projects funded

**55**

academic papers  
published



**13**

knowledge  
exchange  
events



**5** TRUUD  
funded PhDs  
(+ 5 more undertaken)

**26**

media  
articles



**100+**

Westminster  
meetings

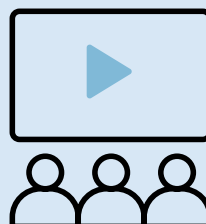
**59**

presentations  
or posters  
presented at  
conferences



**22k**

film views



**1k+**

social media  
followers



outcomes  
identified

**600+**  
newsletter  
subscribers

**7**

new tools or  
guidance  
created







## Spotlight on impact

Changed policies, aiding new connections and conversations and the creation of new tools demonstrates our influence 'upstream' with both the public and private sector to improve our health and wellbeing in urban place-making. Here's how our interventions and workstreams are making a difference.





## 1. Incentivising prevention across government

Encouraging change in different parts of government towards a shared goal

### THE BIG ISSUE

Reaching far upstream to influence change to the way decisions are made about where we live means going to the heart of government. Our early research revealed that short term thinking, a lack of access to health data in development funding, and insufficient consideration of the wider determinants of health were major barriers to changing the way government works.

### OUR RESPONSE

With a well-rounded insight on how government decisions are made from 123 in-depth interviews, we developed relationships and worked with key civil servants to start conversations, host practical workshops and demonstrate practical solutions. More than 90 meetings between the TRUUD research team and different actors and departments across government explored how health evidence might be used in government decision making on urban development. The National Government TRUUD team worked closely with the Analysis and Data Division in the Ministry of Housing, Communities and Local Government. They also set up a cross-departmental working group on healthy urban environments as well as a new group for Mayoral Combined Authorities to discuss the use of TRUUD evidence at multi-governance levels. At the heart of the work was a new health economic valuation model (HAUS) to help civil servants and politicians working across government to embed a consideration of health in their work before it becomes too late and promote systems thinking to improve public health.

### THE LEGACY

Our HAUS model is due to be formally adopted by the Ministry of Housing, Communities and Local Government in its revised appraisal guidance in Autumn 2025. This means that investment in urban development at a national level can include evidence on health outcomes and the costs of ill-health when making funding decisions and appraising business cases. Potentially £billions of government investment

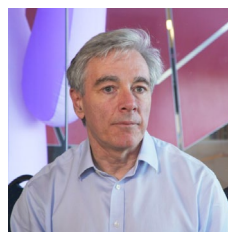
could be spent with a consideration of health outcomes, which was not happening before.

Following the adoption, the HAUS model could be used by other Whitehall departments, combined authorities in England and possibly the devolved territories. We expect the relationships, cross-government working and use of systems thinking to continue.

### THE TEAM

Professor Sarah Ayres with Dr Geoff Bates, Dr Eleanor Eaton, Dr Alistair Hunt, Dr Jack Newman, Dr Andrew Barnfield and Dr Racheal McClatchey.

**“I think TRUUD will have influence not just in the Ministry for Housing, Communities and Local Government but across departments in terms of their thinking. The research opens up lots of potential avenues where it's possible to intervene, improve health and make people's lives better.”**



**Andrew Charlesworth-May**

APPRAISAL LEAD, MINISTRY OF HOUSING,  
COMMUNITIES AND LOCAL GOVERNMENT

## 2. New thinking to change professional practice

### Overcoming barriers in thinking related to action on health

#### THE BIG ISSUE

In-depth interviews and workshops with 224 professionals working in urban development indicated that they wanted to act on health, but did not because they did not have sufficient power to act, the ways of thinking within their industry created obstacles to change, and they did not know what actions to take. These three psychosocial barriers were critical factors in professionals deciding *not* to act on health.

#### OUR RESPONSE

We engaged industry professionals on four key factors that shape whether someone intends to act. The four key factors were identified through our new theoretical model. Using these four factors as the cornerstone, we worked with industry partners Harry Knibb at Oxford Properties and Zoe Sharpe at Dandara Living, using a series of TRUUD and external tools, to coproduce a presentation and supporting website specifically for land agents, developers and consultancies. This presentation was then delivered by our industry partners at six workshops (reaching over 150 professionals) for community building and to support for the acceptability and desirability of incorporating health in professional practice. The effect of the intervention on those in the workshops (urban development professionals from a range of industries and from junior to very senior positions) was tested by pre and post surveys and interviews.

#### OUR LEGACY

Urban development professionals can now access online resources that include:

- Industry partner presentations (Oxford Properties and Dandara Living),
- Signposting to networks to support prioritising and integrating health;
- Examples of how organisations are incorporating health in practice; and
- A new cost/benefit analysis model, HAUS.

Beyond providing tools that provide practical support, our legacy is in the facilitation of networking, connecting interested people together on the issue of health. We have brought more than 150 people together to discuss the importance and value of health in urban development, and helped them to connect with other interested people in the room. Helping hard-to-reach practitioners to understand that times are changing and their peers are as interested in doing more on health as they are, is a key catalyst for improving the health outcomes of all who live and work in urban spaces.

#### THE TEAM

Led by Dr Krista Bondy with Martha Jordan, Dr Sophie Turnbull, Dr Rebecca Linnett and industry partners Harry Knibb & Zoe Sharpe.

**“It was a real pleasure to collaborate with the TRUUD team on the development of the ‘Changing Mindsets’ intervention and to co-create the workshop material that I had the opportunity to present to industry peers and policy makers. From a presenter’s perspective, it was encouraging to see such strong engagement from participants, many of whom were eager to explore how they can better understand and prioritise health in the development of urban places.”**



**Zoe Sharpe**

SENIOR DEVELOPMENT MANAGER  
AT DANDARA LIVING

### 3. Bringing health evidence to investment decisions

Deep insight into shifting corporate practices

#### THE BIG ISSUE

While the public sector policy and planning system has substantial powers to control land and property development and use, private sector funding streams and real estate professional expertise are fundamentally important for development to become a reality. However, they have up until now been hampered in making developments a positive influence on community health and wellbeing by a lack of data to include in responsible financial modeling and asset management. How can we support the real estate sector to find the data they need and embed healthier thinking in their decision making?

#### OUR RESPONSE

Interviews with 21 real estate professionals from agencies, investment banks, funds and trusts with international scope and representation in the TRUUD case study cities, made it clear that robust evidence that their investments will create socially as well as environmentally beneficial places is a priority to meet their fiduciary responsibilities to investors in a shareholder society.

The team then set about working closely with two industry leaders, Federated Hermes and Landsec/ U+I to evaluate how monetized health data generated by the TRUUD HAUS model, could provide the sector with health and wellbeing data for specific assets in Bristol, Birmingham and Manchester in their UK portfolios.

#### THE LEGACY

We anticipate changes to corporate asset management practices that could be applied at a portfolio level as well as investment plans for sites in financial appraisal decision-making. Real estate finance and investment profession and industry focused briefings are due to disseminate the key findings and further impact will be pursued by Professor Pain at the University of Reading Henley Business School.

#### THE TEAM

Led by Professor Kathy Pain with Dr Nalumino Akakandelwa, Dr Eleanor Eaton, Dr Alistair Hunt, Dr Heeseo Rain Kwon and Oliver Tannor.

**“Federated Hermes is a leader in advocacy and engagement in responsible investment. We adopt an holistic approach to managing all risks associated with the environment, governance matters and societal issues. Our UK placemaking projects, such as that proposed for St Mary Le Port Bristol and at Paradise Birmingham, can play a tangible role in delivering both positive environmental and societal outcomes for wider communities. The work with TRUUD is hugely relevant for us as we seek to deliver healthy places which can deliver both relevance and wellbeing outcomes for local communities.”**



**Chris Taylor**

CHAIRMAN OF REAL ESTATE,  
FEDERATED HERMES LIMITED

## 4. Confidence boost to use Health Impact Assessments

### Response to firm up good planning practice

#### THE BIG ISSUE

Local government urban planners can lack legal capacity to promote healthy urban developments. We can see this in a lack of confidence, resources or knowledge which undermines their ability to incorporate health into decision-making to make sure it is given due weight in urban planning developments.

Health Impact Assessments (HIAs) can be a powerful tool to get health taken seriously in decisions while there is no national requirement to use them. The National Planning Policy Framework contains requirements to support healthy lifestyles and the Planning Practice guidance on safe and healthy communities describes HIAs as a 'useful tool'. We identified that just 38 per cent of local plans have an HIA policy so how can we help local planners use them with confidence?

#### OUR RESPONSE

With the Office for Health Improvement we updated our knowledge base on HIAs through a review of existing policies, finding case study examples and analysing the law in this area. The team delivered seven regional workshops with 155 officers from 20 local authorities to improve understanding of HIA and collect information on what would provide further long-term assistance.

Participants told the team that they would value real-life accessible case studies from the planning community to cover:

- reflections on the need to ensure health practice is included in development decisions and the value of HIAs;
- how to develop HIA policies;
- meeting requirements of the Planning Inspectorate;
- liaising with developers and
- making consistent and defensible decisions.

We made a suite of nine films to give a variety of perspectives and experiences of developing and implementing HIA policies. They include interviews with local authority health and planning professionals, a civil servant, an elected representative and planning consultants.

#### THE LEGACY

Co-promoted by the Local Government Association the films remain relevant alongside resources on the TRUUD website. The films have received at least 900 views to date and workshop feedback reported 81% using the knowledge they gained in their daily practice.



#### THE TEAM

Led by Professor John Coggon with Professor Paddy Ireland, Dr Ed Kirton-Darling, Dr Katharine Hanss and Dr Lisa Montel.



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This approach used by Bristol City Council could be used by other local authorities to ensure healthier place making.

Our work has provided guidance that has been taken up by public health and planning practitioners and policymakers to increase integration and awareness of the important links between these areas. This includes engaging with communities on local plan processes and thinking about how tools such as HIA can be leveraged to maximise health gain.

#### THE TEAM

Led by Associate Professor Judi Kidger with Dr Emma Bird, Cat Papastavrou Brooks, Dr Rosalie Callway, Dr Mark Drane, Dr Eleanor Eaton, Dr Anna Le Gouais, Katharine Hanss, Cecilia Khofi-Szeremley, Professor Jane Powell and Dr David Williams.

**“The TRUUD and Bristol City Council team's work on the Frome Gateway Regeneration Framework highlights health as a theme throughout, it is mentioned on almost every other page. This highlights the importance of health for developers when reviewing the framework and considering it as part of their planning application”**



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**Adele Vowles**

SENIOR PUBLIC HEALTH SPECIALIST  
BRISTOL CITY COUNCIL

**“The Planning for Healthy Places guidance has been an invaluable asset in enhancing the links between public health and planning. It played a pivotal role in a Local Plan review workshop with diverse health partners and planner delving into embedding health more effectively in planning policy and practice. As a public health professional, I find this guidance to be an indispensable tool that has not only inspired us but also helped shape our collaborative approach in developing our local Planning and Health Protocol.”**



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**Amber Nyoni**

STRATEGIC PLANNING AND PUBLIC HEALTH LEAD,  
ESSEX COUNTY COUNCIL

## 6. Tools for transport planners

How do you get the right health data across for people who are planning how we get around and how do you make sure it is used?

### THE BIG ISSUE(S)

It is difficult to measure, assess and plan for healthier places because the evidence on factors such as pollution, life expectancy and income levels is held by different organisations. This data often also has different geographical boundaries. We have understood the importance of health in all policies for several decades now. In terms of urban planning and, especially urban transport planning, ensuring that health outcomes are measured is essential. The evidence tells us that good transport policies can help with inequalities and the health of our populations, especially the most vulnerable in our communities. Conversely, poor urban transport policies can exclude and potentially exacerbate inequalities. If we can create an environment of exploring a “whole systems approach” to urban transport planning, we can provide upstream interventions to help policy-makers across the urban landscape create healthy transport policies.

### OUR RESPONSE

The key to the success of our partnership work with our stakeholders was our embedded researcher. She was able to navigate the complex systems that interplay in Greater Manchester that creates our urban transport policies. This included working across Greater Manchester Combined Authority (GMCA) and Transport for Greater Manchester (TfGM) combined with urban planning and public health expertise at the University of Manchester.

We reviewed the system of how “street development” happens in GM and investigated characteristics of upstream “decision-making”. Through discussions with the key stakeholders and evidence-based policy making, we identified where health research could make useful impact.



We have created a set of resources to map health need and deprivation to understand how transport policy decisions can make the difference. We hope through our approach, that we can demonstrate how good transport policy can improve the inequalities in health and wellbeing that we observe across our conurbations and cities.

### THE LEGACY

By working collaboratively with partners at TfGM and other key stakeholders, we were able to influence and adapt research to implement it into the existing “Streets for All” system to optimise application. This is now in use in all 10 Local Authorities across Greater Manchester (home to 2.8 million people, 1.68 billion vehicle miles per year). We are creating interactive maps and tools to help visualise need and create opportunities to link these maps with case stories.

We are creating our Communities of Practice to ensure we can continue to provide the research and evidence base to show how good urban transport policies and practice can impact on health and wellbeing while reducing the inequalities that affect the most vulnerable in our communities.

### THE TEAM

Dr Sian Peake Jones, and Dr Tracey Farragher, with Calvin Heal, Dr Caglar Koksak, Blessing Nyakutsikwa, Dr Helen Wei Zheng. Led by Professor Arpana Verma and Professor Cecilia Wong.

## 7. Better engagement in challenging times

### Presenting guidance on early, health-informed public engagement



#### THE BIG ISSUE

The challenges of public engagement in urban planning and development are well known. Recent attempts to introduce health-promoting changes to the built environment through roads and streets in the UK highlight current shortcomings in engagement practice. While the way we currently use our roads and streets has a negative effect on everyone's health and wellbeing, with the most deprived and vulnerable disproportionately affected, conversations about change have become increasingly polarized and politicised.

How can we do engagement differently? What kind of approaches enable more meaningful exchange, founded on local knowledge and experience? And to what extent can these be used to 'turn down the heat' and start building consensus about the need for change without getting bogged down in 'culture wars'?

#### OUR RESPONSE

We have designed a Toolkit which provides comprehensive guidance for designing and implementing public engagement strategies, focusing on changes to roads and streets. The Toolkit brings together lessons from the TRUUD public engagement teams's close study of engagement practice around the built environment, learning from communication and engagement around Low Emission Zones and Low Traffic Neighbourhoods, and our testing of new, health-informed materials and facilitated discussions around change. Practical advice is provided about putting key learning and principles into practice and

designing a staged approach to enhance sharing of health evidence and facilitate deliberative exchanges with the public. Examples are provided of framing strategies, evidence-based materials, and the production and use of lived experience films for use in engagement.

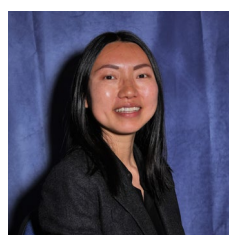
#### THE LEGACY

Our toolkit will be shared with local authorities nationally but will also be relevant to professional staff and organisations working in public engagement around wider built environment initiatives.

#### THE TEAM

Led by Dr Andy Gibson and Dr Jo White with Maisie Black and the Public Engagement Team.

**"I've spent many years working in crowded cities around Asia. Everybody there understands the challenges of living (and raising children) with air pollution, overcrowding, noise, no green space, heat and humidity. It can be hard to explain to people elsewhere what that's like- a daily struggle against things you have very little control over, which you know are making you sick. These three films created by UWE and Drummer TV show what it's like for ordinary people getting by in the face of too common unhealthy UK urban environments."**



**Cllr Jenna Ho Marris**

CHAIR, NORTH SOMERSET HEALTH  
AND WELLBEING BOARD





# Influence on policy and practice

By the end of our programme in September 2025 we expect to share the concluding outcomes for healthier urban places with a focus on transport, public engagement and research on research. Here we also explain how our evaluation process will influence future work.



# 1. In-depth evaluation approach to understand our impacts

## Our interventions in the wider system

### THE BIG ISSUE

The decision-making processes targeted in TRUUD are part of a complex and dynamic system. We wanted to understand the wider effects of the interventions, and how they could support a joined-up and holistic approach for integrating health into urban development.

### OUR RESPONSE

In our programme-level evaluation we explored how TRUUD's impacts on policy and practice now could contribute to long-term system change. We built on evaluations of the four most progressed TRUUD interventions, first investigating their potential wider and long-term effects, and how they interrelate. We then brought together 45 cross-sector stakeholders in workshops in Birmingham, Cardiff and Edinburgh to explore this evidence. Our aim was to identify ways to maximise benefits and sustain the interventions, and to identify what more needs to happen to create healthy places.

### THE LEGACY

The evaluation suggested strongly that the four interventions had potential benefits that together are likely to be greater than the sum of their parts. Specifically, they helped us to understand that, by changing multiple areas of early decision-making, there are likely to be compound effects, as each of the following connect to and reinforce each other:

- strengthening local authority legal capacity and effective use of HIA
- greater integration of healthy placemaking principles in local policies and plans
- stronger health criteria in national funding decisions
- the availability and promotion of a tool to measure the health impacts of urban development through national government guidance
- incentivisation of developers and increasing intention to act on health

Our evaluation suggested that the potential cumulative impact of making these changes is that health has a higher profile across decision-making shaping urban development. However, while this is all possible, it is by no means guaranteed. Maximising the impact of the interventions will require work to:

1. effectively promote the interventions alongside practical and clear guidance
2. generate evidence of the long-term impact of our interventions and how they can lead to better health
3. mandate health as a consistent and enforceable requirement in policy and regulations
4. improve holistic understandings about health across urban development stakeholders for greater cross-sector collaboration.

This work identifies clear priorities for future research in conducting long-term evaluation in this area; the importance of translating the evidence for cross-sector stakeholders; opportunities and approaches for embedding health into policy and regulations; and the importance of deepening community engagement to ensure developments reflect lived experience and local needs.

### THE TEAM

Led by Dr Geoff Bates with Daniel Black, Dr Neil Carhart, Martha Jordan, Dr Judi Kidger, Dr Pablo Newberry, Dr Taru Silvonen, and Dr Sophie Turnbull.



## 2. Research on Research

### Breaking down research barriers for complex societal issues

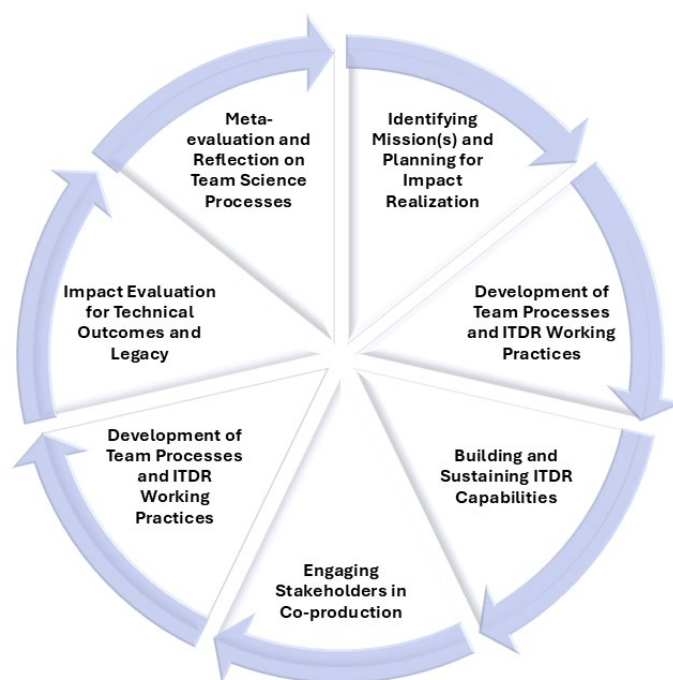
#### THE BIG ISSUE

TRUUD is a large and complex research programme with diverse disciplines, stakeholders and ways of working. We have more than 40 people working across six universities, with two partners and six external collaborators. This kind of 'interdisciplinary' research is increasing and backed by funders such as the UK Prevention Research Partnership. How can we make our journey influence the efficiency of future research practice when experts are collaborating far beyond their specific expertise?

#### OUR RESPONSE

Sixty interviews with TRUUD colleagues across three different stages looked at how collaborations in TRUUD were developing and what challenges colleagues faced at different times of the programme. Workshops brought TRUUD colleagues together on four occasions to reflect and deepen collective understanding of how to effectively operationalise such a complex research mission. This built holistic big picture thinking into the programme, supporting links between sub-teams and sharing reflections on a whole programme level.

Focusing on identifying course corrections during the TRUUD programme, the Research-on Research (R-o-R) work has also been sharing best practice and learning beyond the consortium. This has initially taken the shape of a community of practice with other UKPRP funded experts navigating through large-scale projects. Our approach has also been shared further with the broader academic community such as the ITD Alliance and Association for Interdisciplinary Studies.



#### THE LEGACY

R-o-R is still an emerging field in academic research. We have instigated future R-o-R by sharing insights in case study format that further research will be able to draw on as evidence. This includes a longitudinal perspective of in-depth qualitative data, offering new ways to approach R-o-R challenges. The work is also applicable beyond academic contexts as the underlying focus of our work is that academic knowledge alone is not enough to address the complex societal challenges of today. This calls for close collaboration with experts in practical, not only academic contexts.

We have led and reported on 'what works' beyond the TRUUD consortium for the UKPRP and are also sharing with the broader academic and practitioner community including the ITD Alliance, Association for Interdisciplinary Studies and a newly formed Meta-Research Group at the University of Bristol.

#### THE TEAM

Led by Dr Ges Rosenberg with Stephanie Briers, Dr Eli Hatleskog and Dr Taru Silvonen.



### 3. Taking a Systems Approach

Understanding and navigating the complex system of urban development decision making

#### THE BIG ISSUE

Implementing health into urban development decision making is a complex and dynamic challenge. There are diverse stakeholders, with different views, timescales, methods and priorities. They interact and exchange information in different ways, each with a partial view of the whole. Understanding and improving situations like this requires a joined-up, holistic systems approach.

#### OUR RESPONSE

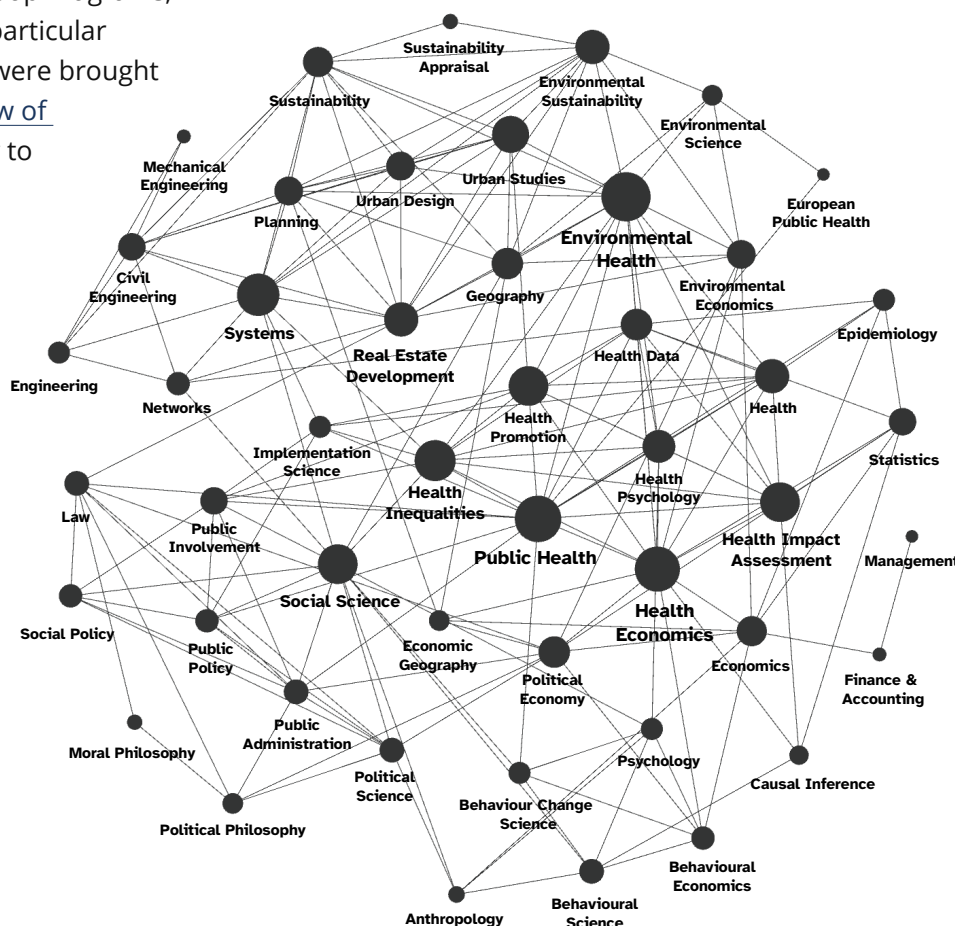
TRUUD embedded systems thinking throughout its programme to understand and reshape how urban development decision making considers health. Information from 47 participants at four Group Model Building workshops identified almost 200 factors affecting the consideration of health in urban development decision making. Methods were developed to convert the data from TRUUD's 123 stakeholder interviews into 7 Causal Loop Diagrams, each mapping the collected view of a particular stakeholder perspective. These maps were brought together into a single consolidated [view of the system](#) containing 20 variables key to shaping the consideration of health in urban development. TRUUD's eight interventions were mapped onto this model, indicating the leverage points in the system they are addressing. This allows for a joined-up approach, recognising potential intended and unintended impacts that emerge from the interaction of multiple interventions. Smaller more detailed maps were also created in relation to specific interventions and a bespoke online survey platform was used to further validate the model.

#### THE LEGACY

The specific systems maps constructed during the TRUUD project provide insight into the multi-faceted interacting influences affecting the consideration of health in urban development, facilitating a better understanding of upstream intervention points. However, the system is constantly changing. Our work has explored new ways to create and simplify systems maps from large interview datasets. Systems approaches have provided the means to structure knowledge about complex systems, but often leave practitioners unclear as to how to act or intervene. The methods we have employed will provide additional guidance in how to act when using systems approaches to address complex problems.

#### THE TEAM

Led by Dr Neil Carhart with Dr Pablo Newberry, Professor Ben Hicks and Michael Chang.





# Our Network

## OUR CRITICAL FRIENDS AND ADVISORS

### External Advisory Board

The Board has a mix of academic, government and industry professionals who have been instrumental in providing critical support at every step of our programme. Their advice has shaped the structure of the research, our impact and legacy.

#### Sunand Prasad

Chair of the TRUUD External Advisory Board.

Sunand is Principal of Perkins&Will and is co-founder of multiple award-winning architectural practice, Penoyre & Prasad.

#### Julia Goldsworthy

Former Chair of EAB  
Head of Social Impact Investment, Legal & General Capital

#### Rachel Aldred

Professor of Transport and  
Director of the Active Travel Academy, University of Westminster

#### Stephen Aldridge

Director of Analysis and Data  
Directorate, Ministry of Housing, Development & Local Government

#### Dan Bristow

Director of Policy and Practice,  
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#### Nancy Edwards

Professor Emeritus, School of Nursing, University of Ottawa

#### Nicola Kane

Director, Steer

#### Richard Meier

Co-Founder & CEO, Stories

#### Victoria Ofovbe

Public Contributor

#### Mark Sandford

Senior Research Analyst, House of Commons

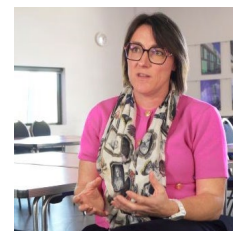
#### Richard Upton

Chief Development Officer, U+I

#### Ian Watt

Public Contributor

**“I was really interested to see how TRUUD started with the barriers and then translate that into practical ways in which we can start to shift the dial, either by improving the evidence base, by developing practical toolkits, or just raising awareness of the impacts and the things that those different sectors can do to help mainstream it into their planning and decision making.”**



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#### Julia Goldsworthy

HEAD OF SOCIAL IMPACT INVESTMENT, LEGAL & GENERAL CAPITAL

**“It’s been great to be part of this project. I have had opportunities to get involved and learn more about the complex interactions between Public Health, Non-Communicable Diseases and Development. I believe that my thoughts have added in public and community aspects of how TRUUD outcomes relate to ordinary people.”**



**Ian Watt**  
PUBLIC CONTRIBUTOR

#### **FORMER EAB MEMBERS**

**Hamila Khan**  
CEO, Paul Hamlyn Foundation  
(formerly London Assembly)

**Leila Gamaz**  
Artist with the Pervasive Media  
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**Ed Cox**  
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**Abigail Stratford**  
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City Council

**Jonathan Marsh**  
Head of Strategic Planning,  
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#### **PUBLIC ADVISORY GROUP**

The public advisory group has sense checked and provided a critical eye on resources such as web pages and films that were intended for a lay audience.

We thank members for their time and advice:

**Victoria Ofovbe**

**Miriam Khan**

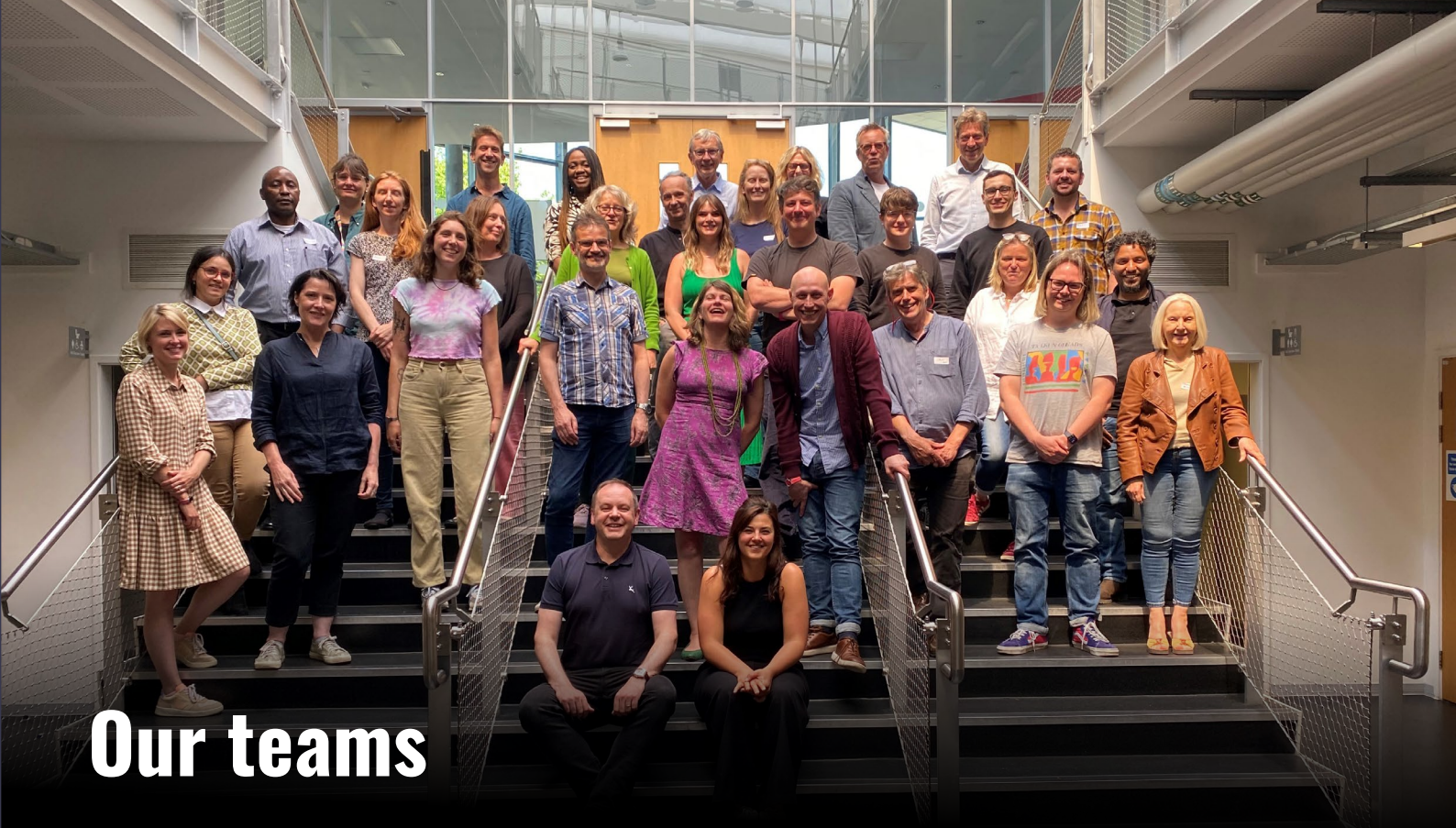
**Ian Watt**

**Charlie Watts**



Public contributor Miriam Khan with podcast host Andrew Kelly





# Our teams

Here we list everyone who has contributed to TRUUD during the last six years.

\* indicates an intervention lead.

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**Paddy Ireland**  
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**Pablo Newberry**

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University of Bristol

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#### **OUR INTERVENTION COLLABORATORS**



Office for Health  
Improvement  
& Disparities



Ministry of Housing,  
Communities &  
Local Government



Transport for  
Greater Manchester

**OXFORD**



**DANDARA**  
LIVING

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#### **OUR FUNDER**

TRUUD is supported by the [UK Prevention Research Partnership \(UKPRP\)](#), an initiative funded by UK Research and Innovation Councils, the Department of Health and Social Care and the UK devolved administrations, and leading health research charities.











### **Get in touch**

The contact form on our website will direct your query (both now and when we close at the end of September 2025)

**[truud.ac.uk](https://truud.ac.uk)**