



Creating Healthy Urban Environments Through Systems Thinking

Westminster, June 2025



live illustrated by
CAMILLE AUBRY

CREATING HEALTHY URBAN PLACES USING SYSTEMS THINKING 2025

TUESDAY 3 JUNE 2025
BROADWAY HOUSE, LONDON

URBAN SPACES ARE
A KEY DETERMINANT
OF POPULATION HEALTH



WE NEED TO FOCUS ON
REAL LIFE CONSEQUENCES

WE HAVE A REAL
HEALTH CRISIS
ON OUR HANDS

NEW vs. EXISTING
DEVELOPMENTS



WHO IS
ACCOUNTABLE

LONG-TERM
PREVENTION
MEASURES

COORDINATE & WORK TOGETHER

EDUCATION JOBS
HOUSING

THINK OF
HEALTH OUTCOMES
BEFORE IT'S TOO LATE

SHOW THE POTENTIAL

OPPORTUNITY
AT LOCAL LEVEL

AGENCY TO COMBINED AUTHORITIES

STORYTELLING IS POWERFUL

AIR & NOISE POLLUTION



OVERCROWDING

SPECIFY THE AUDIENCE

SHOW IMPACT
OF HEALTH
CONSEQUENCES

SIMPLIFY
THE MESSAGE

WHO
ARE WE
TRYING TO
REACH

POINT TOWARDS SOLUTIONS

HOW TO
DEFINE &
INCENTIVISE
HEALTH

VISION & LEADERSHIP

SOCIAL JUSTICE
ANGLE & COMMUNITY
ENGAGEMENT

TAKE THE PUBLIC
ALONG

HEALTH IS
DRIVEN
BY SYSTEM

GIVE KEY INSIGHTS
TO DECISION-MAKERS

EMBED HEALTH
IN EVERYTHING

PROVIDE SHARED OBJECTIVES

DIVERSIFY
DATA

REPORT AUTHORS

This report is authored by Jack Newman, Geoff Bates, Sarah Ayres, Dan Black, Eleanor Eaton, Krista Bondy, Sophie Turnbull, Jo White, Maisie Black, Neil Carhart, and Pablo Newberry.

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And, finally, a huge thank you to all the delegates who attended and contributed to the discussion.

ABOUT TRUUD

Tackling Root causes upstream of Unhealthy Urban Development (TRUUD) is a research project, based at the University of Bristol, looking at how urban centres can be planned to reduce health inequalities. The TRUUD consortium includes the Universities of Bath, Bristol, Reading, Manchester, Stirling and the University of the West of England across a wide range of disciplines. 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.

 [Watch this 3 minute video introducing the TRUUD project](#)

ABOUT MHCLG

The Ministry of Housing, Communities and Local Government (MHCLG) is central to the mission-driven government, from fixing the foundations of an affordable home to handing power back to communities and rebuilding local governments. MHCLG's analytical and data community comprises multi-disciplinary teams of analysts responsible for statistics production and publication, data collection, data analysis and science, research, economic analysis and modelling, policy and programme appraisal and evaluation and thought leadership across all MHCLG policy areas.



Local authority partners



University consortium



Introduction

In June 2025, more than 80 critical decision makers gathered in Westminster to discuss how to create healthier urban environments through systems thinking. Hosted by the Ministry of Housing, Communities and Local Government (MHCLG) and the [TRUUD Research Consortium](#), delegates explored several potential interventions to embed health considerations in urban development decision-making.

This report captures the conversations and conclusions from the day.

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The Problem

Non-communicable diseases (NCDs) such as diabetes, heart disease or asthma account for 80 per cent of deaths in England, and ill-health among working-age people is estimated to cost £150 billion a year. The associations between NCDs and urban design are increasingly evidenced, but urban development decision-makers are frequently failing to create the environments that will protect and improve health. This creates a significant barrier to national and local economic development, and the most disadvantaged in society frequently live in the worst conditions, exacerbating existing health inequalities.

Delegates

Achieving healthier urban development will require a systems approach, involving mission orientated, solutions-focussed joined-up thinking. We brought together actors from across the public, private and third sectors to explore how we can use innovative science and new evidence to improve the places where we live and work. Evidence and data were shared and new connections were made to ensure that conversations continue. Figure 1 gives an indication of the institutions represented at the event.

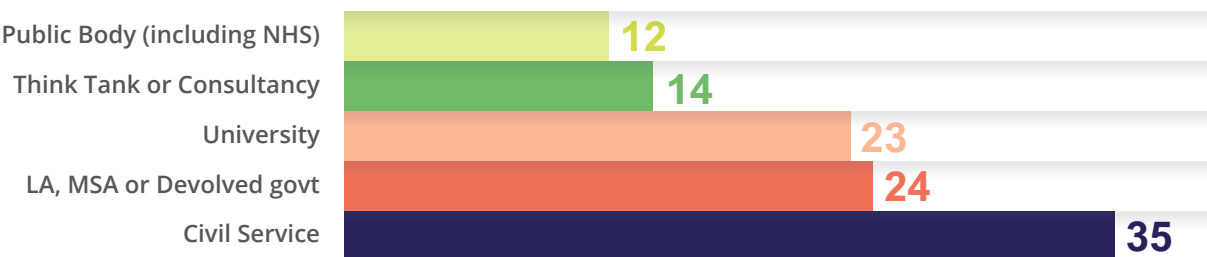
Interventions

We asked delegates to examine the potential of various innovative TRUUD interventions. This included the application of our Health Appraisal for Urban Systems (HAUS) model, which is the basis for the TRUUD-MHCLG collaboration. Other interventions explored at the event included the value of lay evidence, the possibility of institutional reform, the potential for systems thinking, and the need to change mindsets through new networks and collaboration.

The HAUS model

TRUUD has created an economic valuation model - Health Appraisal of Urban Systems (HAUS) - that allows policy officials, developers and planners to quantify how changes in an area might affect health. The HAUS model provides information on three key elements (i) incidence of ill health attributed to different features of the urban environment (ii) the financial costs associated with that ill health and (iii) where in the system those costs are incurred, which is often outside the health sector. It is expected to be included in appraisal guidance this autumn.

Figure 1: Sector of the organisations represented by registered attendees





Key takeaways

Across the talks, panel discussions, and break-out sessions, we identified a number of key takeaways for policymakers:

1. There is significant potential for the HAUS model to realise more effective public spending by embedding health impacts in key decisions.
2. The open availability of models like HAUS can strengthen public sector decision making, especially when supported with suitable training materials,.
3. New public health evidence and data should provide a tool for local decision makers, not another hurdle to access or use public money.
4. More capacity is needed in the local state to effectively prioritise public health in urban development decision making.
5. Creating healthier urban places is not just about increasing the supply of evidence, though this is important. It is about changing the behaviour of decision makers, especially by growing and diversifying their networks.
6. If systems thinking and system mapping were more widely used by local and national policymakers, it could increase action on public health
7. Lay evidence presented in short films offers a powerful device for prompting action on public health, especially when it captures shared experiences and clear calls to action.
8. Mayoral authorities have a major role in making urban environments healthier. Key opportunities include prioritising shared agendas with the NHS, and embedding health impacts into appraisal and evaluation.

Next steps

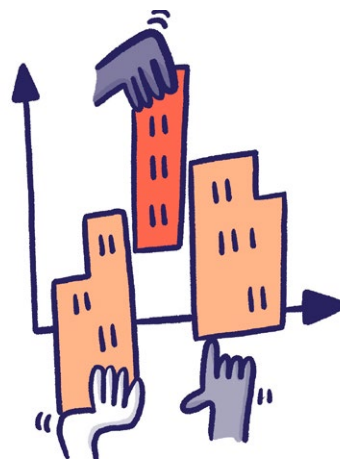
TRUUD's active research draws to a close in September 2025, but the vast range of evidence gathered over its six-year period will remain available on its [website](#).

Many strands of research will be ongoing, as we build on the findings through extensions and new projects, through which TRUUD's research team will continue to investigate healthy urban development. Numerous important and productive conversations were sparked at this event, and many follow up conversations have already taken place.

We are very keen to keep the discussion alive. If you find this report useful or interesting, please do reach out to one of the TRUUD team to explore how our research could support you and your team.

[Listen to our podcast](#) where Professor Sarah Ayres and Dr Geoff Bates discuss the how to make government take notice of evidence and implement long-term preventative health strategies and benefits of the HAUS model.

We would also like to extend a special thank you to all those who attended the event and contributed to this important conversation.



The wider TRUUD work

This event showcased some of TRUUD's work, but there are other research and intervention teams who are conducting very important and relevant work. You can find out more details here:

- The [Law and Local Government intervention](#) aims to strengthen legal capacity for health at local government level.
- The [Real Estate Investment intervention](#) seeks to promote the incorporation of health considerations in property investment and land development processes.
- The [Transport Planning intervention](#) seeks to incorporate validated health impact measures into the Greater Manchester [Streets for All](#) strategy
- The [Spatial Planning intervention](#) works at city level in Bristol to improve the way health impact and health inequalities are considered in local policies and plans
- The [Research-on-Research](#) team maximise the efficacy of inter- and trans-disciplinary working and share learning on team science beyond TRUUD.



Partnerships and Potential

In the two plenary sessions, we explored the value of TRUUD's external partnerships and considered the future potential of its research.

TRUUD and MHCLG

In the first plenary, we heard about the ongoing partnership between TRUUD and MHCLG, with talks from:

- Stephen Aldridge, Director of MHCLG Analysis
- Sarah Ayres, Professor of Public Policy and Governance at the University of Bristol

Here we summarise the key messages from the session.

“The TRUUD team’s research informs a key area of work for MHCLG – how the department best supports the delivery of better urban spaces which improve the health and wellbeing of citizens.” – Stephen Aldridge

The government’s health mission includes a promise to reduce health inequalities by improving health in disadvantaged communities. At the heart of this will be the prevention of ill health through the creation of healthy urban spaces. There are direct consequences – better housing leads to fewer respiratory diseases – and indirect consequences – more green space improves wellbeing.

MHCLG plays a key role in the regeneration of urban space, not least in the new towns agenda. Until now, there has been a lack of evidence about how urban regeneration impacts public health. The TRUUD work fills this gap.

“Analysts from MHCLG have been actively working with the TRUUD team to examine how the Haus model can be applied to better understand the health impacts of urban design and incorporate them into our appraisal of economic impacts.” – Stephen Aldridge

TRUUD are currently working with MHCLG analysts to adapt HAUS for use in the department and for inclusion in its appraisal guide. This work will increase capacity in MHCLG and those that use its appraisal guidance to include health outcomes in appraisals and funding decisions. It will also raise the visibility of health impacts in policy making and strategic priority setting. This work is due to be completed in late 2025, at which point the HAUS model will be publicly available as part of the [MHCLG Appraisal Guide](#).

The next stage of this work is to encourage the use of the HAUS model, not just in MHCLG, but across Whitehall, the devolved administrations, local government, and beyond. Delegates made important contributions to this wider application by raising questions about the application of HAUS to existing developments, in rural areas, and as part of the evaluation process. In each area there is the potential for further expansion of the model, but there are also existing possibilities, such as the use of HAUS to support robust evaluation of the health impacts of urban regeneration.

Read our briefing note: [What is the added value of HAUS](#).

The future potential of TRUUD work

The second plenary entailed a panel discussion focused on the future opportunities for creating healthier urban environments, with contributions from:

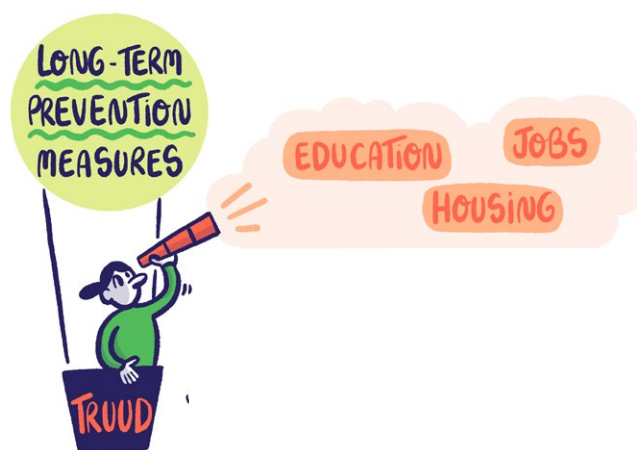
- Pooja Ahluwalia, West Midlands Combined Authority
- Dr Geoff Bates, University of Bath
- Andrew Charlesworth-May, MHCLG
- Katherine Merrifield, Health Foundation

As recognised by delegates and speakers throughout the day, the **HAUS model** opens a major opportunity. By demonstrating impacts, HAUS increases the focus on the importance of health in urban development. This supports government objectives in a cost-effective way. It prioritises health as a strategic objective in urban regeneration, ensuring a more preventative approach.

See [Session 1](#) and [Session 2](#) for more on the HAUS model.

The current paradigm of '**mission-led government**' is another important opportunity space. The 10 year plan for the NHS is promising, but the national health mission needs a much stronger focus on preventative health and place-based policymaking. Combining these approaches with the English Devolution agenda, would empower local leaders to deliver a 'health in all policies' approach. Realising this change at both national and local levels will depend on changing the perspective and behaviour of key decision makers in the system.

See [Session 3](#) and [Session 5](#) for interventions focused on influencing decision-makers.



The '**new towns**' project creates a really important opportunity to deliver healthier urban spaces, but its success will depend on the application of systems thinking. By applying TRUUD evidence, the development of new towns could take a more holistic approach to health impacts. It is by combining many different types of evidence into the development of new towns that these projects can become flagship examples of healthy urban development.

See [Session 4](#) for the discussion on systems thinking.

The **English Devolution Bill** represents another important set of opportunities. Specifically, it is working to solve problems that have been identified as barriers to healthier urban development, including fragmented funding and accountability. The Bill provides Mayoral Strategic Authorities (MSAs) with a greater mandate on health, through a health duty, integration with NHS institutions, and new spatial planning powers. To realise these potentials, MSAs need long-term funding settlements.

See [Session 6](#) for more detail on health and English devolution.

Session 1: Deep dive into the Health Appraisal of Urban Systems (HAUS) model

Eleanor Eaton (University of Bath)

Overview

This session provided a confidential preview of the prototype version of the Health Appraisal of Urban Systems (HAUS) model. The model is due for formal release in the Autumn alongside the updated MHCLG appraisal guide. Attendees were given access to a working spreadsheet version of the tool and participated in a lively discussion exploring its functionality, current limitations, and potential applications.

The HAUS model is designed to integrate health impact assessment into urban planning and development decisions. It draws on evidence from public health and environmental research, using around 200 impact pathways to quantify how built environment factors influence population health.

The model focuses on changes in risk linked to urban conditions such as air quality, access to green space, transport infrastructure, and housing design. While interactions between pathways are not currently modelled, this approach supports transparency and ease of interpretation.

The prototype shown included a simplified calculator designed for high-level use, enabling quicker assessments with reduced data input. It currently operates at the Lower Super Output Area (LSOA) level, suitable for neighbourhood-scale planning.

Key Discussion Themes

Application to Development Decisions

Participants saw strong potential for HAUS to inform both greenfield and brownfield development, particularly in assessing access to green infrastructure, permeability, and public realm improvements. The tool could support business cases for investment, particularly where public health outcomes can justify regeneration or remediation costs.

Equity and Demographics

The HAUS model can be used to explore many different health outcomes across different age groups. Attendees proposed extending the potential of HAUS to assess differential impacts across demographic or income groups. Attendees supported future development to better capture inequalities in health outcomes.

Scalability and Integration

The model's current focus on small-scale geographic units was seen as the first step towards city-wide applications. Several participants suggested combining HAUS with other tools to address wider issues such as employment access or economic uplift.

Training and Usability

The model was seen as robust, but this came with the challenge of complexity, especially for non-specialist users. There was therefore



support for a “train-the-trainer” model, along with calls for a user guide, FAQs, and possibly a standardised or benchmark version to improve accessibility.

Next Steps

Later this year, the HAUS model will be included in MHCLG’s appraisal guide along with user guides.

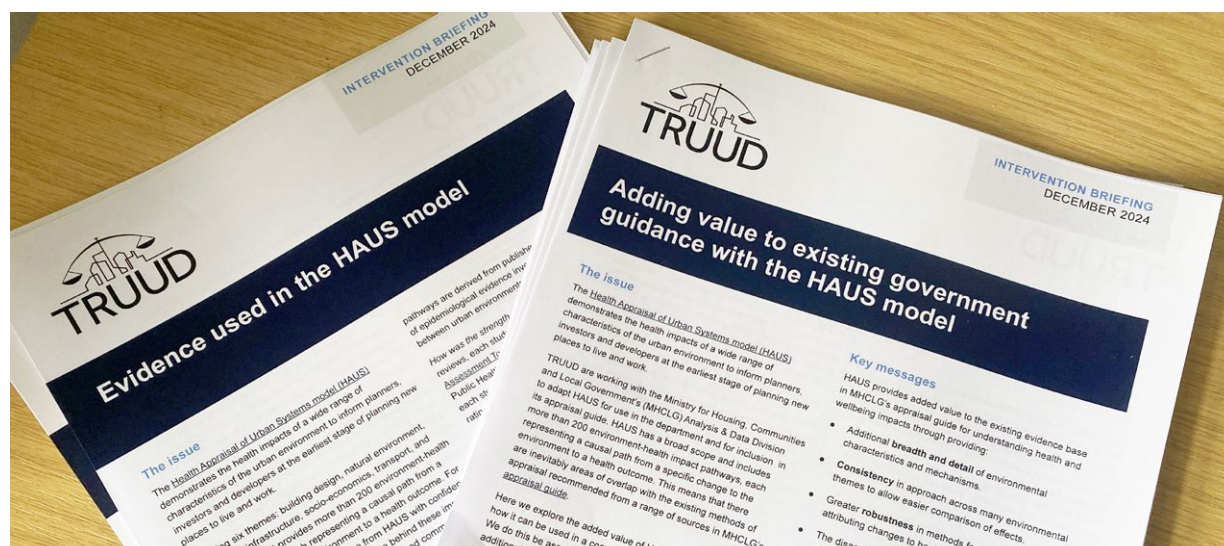
The HAUS team is currently conducting peer review and further development of the model. Planned improvements include:

- A more user-friendly interface
- Updated datasets
- Supporting materials to aid training and implementation

Conclusion

The HAUS model represents a promising step forward in embedding health considerations into planning and development. Stakeholder feedback highlighted both its strengths and areas for growth, with strong interest in its application to support evidence-based, health-focused urban policy and investment decisions.

Find out more about the HAUS tool:
[Understanding urban health costs with HAUS](#)



Session 2: Taking a systems perspective on the MHCLG appraisal guidance for the HAUS model

Geoff Bates (University of Bath), Sarah Ayres (University of Bristol) and Daniel Black (University of Bristol)

The issue

Urban development and planning policies can play a critical role in improving and protecting public health by creating healthy conditions to live and work. Our research has identified key factors preventing the promotion of health in government urban development decision-making. These include: the lack of health outcomes within economic, funding and appraisal tools, and a lack of accessible evidence on the health impacts of development decisions.

We are collaborating with policy makers and economists in the Ministry of Housing, Communities and Local Government to integrate the HAUS economic valuation tool into their appraisal systems. If successful, this work will increase capacity in MHCLG and those that use its appraisal guidance to include health outcomes in appraisals and future decisions. It will also raise the visibility of health impacts in policy making and strategic policy setting.

Importantly, national government processes do not take place in isolation. They affect, and are affected by, the needs and resources of organisations throughout the wider system who have a remit for urban development. To build on the public health benefits of our work with MHCLG, we need to consider how it could affect the whole system and what needs to happen next to maximize these impacts.

With the HAUS model set to be included in MHCLG's Appraisal Guide, and made available for wider stakeholders, the next step is to ensure that people are using it.

Using HAUS across the system

The Health Appraisal of Urban Systems (HAUS) tool shows the impact of the urban environment on more than 70 health outcomes through over 200 clearly defined pathways, and precisely where in the system the associated societal costs land. Our briefing note and short film explain how HAUS works and could be used by decision-makers, developers and planners.

Our response

This session brought together a range of actors with expertise and experience in urban development decision-making and economic appraisals across government departments and organisations at the national and local levels, and in the private sector, to provide critical insights to support the wider use of the model. Attendees were invited to share their views on what needs to happen in the immediate future to promote the use of the HAUS model, the barriers to its wider use, and how to overcome these.

Feedback from attendees will help to shape TRUUD plans to promote the successful implementation of the HAUS model in MHCLG's appraisal processes, and longer-term plans to continue development of the model to meet the needs of a range of stakeholders.

We explored these issues through two questions:

1. What opportunities are there for us to raise awareness about HAUS and promote its use amongst a range of stakeholders?
2. What will the barriers to using HAUS be, and how can we overcome these in the short-term?

What we learnt

Discussions covered many topics relating to HAUS and its potential use, MHCLG's appraisal guide, and wider ideas about health in economic appraisals. Key points raised included:

- There are no new start-ups (housing developments) in a majority of London Boroughs for the first time, i.e. how can HAUS best be used at a time when development viability is such an issue?
- How can HAUS be used in rural areas as well as urban (given difference in spatial and infrastructural contexts), and in what way?
- Potential partners for local implementation might include the Town and Country Planning Association, Royal Town Planning Institute, Local Government Association, Quality of Life Foundation, Department for Health and Social Care Regional Public Health Teams, Mayoral Regions Programme.

HEALTH IS DRIVEN BY SYSTEM

- The appraisal guidance for HAUS needs to be tailored to those likely to use it and should be seen as a tool to assist good local development, not another hurdle to access public money.
- The role of consultants and private sector providers is an important element in the debate.

Implications

Key questions for TRUUD and our partners in MHCLG emerging from these discussions included:

- How can HAUS be developed and promoted to reflect the varying needs, capacity and resources at the local level?
- How to increase capacity at the local level across the country to support consistent use of models like HAUS?
- How to increase awareness of MHCLG's appraisal guide and to incentivise use of recommended models like HAUS?

Contact the authors

This session was led by Dr Geoff Bates (University of Bath), Prof Sarah Ayres (University of Bristol) and Daniel Black (University of Bristol). We welcome opportunities to discuss this further. To get in touch, please contact the team at gb818@bath.ac.uk.

Section 3: Under the hood – why we need more than information to change behaviour (Changing Mindsets intervention)

Krista Bondy (University of Stirling), Sophie Turnbull (University of Bristol), Martha Jordan (University of Bristol), Becky Linnett (University of Stirling), Harry Knibb (Oxford Properties), Zoe Sharpe (Dandara Living)

Introduction and background

In this session we deconstructed our Changing Mindsets intervention, with the aim of helping policy makers improve their own change management activities by highlighting critical influences shaping decisions to act that are often neglected in change management projects.

Information alone is not sufficient to change the way that people think and behave. While many people understand this intuitively, it is not often considered when changes are proposed within a particular context. The tendency in most projects is to influence change through providing information (e.g. evidence), and thus appealing to the rational decision making parts of our minds. However, the more immediate, intuitive decision making parts of our mind foundationally shape how and why we engage with the evidence provided to us.



Session details

We began the session by asking attendees to think back to a recent time when they were asked to make changes to how they worked. We asked them to consider this experience in light of three questions:

1. How passionate were you about the issue?
2. Were you in support of the proposed changes within the document?
Why/ why not?
3. Did you act on the proposed changes in full?
How/ in what ways?

This prompted a fascinating discussion that centered around people indicating feelings of relative powerlessness. This powerlessness was felt across a range of issues such as:

- being unable to create clarity on what was expected of them due to poor communication of proposed changes,
- lacking ownership in proposed changes in part due to such things as secret meetings/ decisions being made behind closed doors, and
- frustration that the proposed changes were not sufficiently thought through or detailed but they had to be implemented, leaving attendees in a position to then have to fix implementation challenges.

We then provided details on the Changing Mindsets intervention, which was designed to increase the acceptability and desirability of acting on health and health equity within professional practice. We took people through our exciting new decision making framework that identified four key influences shaping an intention to act: power, group norms, collective efficacy (shared beliefs that the group can act together to achieve a desired aim) and proximity (extent to which an individual feels cognitively and emotionally connected to an issue). We showed how these were incorporated into the intervention and the simple ways in which we activated these four key influences with the setting of a presentation and supporting website.

We then asked attendees to think through the four influences and which of these would have been most helpful in improving their response to the proposed changes discussed in Discussion 1. One attendee suggested that perhaps people should be working towards the need for a 'limited democratization of change'. We discussed simple steps that help to improve people's feeling of power and connection with others who have a shared set of ideals. For instance we discussed:

- practical ways of bringing together people who are being asked to create changes (e.g. in constructing new houses) to discuss practical ways they can move forward,
- working with champions and industry in-group members who understand the specific language and norms of a group to help design and deliver not only the proposed changes, but how they are communicated, and

- identifying networks of people with similar interests (e.g. wanting to further incorporate health in their professional practice).

We then briefly highlighted the results from our intervention and opened the floor to questions and thoughts. At this point, we had an interesting discussion about the concerns around complexity, and how actors can find the space and comfort to act in a complex system. We talked about working with for instance peer groups to identify at least one action as a starting point for moving forward, helping to build the momentum and realisation that acting is possible, taking first small steps to change (low hanging fruit), or explicitly experimenting such as through pilot projects.

Contact the authors

To get in touch, please contact Dr Krista Bondy (University of Stirling) on kb65@stir.ac.uk



Session 4: 'Promoting systems thinking in urban development'

Dr Neil Carhart & Dr Pablo Newberry (University of Bristol)

Overview

The aim of this session was to better understand how the challenges facing the application of Systems Thinking could be overcome. It built on a previous session held in July 2024, with some participants contributing to both.

The previous session identified several interlinked challenges facing the application of systems thinking: (i) articulating the benefits of systems thinking, (ii) the systems thinking skills capacity, (iii) time constraints, (iv) silos of funding and control, and (v) evaluating the outcomes of system change interventions. An additional challenge area focused around the use of systems mapping, particularly in their validation, visual complexity, and in using them to identify actionable insights. The session focused on addressing the challenges associated with the use of systems maps, while reflecting on their intersection with other challenges.

Small Group Discussions Part 1

The first part of the session saw participants discuss their roles and experience with systems thinking in urban development. Participants had a wide range of experiences and backgrounds from the private and public sectors, as well as academia. Application areas included Theory of Change models for environmental regulations and net-zero transition pathways.

The majority had a familiarity with systems thinking, with some describing their initial surprise upon finding that it was used so much in these areas. Despite this, there was some remaining scepticism over the potential impacts, leading to the question 'How do we find good examples of where systems approaches have led to concrete actions?' Some participants had extensive experience of systems approaches within national and local government and had seen their widespread use in problem structuring and system change leadership.

Small Group Discussions Part 2

The second part asked participants to select one of three fictional vignettes depicting a common challenge encountered when using systems maps and using this to discuss how these challenges could be addressed. The first group selected a vignette entitled 'Cost Here, Benefit There' as described in Box 1.



Box 1. Selected vignette: 'Cost Here, Benefit There'

Three departments (Environment, Housing, and Finance) built a systems map for climate-resilient housing that highlighted cost-effective insulation and storm-drain upgrades.

No department accepted leadership or responsibility of the complex interlinked issues revealed. Housing said savings would appear in Environment's carbon ledger; Environment said property-value gains belonged to Finance.

Each department chose its own indicator - emissions saved, units upgraded, or budget variance - so reports and progress could not be easily combined or compared.

Existing single-project evaluation templates lacked fields for shared costs, shared benefits, and overall synergistic system-level outcomes.

The group first described the challenges and barriers to systems thinking and modelling:

- In local government: people typically start a piece of work in a certain familiar way; linear approaches are common; housing service is more systematic; finance run everything.
- Too much energy is spent persuading people of the value of systems thinking and modelling, rather than doing.
- It is difficult to strike the right balance between a complex and generic model, where it lacks utility at both ends of the spectrum.

- At what point does regulation add more complexity? Is it possible that less regulated countries with similar ambitions to the UK achieve them more effectively?
- It is difficult to articulate systems thinking skillsets that require proficiencies in technical aspects and bigger picture thinking.
- Managing restructures can impact buy-in to utilising systems mapping across departments.

They then explored potential solutions for supporting the use of systems maps:

- Provide a shared goal (e.g. Health in All Policies) that encourages departments to pull in the same direction and could address the issue of individual indicators being chosen.
- Engage the right people at the right time and frame the problem in a way that is meaningful to them – therefore, the systems map could look different for different stakeholders.
- Multi-year settlements for local governments can support longer-term thinking.
- Anchor institutions and networks can facilitate and provide leadership in utilising systems mapping.
- It is important to be able to articulate in lay terms: What is systems thinking and how do you apply it as a practitioner? How do you describe a model as practice?

The second group selected a fictional vignette entitled 'Map Overload, Pilot on Hold' as described in Box 2.

Box 2. Selected Vignette: 'Map Overload, Pilot on Hold'

An inter-agency team built an intricate map of chronic-disease drivers, showing dozens of loops across education, food, housing, and clinical care.

Reviewers opened the file, scanned the crowded nodes and arrows, and admitted they could not see where to start. The proposed next steps (small pilots in schools, clinics and parks) seemed unrelated to the map.

Programme managers requested a business case and proof that such pilots had worked before. Analysts lacked baseline data; pilots were needed to get it.

Leadership and budget reviews were scheduled within six months, and a possible strategic shift was under discussion, so long-term health outcomes would arrive outside the planning window. Without agreed evidence, funding and approvals paused.

The group first described the challenges and barriers to systems thinking and modelling:

- Cognitive overload to systems maps is a relatable experience, particular among those with less exposure to systems thinking. Sometimes, even systems thinkers who recognise and are comfortable with complexity see the problem as being intractable.
- There can be a level of discomfort when confronted by the complexity of the map, this may in part arise from the truth it reveals, including the truth that the problem is more complex than otherwise thought.
- Challenges arise when costs largely stem from one department, while the benefits are felt in another, often at a much later point in time.
- The output of some promoted systems thinking tools are seen as 'common sense', leading people to question the value, particularly when budgets are stretched and there is a sense the money may have been better spend elsewhere.
- The qualitative structural data of a systems map is perceived to be less 'robust' than quantitative data.

They then explored potential solutions for supporting the use of systems maps:

- It is important to be clear upfront about the objective of using systems thinking and building systems maps. It can be less about finding a solution and more about gaining a better understanding of the problem. The value can be more in the process than the resulting model.
- Qualitative evidence is valued differently in different contexts. It is often valued more highly at a local level than a national one. There is a case to be made for the value of such data in other contexts.
- Rather than show people the whole map, it may be useful to only show its key insights. This is not uncommon in other forms of modelling and analysis. Financial and economic models are often used by decision makers without seeing their complex inner workings.
- There needs to be more systems approaches used in evaluation and more evaluation of systems approaches. This will build trust in their robustness, reducing the need to confront people with the complexity of the models themselves.

Contact the authors

To get in touch, please contact Dr Dr Neil Carhart on Neil.Carhart@bristol.ac.uk

Session 5: What role can and should lay evidence play in healthy urban development policy-making?

Jo White and Maisie Black (University of the West of England)

Overview

In this session the TRUUD public engagement team shared their ongoing work communicating the health and wellbeing impacts of the built environment by presenting lay evidence through the medium of short films.

Two films were screened:

(i) Samuel's story about a family living in a crowded flat with inadequate outdoor space, which is part of the TRUUD *'Living in Unhealthy Places'* series and has been used as part of the Changing Mindsets intervention to influence decision-makers, and

(ii) a draft cut of the new *'Getting to School'* film which shares families' experiences of air pollution, safety issues and stress from car traffic during the school run, which is going to be tested for use within public engagement work around street improvement initiatives such as Low Traffic Neighbourhoods.

Attendees were then invited to provide feedback and discuss the value of sharing lay evidence in short films and how these narrative-based outputs can be used to inform future healthy urban development practice. There was a mixture of positive and constructive feedback on both films and recommendations concerning how the impact of such materials could be enhanced.

Value of lay evidence films

Overall, there was consensus about the value of such short films. Attendees felt that they highlight the links between the built environment and health and wellbeing in an accessible and engaging way and this approach is more successful than quantitative evidence in bringing people close to real issues ("numbers are not enough"; "it's easier to understand than a spreadsheet").

The films were considered emotive and relatable ("a story told through lived experience is impactful on human level"; "it really connected with me"). This medium and format make viewers care about the families presented; the portrayal of both caring/impacted parents and children's perspectives were considered extremely moving; the inclusion of children was found to be particularly powerful. Indeed, it was considered that sharing more shots from the point of view of children (e.g. in relation to polluting traffic) could make the films even more potent.

Several participants contrasted the content and focus of the two films and some associated challenges in viewer engagement. While Samuel's story presents an extreme situation quite distant from most viewers' reality (overcrowding), the second film shares something many viewers would experience in their everyday lives, namely the impact of cars and pollution, so there were concerns that this might potentially have less impact. This raised the question of how to make people

care about a problem we all face and are potentially inured to, such as motornormativity, which nonetheless contributes to air and noise pollution and has a significant impact on population health.

Targeting messages within short films for impact

The group discussed how in each case there needs to be careful consideration of which audiences the films are targeting, and how the narratives can best work to effect change amongst specific groups, including defining what the key take-home messages should be. It was felt that single issue films are more readily self-evident in their messaging. In contrast, the new 'Getting to School' film contains a complex mixture of ideas and messages and is presenting a multi-faceted "wicked problem" associated with road infrastructure, traffic and human behaviour, which is more confusing; a clear narrative is therefore required demonstrating what health impacts are caused by the traffic, and the urgency for change.

A risk highlighted with both films was that viewers might go away from such films caring about the families but not being clear about what needs to change and where responsibility lies. Moreover, given that in some instances such films may be targeted at audiences who are simultaneously responsible for change ("you are addressing the ones you are blaming") it was recommended that the narrative should also gesture towards a solution, providing some pointers towards change, or even present a firm call to action.

Living in Unhealthy Places

▶ [Watch the Living in Unhealthy Places films here](#). These short films share experiences of living in UK urban environments that pose a risk to health. We chose the issues covered according to evidence and data from our HAUS model – overcrowding, lack of green space, traffic noise, air pollution, damp and mould.

Use of data

Some participants highlighted how they considered the NHS and government cost data which bookended 'Samuel's story' to be surprisingly low. A broader issue raised was that after becoming immersed in and emotionally affected by the family stories presented the viewer does not really then engage with wider figures. For the second film it was recommended that data are used which further enhance the narrative about health impacts of pollution related to motornormativity, as well as dangers of traffic, but to avoid statements relating to NHS and government costs.

Follow-on from the session

The breakout session has led to further conversations with a number of attendees, particularly about the use of short films within public engagement around the built environment interventions. Learning from the session will inform the editing of the new film and be included in the public engagement Toolkit which the TRUUD team is currently working on.

Contact the authors

To get in touch, please contact Dr Jo White (UWE) on Jo.White@uwe.ac.uk

Session 6: How can mayors and strategic authorities contribute to public health?

Jack Newman (University of Bristol)

Overview

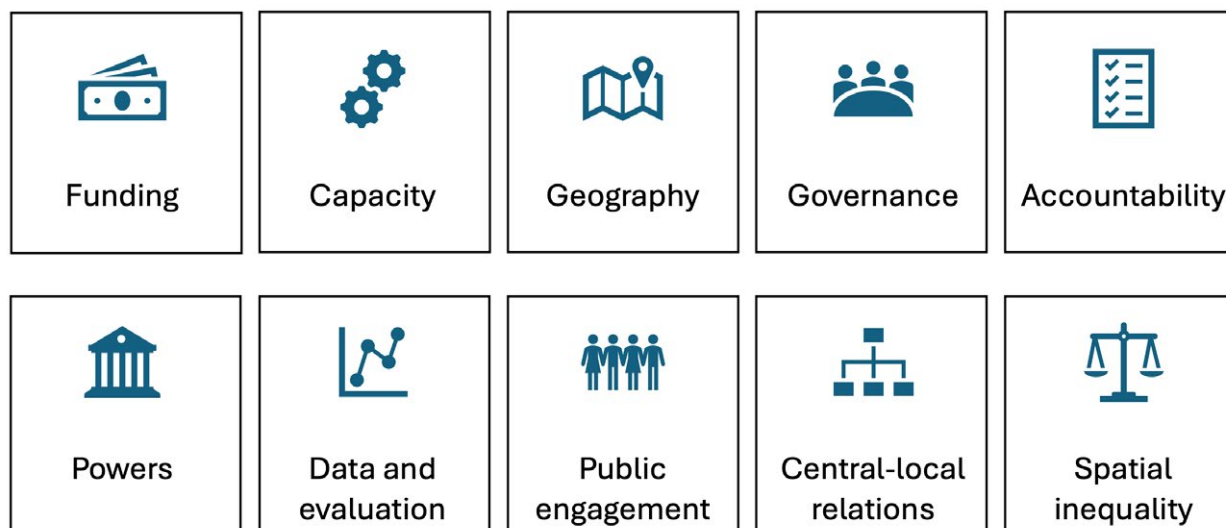
This session considered the public health policy tools available to mayors and other local leaders and sought to develop a set of recommendations for implementing the public health commitments laid out in the English Devolution White Paper.

The role of mayoral strategic authorities (MSAs) in improving public health varies substantially

across the country. Some of this variety is attributable to proactive local leadership, but there are also significant differences in powers, budgets and structures that drive the prominence of health in some places much more than others. In this session we considered how combined authorities are contributing to public health, what more they could do, and what institutional reforms are required.

Challenges

Delegates were shown 10 challenges facing the English devolution agenda and asked to speak to one or more of them in relation to the overall session question.



Accountability and incentives

The discussion focused on the issue of accountability, as this was seen to be the crucial factor in the integration of local government and health services, and specifically of MSAs and ICSs. The two were seen to have different cultures that often stand in tension. Accountability can function as wedge that further drives them apart or a bridge that brings them together. Part of this is seeing accountability within a wider set of incentives that guide action and set priorities in MSAs, ICBs, and other important local actors. The aim is therefore to ensure that as many incentives as possible must point towards effective collaboration.

Attendees identified key area of progress and future potential. One of these is the health and work agenda, as this is a policy area that creates incentives for partnership working between MSAs, local government, and ICBs. Within MSAs, this agenda can be embedded by creating new job roles that sit across different teams. In some places, job roles sit across organisations, especially MSAs and ICBs. These linking roles allow the transfer of knowledge and they help build the accountability bridges described above.

Instability

A key theme not listed in the '10 challenges' was stability. In the session, reports came from around the country about the impact of institutional and policy churn. The abolition of NHS England, along with budget cuts and clustering of ICBs, has created uncertainty in the system. The focus on cutting costs has also strained key relationships and policy programmes that have the potential to build bridges between local government and the NHS. This is part of a general feeling of moving backwards.

Funding

Such arrangements are often limited by the scale or stipulations of funding. Existing funding of both local government and health services create challenges, risks, and opportunities. There are challenges around underfunding and lack of funding flexibility that have been widely reported elsewhere. There are risks in terms of the potential for funding cuts to accompany devolution and institutional reorganisations.

The opportunities are seen to arise with the integrated settlements being implemented in some MSAs. Specifically, if health can be embedded in the pillars and performance metrics of integrated settlements, this will have real consequences for action on the ground. There is an important role for the Haus model here in building the evidence based for a health in all policies approach by showing the economic value that can be unlocked when all policy areas seek to improve public health outcomes.

Opportunities

Delegates were next shown various quotes from the English devolution White Paper. These were grouped into four commitments: health duty, geographic alignment, mayors and ICPs/ICBs, and future powers. Delegates were asked to comment on:

- How might this be delivered?
- Is it sufficient?
- What is missing?

Making the case

The conversation began by considering how we can communicate the need for change to central government. There is a need to combine evidence with narrative, something that is being explored in Session 3 and Session 5 (see above), and something that has been a clear finding from TRUUD work ([Bates et al](#),

2023). These observations raised questions about the important balance between the local evidence base and the national strategy. The two need to inform each other but the process by which this happens is less clear, especially given how the local policy space is so cluttered and changeable.

Evaluation and learning

Something seen to be missing all too often was robust evaluation and learning. Evaluation is seen to be important but only useful if it actually feeds into future decision making. This is partly about institutions having sufficient capacity, both in terms of staff time and expertise, but also about ensuring that health considerations are embedded in decision making. Here, again, there is an important role for TRUUD research, especially the HAUS model, which can be used to appraise and evaluate decisions on the basis of their impact on health outcomes and in turn on costs in the urban development system. Attendees also pointed to the Health in All Policies Toolkit developed by the Mayoral Regions Programme, which offers an important mechanism for cross-regional learning.

Monetising health

This fed into a final strand of discussion about the monetisation of health impacts, the focus of the HAUS model. There were acknowledged to be drawbacks to monetisation, given the complexity of measuring health impacts and costs, but there are significant benefits given for ensuring that health is widely embedded in local decision making. Too often it is possible to ignore health impacts when making important decisions about the future of urban places. By integrating health into the system of appraisal and budgetary accountability, it could become increasingly difficult to ignore.

Conclusion

In this wide-ranging conversation, representatives of several MSAs, ICBs, and other stakeholder institutions sought to grapple with the move towards a more health-oriented devolution agenda in England. There are positive signs in the English Devolution White Paper, and these were acknowledged in the discussion. There are also longstanding challenges around funding, accountability, and instability, which together do not yet create the right incentives for sufficient action on public health. However, there were also important opportunities identified, not least in finding ways to bridge across MSAs and ICBs with shared policy agendas. Most importantly for the TRUUD project, and the implementation of the HAUS model especially, this session showed the importance of monetising health for more effective appraisal and evaluation.

Contact the authors

To get in touch, please contact Jack Newman on jack.newman@bristol.ac.uk



**WE NEED TO FOCUS ON
REAL LIFE CONSEQUENCES**



Conclusion and further reading

This report has focused on a single event held in June 2025, but it represents just one part of a much wider and longer-term conversation. TRUUD has been leading this conversation for nearly six years by building a nationally important body of evidence on how to deliver healthy urban environments. We have worked closely with national, regional, and local policymakers to ensure that this evidence is being translated into action, but there is much more to be done. All of those who are part of the delivery or analysis urban development have an important role to play in keeping the momentum going. Making our cities healthy places to live – places that are positive contributors to our wellbeing rather than negative causes of our ill health – will require a multitude of actors working together and working hard to champion public health. Through ongoing collaborations

and conversations, the TRUUD project has consistently sought to contribute to this cause.

We encourage you to get in touch if you think TRUUD research could improve the health impacts of you and your organisation: truud-research@bristol.ac.uk

You can find a range of further reading on our website:

- [Our catalogue of policy briefs](#)
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Get in touch

research-truud@bristol.ac.uk

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