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How democratically elected mayors can achieve mission-oriented policies in turbulent times

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ABSTRACT
This article explores how democratically elected mayors can achieve mission-oriented policies in turbulent times. Drawing on 132 interviews with decision-makers in England, it uses the case of healthy urban development to explore the role of elected mayors in mission delivery. Findings show that mayors can be figureheads for a place, work directly towards national missions, implement cross-cutting programmes, convene partnerships, and lead local innovations with new evidence and data. However, more central government support is needed with investment in capacity, a broader range of powers, and greater freedom from central targets and siloes.

KEYWORDS
 democratically elected mayors; place-based leadership; complexity; mission-oriented policy; health; evidence

1. INTRODUCTION

This article explores how democratically elected mayors (DEMs) can contribute to mission-orientated policies in turbulent times. Mayors and other local leaders are now operating in a context of interlocking local, national and international crises. In the aftermath of the 2008 global financial crisis, the 2010s saw a period of public sector austerity in many developed countries, with local institutions facing budgetary restraint, the impact of which has been unequally spatially distributed (Gray & Barford, 2018). The 2020s has so far seen a double shock of a global pandemic and geopolitical instability, causing further economic pressures and societal challenges.

In this turbulent context, DEMs are attempting to solve a set of deeply entrenched social and environmental policy problems, including the need to respond to climate change, growing inequalities and deteriorating public health. Often known as 'wicked issues', these complex challenges require systems thinking, long-term planning and multi-stakeholder coordination. The place-based leadership literature suggests that DEMs are particularly well-placed to address these challenges, given that their

power depends on mobilising state and non-state partners, engaging communities and providing a forward-looking vision (Cairney et al., 2024). However, these capabilities are inhibited by the interlocking crises that face contemporary place leaders (Beer et al., 2023). In the UK, local leaders are further restricted by an array of challenges in the UK's multilevel governance system, with a fragmented, centralised and short-termist central government, and, in England at least, an underfunded, underpowered and asymmetrical subnational government (Diamond et al., 2024).

A mission-orientated approach has been suggested as a way to overcome and manage some of the complexity of contemporary policymaking. This entails a shift from policy sectors to policy challenges oriented around a small number of clearly deliverable missions that mobilise a diverse range of institutional actors (Mazzucato, 2018). It is increasingly seen as a way to overcome the deep structural barriers inherent in political systems to tackle complex global challenges. The newly elected UK government has emphasised the value of 'mission-driven government' to drive growth, improve public health, switch to clean energy, tackle crime and increase equality

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of opportunity (Labour Party, 2024). They have also emphasised further devolution and the role of DEMs but, as yet, there are few ideas about what this might look like.

This article contributes to this debate by considering the potential of DEMs to help tackle a complex social challenge that requires a place-based and mission-orientated approach. Healthy urban development is a suitable case study for this purpose as it is a complex social problem that depends on the intersection of many different policy areas (Mazzucato, 2018). The link between the urban environment and health is increasingly evidenced (de Sa et al., 2022). Yet, urban development decision-makers are failing to produce the types of urban environments that promote public health (Carmichael et al., 2020). Within a framework of mission-driven government, DEMs have the potential to use their positions as place leaders to establish public health priorities among the constellation of decision-makers in urban development.

What is currently missing from the UK government's mission-driven approach to health is an explicit recognition of the role of DEMs and clear understanding of how they might contribute to mission delivery. This article contributes to this policy gap. To do so, we draw together the literature on place leadership, mission-oriented policy-making, and England's current devolution settlement to examine the views of actors across the urban development system about the resources that DEMs might mobilise to promote a mission-orientated approach to healthy urban development. Evidence is drawn from 132 in-depth interviews with urban development decision-makers in England, with respondents from state, market and civil society.

The rest of the article is structured as follows. It begins by engaging with three main literatures: the role of place leaders and DEMs in turbulent times; the potential for a mission-oriented approach; and the development and prospects of England's DEMs. We then present the methodology, outlining the data-gathering and analysis of 132 interviews across a large transdisciplinary research project called 'Tackling the Root Causes Upstream of Unhealthy Urban Development' (TRUUD). In our results section we argue that DEMs have the potential to contribute significantly to mission delivery within England but that the national government needs to create the right structural conditions for them to succeed.

This argument is supported by five main themes. First, from their direct election and position as a figurehead of a place, mayors have the political clout to galvanise local actors and cut through difficult issues to realise missions, but this power varies significantly across the country. Second, mayors are able to establish shared understandings of policy problems, helping to define local mission delivery, though this ability is currently limited by ineffective central government steering, which now needs to empower mayors with clear and measurable objectives without confining local leadership. Third, mayors have a set of formal powers over urban development that have significant potential to deliver on a health mission, and often they seek to realise this potential, but they need

greater freedom from central government policy siloes, which currently restrict funding and impose sector-specific policy objectives. Fourth, mayors can work across traditional institutional boundaries at the local level to convene diverse actors and overcome collective action problems in the name of mission delivery, although existing tensions will require central government to pay close attention to local conditions and institutional structures. Fifth, DEMs are able explore new ways of using local data and embed new data tools in policy processes, as with the increasing use of health economic valuation tools. To realise this potential, central government's mission agenda will need to integrate and scale up these local innovations.

2. LITERATURE REVIEW

2.1. Place leadership in turbulent times

Place-based leadership entails 'actions that aim at transforming particular places by pooling competencies, powers and resources' (Grillitsch & Sotarauta, 2020, p. 708). According to Sotarauta and Beer (2017), place-based leadership has two core features: the *facilitation* of development strategies across multiple policy sectors and institutional actors, and the *engagement* and benefiting of local communities. A third core feature of place-based leadership has been identified as providing a *vision* or a path to a better future (Beer et al., 2023). These three features, facilitation, engagement and vision are explored further below. The concept of place leadership is underpinned by the shift in recent decades away from hierarchical government, to reimagine state activity as the management of fragmented networks of diverse institutional actors (Sandford, 2020). Unlike national leaders, who have the legislative capacity, budgetary control and discursive power to manage such networks by co-constituting their structured context, place-based leaders depend on more horizontal modes of influence (Sotarauta et al., 2017). The agency of place leaders is therefore dependent on their ability to mobilise, convene and persuade other actors, be they businesses, public bodies, community groups or universities (Beer et al., 2019).

While a 'place leader' can be an individual or an institution, and could come from politics, the public sector, the private sector or civil society, there is a specific question surrounding the role of DEMs as place leaders. Direct election produces 'a clearly identifiable, individual political leader' with a relatively stable platform to lead a place for a given period of time (Sweeting, 2017, p. 4). The variety of potential contexts and differences in individual characteristics precludes a judgement on whether DEMs are generally beneficial, but they do 'usually see themselves as "leader of the place", rather than "leader of the council"' (Hambleton, 2017, p. 250). The extent to which DEMs can be successful as place leaders depends especially on their political institutional context (Greasley & Stoker, 2008), which can position them as strong/weak, political/managerial and free/constrained (Fenwick & Johnston, 2020).

In the English context, Hambleton (2019) identifies the ability of DEMs to lay out a clear *vision* for their place, though he also notes a tendency for top-down leadership that does little to *engage* local communities. Greasley and Stoker (2008) argue that DEMs are more likely to use, and use more effectively, a *facilitative* governance style that depends on outwardly mobilising multiple actors. Similarly, Gains (2015, p. 433) emphasises *facilitation*, explaining that 'the soft power of an elected leader can help to stimulate and encourage partnership working to bring together delivery partners in key economic and social policy agendas', though Gains also flags an often unfulfilled need to *engage* the public. Looking beyond England, the Spanish model shows the tendency for strong mayoral systems to lead to more individualised governance modes and thus fewer opportunities for citizen *engagement* (Sweeting, 2012). In Germany, Wollmann (2004) highlights the capacity of DEMs to improve accountability and *engagement* of citizens, while also improving the efficiency of governance, though Eckersley and Timm-Arnold (2014) argue that there is significant variation in Germany depending on the mayor's experience and background.

As in many parts of the world, place leadership in England sits within an increasingly turbulent international, national and local context. This provides a structural constraint on the agency of place-based leaders, both in terms of the multiple challenges they face and their capacities to respond. In recent years, UK place-based leaders have operated within a particularly changeable political context, destabilised by Brexit, polarisation and constitutional tensions (Diamond & Newman, 2024; Hayton, 2024). Partly because of its lack of constitutional protection, England's system of multilevel governance has undergone repeated cycles of reform (Diamond et al., 2024). In the last decade alone, the creation and abolition of multiple policy agendas, and the ad hoc rollout of the mayoral combined authority (MCA) model, has put the remit and institutional context of place-based leaders in a state of almost constant flux (Coyle & Muhtar, 2023; Sandford, 2017). As in many developed countries, these political and economic instabilities have emerged in the aftermath of the 2008 global financial crash and the subsequent prolonged period of public spending austerity.

In these turbulent times, the agency of place leaders is 'partial, and potentially restricted to limiting the human costs of economic shock' (Beer et al., 2023, p. 46). It becomes difficult for place leaders to mobilise partners, engage communities and provide a forward-looking vision, the three core features of place leadership (Grillitsch & Sotarauta, 2020; Sotarauta & Beer, 2017). Flux in institutional arrangements, policy priorities, local economies and electoral contexts creates a challenging context for the networks of influence and partnerships that are crucial for place leadership (Tilley et al., 2023). And, in a period of crisis and transition, expectations are also higher, with place leaders expected not just to respond to the crisis but also steer a path to a better future (Beer et al., 2023).

Within this changeable governance landscape, one cross-cutting policy challenge that has grown largely unchecked in the UK is declining public health and the associated rising spatial inequalities in public health outcomes (Ayres et al., 2023). Evidence linking ill-health to poor urban development is well known, but policy on the wider determinants of health is a highly complex social problem (van den Broek d'Obrenan & Huxley, 2022), and mechanisms that can influence outcomes are dispersed across many agents (Black et al., 2021). Those with the power to act, such as private developers and investors, do not see health as their concern. While this makes public health precisely the type of 'wicked' issue that place-based leaders are well-positioned to tackle (Sandford, 2020), the fragmentation and flux in crisis-hit local contexts creates a gap between the scale of the policy challenge and the potential for place leaders to mobilise partners and engage communities in response. One prominent attempt to address this gap is 'mission-oriented government', which has recently become a central theme in UK public policy.

2.2. Mission-oriented government

The academic underpinnings of the current UK government's mission-driven approach lie primarily in the work of Mariana Mazzucato (Gurumurthy et al., 2024). Mazzucato (2023, p. 24) defines a mission-oriented approach as one that 'redirects vertical policies away from sectors toward key challenges – climate change, the digital divide or health targets'. This broad approach to public policymaking has developed from the more specific literature on 'mission-oriented innovation policy' (Larrue, 2021, p. 15). In this same literature, Janssen et al. (2021, p. 440) define missions as 'governance mechanisms supposed to afford the engagement of a wide spectrum of stakeholders around a mobilising goal of societal relevance'. The key themes that emerge from this literature are therefore: the shift from policy sectors to policy challenges; the mobilisation of a diverse range of institutional actors; and the need to exploit the opportunities arising from innovation.

These features of a mission-oriented approach offer place leaders the potential to address the challenges that they face in turbulent and transitional contexts. Mazzucato herself has acknowledged that 'missions do not specify how to achieve success. Instead, they stimulate the development of a range of bottom-up solutions' (Mazzucato, 2023, p. 24). She argues that missions must be specific, concrete and quantifiable, so that they can set a clear direction, and that they must also build networks of organisations, assess their public value creation, and share risks and rewards (Mazzucato, 2018). In their vision for how Labour might enact a mission-driven approach, Gurumurthy et al. (2024) highlight the importance of reforming governance structures, recruiting the right leaders, and mobilising data and technology. However, Coyle argues that more precision is needed and that missions require the 'assignment of specific instruments to identified aims and the delegation of responsibility for implementation

to the relevant agencies or departments (and individuals within them)' (Coyle, 2024, p. 39). This points to the need for place leaders to have a clear and formal role in mission-delivery (Lucas & Hopkins, 2024). Doubts have been raised about the appetite for this within the Labour government (Blakeley & Evans, 2023). A particular question is whether the government intends to transfer a sufficient range of powers and funds to enable cross-cutting mission delivery, going beyond their current focuses on transport and skills policy (Blakeley & Evans, 2024; Newman et al., 2024a).

Although mission-driven government is presented as a new government mantra, it is situated in a path-dependent context and bears similarities preceding agendas. One longstanding challenge in the UK context is the siloed nature of government and the difficulties in joining up Westminster's competing power bases (Cairney et al., 2024; Warner et al., 2021). This is linked to a broader over-centralisation, short-termism and fragmentation in governance capacity and policy delivery (Diamond et al., 2024; Elliott et al., 2022). At the local level, there have been numerous attempts to shift from policymaking by sectors to policymaking by problem-solving. Notably there were attempts to embed 'joined-up government' under New Labour (Pollitt, 2003), but this was often undermined by the reassertion of central government control and functional siloes embedded in individual departments (Morphet & Denham, 2023). In more recent years, attempts to reorientate policy towards the realisation of cross-cutting missions have included the creation of the levelling up missions at the national level and single pot funding settlements in combined authorities. However, the challenge for the emerging mission-driven government approach is that the historical weaknesses of the UK's polity, the ongoing legacy of New Public Management assumptions, and the inadequate evaluation of successive 'joining up' agendas over decades, create a difficult environment for mission delivery (Diamond et al., 2024; Elliott et al., 2022).

In summary, a mission-oriented approach offers the potential to furnish place leaders with the capacities they need to mobilise partners, engage communities and provide a forward-looking vision, but the agenda is being introduced into a challenging structural context littered with historical failings. In response to this challenge, a 2024 report from the Future Governance Forum argues that handing power to place leaders will make mission-driven government a reality (Lucas & Hopkins, 2024). The report calls for the government to empower place leaders, build their capacities and embed partnership working, while also tackling the fragmentation and short-termism that structure their governance context. In this article, our analysis focuses on one particular mission, the health mission of the current Labour government, and one particular example of place leadership, England's urban MCAs or DEMs. It is within this applied context that it is possible to identify how the place leadership of DEMs can help realise the potential of mission-driven government, and to identify the main barriers to this realisation.

In the next section, we provide an outline of this policy context.

2.3. The development and prospects for England's DEMs

Historically, place-based leadership has been limited in the UK, and particularly England (Diamond et al., 2024). The UK has always been a relatively top-down polity, organising its public administration around powerful functional government departments (Flinders et al., 2024). UK governments have attempted to strengthen England's subnational administration for at least 50 years (Sandford, 2020). The most recent initiative comprises the creation of 11 MCAs, principally in the larger urban areas, since 2010. They are led by DEMs, with local authorities in the area as 'members', and they have negotiated bespoke 'devolution deals' with the UK government (Ayres, 2022). These deals transfer powers and budgets from central government bodies to local leaders, covering matters such as transport, planning and regeneration, housing, skills, and employment support (Department for Levelling Up, Housing and Communities (DLUHC), 2023; Paun et al., 2024).

UK policy towards DEMs has waxed and waned many times since 2010. In this uncertain environment, DEMs have focused on strategic policy planning, distributing central funding, and their 'convening power', that is, using their public profile to harness non-public stakeholders to work towards a shared vision (Blakeley & Evans, 2023; Giovannini, 2021). Mayors have also sought to collaborate with one another to strengthen their voice within – and sometimes in opposition to – central government (Blakeley & Evans, 2023), with examples including reaction to COVID restrictions, pressure to enable bus franchising and opposition to the cancellation of HS2 Phase 2. To strengthen their profile, many mayors have adopted 'orphan policies', focusing on matters such as homelessness, public health or employment relations, that are disregarded or relatively neglected by other tiers of government. One example is the role of police and crime commissioners (PCCs), a role taken on by some DEMs in England, which is a directly elected role elsewhere. PCCs have a place-based democratic mandate and are held to account by public vote; they have tended to build coalitions of partners to take a preventative approach to crime that takes them into various other policy sectors (O'Reilly, 2024). However, there are also concerns about the lack of scrutiny outside of the four-yearly electoral process, leading to central government interventions, as with the special measures imposed on Greater Manchester Police in 2020. This links to broader questions about whether there is sufficient scrutiny of DEMs in the English context, which has tended to reinforce top-down approaches (Ferry & Sandford, 2021; Newman et al., 2024b).

The Conservative government's Levelling Up White Paper (HM Government, 2022) sought to champion DEMs on the basis of extensive analysis of an insufficient regard for place-based policy in the UK. Writers,

including some aligned to the Labour Party, have proposed extending local powers as a corrective to this (Lucas & Hopkins, 2024; Newman & Kenny, 2023; Paun et al., 2022). Nevertheless, this literature has fewer granular analyses of the optimal approach to – and the appropriate rationale for – further devolution of power in England. Notably, health policy has figured only rarely in the English devolution debate. Greater Manchester does operate a form of health devolution, which has seen initial reports of modest success (Britteon et al., 2024), but this is an exceptional case in the English context. Elsewhere in England, MCA capacities vary significantly, and devolution deals have proposed 'public health duties' for DEMs, with little elaboration on what this would imply for powers, funding or policy. This is a curious omission given the synergies between policy addressing the wider determinants of health and a place-based approach.

English health policy itself has undergone a similar journey to that of UK government policy toward DEMs. The English National Health Service (NHS) introduced Integrated Care Systems in 2022. These are managed by 42 integrated care boards (ICBs), which must each include at least one local authority member and one voluntary sector member. They have four core aims (NHS, 2022a):

- To improve outcomes in population health and healthcare.
- To tackle inequalities in outcomes, experience and access.
- To enhance productivity and value for money.
- To help the NHS support broader social and economic development.

These aims align with this policy's aspirations toward greater integration of services and working towards locally shared outcomes (NHS, 2022b). Identical aspirations feature in the debate on DEMs, yet these two initiatives have proceeded on parallel lines to date, rarely sharing insights or exploring how they themselves could be joined up.

We use interview data from a large UK government-funded research grant (TRUUD) to present stakeholder insights into the routes open to DEMs to align the devolution of power in England with tackling the wider determinants of health, and doing so in a manner that also aligns with the UK government's turn toward mission-based government. Our data point towards key spheres of policy intervention to optimise the contribution of DEMs to public health policy and mission-based government, based on the experiences of those who have tried to make the existing system of governance work.

3. METHODOLOGY

The findings in this article draw on research conducted as part of a large UK government-funded research grant (Black et al., 2021). This study explored decision-making in England's urban development system and the factors affecting how health is included (Bates et al., 2023).

Stage one of the research involved mapping the urban development system using in-depth semi-structured interviews with critical actors. A purposive sample was informed by desk-based searches, a policy review, established professional contacts and snowballing. These activities generated a database of approximately 500 urban development stakeholders operating at a global, national and local level, including in combined authorities. To refine the sample further, the team identified two criteria for selection (1) high levels of influence over decision-making and (2) actors' in-depth knowledge of the system.

The design of interview questions was guided by a broader set of research questions agreed by the whole team (see Appendix A in the supplemental data online). Interviewees were asked to identify decision-makers in the urban development system, consider their motivations and perceptions of health, and reflect on the place of health in the decision-making process. Therefore, questions included 'What are the institutions that shape urban development and the context for decision making?' and 'To what extent are health outcomes (NCDs) and health inequalities being considered in decision making?'. A total of 132 participants were interviewed across seven data-gathering teams (Table 1). Semi-structured interviews were conducted online between May and September 2021. Interviews lasted on average 55 minutes (range = 26–112 minutes). Interviewees were assured of confidentiality, and informed consent was obtained.

The team undertook a multi-stage, transdisciplinary analysis (Simon et al., 2018) that involved a deductive and inductive process (Clarke & Braun, 2021). Deductive codes were identified through concepts in the literature and the research questions and inductive codes were added during analysis. Through this process the team developed a large coding framework in NVivo12, with over 300 individual codes grouped into 23 overarching categories. For the coding categories, see Appendix B in the supplemental data online. After coding, each of the seven data-gathering teams summarised their own data within each of the 23 categories. This paper draws together findings from across these seven teams, though most of the data comes from the national government and local government teams.

The team then split into a series of subgroups to analyse data from across all seven data-gathering teams, and a collective high-level summary was produced. To obtain a deeper understanding of the data on the potential role of DEMs to promote healthy urban development, we performed a further analysis of the high-level summary and the seven individual team summaries by applying codes such as mayors, leaders, devolution and combined authorities.

This methodology has several acknowledged strengths and weaknesses. First, regards its strength: large scale, transdisciplinary, qualitative interviewing is relatively rare due to the extensive resource and disciplinary expertise required. This aspect is particularly valuable as mission-orientated policies, such as healthy urban development, involve a wide variety of actors to be successful. Capturing their collective view is important. Second, interviews were

Table 1. Profile of the interview respondents.

Stakeholder primary role	Local/regional government	National government	Private sector	Other	Total
Property development	5	2	24	0	31
Urban planning	15	3	5	3	26
Finance	0	3	18	0	21
Transport	6	3	3	1	13
Public health	7	2		2	11
Politician	8	1	0	0	9
Environment/sustainability	3	2	1	1	7
Other	5	4	2	3	14
Total	49	20	53	10	132

conducted with actors at the heart of the UK urban development process. Access to these respondents was possible due to the established professional contacts of team members.

There are, however, some acknowledged weaknesses. First, while some teams had extensive knowledge of DEMs, place-based leadership and devolution, others did not. Consequently, their follow up questions reflected an interest in exploring these themes. Second, our interviewees did not include members of the public or affected communities. This is an important element in securing public value in mission-orientated policies. This weakness is mitigated by our interviews with voluntary and community sector representatives. However, future work might also include interviews with the lay public.

The following section identifies our analysis from the interviews.

4. RESEARCH FINDINGS

The findings of the article are presented under five themes, which highlight how mayors can contribute to mission delivery. Direct election gives DEMs the political weight to *galvanise local actors*, though this varies significantly across the country. Mayors are able to *clarify problem definition* and champion their solutions locally; national government needs to respond by providing stronger steers on policy priorities and supporting local data capabilities. DEMs can *draw on their formal influence* in urban development, which they have often used proactively to drive health outcomes, but they are too often caught in central siloes that limit such initiatives. MCA mayors have a broader role than local authorities in *convening actors and joining up locally*, but there are also tensions, especially with local authorities, which will require central government to reflect carefully on governance arrangements. Finally, mayors have significant potential for innovation, *developing new evidence and analytical tools*; this needs championing and upscaling by central government. Each of these themes is discussed in turn.

4.1. Galvanise the energy and commitment of local actors

Respondents indicated that, because of their political legitimacy, DEMs were often well-placed to lead the cross-cutting change required to acknowledge the wider determinants of health in urban policy – a crucial element of place-based leadership (Sotarauta & Beer, 2017). As one senior Whitehall official said, 'they are serious politicians with serious weight behind them so they can change the nature of the debate, and they can certainly galvanise and organise locally into a coherent strategy and a coherent set of investments'. A local transport planner emphasised the ability of DEMs to drive forward difficult agendas, 'The things that [city] is delivering now are the ideas that we came up with probably ten or twelve years ago. But it's taken that change in governance and the elected mayor. That figurehead is this really powerful advocate.'

A property development consultant noted that it is important to have 'politicians who are bold and who have the conviction to actually say "I'm going to do something and stick with it"'. Likewise, a senior representative with a role in local housing explained, 'If you have a courageous leader … and someone who's willing to put themselves first, then these projects can get off the ground.'

As noted in the literature, this boldness and vision is particularly important in turbulent times, when place leaders face higher expectations to deliver forward-looking visions (Beer et al., 2023). The commitment to follow through on projects is also a crucial factor in building trust with local communities (Izulain et al., 2024). Capano and Galanti (2021, p. 324) suggest that (local) political leaders possess several features that are not available to normal entrepreneurs: 'they have access to other policymakers, they signal commitment to change thanks to their position, they enjoy a reputation and legitimacy that extends beyond ordinary policy entrepreneurship'. Our analysis shows that these characteristics give DEMs a unique resource to tackle the complex wicked issues that are the focus of mission-oriented approaches (Mazzucato, 2023).

One example is the collaborative partnership between the elected mayor in Greater Manchester and Michael Marmot's Institute of Health Equity (Marmot et al., 2020). This partnership resulted in co-created policies on the practical implementation and monitoring of key initiatives to reduce inequalities. Issues such as tenants'

rights, rough sleeping and work poverty, which have been championed by the mayor of Greater Manchester, represent problem-based policymaking with the potential to deliver broader public value, including an improvement in public health. Indeed, the improvement in living and working conditions has contributed to better health outcomes in Greater Manchester since devolution (Britteon et al., 2024). Such partnerships are seen as key success factors in both the place-based leadership literature (Grillitsch & Sotarauta, 2020) and the mission-oriented government literature (Mazzucato, 2018). However, it should be noted that Greater Manchester is a unique case in England, given its long history of partnership working and its advanced position along the devolution track, especially with health devolution. The political weight of mayors varies considerably across the country, and the UK's contractual devolution process favours those already in an advanced position (Sandford, 2017). This creates a challenge for new mayors and those with fewer powers, who are likely to have less political efficacy.

4.2. Clarify problem definition to overcome barriers to collective action

Across the system, there is an evident commitment to think about healthy urban development but a lack of clarity about what it looks like, how it will be funded, who is leading, who is involved, clear performance indicators and adequate appraisal. This makes it difficult to tackle health outcomes in a purposeful way. Multiple interpretations of the problem space are often a barrier to collective action (Cairney & St Denny, 2020). A senior public official with a city housing remit illustrated this confusion:

> So, is it about having a space where kids can play? Is it about benches? Is it about green space, having wildlife areas? … I know what zero carbon means and I know what those standards are. I know what affordability is. … But if you'd said to me, 'What are the standards around Health and Housing?' … I probably couldn't define it.

Without a set of agreed aims, within the national missions, it remains hard for critical decision-makers to grasp what should be counted as healthy urban development. Many respondents agreed that DEMs could act as the initiators of new agendas around healthy urban development. For example, a senior combined authority official was of the view that DEMs and combined authorities can exercise influence through working in partnership to develop a shared understanding with critical actors:

> The work that we do is all informal. It's partnership working … some of these structures are not formal decision-making structures but that partnership capacity that you form and that level of understanding, and that sharing and collaboration, you sort of understand very quickly what their shared priorities are, and you get to where there might be opportunities for delivery and implementation.

This implies that the role of place leaders in a mission-driven approach is not simply delivery. Partnership working clarifies where the implementation opportunities are, the totality of which reflects the current potential for mission delivery. Again, the role of DEMs is not just to be part of these partnership networks, but to establish, lead and shape them. As Giovannini (2021, p. 1) notes, 'ambitious mayors have been able to carve out more space, informal powers and opportunities than initially envisaged – acting as wedges in the cracks opened up by devolution deals and exacerbated by the pandemic'. For instance, a senior health expert indicated evidence of local commitment to think about inclusive economic growth, even in the absence of a strong central government steer:

> I would say it's happening more locally than nationally. And even before COVID so I did lots of work on the industrial strategy. Lots of those local industrial strategies focussed on the role of health and the importance of health to the economy. … And so that tells me that this agenda is easier to link, and it's more understood locally than it is nationally so that's great that some local leaders get it. But you're right. One of the key enablers is the national so if the government reissues an industrial strategy or whatever its approach is … and it doesn't talk about inclusive economies and tackling inequalities and the role of health, then … once again it will come down to local leaders having to go above and beyond the national to connect the dots.

The shaping of local partnership working must come from place leadership at the local level, but this is enabled and constrained by the direction of national strategy – and the information flows between the centre and localities. Abrupt reversals in national strategy were commonplace in the late 2010s and early 2020s, with no opportunity for input from local leaders. Until the establishment of the Council for the Nations and Regions in July 2024, there have been few standing institutional links between place leaders and the UK's national government. Central government's steer on policy priorities is an under-appreciated resource for problem definition. It conveys to local leaders that they can rely on a stable policy framework and devote capacity and political capital to particular fields. Legislative requirements, guidance, metrics, even regular meetings all grease the wheels of collective efforts to deliver on a mission. Steering can indicate the direction of travel for mission delivery, without losing the benefits of local joining up of policies. In turn, local leaders can convey the same stability to local partners – via decision-making, spending or regulatory approaches – enhancing the likelihood of successful outcomes.

The literature on mission-oriented approaches identifies the need to have clearly defined key performance indicators (KPIs) and 'the delegation of responsibility for implementation to the relevant agencies' (Coyle, 2024, p. 39). Several respondents indicated that Greater Manchester had been leading the debate on how to include KPIs for health in local plans:

> Manchester is a brilliant example. If you were to pick up that Marmot review from yesterday … and if the KPIs had come out nationally counter to that, or something different to that, I think you'd hear Andy Burnham quite rightly saying, 'what is happening here?' So, what's important is anything that comes out nationally has to be permissive.
> (central government health expert)

There is a tendency among MCA officials to flag Greater Manchester as a leader on health, because of its advanced position in terms of governance and health devolution. It is, however, not clear that others would be able to replicate this success story, especially given variations in governance and data capacity across the country. The UK government prioritised improving the quality of local and regional data in the 2022 White Paper, and has strengthened its own capacity, and that of the Office for National Statistics (ONS), to produce this data. In time this is expected to underpin assessment frameworks based on outcomes for DEMs of combined authorities.

4.3. Draw on mayors' formal influence over planning, transport and housing as a route to influencing the wider system

Most of the critical decisions about urban development take place at a local level. For DEMs to maximise their place leadership, they need to use their formal remit in areas such as planning, transport and housing to enable partnership working with other actors. The director of a national urban development think tank explained:

> With regard to what you might term the day-to-day operational decisions about urban development, I think the vast majority of those decisions actually take place at local level and, by that, I mean the Mayoral, combined authorities and local authorities, more generally – and actually by the private sector in terms of the development and regeneration of local places for private gain.

DEMs' influence, in the form of institutions, funds, legitimacy and authority give them some capacity for instigating innovation locally. However, part of this capacity emerges from control over grant funding, distributed by central government (Sandford, 2020). Indeed, national government can encourage combined authorities towards certain key objectives, as a Ministry of Housing, Communities & Local Government (MHCLG) official noted: 'I tend to see the structures and the financial envelope that combined authorities work within as quite influential, and it's quite clear the type of areas in which the government wants combined authorities to make decisions'.

Mission-orientated policy can be driven locally (Beer et al., 2019) or directed from the centre (Abbott & Fitjar, 2024). The institutional architecture in England means that these two options are in tension. In areas such as planning and housing, only a selection of powers are devolved, and funding is dependent on tied grants. For example, in urban development, a considerable amount of money is transferred from central government to local areas through a competitive bidding process, as a senior figure in MHCLG described:

> Within the urban decision making, we've got … somewhere in the region of 20 billion pounds through the Ministry for things such as homeless, cladding, town centre renewal and regeneration, monies towards the new settlements and such like. But a lot of that has to be bid for and is monies that perhaps 15 years ago would have gone straight to councils and be spent by councils but is now much more centralised as less monies are pushed out to local government.

The policy areas highlighted by this interviewee, such as homelessness and cladding, do contribute to public health, but they are also areas where mayors have relatively little control. Following the Grenfell disaster, mayors have often sought to take action on cladding but have faced delays linked to central government funding streams. Despite the restrictions of centralised funding, evidence showed that some places have taken account of health within broader priorities, despite a lack of explicit focus in government guidelines, showing the innovative capacity of DEMs and other local leaders in promoting healthy urban development. A Cities and Local Growth Unit official explained the situation:

> I think it [health] featured more in the proposals that have come from places than proportionately it's featured in the guidance, but it's definitely featured in the guidance. We've definitely been struck by the number of places that have come forward particularly with active travel type stuff. … So, they are quite popular as projects.

National missions must embrace rather than stifle local innovation to create healthy urban environments. A key question is whether national guidance could more actively promote thinking about health as a condition of approval (Ayres et al., 2023). A public health official called for a more coordinated approach at the centre:

> We need a Whitehall narrative on this [healthy urban development]. The funding pots are a good example actually. We need the Department of Health and Social Care to be at the same table as MHCLG, the Treasury, Cabinet Office. We need a cross government wide narrative on health and the economy.

A lack of central coordination perpetuates a siloed approach to government objectives and limits the discretion of DEMs to use funds flexibly to meet local needs. The financial security and flexibility required to pursue mission-orientated policies locally could be facilitated through introducing a single financial settlement for all combined authorities, permitting budget pooling and spending on local priorities (Paun et al., 2024). Statements in late 2024 indicated emerging government plans to consolidate grants to localities in future years.

4.4. Convening actors with a formal remit and joining up locally – using legitimacy and advocacy

Several interviewees agreed that DEMs have the institutional and resource capacity to instigate significant governance change at the local level. For example, some referred to their political legitimacy as 'a powerful resource' (Westminster housing expert). Some combined authorities are experimenting with mechanisms for tackling systemic inertia that would fall under a convening role (Beer et al., 2019). This could involve, for instance, building relationships through semi-formal forums with local stakeholders. Ideally these mechanisms build stakeholder confidence and certainty in policymaking led by elected officials, whilst also providing a forum for practical obstacles, or vested interests, to be expressed, even if not resolved.

For example, a Department for Business, Energy and Industrial Strategy (BEIS) official noted the important role of combined authorities and stressed the importance of them working with other regional partners on healthy urban development:

> They've got that role in orchestrating development across a city region. They have a relatively focussed role around … urban development with the key levers around transport, investment in urban regeneration development. Not on their own but obviously with their constituent authorities … the Mayors themselves are able to generate some political momentum around things, both locally but also nationally.

Moreover, reforms to NHS England through the 2022 White Paper on Integrated Care (NHS, 2022b) offer a further opportunity to foreground health through local decision-making by enabling local leaders to take some ownership within integrated care systems. A report by the NHS Confederation emphasises the central importance of DEMs in the integration of MCAs and integrated care systems (Wood, 2024). Wider connections to economic growth are also part of the reforms with specific locally agreed KPIs for each new integrated care system.

DEMs have been integral in emerging mission-orientated policies on public health. First, a group of mayors, chairs of ICBs and other local officials was brought together by the NHS Confederation to state a shared vision on the future of health devolution in England (Wood, 2024). This demonstrates a willingness to work together despite the institutional complexities that limit current integration. Second, a similar grouping has emerged in the form of the Health Devolution Commission, chaired by the mayor of Cambridgeshire & Peterborough. The Commission includes a range of system actors, hosting regular meetings and producing outputs that provide a collective statement. Third, the Health Foundation has funded a £1.6 million programme led by the West Midlands Combined Authority that brings together eight combined authorities to explore how they can improve public health. The programme focuses on the themes of work and health, the political landscape and cross-regional learning, to identify new opportunities for DEMs across the country. These examples show the potential of devolved structures to deliver mission-orientated outcomes on health.

However, public health funding is ringfenced, making it difficult to integrate it with urban design concerns. It is also devolved to local authorities rather than DEMs, though local authorities can choose to pool their funding. Restrictions in how devolved funding is spent form a structural barrier to DEMs being able to pursue radical place-based initiatives that cut across silos and departmental accountabilities, as a senior central government civil servant described:

> There's still an awful lot of central control over precisely how you're spending your public health grant and how much you're giving to each provider. … So, the public health grant, which is a substantial sum of money, is actually really, really tied up.

This also creates a challenge for MCAs in their partnership with local authorities. Where MCAs want to act on public health, they find pushback from local authorities and tension over remits:

> [Among] local authority partners, there's that slight wariness of 'where is the combined authority going here, … stick to getting the buses working first before you think about health'. When we're saying, hey, getting the buses working is quite important for someone's health.

Obstacles can also arise from DEMs' institutional weaknesses. They depend on three- to five-year national grant schemes for most of their funding. Developing core capacity has been underfunded and underappreciated by central government. An MCA interviewee noted that:

> for combined authorities it's quite difficult because they're stuck in the middle, with local authorities having public health responsibilities and service responsibilities sitting nationally. [Because they've] got a fairly small number of powers, combined authorities … are spending quite a lot of time just establishing their capacity.

The national grant schemes that fund DEMs may not reflect the wide range of local circumstances found in England. There is an important role for central government in ensuring that the institutional arrangements surrounding DEMs reflect local circumstances and there is also a need for clearer guidance on which responsibilities should be exercised at which tier of governance.

4.5. Develop new evidence and analytical tools to inform decision-making and evaluation

Interviewees agreed that robust data is required to help actors in the urban development system understand health

determinants and overcome the propensity for siloed thinking. Many decision-makers felt that the required data to show the link between the urban environment and the wider determinants of health is currently lacking. This point was made by a senior director of a large transport consultancy:

> There's been a long-running challenge to demonstrate qualitatively and quantitatively the wider socioeconomic benefits, including health … so you try and make an assessment to form part of the value-for-money appraisal, but the reality is it's often qualitative. You don't have the outcome data to support the argument.

Actors in the urban development system suggested that economic valuations could be important to understanding the link between different features of the urban environment and health, the associated costs of ill-health and crucially, where those costs land in the system (Eaton et al., 2023). Valuations or monetising health can identify where costs land in the wider governance system, which can often be in different parts of government to those where related spend occurs, and/or in the private and civil society spheres (Carmichael et al., 2020). The use of quantifiable objectives is one of the core features of a mission-oriented approach, and it is important to acknowledge the innovative role of place leaders in improving local data. A pioneering example is the Greater Manchester 'cost–benefit analysis' methodology 'that has become nationally leading in its approach to articulating the fiscal, economic and social value of interventions' (Greater Manchester Combined Authority (GMCA), 2014, p. 1). Other areas, notably South Yorkshire MCA and West Midlands CA, are currently working to implement similar methodologies in their appraisal processes.

Moreover, a recent report by the Health Foundation calls for the development of health mission boards to 'coordinate a whole-government approach to health' (Bibby et al., 2024, p. 21). The report states that the Health Mission Boards should have responsibility to set targets, develop a strategy and present the annual report to parliament on progress. Crucially, it suggests that an 'embedded analytical team should develop an assessment tool to ensure all relevant actions across government address the wider determinants of health, building on the HAUS [Health Appraisal for Urban System] cost benefit model of health in urban environments' (p. 21). HAUS is an economic valuation tool developed by the TRUUD research team (TRUUD, 2024).

Encouragingly, there was strong support amongst central government respondents that an economic valuation tool, such as HAUS, could be a persuasive intervention, especially with HM Treasury and the Cabinet Office. A senior Whitehall official from MHCLG suggested that, 'Monetising helps … so it actually gets weighed into the calculations more firmly. But it's hard sometimes and sometimes it's just finger in the air stuff. The thing that helps is a consistent framework.'

Another Whitehall official in the Cities and Local Growth Unit (CLGU) agreed that an economic model 'would definitely be so incredibly helpful just given the sort of mission and responsibilities that we have … [to] justify our investment and justify our interest in it [health]'. Research evidence also showed local support for such an intervention. For example, an elected politician indicated that their local planning committee does not work to any economic modelling of health in its planning decisions, 'We haven't had any of that [economic modelling]. That would be useful. … Remember everything is provided by the applicant. So, what we tend to get is air pollution modelling or noise pollution modelling.'

A mission-oriented approach could ensure that health economic valuation tools, such as HAUS, are drawn up from pioneering local places to become part of a national framework that aligns with local preferences (Bibby et al., 2024). There remains a role for DEMs in advocating and supporting new evidence that can be translated into real-world priorities, something with which health policy actors have struggled in the past (Carmichael et al., 2020). Alongside economic valuations (e.g., TRUUD, 2024), general improvements to local data availability, and its analysis, would help to demonstrate that local policy is well-founded, increasing stakeholder legitimacy and trust. Moreover, new evidence and evaluation tools could be used to design future evaluation and accountability frameworks for DEMs around core government missions, such as health inequalities, rather than siloed funding streams (in keeping with Larrue, 2021).

5. CONCLUSIONS

This article explored how DEMs can achieve mission-oriented policies in turbulent times. To advance our understanding of the options available to DEMs, we explored stakeholder views on what actions DEMs could take to advance healthy urban development within a mission-oriented approach. We situate this evidence principally in the debate over English metro-mayors and the UK's mission-driven government because of the current dynamism and profile of both agendas. The English Devolution White Paper, published shortly before this article was written, gives mayors a new statutory duty on health and recognises the importance of a 'health in all policies' approach (MHCLG, 2024). The opportunity exists for effective application of scholarly findings to current policy.

In its focus on joining-up, community power and long-term objectives, there are notable overlaps between the 2024 UK government's mission-oriented approach (Labour Party, 2024) and the core features of place leadership identified in this article. The health mission – a fairer Britain, where everyone lives well for longer – has an explicit public health dimension. The party's 2024 manifesto states, 'Labour will tackle the social determinants of health, halving the gap in healthy life expectancy between the richest and poorest regions in England' (p. 103). The partnership practices of DEMs and integrated care

Table 2. How democratically elected mayors (DEMs) can achieve mission-orientated policies.

Opportunities for DEMs to achieve mission-oriented policies	Recommendations for national government to empower DEMs to deliver mission-orientated policies
Galvanise the energy and commitment of local actors	New national 'mission boards' will need to be responsive to local priorities
Clarify problem definition to overcome barriers to collective action	National missions will need to manage the tension between local priorities and national objectives
Draw on mayors' formal influence over planning, transport and housing as a route to influencing the wider system	Trailblazer deals should be extended to other policy areas, such as planning, and a single pot of funding introduced to provide DEMs with enhanced financial security and funding flexibility
Bring actors together with a formal remit and join up locally – using legitimacy and advocacy	A mission-orientated approach needs to account for the existing structural constraints of a centralised and siloed UK polity
Develop new evidence and analytical tools to inform decision-making and evaluation	Analytical teams need to be embedded in national 'mission boards' to ensure that local evidence and economic valuations shape national objectives

systems offer a ready set of tools to deliver on this commitment. Indeed, the English Devolution White Paper states that mayors 'have a key role to play in taking action, particularly on the social determinants of health' (MHCLG, 2024, p. 79). The coming period therefore presents an opportunity for DEMs to demonstrate their capacity to do things differently and setting agendas locally. DEMs operate in several relevant spheres – skills policy, employment support, local transport – and are developing local profiles and relationships. There is a fit, in principle, between mission-orientated government, place-based leadership and the broad-based character of the wider determinants of health. Addressing this type of challenge could offer the most reward for political figures such as DEMs. Engaging in problem focussed interactions with citizens allows them to strengthen their political leadership role and carve out a unique role in a political space that they can claim as their own. They can advocate new ideas and soften them to convince actors about the salience of their policy goals (Capano & Galanti, 2021).

Based on our research evidence, we argue that the place leadership of elected mayors has the potential to contribute significantly to mission delivery. However, national government needs to create the right structural conditions, especially in terms of policy and budgetary flexibility. It is also important to be cognisant of the differences in the capacity of elected mayors across the UK, and the need for proactive national policies to address this imbalance (Warner et al., 2024). Below we offer recommendations for how the right structural conditions might be achieved to mobilise and empower DEMs to secure mission-oriented policymaking in pursuit of healthy urban development. These are summarised in Table 2.

First, DEMs have legitimacy through their direct election and their broader role as a figurehead for a place that gives them political weight. This enables them to build a bold forward-looking vision that galvanises local actors and builds trust among local communities. Their distance from immediate service provision tensions affords them a unique position from local government to make clear

representation to national government on missions that reflect local priorities.

There are indications that the 2024 Labour government acknowledges this role. The party's 2024 manifesto refers regularly to partnership with local leaders. This is reflected by publications such as the December 2024 English Devolution White Paper, and the establishment of three formal partnership bodies, including the Council of the Nations and Regions, in autumn 2024. However, this role further underlines the importance of the variation in mayoral power across the country, with the most advanced mayors able to consolidate their power. The new government has signalled that it aspires to establish DEMs throughout England – but this should not delay new national mission boards utilising the potential of existing DEMs, while pursuing proactive strategies to build capacity elsewhere.

Second, DEMs can use partnership working to identify problems and opportunities for mission-delivery. National missions will need to manage the core tension between building up local priorities and potentials, on the one hand, and ensuring that local places are contributing what is needed to realise national missions, on the other. An implicit part of this is enabling DEMs, and local areas, to build up capacity to strategise, analyse, collect data, and administer partnerships and joint working. This type of activity can garner criticism as it produces few visible outputs, but it forms part of the 'costs of being in business' for place leaders. A further useful element of managing this tension is by creating formal institutions to facilitate the flow of information between tiers of government and enable open discussion around common problems.

Third, to be able to deliver on complex challenges such as healthy urban development, a mission-oriented approach depends on a shift from policy sectors to policy problems (Mazzucato, 2023). Elected mayors can use their formal powers to effectively shift a range of local actors towards a problems-focused approach. However, they are currently constrained by a lack of powers in key

sectors and are caught up in centrally directed policy silos. This is especially the case in the smaller combined authorities. A lack of powers can constrain the reach of DEMs' other contributions – if they have minimal powers and money, they have far less to offer to partners. The extension of trailblazer deals to additional policy areas, such as planning and the development of a single pot of funding, would provide DEMs with enhanced financial security and funding flexibility (Paun et al., 2024). This would allow them to overcome some of the structural constraints of the UK's political apparatus (Newman et al., 2023) to pursue a long-term, preventative approach to public health.

Fourth, DEMs have an important role and track record of convening local actors around innovative priorities and initiatives. DEMs often have a distinct profile from 'their' local authorities and can reach across sectors more easily than local authority leaders. In healthy urban development, the partnership between local government and integrated care systems is of central importance. However, creating integration between these partners is a major challenge that is undermined by a centralised and siloed central government. A mission-oriented approach must be sensitive to the need for reform in existing governance and public service systems, rather than simply adding a new 'mission system' on top (Gurumurthy et al., 2024). If the latter, then the incentives will not be strong enough to overcome the former.

Finally, DEMs have shown the potential for important innovations in the creation and use of analytical and data tools, including economic valuations of health (Eaton et al., 2023; TRUUD, 2024). An important role for a mission-driven approach is to identify innovative sources of evidence and build them into mission planning at a national level – a point recently endorsed by the Health Foundation (Bibby et al., 2024). This helps to build trust and shared objectives between governments, and contributes to accountability to stakeholders, government and the public. Economic valuations of health can also be used to promote cross sector working between combined authorities and local health actors in innovative ways (Wood, 2024), although ideas emerging from new local collaborations must find purchase in the Department of Health and Social Care, which finds it hard to prioritise long-term, preventative investment over improvements to service delivery (Cairney & St Denny, 2020).

To achieve these ends, it is important that DEMs are acknowledged as part of the UK's system of governance and the validity of their role is recognised. The strength of their contributions – envisioning, co-defining problems, formal powers, partnership and data – lies in their collective influence on governance outcomes.

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No potential conflict of interest was reported by the authors.

ETHICS STATEMENT

Informed consent was obtained from all interviewees to participate, for interviews to be recorded and for anonymised verbatim reporting of participant contributions.

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