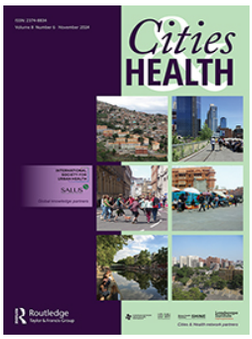

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Why didn't the 'critical juncture' of the COVID-19 pandemic lead to the re-integration of public health into urban development policy in England?

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ABSTRACT

The links between public health and urban environments emerged as a key narrative during the pandemic. However, despite optimism at the time that this could lead to the re-integration of health in urban development policy there has not been transformative change in this area in England. To understand why not, this article explores COVID-19 as a 'critical juncture' for healthy urban development. Critical junctures provide opportunities for change in path-dependent policies if institutional constraints on policy actors are loosened and new ideas and narratives gain support. We interviewed senior Whitehall officials working at the heart of urban development policy in 2021. Drawing on these interviews and analysis of urban development policy documents published in 2023–24, we demonstrate that while there is evidence of increased support amongst policy officials for health which remains visible in recent policy developments, the dominance of institutional agendas and political ideologies that marginalise health policy objectives in city planning in England was not dislodged, limiting the opportunity for radical change. Greater leadership at local and national government levels for preventative health as a cross-sector priority is required to help overcome political and institutional constraints and support incremental change towards policy that will support healthier placemaking.

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Public health; urban development; policy change; placemaking; critical juncture

Introduction

This article explores COVID-19 as a 'critical juncture' for healthy urban development in England. Shock events such as COVID-19 have been framed in the literature examining policy change as rare yet key moments that may trigger change in long-established and entrenched policies and institutions (Bali *et al.* 2022, Capano *et al.* 2022). They provide a window of opportunity in which the options available to policy-makers widen, and rapid, discontinuous change is significantly more likely than in 'normal' times, albeit that this is not certain (Capoccia and Kelemen 2007). COVID-19 is argued to have presented one such window of opportunity to 'reinvent the way we see the city . . . where old practices can be called into question' (Florida *et al.* 2023, p. 1527). The shock to whole socio-economic systems and actors across the public, private, and third sectors from the pandemic provided a unique opportunity to study a highly complex and 'sticky' policy area – urban development and, specifically, the creation of healthier cities in England.

Urban areas act as important determinants of a wide range of health outcomes (De Sa *et al.* 2022, Giles-Corti *et al.* 2022). In short, urban environments can shape good physical and mental health and wellbeing or inhibit it through factors such as housing, green space, transportation systems and street design (Ige *et al.* 2019, Ige-Elegbede *et al.* 2020, Sadeghpoor *et al.* 2024, Samavati *et al.* 2024). However, while there are localised examples of healthy placemaking, the urban development system in England is not currently producing healthy environments at scale (Carmichael *et al.* 2020). Health determinants are insufficiently prioritised by decision-makers (Black *et al.* 2021) and the global evidence linking the urban environment to health is poorly represented in policy (Lowe *et al.* 2022). This is a timely issue as urban development is likely to be an important policy area with the new government having committed to building 1.5 million new homes by 2030 including the development of several new towns (Haughton *et al.* 2024). Changes are required within the policymaking process to support the creation of cities that improve public health (Giles-Corti *et al.* 2022, Lowe *et al.* 2022) and to maximise public health benefits, urban policies need to have health and health equity outcomes at their centre (UN-Habitat & World Health Organization 2020). In England, however, market-led economic development and growth outcomes are prioritised, and health policy is largely absent at national level

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(Bates *et al.* 2023). National decision-making has far-reaching implications for cities in England's centralised and top-down system. While some aspects of urban planning are devolved to local authorities, they remain subject to regulations, targets and policy priorities set by national government (Colomb and Tomaney 2016, Askew 2018, Ferm and Raco 2020).

Historically, major public health crisis events have coincided with significant changes in the direction of urban development policies (Fan *et al.* 2023, Manzano Gómez 2023). In England, cholera epidemics and outbreaks of other water-borne diseases led to a substantial redesign of sewage disposals systems in the mid-19th century (Tulchinsky 2018). In the early 20th century, the 1918–1920 Spanish Flu pandemic stimulated an enhanced role for public health in urban planning and renewed interest in the concept of garden cities (Frost 2020). The health of the population was also central to the development of town and country planning, local authority housebuilding and the construction of New Towns in the mid-20th century (Hennessey 1992). However, since the 1980s, health has been largely marginalised in urban policy and power has shifted from strong direction and control by central and local government, including through the public ownership of housing stock, to a system largely controlled by market forces, in which private sector development of housing is prioritised (Allmendinger and Haughton 2013, Tallon 2020). Today, while central government retains a critical role in regulating planning policy, it is actors such as investors, developers and landowners in the private sector that hold significant power (Black *et al.* 2021).

Given the prominence of social distancing strategies, radical changes in travel patterns and transport modal usage, and the accumulation of evidence on the association between the quality of urban environments and health outcomes (Mishra *et al.* 2021, Kawlra and Sakamoto 2023), the COVID-19 pandemic represented a potential critical juncture in which institutional path-dependencies could be disrupted and new urban policy directions forged, with health at their heart. Yet changes of these kinds are not guaranteed during a critical juncture like the COVID pandemic; shifts in policy and institutional reconfigurations depend on whether actors promote new ideas and mobilise to seize the opportunities available to them. A critical juncture can therefore precipitate change in some areas of policy, yet leave others unaffected (Capano *et al.* 2022).

We explore whether, and how, COVID-19 transformed the relationship between urban development and health policy by addressing the following central question: To what extent did COVID-19 effect the re-integration of health into urban development policy in England? Our research is based on interviews with senior civil servants, non-departmental public officials, and other actors at the heart of urban development policy in Whitehall who advise Ministers, frame policy agendas, or otherwise seek to influence and shape the ideas of governing public policy at the national level, which in turn structures local urban development throughout England. The interviews took place between May and September 2021 to capture views on Whitehall decision-making at a time when officials were reflecting on the effects of the pandemic and thinking ahead to its impacts on future policy. The legacy of a critical juncture can only be understood, however, through retrospective analysis of the persistence (or otherwise) of outcomes after the event (Munck 2022). Therefore, we analyse recent urban development policy documents and statements from 2023 to 2024 to explore any evidence of sustained effects and whether the critical juncture led to new directions in urban policy. Specifically, through analysis of these interviews and documents we examine:

- The ideas and narratives that shape urban policymaking, including any evidence of changes in these narratives during the pandemic and whether these changes are present in recent policy developments;
- The conditions that influenced how these ideas and narratives about health impacted on the policy environment, and any evidence of subsequent change in these conditions.

The rest of this article is structured as follows. Section 1 outlines the literature examining the centrality of urban environments to health outcomes during the pandemic, and on how critical junctures affect policy change. Section 2 details the methodology underpinning the research. Section 3 presents the main research findings. In section 4, we conclude that COVID-19 has not led to transformative change to re-establish health at the heart of urban policymaking. We argue that while there have been renewed health narratives in urban development discourse, ideological and institutional constraints have been important restraining factors on their impact which must be overcome if incremental change is to happen and healthier cities are to emerge.

Literature review

The centrality of the urban environment during COVID-19

Considerable evidence was amassed during the COVID-19 pandemic linking urban environments to health outcomes (e.g. Mishra *et al.* 2021, Kawlra and Sakamoto 2023). Deprived urban neighbourhoods were disproportionately affected by the pandemic and were associated with higher rates of COVID-19

infection and morbidity (Berkowitz *et al.* 2020, Mishra *et al.* 2021). Residing in areas with worse air pollution was associated with increased risk of COVID-19 mortality (Konstantinoudis *et al.* 2021), while evidence demonstrating the potential for improving air quality through traffic reductions flowed from assessments of the impact of government 'stay at home' COVID-19 regulations (Jephcote *et al.* 2021). In response to such evidence, emergent narratives included calls for speeding up the switch to electric vehicles (Jephcote *et al.* 2021), radical and innovative air quality management policies (De Vito *et al.* 2020) and levies on vehicles that fail to meet strict emissions requirements in clean air zones (Laverty *et al.* 2020).

A multitude of other narratives relating to the urban environment as a determinant of health, become common to public, media, and scientific discourse during the pandemic. They facilitated debates about whether the pandemic presented opportunity for positive changes, such as the reallocation of public realm to improve children's health (Wright and Reardon 2021) or to increase sustainable and active transportation methods (Nurse and Dunning 2020). Many of these narratives remain prominent today. COVID-19 and the related government restrictions on movement and activity to reduce risk of infection have raised to prominence issues such as home working practices, housing overcrowding and health inequalities in the population (Mishra *et al.* 2021, Preece *et al.* 2023).

Critical junctures and policy change

A key question is whether these narratives and ideas can influence urban development policy to (again) include public health outcomes as a core objective. One theory of policy change is the concept of 'critical junctures' that provide opportunities for short periods of dynamic change followed by long periods of stability, where the decisions made during the change period are reinforced and stabilised (Bali *et al.* 2022, Capano *et al.* 2022). The theory suggests that once a policy approach is selected it is unlikely to change and will generally endure until another critical juncture (Peters 2016). Choices made at this time therefore prevent uptake of alternative paths and have significant long-term consequences (Capoccia and Kelemen 2007).

Two conditions identified as important for change to occur during a critical juncture are 'permissive conditions' and 'productive conditions' (Soifer 2012). Permissive conditions are the loosening of institutional restrictions on actors. Uncertainty and ideational reconfiguration provide actors with an opportunity to deviate from established norms (Hogan 2019). Critical junctures have been framed as rare periods in which options for individuals and policy entrepreneurs increase, as powerful institutional restraints are reduced (Hall and Taylor 1996). These restraints are influential as policy actors must consider the extent that an idea or change will be supported, how it will affect other agendas or future policy, public and media responses, and the normative values and ideas of institutions within which they operate (Newman 2017, Cairney 2019).

Productive conditions shape the outcome of the critical juncture when in the presence of permissive conditions. Productive conditions represent ideas, narratives and new coalitions that can shape political and policy outcomes in novel ways. This conceptualisation recognises that ideas and narratives can help to shape or redeploy agendas but are impacted by institutional constraints – acknowledging the path dependency of any change (Béland 2009). Importantly, as conceptualised by Soifer (2012) both permissive and productive conditions are necessary for policy change to occur during a critical juncture. A loosening on institutional constraints must be accompanied by, for example, new ideas or increased power for a coalition of actors who drive policy.

The possibility for change during this 'critical juncture' is evidenced through areas such as the accelerated change of rapid approval processes for vaccines and treatments (Bali *et al.* 2022) in contrast to the previous 10–15-year timeline from vaccine development to its approval and large-scale manufacture (Kalinke *et al.* 2022). In the UK, the 'Coronavirus Job Retention Scheme', known more commonly as the furlough scheme, was introduced to provide government grants to employers to pay staff during periods of the pandemic when restrictions on movement and social distancing rules were imposed (Francis-Devine *et al.* 2021). This demonstrates how radical short-term action became possible but there are also examples of longer-term impacts. Homeworking grew dramatically during the pandemic out of necessity and, while rates dropped following removal of government restrictions, prevalence of homeworking and hybrid working models remain far higher than pre-pandemic levels (Felstead and Reuschke 2023, Office for National Statistics 2024). In the UK, employees have subsequently since gained improved rights for flexible working arrangements through the Employment Relations (Flexible Working) Act 2023. Technological innovations have supported advances in areas such as public health surveillance, remote health monitoring and virtual care (Chidambaram *et al.* 2024, Clark *et al.* 2024, Wong *et al.* 2024). These are examples of how transformation became possible that otherwise were unlikely to have happened, at this pace and scale, without changes in permissive and productive conditions at this time.

In the absence of either permissive or productive conditions however transformative change is unlikely. Change is, therefore, one outcome from a critical juncture rather than its defining feature, as a return to the

status quo may also occur. It has been argued that in areas such as health policies, the pandemic accelerated transformations already underway rather than enabling more radical changes because permissive conditions were insufficiently altered in the face of entrenched path-dependent policies (Bali *et al.* 2022). A third possibility is that new agendas arise that do not lead to significant immediate change, but set up future gradual changes (Stark 2018). Scholars have theorised how change can also transpire incrementally through internal contests within institutions outside of critical junctures (Mahoney and Thelen 2010, van der Heijden and Kuhlmann 2017). Indeed, incremental change is often considered to be more common than radical change (Cohen 2022).

Emerging ideas and narratives during a critical juncture

Research on critical junctures can be enhanced by focusing on ideas (Schmidt 2011). The concept of ideas and ideational processes covers a range of categories, including problem definitions, goals, beliefs, and core policy concepts (Béland 2018). Changes in ideas are critical if significant policy change is to occur as they can shape new agendas and create the parameters for future policymaking (Hogan and Doyle 2007). However, in the absence of new ideas, substantial change is unlikely (Baumgartner 2013). 'New' ideas are not necessarily novel – they may be adaptations or re-assemblages of agendas that were restricted or unsupported in previous conditions.

In Soifer's (2012) conceptualisation of permissive and productive conditions, where permissive conditions are absent (i.e. institutional constraints remain) but productive conditions are present (for example, new agendas and coalitions emerge), this establishes the opportunity for future incremental change. Any changes in this period in ideas and narratives that are shaping debates could support gradual change in the future even if immediate substantial change is not seen (Hannah *et al.* 2022). Therefore, we can examine whether ideas and narratives that have the potential to shape future incremental changes have emerged or changed.

Methods

Interviews

The analysis presented in this article is based on interviews undertaken as part of a large study exploring urban development decision-making in England, carried out by the Tackling Root causes Upstream of Unhealthy Urban Development (TRUUD) Programme (TRUUD 2024). Actors from throughout the urban development system were interviewed as part of this larger study. A detailed description of the methodology is reported elsewhere (Bates *et al.* 2023).

A purposive sample was identified through a desk-based scoping exercise of officials working in relevant Whitehall departments and partner organisations and snowballing based on the professional contacts of the researchers and our interviewees. Some participants were identified based on their expertise in major areas of urban development such as housing, transport and air quality while others had cross-cutting expertise in policymaking, law and finance. The initial long-list of participants was refined, while maintaining the breadth of expertise in the sample, through applying two selection criteria of perceived high level of influence over decision-making and in-depth knowledge of the urban development system. We prioritised interviewees based on an assessment of their level of expertise and influence in the urban development system. 37 interviews were conducted online between May and September 2021. Collectively the sample had experience in a range of relevant policy areas and included senior civil servants and government advisers in teams with a remit for housing, transport, planning, environment, business, economics, and public health. This included government departments and their related non-departmental public bodies and executive agencies. Additional perspectives from policy actors working to influence government policymakers were sought from leaders within currently influential think tanks, policy advisers and officials working at the interface between national and local authorities such as in membership organisations.

Interviews were semi-structured with questions focused on urban development decision-making. This included where and how decisions are made, which actors are involved, the dominant ideas and narratives, and departmental priorities. Interviewees were asked about the role and profile of health and wellbeing in this, and perceptions around the potential impacts of COVID-19. Informed consent was obtained from all interviewees to participate and for interviews to be recorded.

Thematic analysis based on a mixed deductive and inductive coding process was undertaken (Braun and Clarke 2021). A codebook was developed based on the study research and interview questions, with new inductive codes added during coding using NVIVO 12. Based on Soifer's (2012) conceptualisation of critical junctures as a shift in productive and permissive conditions, we proceeded to extract data in these domain summaries into two overarching categories: (i) agendas, ideas, and narratives relating to health and urban development and (ii) factors that affect the opportunity to act. Within both categories, we looked for evidence for perceptions of any changes.

Document analysis

To look for evidence on whether health had been reintegrated in urban development post-pandemic, we analysed recent government policy statements and documents relevant to urban development in the period January 2023–May 2024. We searched the following subsections of the UK government's 'policy papers and consultations' database[1] for relevant publications: planning and building, housing and communities, local transport, transport planning, driving and road transport. Additionally, we searched the whole database for speeches made by key figures with the greatest responsibility for urban development policies including: Ministers and Secretaries of State in the Ministry of Levelling Up, Housing and Communities and Department for Transport; the Prime Minister; and the Chancellor of the Exchequer.

The aim of this search was not to comprehensively identify every document relevant to the topic, but to ensure that key developments were included. Documents were reviewed to identify those that included a focus on housing and transport planning or that built on the priorities and narratives our interview analysis highlighted as being central to urban development policymaking. The process of analysis followed methods for systematically analysing policy documents used by the research team in an earlier study (Bates *et al.* 2023). We searched the text for any evidence that narratives and ideas about health identified in our interviews were reflected in subsequent policy developments. For longer documents, we searched within sections of the documents that set out the main narratives, such as the foreword, executive summary, context, and introductions.

Research findings

Key agendas shaping urban policymaking

We asked participants about the key ideas shaping urban development policy, the agendas and narratives that drive decision-making, and whether or how health objectives were included in these. There was little indication that health agendas shaped urban development policy 18 months into the COVID-19 pandemic. Instead, health was subordinate to other longstanding urban development policy agendas in Whitehall. Foremost amongst these was increasing housing supply, which was consistently emphasised as a priority by our interviewees. For example, when asked about priorities for the urban environment an Economic Adviser in the UK government responded: 'Supply. Period. No ifs. No buts. Supply'.

Health is critically determined by housing conditions but health objectives were rarely adduced in the housing supply discourses of our interviewees. Similarly, priority was given to economic growth in urban development policy, but with little or no reference made to health objectives. That urban development policy supports economic growth is critical in the UK (Allmendinger and Haughton 2013, Tallon 2020). Our interviewees consistently identified economic growth as being at the forefront of government thinking, yet almost wholly without reference to its relationship to health objectives.

> Our focus is on local growth and economic regeneration broadly, and I think skills and infrastructure. I think we recognise wellbeing as important … but I guess it's not something that the unit would see as its core mission' Civil servant, Department of Levelling Up, Housing and Communities (DLUHC)

Other influential cross-government ideas included the 'Levelling Up' agenda that was a key agenda of the previous Conservative government. Levelling Up in the UK became a key policy thematic around the time of our interviews, focused on reducing regional inequalities and increasing economic growth throughout the whole of the country (HM Government 2022). It was discussed by many interviewees as being critical to actors across government departments. For example, a Civil Servant in the Department for Transport (DfT) explained that: 'Across government as a whole, there are big agendas like the levelling-up agenda, so a lot of what we do is so much more effective if we can link it to things like levelling up'. Health and wellbeing outcomes or 'missions' subsequently featured in the government's 2022 Levelling Up White Paper, but with little indication of a strategy for realising them (Ayres *et al.* 2023).

Interviewees also highlighted the importance of the Net Zero policy agenda in areas such as active travel and the electrification of the road transport system (HM Government 2021). Along with housing supply, economic growth, and Levelling Up, Net Zero was identified as a key agenda by a number of interviewees. A Civil Servant in a cross-departmental team with an environment remit illustrated its increased salience: 'Even if you look at the Road to Zero that was published in 2018, that's 2040 for the stopping sales (of new petrol cars). In two years, that went forward 10 (to 2030) so it's really accelerating'. Two years later amidst the 'cost of living crisis' and following an Outer London by-election heavily influenced by debates about the extension of the capital's Ultra-Low Emissions Zone, the UK government announced a rollback of its commitments towards its Net Zero targets (Sunak 2023a). The then opposition Labour Party in turn scaled back its commitments to investing in green energy and upgrading insulation in the UK's housing stock. Despite the important health consequences from a failure to deliver Net Zero or improve housing insulation, health outcomes were notable in their absence from the political discourse around these

decisions (Newman and Bates 2024). These and other developments remained centred on economic arguments. For example, in the former Prime Minister's announcement of a 'new approach to transport', poor public transport connectivity is highlighted as being 'detrimental to our productivity and economic growth' rather than any links to health or social wellbeing arguments (Sunak 2023b, para 10).

Health appears peripheral in decision-making

Interview participants did not identify health-focused strategies or cross-government agendas that were directing them to think about health outcomes or determinants. There was little indication that health was a priority outcome. In fact, the health agenda appeared peripheral to urban development decision-making. Our interviews suggested that while healthy placemaking was on the radar of urban policy actors, it was consistently subordinate to more influential agendas, like those listed above.

> If you were to say, "What's the big agenda?" it wouldn't be, "We're going to really transform mental health", or "We're going to really drive down obesity rates". It's "Let's level up so places have more economic activity, more civic engagement", and the by-product of that is better physical and mental health. Civil Servant, DfT

Urban development policy makers have a hierarchy of priorities. Health outcomes commonly sit beneath core departmental agendas as 'nice to have' or residual outcomes. In some cases, health co-benefits were clearly significant to our interviewees, for example a Senior Official in a partner organisation to the Department for Environment, Food and Rural Affairs noted that 'we can make a huge contribution towards creating healthier places and that's something that's always been very important for us'. However, it is other objectives that motivated government intervention.

The interviews took place just prior to the 2021 United Nations Climate Change conference (COP26) in Glasgow. Given the UK's role in chairing that conference, climate change and Net Zero were clear priorities at the time for many of our interviewees, and health policy narratives were recognised as important issues for debate. Yet once again these were secondary to core agendas. This was illustrated by a Policy Adviser to local authorities who proposed that 'COP26 and the environmental imperatives would be very helpful for health objectives' but 'I don't know if we think they (health objectives) are at the top of the agenda'.

Similarly, an important framing of urban development policy around the pursuit of 'beauty' emerged from a number of our interviewees and is evident in recent policy developments. The 'Office for Place' was established in 2021 as an arms-length body to DLUHC with the remit to champion the creation of beautiful places. This framing originates in a conservative reaction to post-war architecture, planning and urban development, and more recently, to 'identikit' suburban housing developments. It was seen as increasingly influential by urban policy actors, particularly those in the wider conservative movement. For example, one think tank Director commented 'I do think the [beauty] agenda has grown in prominence at an astonishing rate over the last few years, and now is the dominant position of most people on the centre-right' and the desire to create beautiful homes and neighbourhoods is a common feature of recent policy developments. For example, in revisions to the National Planning Policy Framework to include calls for beautiful buildings and places (DLUHC 2023) and as a theme throughout the government's Strategic Plan for housing (Homes England 2023). While health per se does not drive these calls for a reimagining of the built environment, building more beautiful towns and cities may have population health and wellbeing benefits (Ipsos MORI 2010, Zijlema *et al.* 2020).

However, supply, growth and productivity remain at the heart of housing and planning policy. Speaking about the future of cities, the former Secretary of State for DLUHC stated that the department was 'on a mission to ensure that we see growth spread across the country – more towns and cities regenerated, more communities empowered to grow, more homes built and more innovation unleashed … That is why we passed the Levelling Up and Regeneration Act … It's why we're spending billions on urban regeneration' (Gove 2023, para 9–10). This is continued by the new government with planning reforms and housing targets included within the government's agenda to grow the economy (Labour Party 2024).

Evidence of change in policy narratives

The subordinate status of health in urban development policy is likely to restrict opportunity for change if new ideas on healthy towns and cities cannot readily take hold. Ideational change is necessary if policy change is to happen after a critical juncture (Hogan and Doyle 2007). In researching the emergence of new ideas during the COVID pandemic, we found some evidence of increased receptiveness to health objectives and a prioritisation of agendas with health co-benefits.

Because the COVID-19 pandemic was a health crisis it raised the health agenda in the consciousness of the public and policymakers: 'the pandemic has made people think more about their health than they would have done and, therefore, things which have a benefit for health, maybe, will have a higher profile' (Civil Servant, DfT). We found evidence for increased

awareness and receptiveness about health amongst urban development policy actors at this time. For example, a Civil Servant in the Department for Business, Energy and Industrial Strategy stated that many Whitehall departments have 'spent the whole year talking about almost nothing other really than health impacts'.

There is evidence of health narratives remaining strong in recent urban development policy. In the recent Strategic Plan for housing delivery (Homes England 2023), it is highlighted that improving housing quality and design can improve health through reducing exposure to hazards like noise and flooding. The Plan also recognises how disparities in housing quality contributes to health and economic inequalities. This, and the updated National Planning Policy Framework (DLUHC 2023), have a more substantial focus on health and wellbeing outcomes than is evident in pre-pandemic housing and planning strategies (Bates *et al.* 2023). These themes were not necessarily 'new' but were felt by our interviewees to have been strengthened by emergent narratives and evidence during the pandemic that, at least temporarily, increased opportunity for those seeking change. For example, links between 'active travel' and health are not new concepts. However, as a narrative it appeared more influential during the pandemic in England at a time of greater political and public acceptance of the importance of cycling and walking for public health (Marsden and Docherty 2021). Greater political receptiveness to the public health agenda created the opportunity for active travel narratives to gain support.

> I think cycling and walking was starting to become more than just a niche peripheral irritation … but I think, particularly since the pandemic, we've seen that process speeding up more and more. Civil Servant, DfT

There is some evidence that this has been reflected in policy since our interviews. For example, government funding in England in May 2020 supported local authorities to reshape the urban realm to facilitate social distancing, with an expectation that if successful changes would become permanent (DfT 2022). Measures included creating more space for walking and cycling and accelerating the trial of 'low traffic neighbourhoods' (LTNs) where car access to residential streets is limited, echoing similar schemes in major cities internationally (Laverty *et al.* 2021). The recently updated Cycling and Walking Strategy continues this trend of focusing on public health outcomes and the associated health-care costs. It provides the clearest evidence of the influence of narratives from the pandemic with references to increased rates of cycling and walking during the pandemic, and reduced road traffic at that same time, pointing to how an 'active travel renaissance uncovered a pent-up demand for a different way for travelling' (Active Travel England & DfT 2023, para 3). However, our analysis indicates that political and ideological factors appear to have acted as a limit on how these narratives have led to sustained policy developments, as we proceed to explore.

Conditions shaping the opportunity to pursue health narratives

Our evidence indicates that policy officials have paid increased attention to health and to the urban environment as a determinant of health outcomes in recent years. We nonetheless find that health remains peripheral to urban policymaking. To understand why pro-health narratives were unable to achieve greater salience in policymaking, we sought evidence about the institutional conditions that might act as restraints on actors' agency to promote new ideas and reconfigure policy. In addition to the dominance of existing housing supply and economic growth agendas, and the absence of health policy from these, our analysis indicates that there are two key constraints on promoting health and its determinants in urban policymaking: prevailing ideologies and a lack of leadership in the core executive of government.

Ideological constraints

Interviewees in our study were unconvinced that the increased profile of health during the COVID-19 pandemic would lead to action to tackle determinants of poor health in the urban environment. Investing in health prevention and taking actions that reduce public choice or make decisions on their behalf, such as policies to restrict the use of private cars or regulations on energy efficiency of buildings, was expected to be resisted.

> Politicians want sustainability and to spend less money on things, but then don't actually invest in prevention. Government Adviser on public health

Market-driven economic policies within UK urban development and the dominance of the private sector (Tallon 2020, Black *et al.* 2021) are ideologically entrenched, and opposition to public regulation of businesses remains strong. As a Think Tank director explained, 'there are a lot of people within the broader centre-right who, instinctively, resist the idea that government should be banning lots of things, telling people how to live their lives'.

This was particularly true of Ministers in the UK's Conservative government of 2010–2024, its MPs, and supporters in the media. 'There's a tremendously powerful impetus to get back to what we were before coming from the Right', as one Government Adviser on the urban environment put it. A core of Conservative

MPs, drawn largely from the libertarian Right and organised into a 'COVID Recovery Group', lobbied consistently against pandemic public health measures (Kirby 2021, Bale 2022) and continued to influence policy across a wider range of issues after the UK exited coronavirus lockdowns. Notably, the government delayed regulations to tackle obesity and poor diet, justifying these steps by reference to individual choice and market deregulation (Prime Minister's Office 2023). Resistance to government intervention in population health with a focus instead on individual responsibility has grown in the UK (Oliver 2022, Meier *et al.* 2023) and this has been marked on the Conservative Right:

> There are some very strong opinions on it in more libertarian circles, which resist what they see as nannying approaches … There's a strong link between weight and COVID rates and, for a time, Boris (Johnson) was really championing that, but that's been diluted not least because of the political tensions that's caused on the Right.

Measures to improve public health in urban environments through implementing Clean Air Zones and Ultra-Low Emission Zones and redesigning urban traffic systems to restrict or minimise car use, have also generated significant local opposition, often from groups associated with hostility to pandemic public health measures. Recent research (Klymak and Vlandas 2023), has shown that Conservative voters were less likely to perceive COVID-19 as dangerous and less likely to stay home during the national lockdowns, and local activists have drawn on these reservoirs of lockdown scepticism to oppose public intervention in urban environments, particularly so-called '15 minute Neighbourhoods'. These have encountered often fierce local resistance and have been the subject of critique in media outlets associated with the conservative Right, such as GB News (Daubney 2023). Many of the new LTNs and other measures to restrict car use and support active travel introduced in England in 2020 have since been removed (Laverty *et al.* 2021, Bosetti *et al.* 2022) and narratives around their importance were unable to overcome the government's renewed political agendas to appease motorists at this time, as set out in their 2023 Plan for Drivers, 'We're backing Britain's drivers and slamming the brakes on anti-car policies' (Harper 2023, para 4). Former Prime Minister Rishi Sunak curtailed Net Zero targets and pushed back against a 'war on motorists' (BBC News 2023, Pickard *et al.* 2023). The alternative agenda of redesigning urban environments and restricting car use in favour of 'beauty' and local amenity has proved subaltern in conservative discourses.

A lack of leadership and institutional reform for health outcomes

Interview findings revealed a lack of commitment to addressing the wider determinants of health. A Policy Adviser working across government departments stated: 'My impression has always been that it's one of those policy approaches that nobody will ever stand against; it's just that nobody will ever stand for it'. There is a lack of leadership or prominent individuals championing health outside of DHSC. In the UK government the 'core executive' – No 10 Downing Street, Cabinet Office and Treasury – holds significant power (Jones 2016, Craig 2020). The input and support of this 'core executive' are critical to incentivising policymakers to act. A Policy Adviser to local authorities suggested that for policy decisions 'the Treasury is completely crucial … the autonomy that you used to see in government departments isn't there to the same extent. I would say Number 10 is crucial as well'.

It is challenging for narratives around health prevention and determinants to continue to gain support without high profile leadership and ownership from these core institutions, but there was little evidence of this leadership on these issues in our interviews and document analysis. For example, within the previous Chancellor's Autumn and Spring budget speeches (2023 and 2024) the discourse on housing and planning remained squarely focused on speeding up delivery of new homes and health is only discussed in the context of NHS efficiency and implications for workforce productivity (Hunt 2023, 2024). Leadership on health comes instead through DHSC which may lack the power to influence urban development policy, exemplified by an Economic Adviser to local authorities in a national health organisation: 'One of the reasons health struggles in a Westminster narrative is that it [DHSC] is minimised, as is the ability of the DHSC to set the policy agenda'. DHSC's priority is treating poor health, as explained by a Government Adviser on the environment: 'DHSC is primarily geared up to treat disease and is not there to prevent disease'. It lacks the power to influence action on the determinants of health across government.

At the Whitehall level, the lack of integration of health policy with local authority, housing and regeneration policymaking leads to a diffusion of responsibility and lack of leadership. With no influential actors or department driving the need to improve and protect health through urban development, responsibility for health in departments working in this space is unclear and our research findings did not reveal evidence of change.

> The challenge is that trying to address the social determinants of health is very difficult when it falls outside the responsibility of the minister that we are ultimately working for. Government Adviser on Public Health

Conclusions

COVID-19 represented a critical juncture as permissive conditions opened up for policy actors to promote substantive changes to ideas and institutions. Government action in areas such as accelerating vaccine approval processes, introducing digital public health surveillance methods and legislating for employee rights for flexible working demonstrate how transformative changes in some policy areas were enabled through the changing conditions at the time. However, this has proven not to be the case for healthier urban development.

Our analysis of interviews held in 2021 indicate that there was increased receptivity for health agendas amongst urban development officials and key government figures at the time, and that pro-health urban policy narratives were becoming more prominent. A growing awareness and receptiveness to health narratives in urban development are emblematic of the type of productive conditions required to coincide with permissive conditions to create a critical juncture (Soifer 2012). There was indeed opportunity for a significant critical juncture to emerge (Capano *et al.* 2022). We find evidence in some recent housing, planning and transport policy developments to support the suggestion that public health outcomes are securing a greater influence in urban development than prior to the pandemic. However, despite the potential to deviate from established norms (Hogan 2019), our analysis suggests that dominant ideas and ideologies about the role of the state in both health prevention and urban development have not yet changed markedly. Entrenched policy agendas around economic growth and private sector development remain strong. This lack of change in the ideological and institutional restraints on actors has limited the opportunity for transformation created by the critical juncture. Neither has there been sustained political leadership taking responsibility for tackling health determinants.

Similarly to Bali *et al.* (2022) analysis of changes in the health system, we argue that the crisis alone was insufficient to overcome entrenched path dependency and existing stakeholder interests and priorities. Therefore, permissive conditions in this policy area were not sufficiently lifted. As a consequence, our analysis suggests that COVID-19 has not had transformative consequences for the direction of urban development policymaking at the national level to create the conditions to prevent poor health and reduce health inequalities through city design and planning. This has been contrary to some expectations at the time expressed by our participants and in wider debates. Health has not been reintegrated into urban policymaking as it was for much of the 20th century. That this is the case even following a major health crisis event where links to urban development were a prominent narrative demonstrates the strength of institutional restraints in this policy area.

Nonetheless, there are tentative signs to suggest that future incremental changes are possible that will bring health outcomes more centrally into urban development. There has been greater openness to a public health agenda and the need for urban policies to address health outcomes amongst policy officials in Whitehall, including in the Ministry of Housing, Communities and Local Government and its agencies (Ayres *et al.* in press). This is reflected in narratives within recent housing and planning policy developments that promote the importance of tackling the determinants of health and inequalities (Homes England 2023, DLUHC 2023). Enhanced agendas such as local placemaking, 'health as wealth' and improving community infrastructures could also support health and wellbeing improvements and help to establish 'pro-health' ideas. There is some optimism amongst those advocating for healthier urban development that there is a new receptiveness amongst officials across decision-making arenas to urban health evidence and ideas (Bates *et al.* 2023, Ayres *et al.* in press).

More widely, political narratives that stress the importance of a shift towards long-term investment in preventative health measures have remained salient since the pandemic (Hewitt 2023, Iacobucci 2023). The Labour government elected in 2024 has promised a new focus on health prevention and emphasised the need to move from sickness to prevention (Prime Minister's Office 2024). Consultation on proposed revisions to the National Planning Policy Framework suggest that the government wants to

> consider ways in which the planning system can do more to support the creating of healthy communities. This includes tackling obesity, encouraging active travel and supporting a healthy childhood, such as through more consistent approaches to controlling hot food takeaways near schools (MHCLG 2024, Promoting Healthy Communities section).

Influential think-tanks are also advocating for new measures to invest in health prevention and the assets and infrastructures that underpin healthy places, including the creation of locally empowered Health and Prosperity Improvement Zones (IPPR 2024).

However, at the same time, prevention is often couched in terms of early detection of disease and prevention through vaccine development and technological advances (Wain and Miller 2023), reflecting the legacies of COVID-19 in these areas, rather than in measures to act on urban environments or other social and commercial determinants of health outcomes. The health focus of the new Labour government

remains largely on the health-care sector and not on the wider determinants of health such as urban design (Labour Party 2023). There is only limited indications that institutional restraints on state-led population health interventions and investing in preventing poor health have changed. Rhetoric on the importance of health prevention is insufficient: it must be accompanied by strong leadership to look past short-term political cycles and ideologies that reject investment in prevention (Meier *et al.* 2023). This wider understanding of health and prevention, and of how urban development can play a critical role in improving population health, is needed at the policy level if urban policies are to deliver healthier cities.

Our research with senior Whitehall decision-makers took place in the first 18 months of the COVID-19 pandemic and investigated a policy area of high relevance to the health crisis that was subject to substantial attention. We argue that while there is evidence of an increased representation of health in urban development policy discourse that has been maintained since the pandemic, political ideology and leadership in government were critical constraining factors that limited transformative change in this critical juncture. This prevented the re-integration of health into urban development policy that is needed to create healthy urban environments and support the development of a healthier, equitable and more resilient population (De Sa *et al.* 2022). Although there are signs of ideational change amongst civil servants, Ministers and Westminster think-tanks, change is likely to remain constrained by the prevailing discourses in urban development and the singular priority given to economic growth and private sector-led housing supply (Haughton *et al.* 2024). This study supports previous works that highlights how critical junctures can enable or accelerate support for new ideas (Hogan 2019, Hannah *et al.* 2022), but that where significant institutional constraints are not shaken specifically then the impact of ideational change may be limited (Soifer 2012, Capano *et al.* 2022).

Note

1. https://www.gov.uk/search/policy-papers-and-consultations.

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Ethics declaration

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References

Active Travel England & DfT, 2023. The second cycling and walking investment strategy (CWIS2). Department for transport. Available: https://www.gov.uk/government/publications/the-second-cycling-and-walking-investment-strategy/the-second-cycling-and-walking-investment-strategy-cwis2.

Allmendinger, P. and Haughton, G., 2013. The evolution and trajectories of English spatial governance: 'neoliberal' episodes in planning. *Planning practice & research*, 28 (1), 6–26. doi:10.1080/02697459.2012.699223.

Askew, J., 2018. A British perspective on added value capture: ups and downs during its history. *In*: J. Gerber, T. Hartmann, and T. Hengstermann, eds. Instruments of land policy: dealing with scarcity of land. Abingdon, Oxon: Routledge, 74–77.

Ayres, S., *et al.* 2023. What needs to happen to 'level up' public health? *Contemporary Social Science*, 18 (3–4), 3–4, p. 500–526. doi:10.1080/21582041.2023.2232765.

Ayres, S., *et al.* in press. Are we any closer to tackling health inequalities in England? *Contemporary social science*. doi:10.1080/21582041.2024.2430586.

Bale, T., 2022. The United Kingdom: the pandemic and the tale of two populist parties. *In*: N. Ringe and L. Renno, eds. *Populists and the pandemic*. Abingdon: Routledge, 68–78.

Bali, A.S., He, A.J., and Ramesh, M., 2022. Health policy and COVID-19: path dependency and trajectory. *Policy and society*, 41 (1), 83–95. doi:10.1093/polsoc/puab014.

Bates, G., *et al.* 2023a. What types of health evidence persuade policy actors in a complex system? *Policy & Politics*, 51 (3), 386–41. doi:10.1332/030557321X16814103714008.

Bates, G., *et al.* 2023b. Urban policies and the creation of healthy urban environments: a review of government housing and transport policy documents in the United Kingdom. *Journal of urban affairs*, 1–19. doi:10.1080/07352166.2023.2260029.

Bates, G., *et al.* 2023c. Balancing autonomy and collaboration in large-scale and disciplinary diverse teams for successful qualitative research. *International journal of qualitative methods*, 22. doi:10.1177/16094069221144594.

Baumgartner, F.R., 2013. Ideas and policy change. *Governance-an international journal of policy administration and institutions*, 26 (2), 239–258. doi:10.1111/gove.12007.

BBC News, 2023. Sunak vows to stop 20mph zones and review LTNs. Accessed 01.05.2024. Available: https://www.bbc.co.uk/news/uk-politics-66965714.

Béland, D., 2009. Ideas, institutions, and policy change. *Journal of European public policy*, 16 (5), 701–718. doi:10.1080/13501760902983382.

Béland, D., 2018. How ideas impact social policy. *In*: B. Greve, ed. *Routledge Handbook of the Welfare State*. Abingdon: Routledge, 278–287.

Berkowitz, R.L., *et al.* 2020. Structurally vulnerable neighbourhood environments and racial/ethnic COVID-19 inequities. *Cities & health*, 5 (sup1), S59–S62. doi:10.1080/23748834.2020.1792069.

Black, D., *et al.* 2021. Overcoming systemic barriers preventing healthy urban development in the UK: main findings from interviewing senior decision-makers during a 3-year planetary health pilot. *Journal of urban health*, 98 (3), 1–13. doi:10.1007/s11524-021-00537-y.

Bosetti, N., *et al.* 2022. *Street shift: the future of low-traffic neighbourhoods*. London: Centre for London.

Braun, V. and Clarke, V., 2021. *Thematic Analysis: A Practical Guide*. Thousand Oaks, CA: SAGE Publications, 1–100.

Cairney, P., 2019. The UK government's imaginative use of evidence to make policy. *British politics*, 14 (1), 1–22. doi:10.1057/s41293-017-0068-2.

Capano, G., *et al.* 2022. Long-term policy impacts of the coronavirus: normalization, adaptation, and acceleration in the post-covid state. *Policy and society*, 41 (1), 1–12. doi:10.1093/polsoc/puab018.

Capoccia, G. and Kelemen, R.D., 2007. The study of critical junctures: theory, narrative, and counterfactuals in historical institutionalism. *World politics*, 59 (3), 341–369. doi:10.1017/S0043887100020852.

Carmichael, L., *et al.* 2020. Healthy buildings for a healthy city: Is the public health evidence base informing current building policies? *Science of the total environment*, 719, 137146. doi:10.1016/j.scitotenv.2020.137146.

Chidambaram, S., *et al.* 2024. An introduction to digital determinants of health. *PLOS. Digital health*, 3 (1), e0000346. doi:10.1371/journal.pdig.0000346.

Clark, E.C., *et al.* 2024. Changes to public health surveillance methods due to the COVID-19 pandemic. *Scoping Review JMIR public health and surveillance*, 10 (1), e49185. doi:10.2196/49185.

Cohen, N., 2022. Public administration reform and political will in cases of political instability: insights from the Israeli experience. *Public policy and administration*, 38 (4), 405–423. doi:10.1177/09520767221076059.

Colomb, C. and Tomaney, J., 2016. Territorial politics, devolution and spatial planning in the UK: results, prospects, lessons. *Planning practice & research*, 31 (1), 1–22. doi:10.1080/02697459.2015.1081337.

Craig, M.P.A., 2020. 'Treasury control' and the British environmental state: the political economy of green development strategy in UK central government. *New political economy*, 25 (1), 30–45. doi:10.1080/13563467.2018.1526269.

Daubney, M., 2023. 15 minute cities: the green dream is a dystopian nightmare. Available from: https://www.gbnews.com/opinion/15-minute-cities-the-green-dream-nightmare. [Accessed 21st Mar 2024]at.

De Sa, T.H., *et al.* 2022. Urban design is key to healthy environments for all. *Lancet global health*, 10 (6), e786–e787. doi:10.1016/S2214-109X(22)00202-9.

De Vito, L., *et al.* 2020. The legacy of COVID-19: lessons and challenges for city-scale air quality management in the UK. *Cities & health*, 5 (sup1), 1–4. doi:10.1080/23748834.2020.1796422.

DfT, 2022. *Traffic Management Act 2004: statutory guidance for local authorities outside London on civil enforcement of bus lane and moving traffic contraventions*. Department for Transport. https://www.gov.uk/government/publications/bus-lane-and-moving-traffic-enforcement-outside-london/traffic-management-act-2004-statutory-guidance-for-local-authorities-outside-london-on-civil-enforcement-of-bus-lane-and-moving-traffic-contravention.

DLUHC, 2023. National planning policy framework. Department for levelling up, housing and communities. Available: https://www.gov.uk/government/publications/national-planning-policy-framework–2.

Fan, Y., Orford, S., and Hubbard, P., 2023. Urban public health emergencies and the COVID-19 pandemic. Part 2: infrastructures, urban governance and civil society. *Urban Studies*, 60 (9), 1535–1547. doi:10.1177/00420980231170741.

Felstead, A. and Reuschke, D., 2023. A flash in the pan or a permanent change? The growth of homeworking during the pandemic and its effect on employee productivity in the UK. *Information technology & people*, 36 (5), 1960–1981. doi:10.1108/ITP-11-2020-0758.

Ferm, J. and Raco, M., 2020. Viability planning, value capture and the geographies of market-led planning reform in England. *Planning theory & practice*, 21 (2), 218–235. doi:10.1080/14649357.2020.1754446.

Florida, R., Rodríguez-Pose, A., and Storper, M., 2023. Critical commentary: cities in a post-covid world. *Urban Studies*, 60 (8), 1509–1531. doi:10.1177/00420980211018072.

Francis-Devine, B., Powell, A., and Clark, H., 2021. Coronavirus job retention scheme: statistics. House of Commons library. Available: https://researchbriefings.files.parliament.uk/documents/CBP-9152/CBP-9152.pdf.

Frost, P., 2020. An accelerant of social change? The Spanish flu of 1918-19. *International political anthropology journal*, 123–133. doi:10.5281/zenodo.4295574.

Giles-Corti, B., *et al.* 2022. What next? Expanding our view of city planning and global health, and implementing and monitoring evidence-informed policy. *Lancet global*

health, 10 (6), e919–e926. doi:10.1016/S2214-109X(22)00066-3.

Gove, M., 2023. Falling back in love with the future. Department for levelling up, housing and communities. Available: https://www.gov.uk/government/speeches/falling-back-in-love-with-the-future.

Hall, P.A. and Taylor, R.C.R., 1996. Political science and the three new institutionalisms. *Political studies*, 44 (5), 936–957. doi:10.1111/j.1467-9248.1996.tb00343.x.

Hannah, A., Baekkeskov, E., and Tubakovic, T., 2022. Ideas and crisis in policy and administration. *Existing links and research frontiers public administration*, 100 (3), 571–584. doi:10.1111/padm.12862.

Harper, M., 2023. Improving the journeys that matter most to the British public. Department for Transport. Available: https://www.gov.uk/government/speeches/improving-the-journeys-that-matter-most-to-the-british-public.

Haughton, G., Nanda, A., and Kingston, R., 2024. The new labour government plans to build 1.5 million homes – here's what's needed to make it happen. *The conversation*. Available from: https://theconversation.com/the-new-labour-government-plans-to-build-1-5-million-homes-heres-whats-needed-to-make-it-happen-234599.

Hennessy, P., 1992. *Never Again: Britain 1945-1951*. London: Jonathan Cape.

Hewitt, P., 2023. *The Hewitt review. An independent review of integrated care systems*. Department of Health and Social Care. https://assets.publishing.service.gov.uk/media/642b07d87de82b00123134fa/the-hewitt-review.pdf.

HM Government, 2021. *Net Zero Strategy: Build Back Greener*. London: Stationery Office.

HM Government, 2022. *Levelling up the United Kingdom*. London: Stationery Office.

Hogan, J., 2019. The critical juncture concept's evolving capacity to explain policy change. *European policy analysis*, 5 (2), 170–189. doi:10.1002/epa2.1057.

Hogan, J. and Doyle, D., 2007. The importance of ideas: an a priori critical juncture framework. *Canadian journal of political science/Revue canadienne de science politique*, 40 (4), 883–910. doi:10.1017/S0008423907071144.

Homes England, 2023. Strategic Plan 2023-2028. Available: https://assets.publishing.service.gov.uk/media/646f58f6ab40bf000c196a74/Homes-England-strategic-plan-2023-to-2028.pdf.

Hunt, J., 2023. Autumn statement 2023 speech. HM treasury. Available: https://www.gov.uk/government/speeches/autumn-statement-2023-speech.

Hunt, J., 2024. Spring budget 2024 speech. HM treasury. Available: https://www.gov.uk/government/speeches/spring-budget-2024-speech .

Iacobucci, G., 2023. Politicians should back more radical action on primary prevention, says England's CMO. *Says England's CMO British medical journal*, 380, p428.428. doi:10.1136/bmj.p428.

Ige, J., *et al*. 2019. The relationship between buildings and health: a systematic review. *Journal of public health*, 41 (2), e121–e132. doi:10.1093/pubmed/fdy138.

Ige-Elegbede, J., *et al*. 2020. Designing healthier neighbourhoods: a systematic review of the impact of the neighbourhood design on health and wellbeing. *Cities & health*, 6 (5), 1004–1019. doi:10.1080/23748834.2020.1799173.

IPPR, 2024. Our greatest asset: the final report of the IPPR Commission on Health and Prosperity, retrieved 22nd November 2024. Available from: https://www.ippr.org/articles/our-greatest-asset.

Ipsos MORI, 2010. People and places: public attitudes to beauty. https://www.ipsos.com/sites/default/files/publication/1970-01/sri-public-attitudes-to-beauty-2010.pdf.

Jephcote, C., *et al*. 2021. Changes in air quality during COVID-19 'lockdown' in the United Kingdom. *Environmental pollution*, 272, 116011. doi:10.1016/j.envpol.2020.116011.

Jones, G., 2016. *The power of the Prime Minister*. London: The Constitution Society.

Kalinke, U., *et al*. 2022. Clinical development and approval of COVID-19 vaccines. expert. *Expert review of vaccines*, 21 (5), 609–619. doi:10.1080/14760584.2022.2042257.

Kawlra, G. and Sakamoto, K., 2023. Spatialising urban health vulnerability: an analysis of NYC's critical infrastructure during COVID-19. *Urban Studies*, 60 (9), 1629–1649. doi:10.1177/00420980211044304.

Kirby, T., 2021. When should the UK lift its lockdown? *The Lancet respiratory medicine*, 9 (4), e44–e45. doi:10.1016/S2213-2600(21)00106-5.

Klymak, M. and Vlandas, T., 2023. Party preferences, individual views and mobility during the pandemic. *European journal of political research*, 62 (4), 1414–1424. doi:10.1111/1475-6765.12584.

Konstantinoudis, G., *et al*. 2021. Long-term exposure to air-pollution and COVID-19 mortality in England: a hierarchical spatial analysis. *Environment international*, 146, 106316. doi:10.1016/j.envint.2020.106316.

Labour Party, 2023. Build an NHS fit for the future. Available from: https://labour.org.uk/wp-content/uploads/2023/05/Mission-Public-Services.pdf.

Labour Party, 2024. Change. Labour Party manifesto 2024. Available: https://labour.org.uk/wp-content/uploads/2024/06/Labour-MANIFESTO-UK-2024.pdf.

Laverty, A.A., *et al*. 2020. COVID-19 presents opportunities and threats to transport and health. *Journal of the royal society of medicine*, 113 (7), 251–254. doi:10.1177/0141076820938997.

Laverty, A.A., Goodman, A., and Aldred, R., 2021. Low traffic neighbourhoods and population health. *BMJ*, 372, n443. doi:10.1136/bmj.n443.

Lowe, M., *et al*. 2022. City planning policies to support health and sustainability: an international comparison of policy indicators for 25 cities. *Lancet global health*, 10 (6), e882–e894. doi:10.1016/S2214-109X(22)00069-9.

Mahoney, J. and Thelen, K., 2010. A theory of gradual institutional change. *Explaining institutional change: Ambiguity, agency, and power*, 1, 1–37.

Manzano Gómez, N.A., 2023. Planning for social distancing: how the legacy of historical epidemics shaped COVID-19's spread in Madrid. *Urban Studies*, 60 (9), 1570–1587. doi:10.1177/00420980221110337.

Marsden, G. and Docherty, I., 2021. Mega-disruptions and policy change: lessons from the mobility sector in response to the covid-19 pandemic in the UK. *Transport policy*, 110, 86–97. doi:10.1016/j.tranpol.2021.05.015.

Meier, P., Katikireddi, S.V., and Smith, K., 2023. Bold action is needed to strengthen primary prevention. *The British medical journal*, 380, 595. doi:10.1136/bmj.p595.

MHCLG, 2024. Proposed reforms to the national planning policy framework and other changes to the planning system, retrieved 22nd November 2024. Available from: https://www.gov.uk/government/consultations/proposed-reforms-to-the-national-planning-policy-framework-and-other-changes-to-the-planning-system.

Mishra, V.A.-O., *et al*. 2021. Health inequalities during COVID-19 and their effects on morbidity and mortality. *Journal of healthcare leadership*, 13, 19–26. doi:10.2147/JHL.S270175.

Munck, G.L., 2022. The theoretical foundations of critical juncture research. *In*: D. Collier and G. Munck, eds. Critical junctures and historical legacies: insights and methods for comparative social science. London: Rowman & Littlefield, 109.

Newman, J., 2017. Deconstructing the debate over evidence-based policy. *Critical policy studies*, 11 (2), 211–226. doi:10.1080/19460171.2016.1224724.

Newman, J. and Bates, G., 2024. Labour scaling back its £28 billion green pledge will impact UK housing – and public health. *The conversation*. Available from: https://theconversation.com/labour-scaling-back-its-28-billion-green-pledge-will-impact-uk-housing-and-public-health-223283.

Nurse, A. and Dunning, R., 2020. Is COVID-19 a turning point for active travel in cities? *Cities & health*, 5 (sup1), S174–S176. doi:10.1080/23748834.2020.1788769.

Office for National Statistics, 2024. Who are the hybrid workers? Retrieved 20th November 2024. Available from: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/whoarethehybridworkers/2024-11-11.

Oliver, D., 2022. David Oliver: Is Sajid Javid putting political ideology before prevention? *BMJ*, 376, o797. doi:10.1136/bmj.o797.

Peters, B.G., 2016. Institutionalism and public policy. *In*: B. G. Peters and P. Zittoun, eds. *Contemporary approaches to public policy: theories, controversies and perspectives*. Palgrave Macmillan UK, 57–72. doi:10.1057/978-1-137-50494-4_4.

Pickard, J., *et al*. 2023. Rishi Sunak prepares to water down UK green measures. *The financial times*. Available from: https://www.ft.com/content/a566298b-c78b-4751-9c6b-68780fcd4d0b.

Preece, J., *et al*. 2023. Urban rhythms in a small home: COVID-19 as a mechanism of exception. *Urban Studies*, 60 (9), 1650–1667. doi:10.1177/00420980211018136.

Prime Minister's Office, 2023. PM backs public's right to choose with delay to BOGOF restrictions. Available from: www.gov.uk/government/news/pm-backs-publics-right-to-choose-with-delay-to-bogof-restrictions.

Prime Minister's Office, 2024. PM speech on the NHS: 12 September 2024. Available from: https://www.gov.uk/government/speeches/pm-speech-on-the-nhs-12-september-2024. [Accessed 22nd Nov 2024] from.

Sadeghpoor, F., *et al*. 2024. Streets and stress: a pilot study on how quality and design of streets impacts on urban stress. *HERD: Health environments research & design journal*, 17 (1), 224–248. doi:10.1177/19375867231200584.

Samavati, S., Desmet, P.M.A., and Ranjbar, E., 2024. Happy urban public spaces: a systematic review of the key factors affecting citizen happiness in public environments. *Cities & health*, 1–17. doi:10.1080/23748834.2024.2358600.

Schmidt, V.A., 2011. Reconciling ideas and institutions through discursive institutionalism. *Ideas and politics in social science research*, 1, 76–95.

Soifer, H.D., 2012. The causal logic of critical junctures. *Comparative political studies*, 45 (12), 1572–1597. doi:10.1177/0010414012463902.

Stark, A., 2018. New institutionalism, critical junctures and post-crisis policy reform. *Australian journal of political science*, 53 (1), 24–39. doi:10.1080/10361146.2017.1409335.

Sunak, R., 2023a. PM speech on net zero: 20 September 2023. Prime Minister's office, 10 Downing Street. Available: https://www.gov.uk/government/speeches/pm-speech-on-net-zero-20-september-2023.

Sunak, R., 2023b. What the plan to launch network north means for you. Prime Minister's office, 10 Downing Street. Available: https://www.gov.uk/government/speeches/what-the-plan-to-launch-network-north-means-for-you.

Tallon, A., 2020. *Urban regeneration in the UK*. London: Routledge.

TRUUD, 2024. Research overview. Available: https://truud.ac.uk/research-overview/.

Tulchinsky, T.H., 2018. John Snow, cholera, the Broad Street Pump; waterborne diseases then and now. *Case studies in public health*, 77–99. doi:10.1016/B978-0-12-804571-8.00017-2.

UN-Habitat & World Health Organization, 2020. Global report on urban health: equitable healthier cities for sustainable development. World Health Organization.

van der Heijden, J. and Kuhlmann, J., 2017. Studying incremental institutional change: a systematic and critical meta-review of the literature from 2005 to 2015. *Policy studies journal*, 45 (3), 535–554. doi:10.1111/psj.12191.

Wain, R. and Miller, B., 2023. *Moving from cure to prevention could save the NHS billions: a plan to protect Britain*. Tony Blair Institute for Global Change. https://institute.global/insights/public-services/moving-from-cure-to-prevention-could-save-the-nhs-billions-a-plan-to-protect-britain.

Wong, B.K.M., Vengusamy, S., and Bastrygina, T., 2024. *Healthcare digital transformation through the adoption of artificial intelligence. In:* P. Ordóñez De Pablos and X. Zhang, *Artificial intelligence, big data, blockchain and 5G for the digital transformation of the healthcare industry* Academic Press, 87–110. doi:10.1016/B978-0-443-21598-8.00014-2.

Wright, H. and Reardon, M., 2021. COVID-19: a chance to reallocate street space to the benefit of children's health? *Cities & health*, 7 (4), 528–531. doi:10.1080/23748834.2021.1912571.

Zijlema, W.L., *et al*. 2020. Understanding correlates of neighborhood aesthetic ratings: a European-based four City comparison. *Urban forestry & urban greening*, 47, 126523. doi:10.1016/j.ufug.2019.126523.