



City deals and health equity in Sydney, Australia

Patrick Harris^{a,*}, Matt Fisher^b, Sharon Friel^c, Peter Sainsbury^a, Elizabeth Harris^d,
Evelyne De Leeuw^a, Fran Baum^b

^a Centre for Health Equity Training, Research & Evaluation (CHETRE), Part of the UNSW Australia Research Centre for Primary Health Care & Equity, A Unit of Population Health, South Western Sydney Local Health District, NSW Health A Member of the Ingham Institute, Liverpool Hospital Locked Bag 7103, Liverpool BC, NSW, 1871, Australia

^b Southgate Institute for Health, Society and Equity, Flinders University, Australia

^c REGNET, Australian National University Sydney University, School of Public Health, Australia

^d Health and Equity Research and Development Unit, Sydney Local Health District and Centre for Primary Health Care and Equity, UNSW, Australia

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ABSTRACT

‘City Deals’ are new governance instruments for urban development. Vast evidence exists on the relationship between urban factors and health equity, but little research applies a health equity lens to urban policy-making. This paper does precisely that for the Western Sydney City Deal (WSCD) in Australia. We conducted a critical discourse analysis of publicly available documents and interviews with the WSCD’s main architects, applying insights from relevant theories. We find ‘pro-growth’ discourse to encourage economic investment dominates any references to disadvantage. Interviewees maintained the WSCDs fundamental purpose is to rebalance urban investment toward the historically disadvantaged West. However, the WSCD makes limited reference to health and none to equity. Institutionalised governance practices that favour private investments in infrastructure remain the dominant force behind the WSCD. We document how a shift to ‘place-based’ infrastructure has promise for equity but struggles to overcome institutionalised approaches to urban investments.

1. Introduction

1.1. Place, health equity and city deals

‘Places’ influence health equity through decisions made about the provision of built and social infrastructure (Macintyre et al., 2002). ‘Place-based’ interventions are known to be effective in improving health (Arcaya et al., 2016; McGowan et al., 2021). The influence of place on health is relational, resulting from the interaction of people with the wider environment (Cummins et al., 2007). Influencing health through place-based interventions includes improving or maintaining the physical or built environment (e.g. active travel, pedestrianisation, housing, green space), the social environment (e.g. health, education and social services, healthy food options, cultural venues), and the economic environment (e.g. local investment and economic development initiatives, employment/training/education strategies, subsidised public transport) (McGowan et al., 2021).

Differences in places and spaces – where people live – result in unfair, inequitable, differences in health status (Bambra, 2016). Health in cities

is inequitably distributed by socio-economic status and area level disadvantage (Giles-Corti et al., 2016; Litman, 2013). In countries like Australia, the setting of this research, for instance, suburbia tends to be more disadvantaged with worse health status compared to inner regions and urban centres, largely explained by infrastructural investments favouring the latter (Arundel et al., 2017).

Australia and many other jurisdictions have seen an increase over the past decades in research and advocacy to integrate health, including equity, into urban planning policy (World Health Organization, 2020). Yet, health equity principles and indicators continue to be given little consideration in high level regulatory and strategic planning documents (Arundel et al., 2017; McGreevy et al., 2020).

In this study our driving interest was health (in)equity, defined as the unfair and avoidable difference in health between groups and populations (Dahlgren and Whitehead, 1991). Addressing health equity requires a relational approach to considering urban places (Corburn, 2017; Healey, 2006a). Concentrations of disadvantage in certain places is the result of a complex mix of social, spatial, economic and political forces (Bambra, 2016; Larsen, 2007; Rushton, 2014). The emphasis is on

* Corresponding author.

E-mail address: patrick.harris@unsw.edu.au (P. Harris).

interplays, across and within an urban area, of economic, socio-cultural, environmental and political/administrative dynamics (Corburn, 2009, 2017). Focus is required at a scale that is commensurate with the level of disadvantage (McGowan et al., 2021). Relational place-making for (health and social) equity emphasises local empowerment as well as political power (Corburn, 2017; Fincher et al., 2016). Without sufficient consideration of equity at these multiple layers, ‘place-based’ or ‘place-making’ can be co-opted as feel-good policy strategies based on creating public spaces to attract financial investment rather than addressing existing disadvantage (Rushton, 2014; Fincher et al., 2016; Pill, 2021).

City Deals differ in local design, but are consistently presented as governance instruments to develop cities as drivers of national economic growth (Hu et al., 2019). ‘City Deals’ are touted as a new form of urban governance to plan infrastructure investments based on negotiated agreements between varying layers of government (O’Brien and Pike, 2019). In the UK, where City Deals first took hold as policy initiatives, city deals are a form of place-based partnerships between national governments and city-regions to secure power and funding to realise economic development opportunities associated with [often transport] infrastructure (Pill, 2021). In Australia, the City Deal concept has been adopted under a ‘Smart Cities’ agenda which spans Federal, State and Local governments (Hu, 2020). At their core, the Australian City Deals revolve around the three levels of Australian government working towards a shared vision for productive and liveable cities (Australian Government, 2019). The ‘Deal’ approach to urban policy has been described as emphasising neo-liberal, market enabling, ideologies based on ‘top-down’ negotiations focussed on efficiency to facilitate economic growth (Pill, 2021). Despite major implications for impacting on population health, however, City Deals have not been systematically exposed to health equity analysis.

This paper develops a case study of the Western Sydney City Deal (WSCD), in Sydney, Australia. Our research question is: ‘To what extent, and why, did the implementation planning of the Western Sydney City Deal consider health equity?’ The analysis provides a detailed understanding of how this major urban policy initiative intersects with core ideas about

progressing health equity in cities.

1.2. The case study: Western Sydney City Deal

The WSCD is a partnership between the Australian Federal Government, New South Wales State Government, and eight (notably of thirteen) local governments in the Greater Western Sydney region. Of eight Australian City Deals agreed to date, the Western City Deal (WSCD) is the largest investment (AUD20 billion over 20 years) (Australian Government, 2021). Infrastructure in the form of a second major international airport for Sydney, is central. The WSCD is fundamental to developing the Western Parklands City as one of three cities, shown in Fig. 1, designated as the basis for the future development of Sydney. Rapid population growth and expansion of low density suburbs in the Western Parklands City are placing pressure on infrastructure investment, growth and maintenance (Greater Sydney Commission, 2019).

Considering urban health equity requires attending to (in)equity between and within urban areas and places (Corburn, 2017). For instance, spatial inequity in Greater Sydney has historically occurred between Sydney’s regions, but also exists within those regions, as follows. Historically, infrastructure planning, investment and delivery has benefitted Sydney’s east (where the central business district is) over the west. In Fig. 2 for instance, the black dots represent area tracts with highly disadvantaged – lying at or beyond one standard deviation below the mean Index of Relative Socio-economic Disadvantage in each year – populations across the greater Sydney region (grey area) in 1981 (a) and 2011 (b), with Sydney’s central post office at the centre (Randolph and Tice, 2017).

Health data corresponds to this pattern of inequity. For instance, preventable hospitalisations between 2016 and 2018 (NSW Health, 2021) were higher in Sydney’s West (935–979 per 100,000) and South West (979–1004) than in Central and Eastern Sydney (737–830) and the North East (567).

Fig. 3 shows a similar pattern of inequity across the city by using ‘Liveability’ indicators at local government area level (Australian Urban Observatory, 2021). That index measures aspects of liveability including

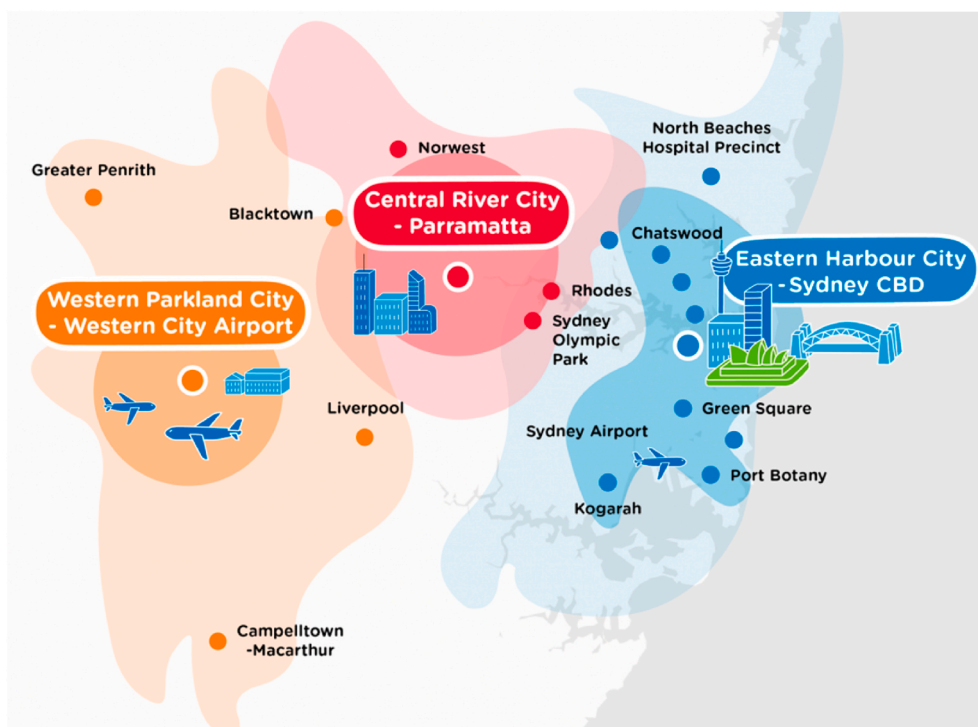


Fig. 1. Sydney (Greater Sydney Commission, 2019).

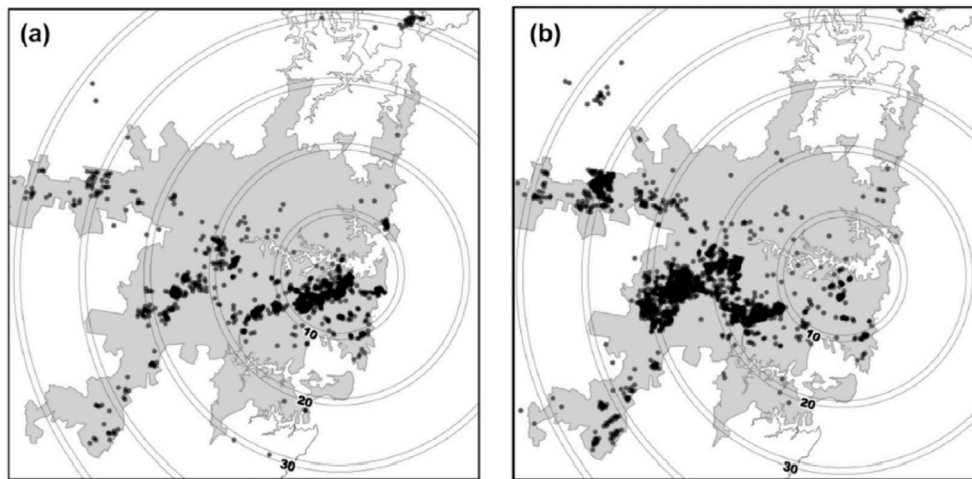


Fig. 2. Shifting spatial disadvantage, Sydney, 1981 (a) and 2011 (b) (from Randolph and Tice, 2017).

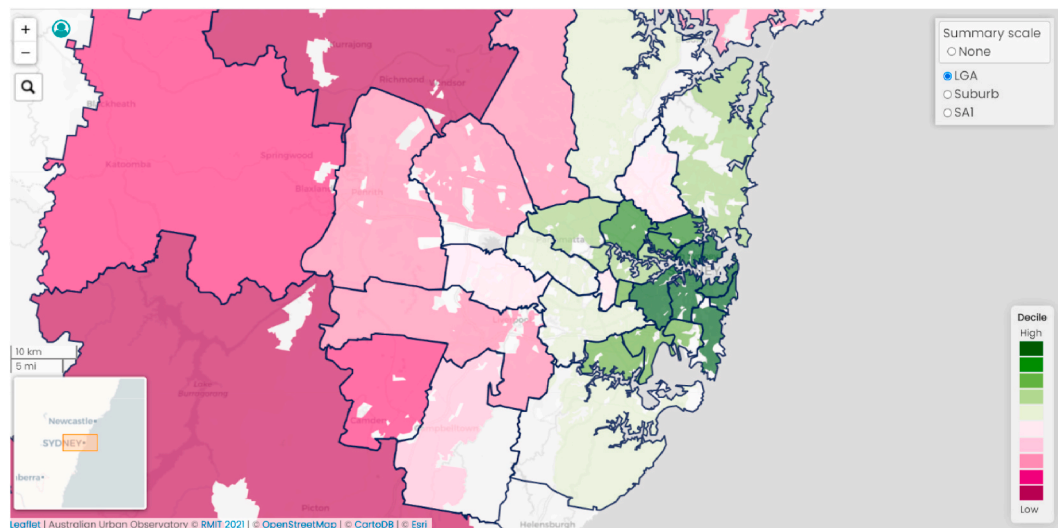


Fig. 3. Liveability at local government area level, Greater Sydney.

social infrastructure, walkability, public transport, open space, housing affordability, and local employment. The scores suggest liveability is best (high - green) in the East and becomes progressively worse (low - magenta) to the West.

At the same time, the Western Parklands City is immensely diverse within itself, with corresponding inequities within the region. Table 1 demonstrates considerable variation in preventable hospitalisations across the eight local government areas involved in WSCD (NSW Health,

Table 1
Potentially preventable hospitalisations by Local Government Area, Western Sydney, 2017-19.

Local Government Areas	Spatially Adjusted Rate per 100,000 population	Significantly higher or lower than the NSW average rate (2161.1)
Blue Mountains	1845.4	Lower
Camden	2464.2	Higher
Campbelltown	3031.5	Higher
Fairfield	2180.1	No difference
Hawkesbury	2316.3	Higher
Liverpool	2495.1	Higher
Penrith	2676.3	Higher
Wollondilly	2189.1	No difference

2021). As the table suggests, three local councils have the same or lower numbers of hospitalisations per year as the NSW average, whereas five have higher numbers.

Similar inequities can be found in liveability indicators across the region at suburb (Fig. 4) level (Australian Urban Observatory, 2021). To demonstrate the figure zooms in on the Liverpool LGA, where there is clearly a mix of green (better) and magenta (worse) liveability scores.

2. Methods

Our methodology and methods have been detailed elsewhere (Harris et al., 2015). Briefly, the methodology is critical realist (Bhaskar, 1978; Danermark et al., 2002). Critical realism iteratively combines empirical data with critical theory to arrive at deeper explanations of phenomena under investigation (Sayer, 2000). Interviews and documents were main source of empirical data.

2.1. Data collection

Interviews were conducted in 2018 while the plan guiding the implementation of the WSCD was negotiated and developed. In 2019 we undertook a documentary analysis of the 2018 implementation plan (Australian Government, 2021). Considering the discourse was

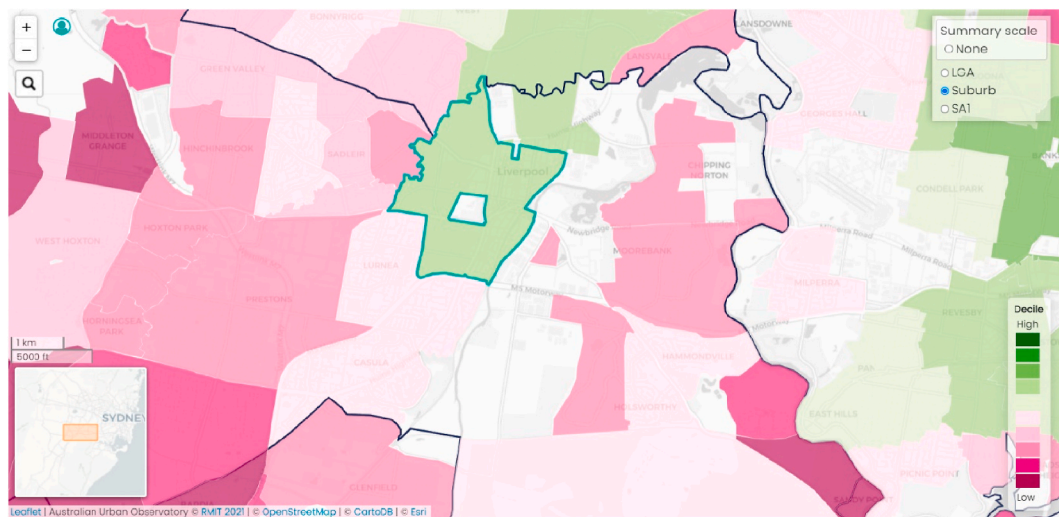


Fig. 4. Liveability at Suburb level in and around Liverpool LGA.

grounded in and driven by an ever-evolving collection of reports, documents and web content we also drew on wider documentary source materials, including media articles, until the mid-2021 drafting of this manuscript.

Interview sampling was purposeful, focussed on personnel leading the planning of the WSCD institutionally. We initially identified known contacts in the NSW government to provide a list of participants for us to approach in their professional capacity. In each interview we then asked who else we should talk to in a snowball manner.

Overall, twelve separate stakeholders were interviewed in the second half of 2018. All participants held senior positions and were from a mix of urban planning, public policy administration, social service, and health system backgrounds. The range of participants and organisations was as follows:

- 2 CEOs from 'Peak' umbrella (representative of an entire sector) organisations from Housing and Social Services.
- CEO and the Chairman from a think tank funded by corporations and government departments.
- 3 General Managers from 3 (of the 8 involved) local councils
- 2 CEOs of 'health districts' (districts covered by WSCD).
- State level ministerial advisor
- Director and Commissioner from State Level Government agencies

Notably absent are interviews with community representative organisations. These groups were not involved in the development of the implementation plan. Federal government representatives did not respond to requests.

Interviews took the form of semi-structured conversations (Pawson, 1996) focussed on health equity and the WSCD. The information sheet provided to potential informants explained our interest in health equity. This focussed on a goal for an 'equitable, polycentric city' in the 2018 'Plan for growing Sydney' (the strategic spatial plan for Greater Sydney) (Harris et al., 2020), and the WSCD as an opportunity to implement that goal. We then identified three areas of interest the interview would be (semi-)structured around: equity and land use and infrastructure coordination in the WSCD; wider influences on the WSCD; and collaboration between agencies.

Ethical approval (6786) was provided by Flinders University.

3. Data analysis

Critical realist analysis iterates between empirical experiential data and insights from critical theory to deepen explanations of that data as

findings (Sayer, 1992). We also used critical discourse analysis, a critical realist derived method linking discourse – language, text – with critical theory to explain how and why social practices come about (Fairclough, 2003). Interview data were analysed in NVIVO to develop themes focussed on how health equity intersected with the ideas behind the WSCD, the interests of actors, and surrounding institutional dynamics (as articulated in Harris et al., 2015). That early thematic analysis focussed on data as expressed and without detailed critical theory informed scrutiny. Documents were interrogated for discourse – the way language was used – focussed on core ideas and concepts as well as the specific the inclusion of health and health equity related concepts and ideas. We then mapped all data against theory and reinterpreted the findings, critically, in the light of those theories (Fairclough, 2003). Those theories are introduced here.

3.1. Urban political theory: city-region competition, governance, and place

We used urban political theory (Davies and Imbroscio, 2009; Mosberger et al., 2015) to critically explain the data. Urban political theory has a long history of explaining the relational dynamics of how the urban political economy creates or mitigates spatial and social inequity - e.g. (Healey, 2006a, 2006b; Brenner, 2019; Harvey, 2001). Four core elements to that body of knowledge have relevance for the WSCD data we collected; 1) competitive city regions, 2) urban governance 3) critique of 1 and 2 from a localised empowerment perspective, and 4) attending to local places.

1. The 'competitive city-region' thesis argues that cities play a fundamental role within a globalised, competitive economy based on market rationality, deregulation and privatisation (Jonas and Ward, 2007; Jessop, 2002; Scott and Storper, 2015). A core mechanism that drives urban competition is the concept of agglomeration, referring to spatial clustering of efficient and interactive economic production systems based on divisions of labour, goods and services, and innovation (Scott and Storper, 2015; Harvey, 1989). While 'city-region' and agglomeration are identified as creating the economic environment to improve quality of life (Storper, 2010), a long line of urban studies has shown how a preference for competitive cities exacerbates inequities (Brenner, 2019).
2. Urban governance responded to this globalised model of city competition. 'New urban governance' blurs traditional relationships, boundaries and accountabilities between networks of public, private and civil actors (McCann, 2017). Urban governance networks tend to

be constellations of actors - or 'regimes' - sharing the same, usually economically driven, basic interests and objectives (Mossberger and Stoker, 2001; Stone, 2005; Pierre and Peters, 2012). A core mechanism of new urban governance is urban entrepreneurialism 'to maximise the attractiveness of the local site [the city region] as a lure for capitalist development' (Harvey, 1989). The state is facilitator of governance arrangements, with urban bureaucrats working primarily as mediators and networkers, securing action through participation and partnerships (Brandtner et al., 2017; Healey et al., 2002a).

3. The city region thesis and resulting influence on research about urban governance based on global city competition have been critiqued as insufficiently attending to local politics and grass roots empowerment (Harvey et al, 1987). Essentially, localism also matters. For example, urban governance aimed at shoring up global competition may also shore up existing uneven power relations rather than delivering on promises of greater democracy and grass roots empowerment (McCann, 2017; Swyngedouw, 2005).
4. 'Place', defined as 'location, locale, and a sense of place' (Cresswell, 2014), has been situated as a response to inequitable global forces of city competitiveness by a long line of critical urban theorists. Place is also emphasised in the urban focussed health equity literature, where Corburn (2017) presents a model for conceptualising urban places with a health equity lens. That model essentially revolves around the core dynamics of urban places introduced above. One concern how people living in a community interact with places and spaces. The other concerns how complex multi-layered governance arrangements direct resources and influence decisions. Historically the concept of 'place-based' or 'place-making' has been questioned from an equity perspective as shoring up urban policy making dominated by top-down, market driven, governance and interests over local empowerment and accountability (Rushton, 2014; Pill, 2021).

4. Results

The first layer of findings concerns how the WSCDs fundamental emphasis on economic growth pertains to health equity. We then focus on governance. We finish by zeroing in on place-based aspirations. We use urban political theory insights throughout to explain the data.

4.1. WSCD goals and commitments: pro-growth discourse squeezes out equity

4.1.1. Transformative regional investment for quality of life

The stated aims, goals and objectives of the WSCD centre on investment in the region for economic growth and quality of life (without linking either to health outcomes). For example, the implementation plan explains that the WSCD 'is a collaborative approach to building and coordinating investment that will create world class jobs and a great quality of life', and will 'transform the Western Parklands City into a highly connected, innovative and economic powerhouse, characterised by enviable access to open space and lifestyle opportunities for residents to enjoy.' A proactive approach to community engagement is highlighted. For instance, 'Putting people first', the plan claims, will mean the Western Parklands City can 'thrive and build on what already makes it great'.

The main mechanisms for implementing the WSCD are 38 commitments – see Appendix 1. These commitments will 'create quality outcomes for the Western Parklands City' to 'realise the shared vision for Western Sydney more effectively'. Community is written in as being 'at the heart of decision-making'. The commitments cover six domains, five focussing on substantive areas for action and a sixth on process: connectivity; jobs for the future; skills and education; liveability and environment; planning and housing; and implementation and governance.

At a deeper level, the plan's goals, intentions and actions demonstrate how the WSCD conforms to the core dimensions of 'new urban entrepreneurialism' fundamental to creating competitive city regions. Table 2 demonstrates this finding by mapping core statements made in

Table 2

The 'city-region' discourse in the WSCD (sections in italics are quotations from the WSCD Implementation Plan).

The discourse in the WSCD implementation plan	Harvey's new urban entrepreneurialism
Increased business investment (plus additional skills and education with an employment focus) to 'deliver transformative change to the region'. The WSCD 'builds on the Australian Government's \$5.3 billion investment in Western Sydney Airport, which will be a catalyst for economic activity and job growth'. The associated infrastructure investments (e.g. a rail link) are to be delivered in partnership with the private sector.	Competition for labour and capital means creating or exploiting opportunities to gain competitive advantage for the production of goods and services. New urban entrepreneurialism rests on public and private investment in infrastructure to strengthen the economic base of the metropolitan region as exporter of goods and services.
Commitments for 'Investment and Industry Attraction', 'expanding agribusiness opportunities', and 'supporting Indigenous businesses to thrive'.	Urban entrepreneurialism emphasis on agglomeration economies.
Government investment to open up the region for economic and employment opportunities. Most of the 38 commitments begin with 'Led by [one of the three levels of] Government'. Industry is highlighted as a partner when the responsibility for action lies outside of government – mainly in the 'connectivity (infrastructure)' section. Specific industries are named as investors, although incentives are not detailed.	Hardly any large scale development occurs without government offering a substantial package of aids and assistances as inducements.

the WSCD implementation plan against Harvey's seminal (1989) paper on new urban entrepreneurialism. That analysis shows how the WSCD is essentially concerned with: competing for labour and capital; public and private investment in infrastructure so the region is an exporter of goods and services; agglomeration economies; and substantial provision of government capital and resources as inducements for industry investment.

4.1.2. Committing to health

'Improve community health' is one of the 38 commitments for the WSCD specifically under the 'Liveability and Environment' initiative (see Appendix). That Liveability initiative, the plans states, is 'aimed at promoting safety, social cohesion and human health ...'.

Two primary progress that commitment. One, building infrastructure, is substantially resourced. Labelled a 'Liveability program', that investment is costed at AUD150 million, which covers the financing of infrastructure projects in participating local governments. To date, these projects have largely been community and sporting facilities (notably focussing on 'access, accessibility, and amenity') (Western Sydney City Deal, 2021).

The other commitment is to the 'Western Sydney Health Alliance'. The Alliance is a collaborative cross-agency forum for 'coordination and effectiveness of health services in the region', crucially with the goal of 'supporting healthier neighbourhoods'. Unlike the liveability program, new financial resources are not offered. Instead the alliance is to be funded by councils with their own existing resources; 'council funding and in-kind staffing [from the relevant health agencies – local health districts and primary health networks].'

While not detailed in the implementation plan, the Alliance has become the principal 'health' mechanism in the WSCD to progress health and liveability across four priority areas (Western Sydney Health Alliance, 2021), each with a working group (see Table 3). The stakeholders involved are the 8 local councils, 3 local health districts, 2 primary health networks, and 1 not for profit community service representative organisation.

Table 3
Western Sydney Health Alliance Priority Areas <https://wshealthalliance.nsw.gov.au/#> (and reference to health equity).

Priority Area	Reference to health equity
Access to health and wellbeing services	no equity reference but 'Shared ownership of social determinants of health by a diverse range of organisations'; and infrastructure that 'helps improve service access and affordability')
Getting people active	'reaching everyone for equitable opportunities to participate in physical activity' is one of three aims
Liveability and connection	no equity reference but 'social, cultural and economic connection and participation' is an aim
Promoting healthy food access and choices	no equity reference but mentions commitments to 'affordable access', 'empowered community', 'culturally appropriate access'

4.1.3. Absence of equity in the implementation plan

Reference to 'equity' is not made in the plan. The absence is partly explained by the discourse that emphasises organisational efficiencies, and investment for jobs and growth, over and above a concern for taking measures that are essential for addressing existing disadvantage. There is some reference to particular population groups, particularly opportunities for employment. There are references to 'accessible' open space although no indication to who might use those spaces or what makes them accessible (public transport for instance). Public transport to enable the '30 min city' concept is committed to (mainly via a rail link to the airport). However there is no commitment to changing the structural dimensions of urban policy making that empower communities to take control of their circumstances, which is known to be key to achieving health equity (Corburn, 2017).

In terms of organisational efficiencies, for instance, the 'planning and housing' section for instance is framed as developing 'performance metrics' that 'seek to measure housing supply and affordability' thereby 'helping all levels of government, industry and the community to develop policies to deliver more affordable housing located near jobs, services and transport connections'. No detail on policies or targets is provided.

Specific population groups are highlighted, for example Indigenous communities' business activities and entrepreneurship, and various activities for employment targeted at 'Indigenous, social and local participation' for women, young people, and Aboriginal people. However, there is no mention of addressing social equity risks in terms of disadvantage faced by these groups.

There are commitments to employment, education and skills, and housing. For instance, the 'what success will look like' section refers to '200,000 new jobs across a wide range of industries. The Aerotropolis will attract infrastructure, investment and knowledge intensive jobs, with the benefits flowing into health and education, retail, hospitality, and industrial activities that will power the city'.

Turning to participant interviews, these were revealing about the explicit exclusion of equity from the WSCD. One senior local government informant for example explained how he hoped the WSCD would address the determinants of health, while also suggesting it had not been reflected strongly enough in the WSCD:

for me the determinants [of health] resonates for a number of reasons ... people having good lives, so that's one, secondly investments in health and wellbeing have multiple benefits in terms of you're not only helping people personally, in terms of financially, you're lifting them, potentially, some people out of the welfare space and into the productivity space, so there's a double whammy there, and you're improving their lives. There's this massive potential for three tiers of government to do some special stuff by working together. But I don't think that double whammy comes across strongly anywhere, as I think it should

(General Manager, local council)

This comment illuminates the core interests and assumptions behind the WSCD. The suggestion, essentially, is that welfare is bad and

productivity is good. Further, the role of the three tiers of government, as suggested by new urban entrepreneurialism, is to foster that shift from welfare to productivity. Equity, through addressing the determinants of health, might be a possibility, but is not meaningfully considered.

4.1.4. Clashing interests: pro-growth vs welfarism

An explanation in the urban governance literature for why pro-growth policy discourse excludes equity comes from Pierre (1999, 2001). He provides four archetypes of 'urban governance': managerial, corporatist, pro-growth, and welfare. Analysing the data about the WSCD against this framework suggests it follows the 'pro-growth' archetype as follows:

- 1) Growth is the policy objective,
- 2) 'Business' is the main mechanism to achieve it,
- 3) partnerships are the instrument,
- 4) interaction between public and private actors and political consensus form the approach, and
- 5) local state-citizen relations are exclusive.

In contrast, Pierre positions equity under the Welfare archetype. Were the WSCD to emphasise equity, following Pierre's welfare archetype, it would necessarily include:

- 1) redistribution as the policy objective,
- 2) the state as the mechanism to achieve it,
- 3) inter-governmental as the instrument,
- 4) restricted private investment, and
- 5) local state-citizen relations are inclusive.

Such archetypes are overly simplistic. For instance, Pierre (1999) dismisses the welfare approach as 'anticapitalist' and 'needy for private investment but least geared for attracting such investment' (p. 387). Nevertheless such stark differences explain how equity differs from pro-growth goals and strategies. In the WSCD implementation plan, however, the absence of any reference to risk, disadvantage means the WSCD is beholden to a top down economic development model that excludes redistributing resources to benefit health equity. Infrastructure investment that provides 200,000 'knowledge based' jobs that are spatially close to affordable housing, with no set targets, is insufficient to address the region's existing inequities.

Note also how Pierre explains that pro-growth urban governance excludes (whereas welfarism includes) relations and exchanges between the state and the citizenry. The WSCD was similarly exclusionary. Social services were not engaged:

There's a billion dollar industry that is connected to communities which is social services sector. We're an industry in ourselves and we [are]connected at the grassroots with all types of people. People are key to these cities working and that gets lost from [WSCD]. We have to be integral to all of it all the way through.

(CEO social services NGO)

Nor were the public, despite the rhetoric about community as a partner:

And the public's had even less involvement, so the public's sort of [saying], 'oh, there's something about a City Deal'

(General Manager – Local council)

4.1.5. Lifting up the region

All interview participants were concerned with inequities experienced by the region relative to the rest of the city. All couched the WSCD as responding to regional disadvantage and pressures on infrastructure, especially transport and housing, resulting from population growth,

exacerbated by lack of planning. For instance:

There's an understanding that there's been a social, equitable, health and environmental sustainability time bomb created in Western Sydney through a lack of planning ... you've got a city of 2 million people that has incredible sprawl, low job density, a tougher climate than the eastern half of the city, a bunch of problems ... I think the long-term thinking is that there was a risk of those turning into difficult and insoluble political problems unless they are addressed.

(Chairman of Board – City level think tank)

In response to these challenges, the WSCD was an opportunity to 'rebalance' infrastructure investment to the (equitable) regional benefit of the West:

So for me, the City Deals are just all about equity - fundamentally about rebalancing - and governments had very few levers where they actually control the job and economy play. If you read Jane Jacobs again, what she'll tell you is we build a road every five years, a railway line every 25 years and an airport every 100 years, so don't stuff it up. And so that's what we're trying to do, is not stuffing up building the airport. But we're not interested in the airport, we're interested in the consequences of the airport. So infrastructure supports that, infrastructure doesn't lead that.

(Commissioner – Greater Sydney Commission)

This position is typical of how participants viewed the WSCD. The airport is the core infrastructural 'agglomeration' mechanism (Scott and Storper, 2015) for the region to leverage growth through providing housing, employment, education and health, and thereby quality of life.

The largely economic view of the WSCD as a mechanism to lift up the city-region does not address within region differences. Addressing within region equity means attending to the lived experiences of local people and empowering them to engage in political and resource decisions (Healey, 2006a). Equitable spatial provision of infrastructure, services, jobs and amenities is also necessary (Bambra, 2016; Pill, 2021).

For agglomeration to work, infrastructure investment requires not only competitive entrepreneurialism but also, and maybe rather, local state action for social justice to address vulnerability and disadvantage (Garcia and Judd, 2012). The positioning of local government in the WSCD potentially provides the institutional mechanism to take on local equity focussed action (Pill, 2021). Returning to Pierre's archetypes, he positions local government as the main arbiter for welfare oriented policy development (Pierre, 1999). The governance behind the WSCD, analysed next, provides further insight into the institutional dynamics, interests and roles of various stakeholders including local government.

4.2. Governance arrangements: managing under-resourced multiple interests

Our starting point for the governance focussed analysis tests the proposition in the urban governance literature that policy objectives and governance arrangements are 'defined in one and the same process' (Pierre and Peters, 2012). Pierre and Peters suggest that policy interests, like the WSCD's pro-growth emphasis, pre-determine the constellations of stakeholders involved in governance. Put simply, actors involved tend to share the same interests and objectives. Simultaneously, urban entrepreneurialism theory explains how government has become the core facilitator of governance to foster intra-urban competition by harnessing global investment. Here we show how the WSCD exhibits these dynamics and consider the implications for health equity.

The term frequently used to explain the WSCD was 'tri-government governance', or bringing the three layers of the Australian government together. The Australian policy context is crucial, participants explained, because never before have the three layers of government worked together on urban policy issues. For example:

the critical thing is we've got this governance framework set up right, so there's - the [Airport] authority that's now in legislation and that's in the process of being set up, an implementation board which is at official level, state, commonwealth bureaucrats and council general managers. A leadership group of ministers and mayors that the implementation board feeds up to - the decision makers who meet on a quarterly basis. So there's a really strong governance structure

(Ministerial Advisor)

Participants also indicated that the interests of those government stakeholders coalesced around regional infrastructure investment for regional growth:

You have great strategic plans and you have aspirations so you have a vision, but how do you actually do that? The City Deal can help to accelerate and actually implement, as you have government investment; private sector investment follows government sector investment. There's particular pieces of infrastructure that can fundamentally redefine the future of a region. And I think bit by bit, governments, federal and state, are ticking those lists off.

(GM – Local Council)

Not only does this comment highlight the belief in catalytic infrastructure for agglomeration, but also the belief in public investment as a necessary precursor for private investment (Harvey, 1989).

The observation also introduces the core interests within the three levels of government involved in the WSCD. All participants explained how the different layers of Australian government each brought a particular interest to the negotiation table. The federal government were primarily interested in the asset of the airport, which is their responsibility both financially and legislatively. The state government were primarily interested in the airport as the catalyst for investment across the region. Local governments were interested in ensuring that these investments benefitted their local communities. Bringing the three levels of government together was described by most as a formidable challenge, given differing interests and historically embedded ways of working. The Greater Sydney Commission (GSC), a state level agency created in 2015 to coordinate spatial planning with infrastructure delivery (NSW Government, 2015), took on the governance coordination role. One participant explained how the federal and state governments preferred top down, siloed, policy development rather than negotiation and partnerships (noting that the Department of Premier and Cabinet was the State level agency that the GSC became part of to implement the WSCD):

There was a very strong feeling within DPC [Department of Premier and Cabinet] that [the WSCD] would be run very centrally. Top down. The GSC, partly because of individuals but partly because of their background and their work with local government, did not think that. Very few people in DPC have any idea how local government works. And there's certainly no moral, intellectual or emotional commitment to changing the fundamental way the three levels of government worked together. Nothing, no commitment out of DPC to changing the power base as it currently operates between federal, state and local government.

(Director, State Agency)

A range of challenges to progressing equity are thrown up by this governance arrangement. Most crucially, for health equity to be taken up, multilevel, networked governance arrangements are necessary based on an articulation of how health equity actions are to be embedded across institutions and organisations (De Leeuw, 2017). These arrangements require negotiating and then mandating commitments across organisations involved, cemented in policies and plans, incentives, workplans, and capacity building efforts (Healey, 2006b). As shown, equity as a goal was absent so, unsurprisingly, necessary strategic detail to implement equity was missing.

Much of the effort establishing the WSCD was described by participants as ‘soft governance’, based largely on individual leadership and skill. For example another participant made the following useful (if mixed) metaphor:

If you want me to tell you the real story about what happened, there's a few structural things that needed to happen for this city deal to get across the line because to be honest, it was almost impossible and still remains almost impossible to do. So our federated system, conspires ... This is a burning platform, and unless you've got the right ingredients of the orchestra, unless you've got a conductor and a concept master and somebody leading the fiddle section and somebody leading the brass section, it's just won't happen.

(Commissioner, GSC)

From an equity perspective the ultimate challenge is whether governance arrangements are flexible enough to improve the lives of those at risk of disadvantage (Healey, 2006b; Swyngedouw, 2005; MacLeod, 2011). However, the data presented suggests the governance of the WSCD is top down, negotiated by a few powerful but well-meaning individuals whose interest is regional growth, driven by and for government agencies to foster private sector investment.

4.3. ‘Place-based’ as a (missed?) opportunity to promote equity

The concept of ‘place’ was raised in interviews as an important yet challenging goal for WSCD. ‘Place’ in the interviews was raised in one of three ways: ‘Place’, ‘Place-based’, and ‘Place-making’. Use of the term ‘place’ in the interviews tended to refer to the WSCD as an attempt to position infrastructure investment to improve local places.

Notably, only two references were made to ‘place’ in the 2018 implementation plan. The 2020 progress report (Western Sydney City Deal, 2020) however mentions ‘place’ 12 times as either actions or goals. Most frequently used is ‘Place-based infrastructure compacts’, explained as ‘helping indicate the level of infrastructure and services needed to meet population growth’. The report notes the change in terminology from ‘formerly known as Growth Infrastructure Compacts’. This discursive shift suggests a move from economic growth to local place-making based on population data and services. Further, the progress reporting against the Western Sydney Health Alliance has ‘co-designing and place-based actions ...’ and ‘development of place-based projects’ as next steps. The (increased) AUD190m ‘liveability’ commitment to local infrastructure projects aims to transform the region into ‘one of the most vibrant and liveable places in Australia’.

Equity is again not mentioned, but the language opens up the opportunity for focussing on equity through ‘Place’ in line with the literature introduced throughout this paper.

The new emphasis on Place in the WSCD can be traced primarily to the GSC. All participants were clear that the GSC’s aim with the WSCD was to link the place focussed vision of their strategic plans for Greater Sydney (Greater Sydney Commission, 2019) with the delivery of infrastructure. As we noted in our information statement to participants, that strategic plan places equity at the core of achieving ‘Liveability’ and achieving a ‘Polycentric’ city accessible by residents within 30 min. By extension, place and equity are potentially synonymous for the WSCD. One participant explained this connection as follows:

In the GSC itself placemaking is a critical element ... In terms of the Western City Deal, clearly placemaking has been part of the Western City Deal in terms of thinking about where these new communities are going to grow, and we're not just building infrastructure, but we're building communities that are integrated, linked. The GSC is about the 30-minute city, all those concepts. The City Deal – they've absolutely taken up that concept and probably why it's critical is because that thinking hasn't been there before.

(CEO Health Service, **emphasis added**)

We have added the emphasis to the quote that indicates place-making is a new idea. Institutionally, new policy ideas and new governance approaches face an uphill battle challenging existing urban policy power structures and dynamics (Scott and Storper, 2015; Healey et al., 2002b). As an idea, participants suggested that placemaking in the WSCD raised three important institutional challenges. First, infrastructure planning tends to default to the financial cost and economic benefits of particular infrastructure project investment rather than being driven by concerns for its impacts on places and people. Second, ‘place’ challenges traditional siloed, top down, centralised approaches to governance. Third, place-making committed the government to bottom up rather than top down resourcing. Each challenge notably corresponds to the identified governance barriers to place-making in the literature (PPS, 2016): i.e. that planning is traditionally driven by top down bureaucratic processes focussed on projects designed within disciplinary siloes, and with no meaningful community engagement.

One participant explained how (re-)allocation of resources for creating places challenged the whole government system, right up to the acme of decision-making power in the (State) Cabinet:

Ministers don't want anybody else telling him or her what to spend their money on ... that comes to the bottom of it. And unless making a great place can be made one of the priorities for a minister to do something you're never going to get place-based thinking and that kind of an outcome. And it has to be operating at all the levels. So from the minister down really. And I can't see any way of that changing. Unless cabinet thinks that creating good places is important then the agencies are never going to do it.

(Director, State Level Agency)

Place and equity also requires engaging with how people living in a community interact with places and spaces (Corburn, 2017). However, as noted, the WSCD avoided engagement with the public or social services. Other research focussed on the planning behind the airport has shown that rather than being engaging and empowering the community were locked out of negotiations (Haigh et al., 2020). Recent media coverage is replete – for example (Cox, 2021) – with stories of corruption and governance failures surrounding the financing of the land in and around the airport. From a local urban governance perspective on place, these experiences echo decades of cautions in the literature about infrastructure investment fostering local ‘coalitions of property developers and financiers’ (Harvey, 1989), and failing to move beyond the influence of a few already powerful elites (Healey et al., 2002a; Swyngedouw, 2005). Tellingly, the Minister for Planning recently responded to this negative media by appointing a ‘community commissioner for the aerotropolis’ (NSW Government, 2021). The Commissioner’s report is subtitled ‘Recommendations for a fair and equitable way forward for small landowners in the Western Sydney Aerotropolis’.

5. Discussion

City Deals are urban policy instruments with wide and deep implications for the places they aim to develop (O’Brien and Pike, 2019; Beel et al., 2018; Evers et al., 2020). Despite some articulated concern about social equity in the literature (Pill, 2021) City Deals have yet to be subjected to a health equity focussed analysis. This research addressed this gap by unpacking the planning and design of the WSCD from the perspective of health equity. Using a mix of empirical data obtained from policy documents and interviews, and critical insight from the relevant literature, we showed how the WSCD emphasised infrastructural investment in Western Sydney to create more employment and improve quality of life. To that end, the WSCD includes some economic and built environment determinants of health (McGowan et al., 2021): for instance knowledge based employment close to housing, public transport investment through a rail line linking to the airport to

create a '30 min city', and accessible open space.

Equity was not explicitly considered in the documentation. However, interviews with participants, architects of the WSCD, emphasised the WSCD as 'rebalancing' the region's historically inequitable lack of planning and investment. However, no links (or data) in the WSCD connected employment, housing, transport, or open space with existing or future disadvantage. Furthermore, 'Liveability' has been shown as a policy goal for cities that is caught up in city region competition, driven by branding cities for investment, but without addressing equity (McGreevy et al., 2019, 2020; Pill, 2021). We also found commitments to regional level equity remained embedded in pro-growth interests and top down governance approaches rather than a wider more complex localised understanding of disadvantage across and within Western Sydney. Engagement with communities or social services was absent despite documented rhetoric in the plans about communities being central. We then showed how shifting to 'place-based' infrastructure planning is struggling to be put into practice.

Our detailed case study findings support previous suggestions that the design of City Deals works against social equity by playing into neoliberal ideological preferences for market driven competition, coupled with top-down government brokered initiatives (Pill, 2021). Like other studies about City Deals, we showed how the WSCD privileges 'business elites' in the process of city region building to the exclusion of civil society and marginalisation of diverse and especially relatively powerless local voices (Beel et al., 2018). We particularly identified how a normative preference for 'growth' over 'welfarist' governance (Pierre, 1999, 2011) potentially and unnecessarily excluded civil society and especially social services from negotiations. Moreover, we have demonstrated how an ambiguous commitment to 'place-based' infrastructural commitments was overridden by embedded institutionalised approaches to urban policy in Sydney. Rather than being about a relational engagement with the places that people live in in Western Sydney, the WSCD has sought out global investment with the intention of growing the economy and attracting 'knowledge based' jobs to the region. Our analysis supports other research into City Deals (Evers et al., 2020), and historically in public administration (Jessop, 2007), questioning the shifting role of the state in urban governance as preferencing elites over the public interest. Despite an important role taken by local governments in the WSCD the connection to local place-shaping as an alternative to top down place-based policy (Pill, 2021) has yet to occur.

Striving for a competitive city-region can bring infrastructure investment for positive agglomeration based economies (Scott and Storper, 2015; Storper, 2010) and benefit population health if local socio-economic conditions are improved (Arcaya et al., 2016). However, lack of commitment and mechanisms to address spatial and social inequalities undermine the WSCD. The inability to operationalise place-making at a local scale suggest health inequities within the region are likely to persist (Corburn, 2017). Notably, despite suggestions that place-based policy is novel for Sydney, challenges to implementing place-based approaches were identified in Sydney as far back as 2004 (Gillen, 2004). Currently our data supports recent descriptions of WSCD as 'old wine in new bottles' (Hu et al., 2019) that prioritises financing infrastructure investments over necessary structural changes to equitably benefit the region or local communities (Dodson, 2009; Harris et al., 2020; Vigar, 2009; Legacy et al., 2017; Greiss and Piracha, 2021).

For practice, addressing health equity requires a health equity goal or commitment (perhaps as part of the health commitment) and subsequent actions across and through the organisations involved (De Leeuw, 2017; Harris et al., 1995). Health equity focussed analysis, especially within the region, should identify and monitor where gaps exist, for example in terms of services, transport, housing, and employment. Equity also needs a committed resource investment to develop capacity across the WSCD to take actions to address risks as well as identify opportunities. Shifting attention equity means accepting the evidence (Arcaya et al., 2016; McGowan et al., 2021; Bambra, 2016) that population health disadvantage – through social, ecological as well as economic determinants (World Health Organization, 2020) - occurs relationally within the context of specific local urban places (Cummins et al., 2007; Corburn, 2017). There are opportunities to insert place and health equity focussed evidence within particular planning instruments used to develop the Western Parklands City. 'Local Environment Plans' are one important instrument that local governments use to create places and spaces, for instance. Additionally, the GSC has commenced a new round of city spatial and strategic planning including for the Western Parklands City. The 'community commissioner for the aerotropolis' report (NSW Government, 2021) made 40 recommendations - focussed on communication, local impacts, and governance. The implementation of these requires health equity focussed input. More ambitiously, a prospective strategic health assessment (Harris and Villani, 2018) of the 38 WSCD commitments would focus attention on health equity impacts, actions and long term governance. Of note, PH is negotiating with government stakeholders involved in the 'Western Parklands City' to position a health focussed planning officer with an equity remit over the next 3–5 years.

Ultimately the history of urban politics is clear that market failure associated with speculative capital accumulation is ever present (Jessop, 2002). Western Sydney is, for instance, at the time of writing, reported in the media as being Sydney's epicentre of COVID-19 in large part because of the 'critical infrastructure' nature of employment and cultural diversity in the region – e.g. (Chalmers, 2021). The pandemic is once again demonstrating how speculative capital investment in infrastructure requires attending to risks for social equity, including health, as well as governance regimes that plan for and manage such risks when they arise (Cars et al., 2017; Jessop, 1998). Deeper engagement with existing and future vulnerability and disadvantage is essential if the WSCD is to live up to its promise of creating a region of healthy, and equitable, places in Western Sydney over the next 20 years.

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Ethics approval

Research ethics approval was obtained from Flinders University (2015/6786).

Appendix 1. The WSCD’s 38 commitments

Vision		A thriving future-focused city that is highly connected, innovative and liveable					
Objectives		1. Realising the 30-minute city by delivering public transport for the Western Parkland City 2. Creating 200,000 jobs by supercharging the Western Parkland City 3. Skilling our residents in the region and initiating new education opportunities		4. Respecting and building on local character, enhancing liveability and improving the quality of the local environment 5. Innovative approaches to planning and delivery of housing 6. Getting on with delivering for the Western Parkland City through enduring tri-level governance			
Initiatives		Connectivity	Jobs for the Future	Skills and Education	Liveability and Environment	Planning and Housing	Implementation and Governance
Commitments		Deliver Rail C1*	A world-class Aerotropolis J1, J2	Education and skills S1, S2	Amenity and liveability L1	Housing package P1, P2, P3, P4, P5	Enduring tri-government governance I1, I2, I3
		Rapid bus services C2	Investment and industry attraction J3, J4, J5, J6, J7a, J7b	Building partnerships S3, S4, S5	Protect and preserve environmental assets and parkland character L2, L3	A partnership approach to planning P6	Community partnership I4
		Digital connectivity and smart technology C3, C4, C5, C6	Expanding agribusiness opportunities J8		Streamlined environmental approvals L4	Innovative planning for future infrastructure needs P7	
			Support Indigenous businesses to thrive J9, J10 More job opportunities J11a, J11b		Improve community health L5		

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