



Tackling Root Causes Upstream  
of Unhealthy Urban Development



# What makes good places / housing?

## Overview of findings from 6-yr research programme

**Public Health Scotland | Place & Wellbeing Alliance (P&WA) webinar on Thursday 22 May 2025**

@ Teams platform | Session; 10:00 – 12:30

**Daniel Black**

Research Director

Daniel Black + Associates | db+a

University of Bristol (Medical School - Population Health)

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**Some context**



## HEALTH AND PUBLIC POLICY EXPLAINER

### What 'health' means and why that matters

This policy explainer is split into three sections.

1. The first section explains why it is important that we ask what 'health' means;
2. The second examines three main areas of contemporary debate linked to 'health'; and
3. The third sets out the implications of these for policy and for political responsibility.

We pay particular attention to preventative policies: those that aim to create the right conditions in society for both a lower incidence of ill health, and better and fairer enjoyment of good health by all.

#### 1. Why ask what health means?

At different times in our lives, we will think about our health and the health of those around us. If asked, we would all agree that health matters. This is health's 'intrinsic value'.

Being in good health is also important for what it allows us to do for ourselves, our families, communities and society. This is health's 'instrumental value'.

Of course, the opposite of these points is also true. Being in poor health is intrinsically bad, and it brings costs and limitations for individuals, families and society.

Given that health is so evident as a value—as something that matters—why do we need to ask what health means? It is because 'health' is a surprisingly slippery term and to achieve good health policy we need to understand it better. Consider as a starting point that:

- Health is not a single thing: it refers to lots of very different sorts of physical and mental conditions and situations.
- Health problems vary in how they arise: as a result of injury, infection, genetic disorder, exposure to an unhealthy environment or engagement in health-harming behaviours.
- Health problems vary in presentation: severity, stage and predicted progression.
- Health problems vary in how they may be addressed: whether and how they can be prevented in the first place, whether and how they might be treated when they arise, and at what cost.

In the next section we highlight some of the contentious issues affecting our understanding of health. These are also illustrated in our timeline, where we highlight some key writers and policy organisations who have researched what it means to address the determinants of (ill) health.

# Planetary Health

Safeguarding both human health  
and the natural systems that  
underpin it



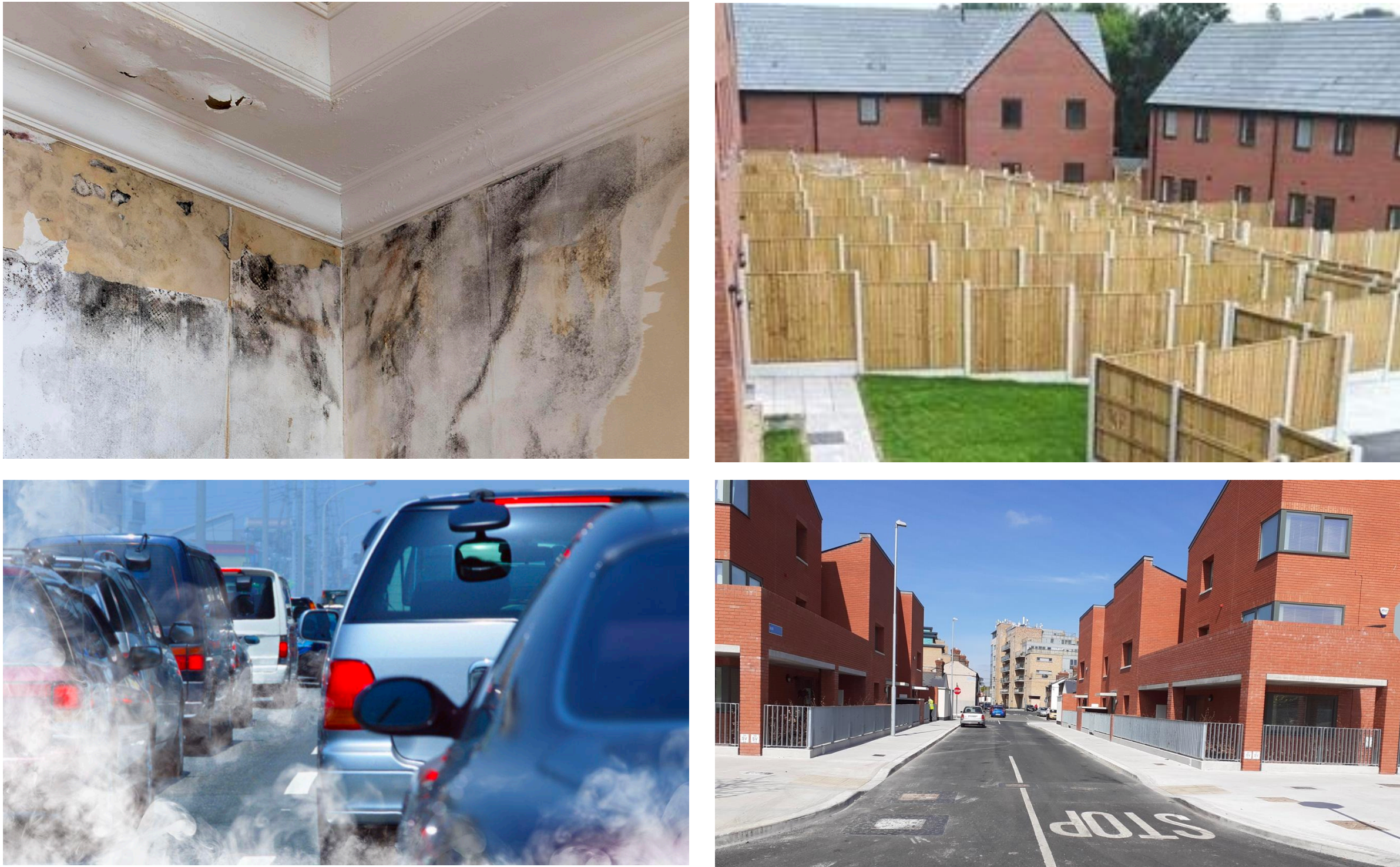
*“Our definition of planetary health is the achievement of the highest attainable standard of **health, wellbeing, and equity** worldwide...*

*...the health of human civilisation and the state of the natural systems on which it depends.”*

Rockefeller Foundation-Lancet Commission (2015)

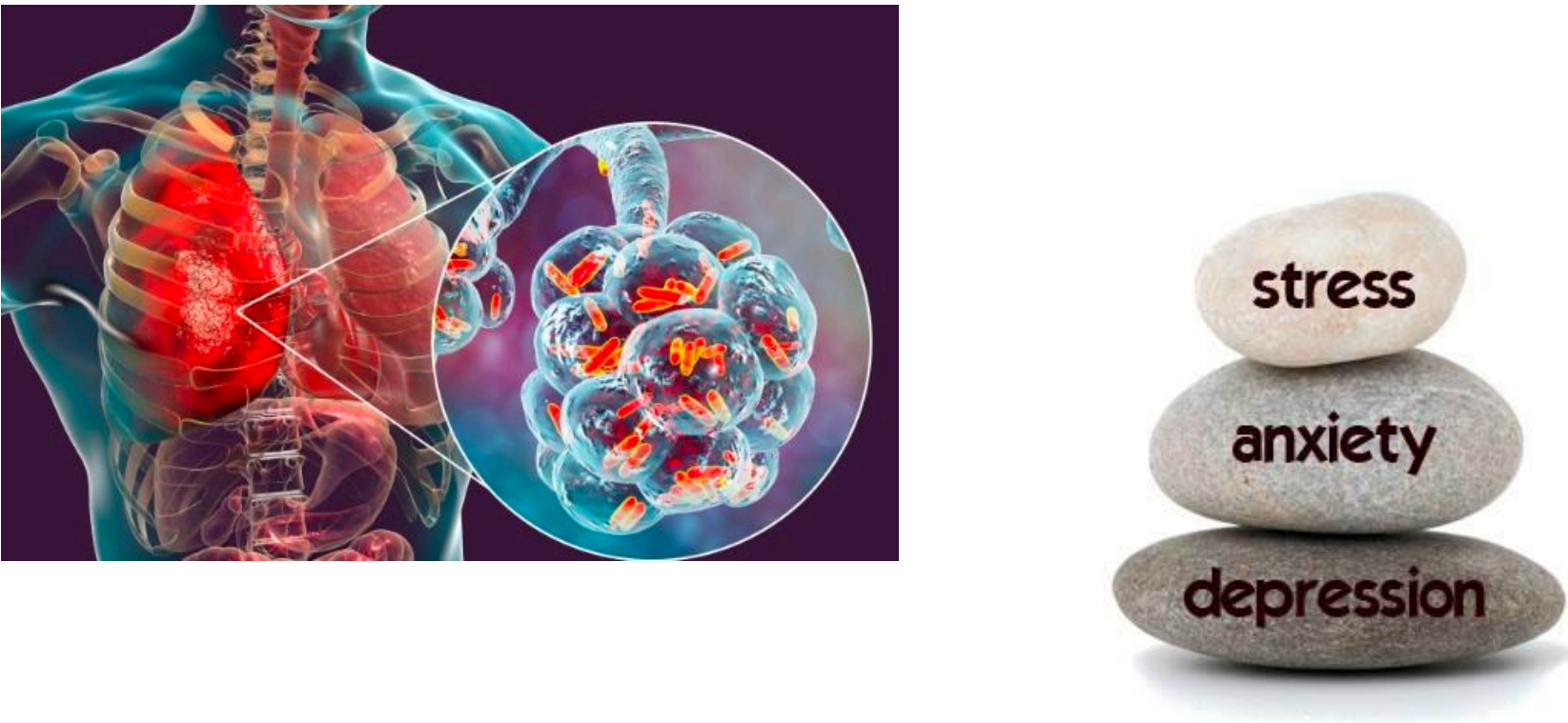


# Urban



Ige et al. (2018, 2020), Eaton et al (2023)

# Health



## Severely obese children in England

Severely obese Overweight & obese Healthy weight Underweight



Source: Public Health England

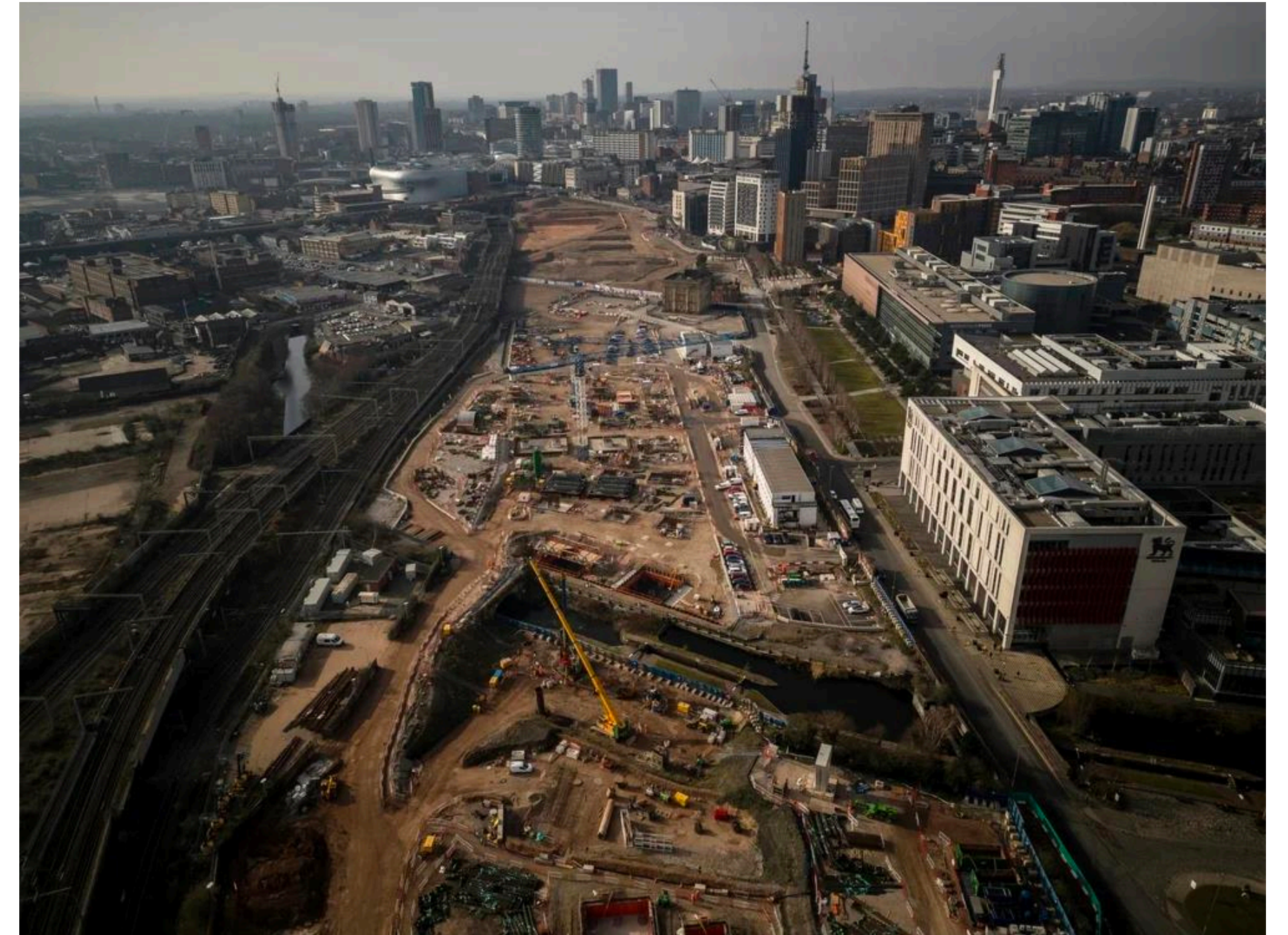


# Cities

**Consume 75% of its natural resources**

**Produce 70% of global CO<sub>2</sub> + 50% of its waste**

(OECD, 2023, UN Habitat 2018, EMF, 2023)

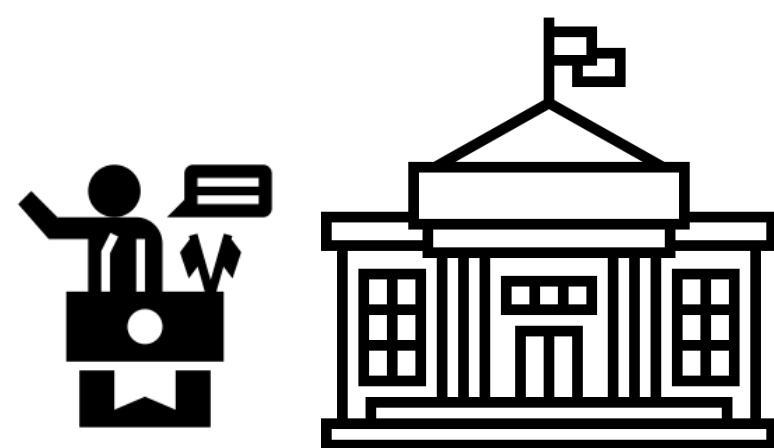




# Urban sectors / infrastructures

## MULTI-SECTOR PLANNING

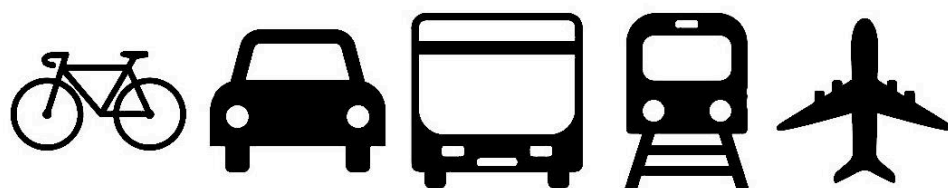
ADMINISTRATIVE



BUILDINGS



TRANSPORT



WATER & WASTE



DIGITAL



EDUCATIONAL



HEALTHCARE



CULTURAL





# Low quality sprawl

## Building Design.

Intelligence for Architects

### NEWS

## Housebuilders lambasted for producing overwhelmingly bad designs

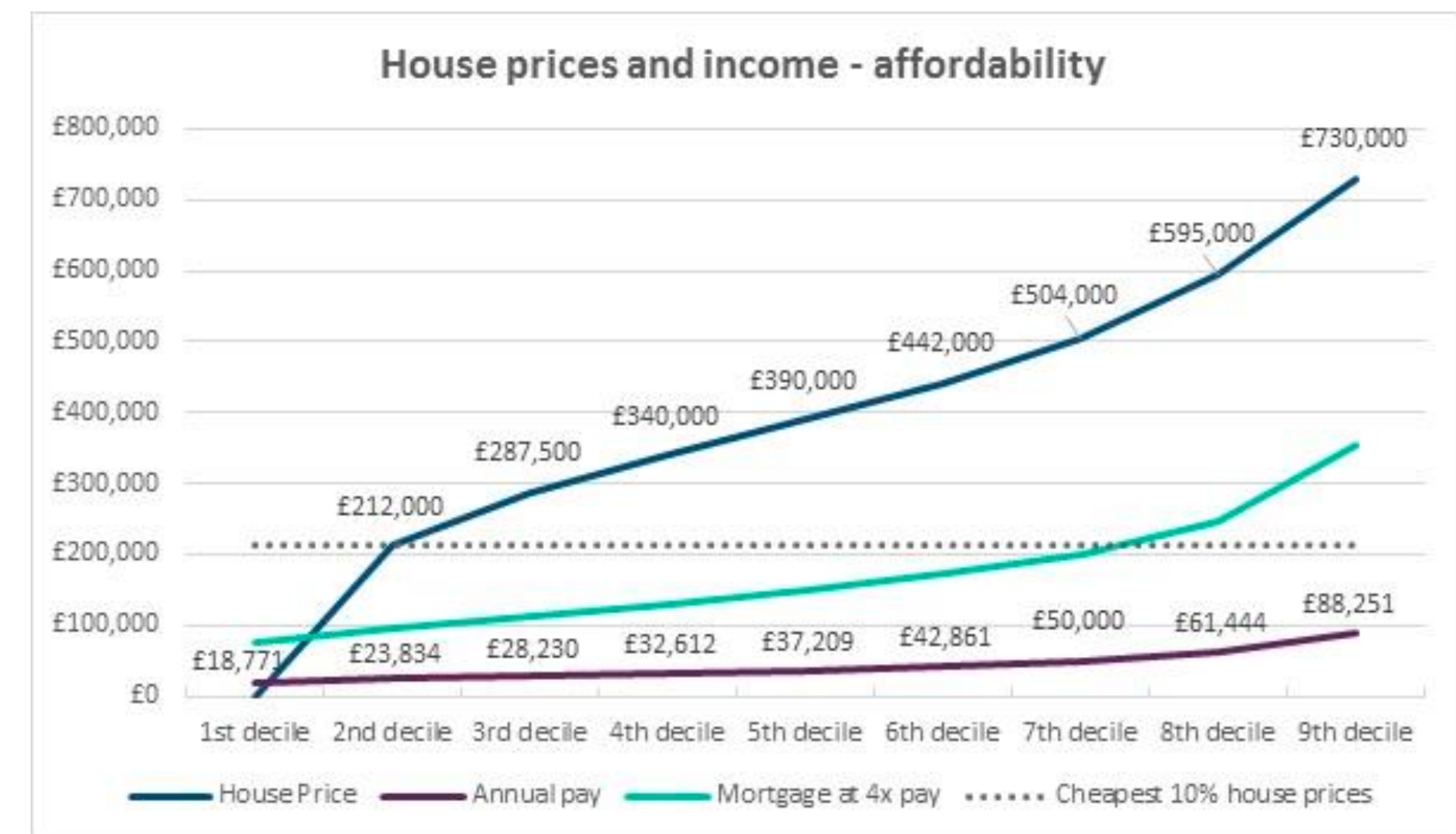
By Joey Gardiner | 21 January 2020



*“The design quality of homes built by “greedy” volume housebuilders are overwhelmingly poor or mediocre...*

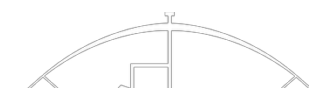
*...three-quarters of new homes constructed by large builders are of mediocre or poor design quality, with one in five so bad they should never have been given planning permission.”*

# Unaffordable city centres



*“...only the top quarter of earners in the capital can afford even London’s cheapest homes (bottom 10% of house prices)”*

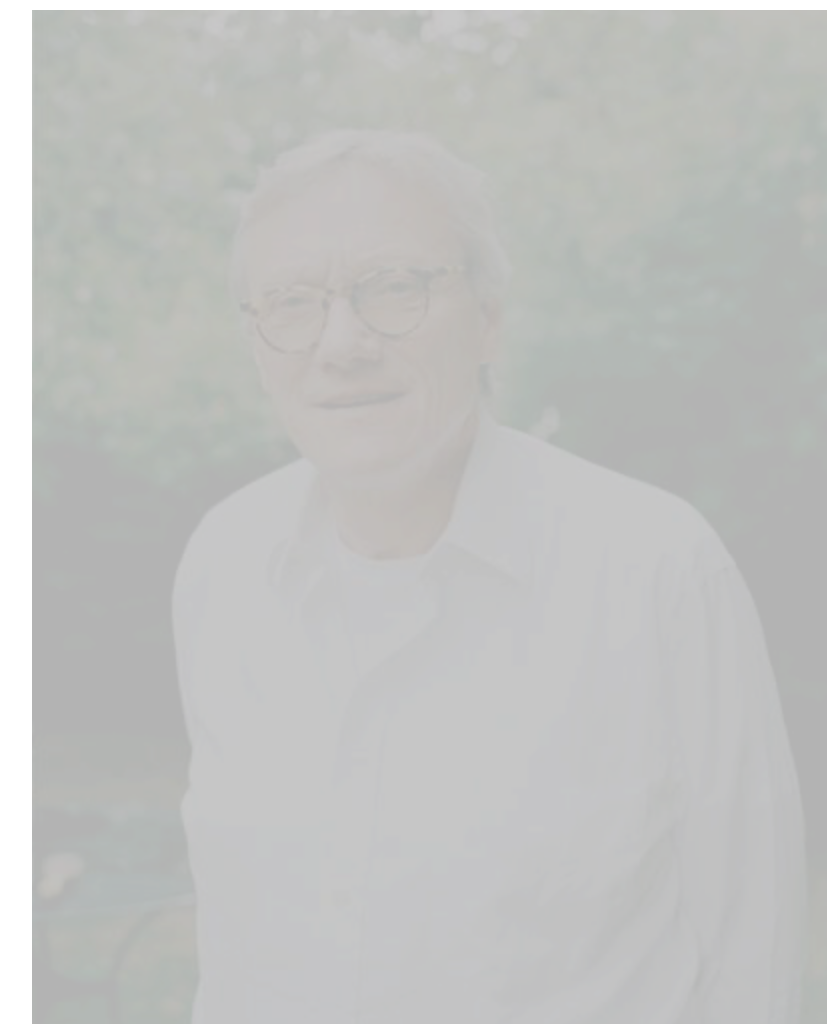




[Home](#) › [Europe's Most Sustainable Town](#)

## Europe's Most Sustainable Town

The Most Sustainable City District in Europe



- Rural **farmers** and liberal **city dwellers unite** against nuclear facility proposal
- **Socialist/green** then Green **mayor**
- **Devolved** control of **infrastructure** (transport, energy, water)
- University town within commuting distance of Zurich
- **Tax relief** and **match funding** for 'Baugruppen'
- **Character, expertise** and **power of** Freiburg 'oligopoly'

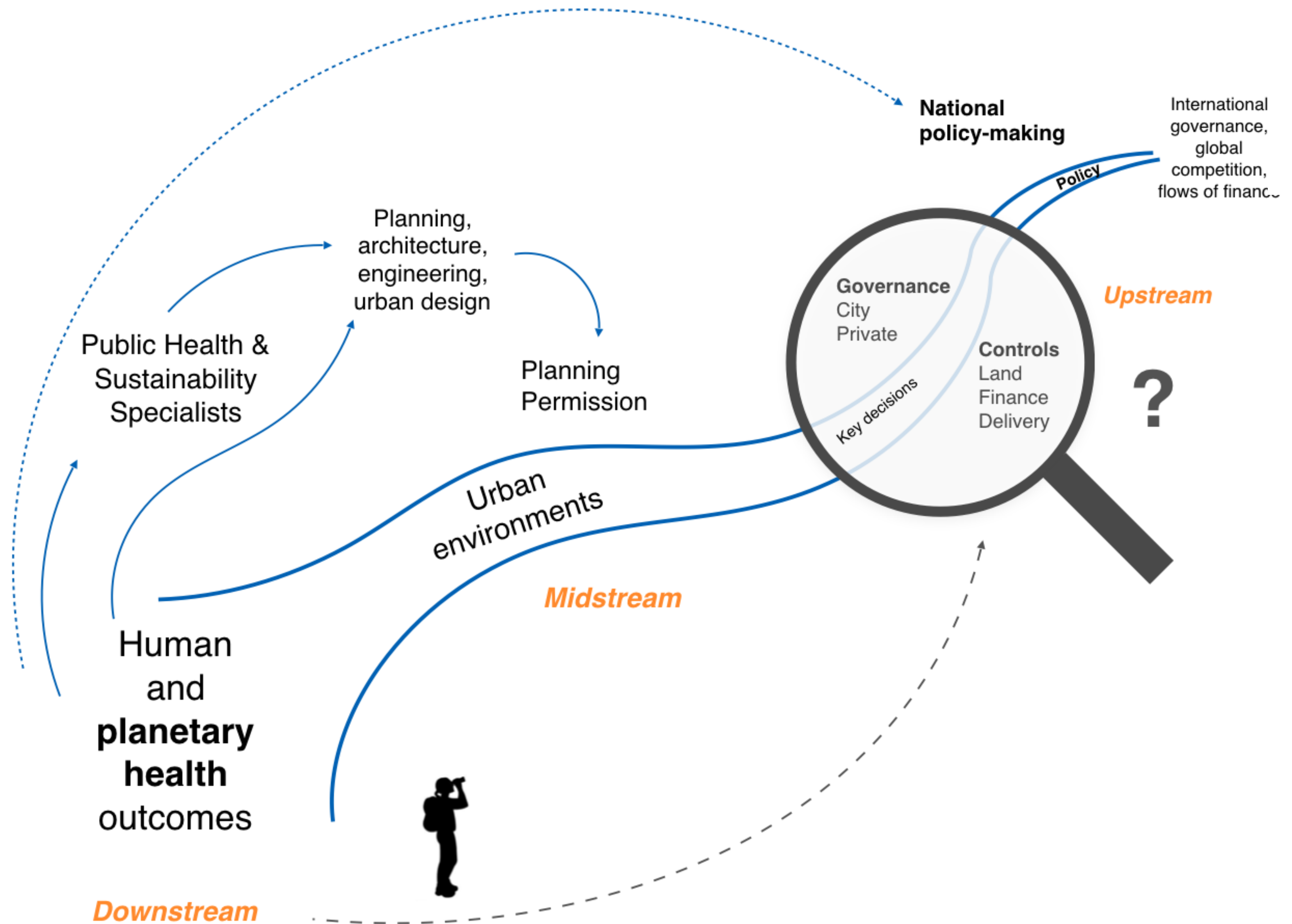




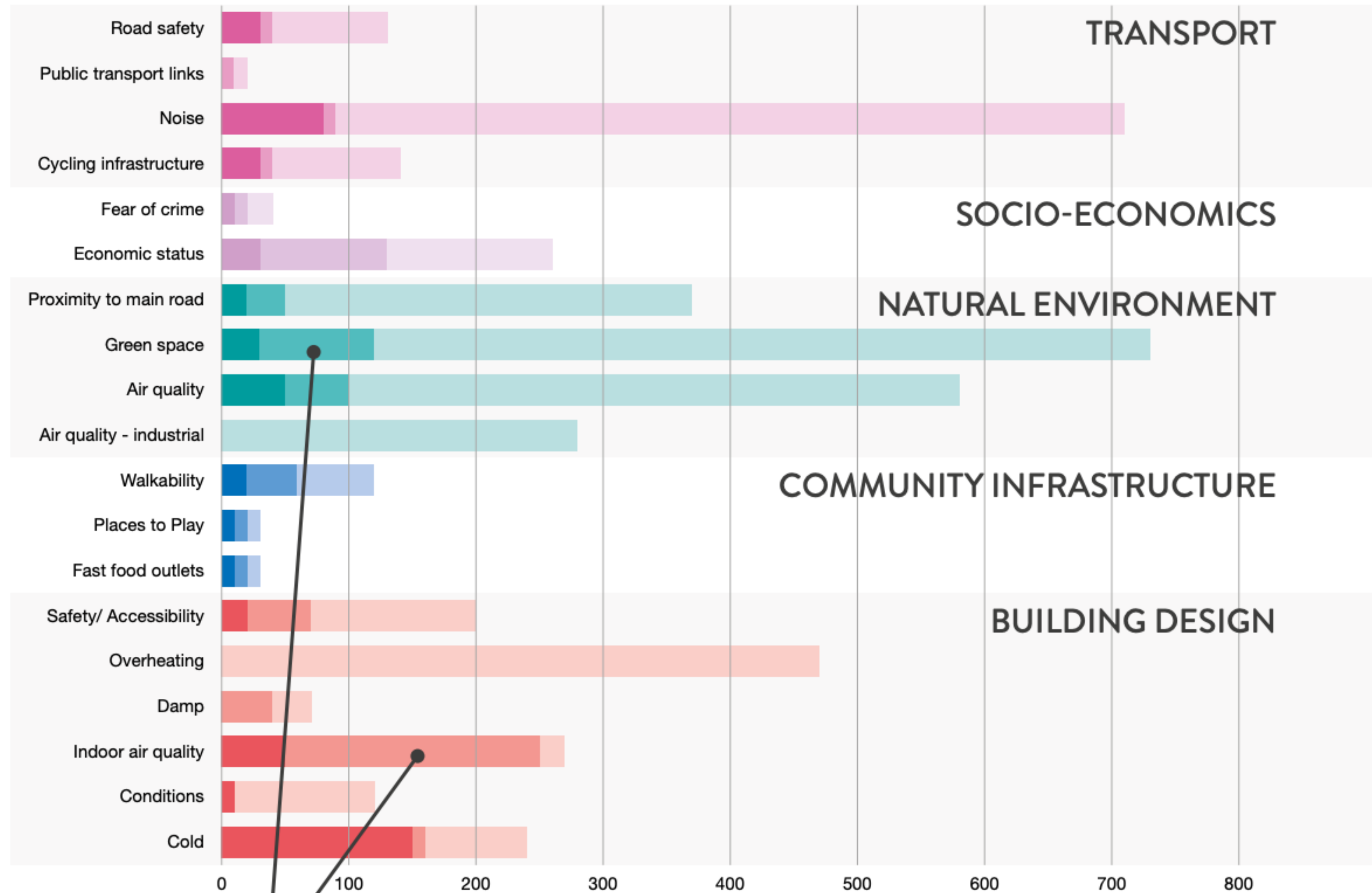
**UP**STREAM

**Moving Planetary Health Upstream**  
in Urban Development Decision-Making

# Pilot illustration of 'problem space'







Potential impact per 1000 people per annum (1,000s)

■ Medical treatment ■ Productivity ■ Mortality, pain and suffering

“For example, the evidence suggests that poor indoor air quality costs £250 per person per year mainly in terms of lost productivity (due to headaches), while lack of green space costs over £220 per person per year due to mental health problems alone.”

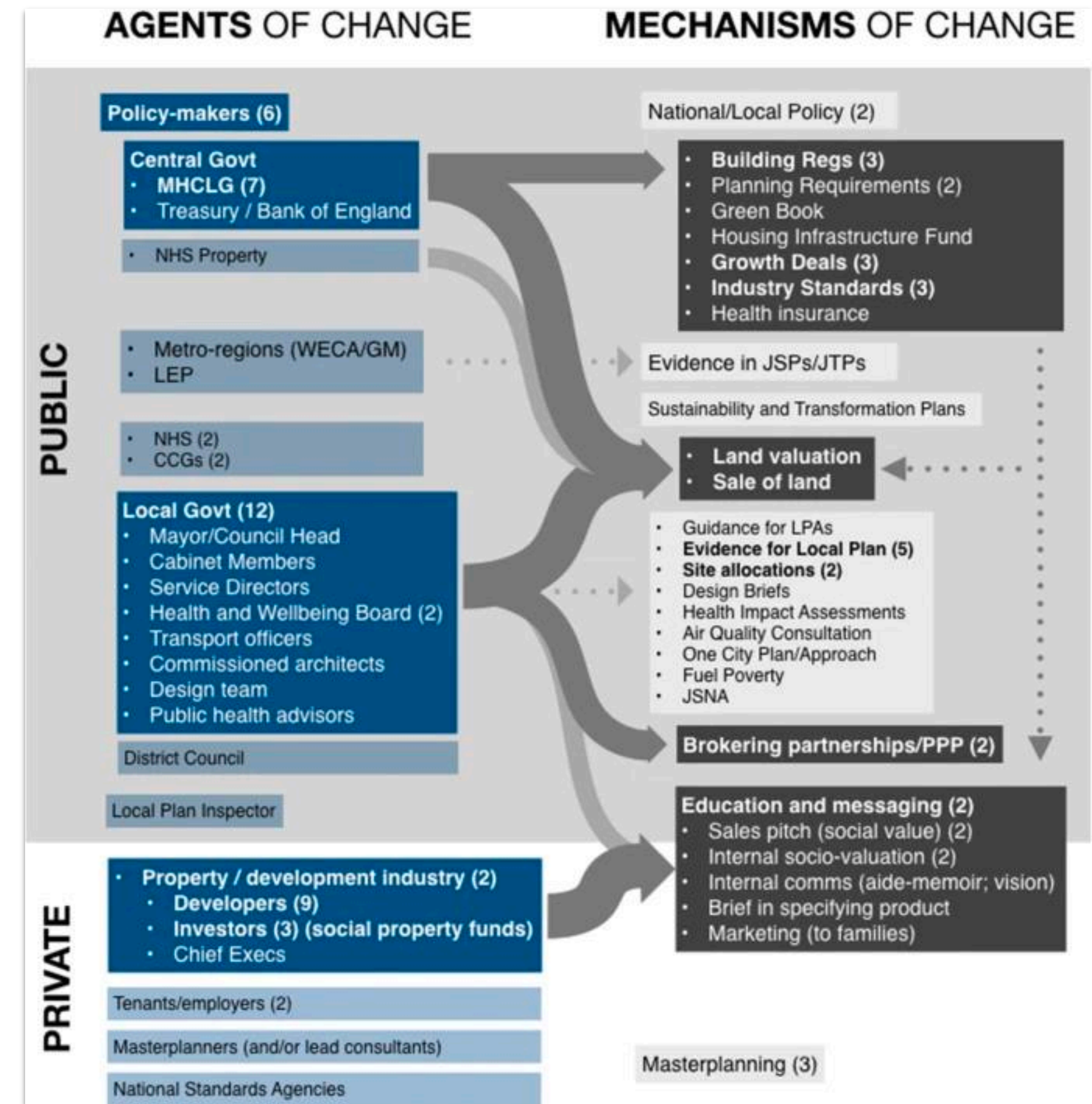




# Pilot Study: Findings

1. Both public and private sector well aware of health challenges
2. Also recognised health not factored adequately into the urban planning
3. Considerable support for greater use of non-market economic valuation
4. No silver bullet: 110 barriers and 76 opportunities identified across highly complex systems
5. Eight main themes identified: (i) valuation, (ii) finance, (iii) land, (iv) partnership, (v) politics, (vi) public realm, (vii) policy, and (viii) capacity.

- Black D, Pilkington P et al (2021)







Tackling Root Causes Upstream  
of Unhealthy Urban Development



Disease prevention > **property + transport systems**



*supports novel research into  
the primary prevention of non-communicable diseases  
...and health inequalities.*



*How health is valued and integrated  
at root-cause decision-making points  
(in property and transport systems)*





# 6 universities, 40+ people, many areas of expertise:

public health, policy, economics, engineering, law, management, spatial planning, real estate investment...



Professor Matthew Hickman (Research Director – Academic)

Head of Population Health Sciences and Deputy Head of Bristol Medical School University of Bristol



Professor Gabriel Scally (Research Director – Impact)

Honorary Professor of Public Health Bristol Medical School University of Bristol



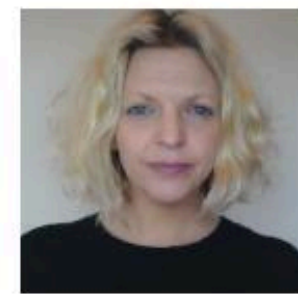
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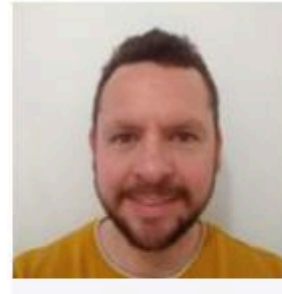
Professor Jane Powell (IA4 – Urban Health Data)

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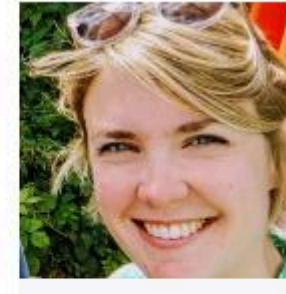
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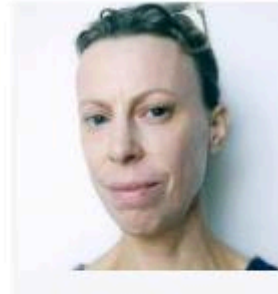
Dr Geoff Bates (IA2 – Policy)

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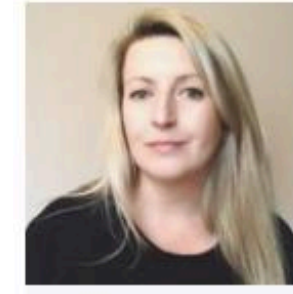
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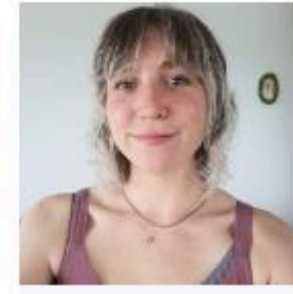
Dr Anna Le Gouais (IA4 – Researcher in Residence)

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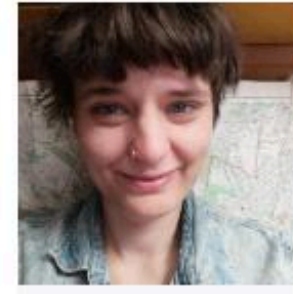
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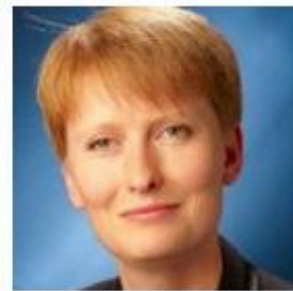
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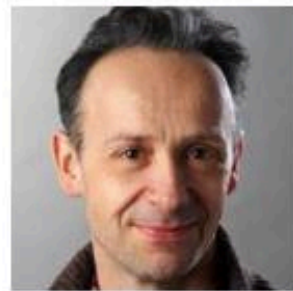
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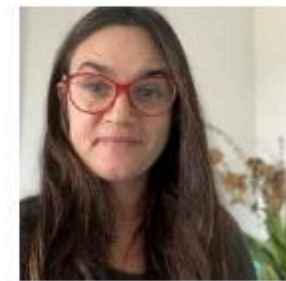
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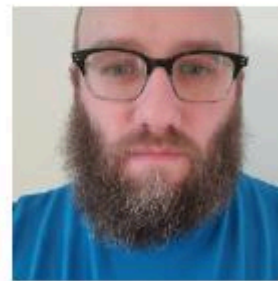
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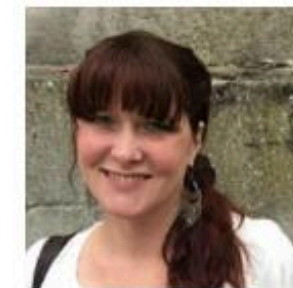
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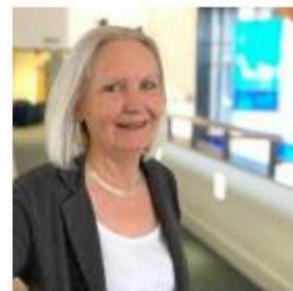
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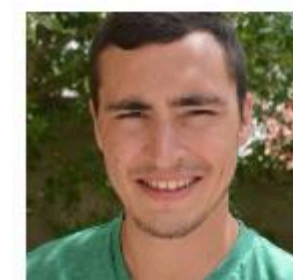
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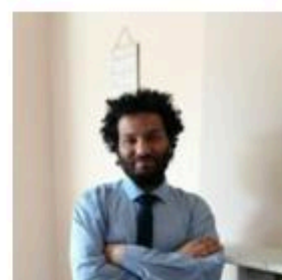
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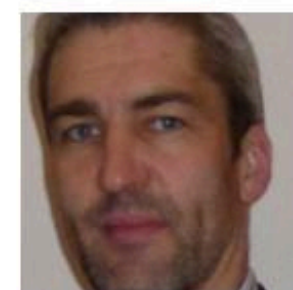
Professor Rona Campbell (Complex Systems)

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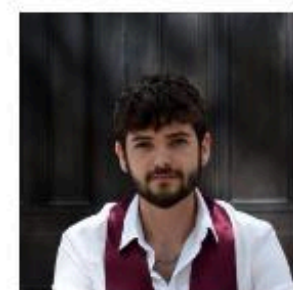
Professor Jonathan Dovey (Creative Arts)

Professor of Screen Media Faculty of Arts, Creative Industries & Education University of the West of England



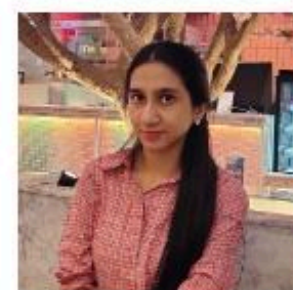
Professor Ben Hicks (IA1a – Engineering)

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# Phase 1: Methods, findings

## Methods & Data

### Interviews

- 30 pilot interviews
- 123 interviews (132 interviewees)
- Purposive, snow-ball sampling (Phase 1)
- Large-group TD design and analysis

### Workshops (x4 in Phase 1)

- Participatory mapping
- Causal loop diagrams

### Economic valuation (environmental, health)

- Systematic reviews (urban-health evidence)
- Agent-based modelling
- GIS/Quality Outcomes Framework
- Database/tool development
- Testing and refining on case study projects

### Intervention identification

- MRC Complex Intervention Framework
- Bespoke TRUUD Template
- Iterative, participatory selection

### Phase II

- Emergent (participatory co-design)

## Identified problem areas

### National Govt: e.g.

Lack of: integration (health compartmentalised), comparable evidence, funding/long-term thinking/investment

### Local Govt: e.g.

Resource, agency, lack of evidence

### Private sector: e.g.

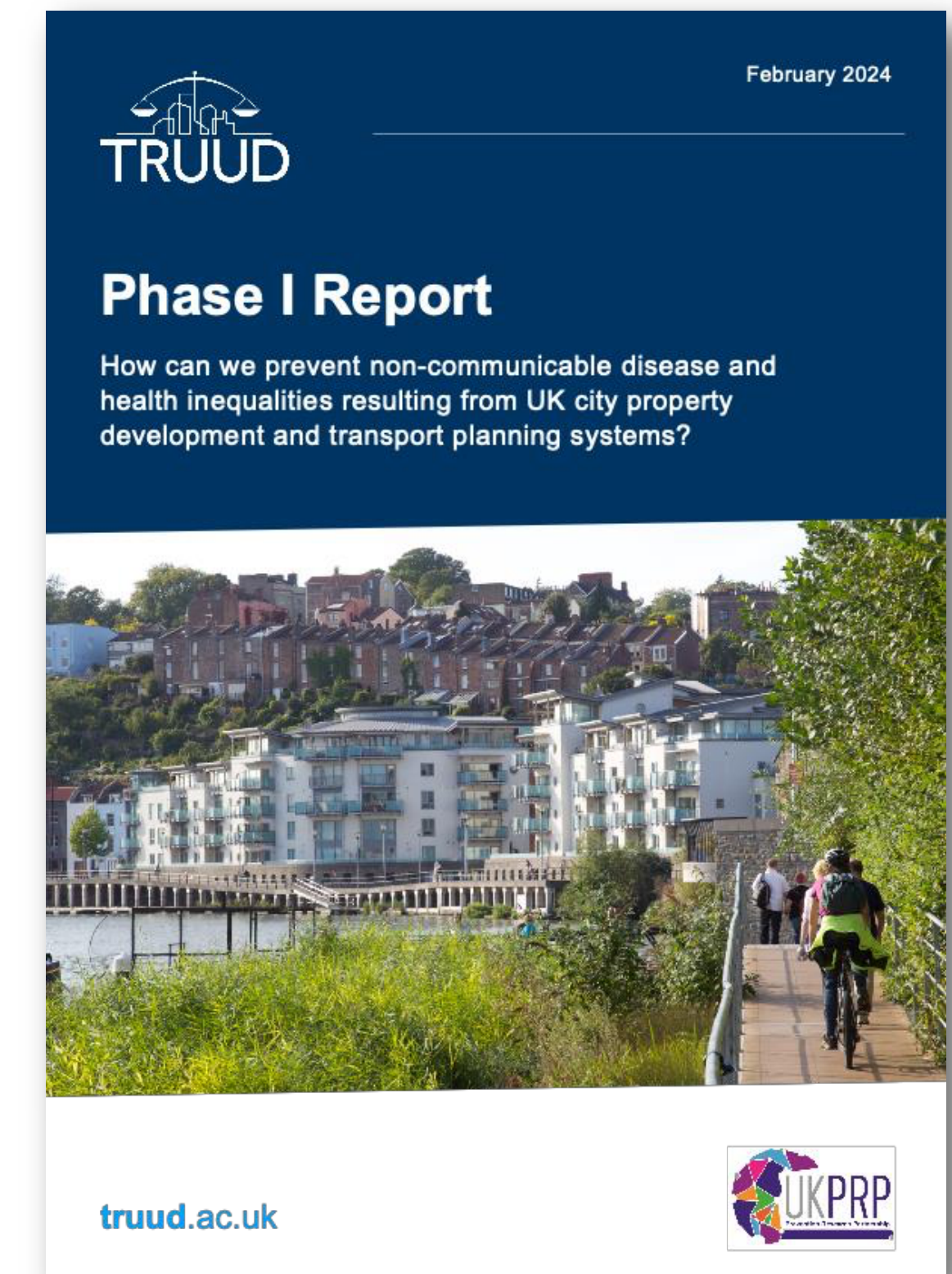
Dominant property delivery models, investment risk appetite, lack of incentives, short-termism

### Third: e.g.

Land control/value, 'hope value', tax arrangements

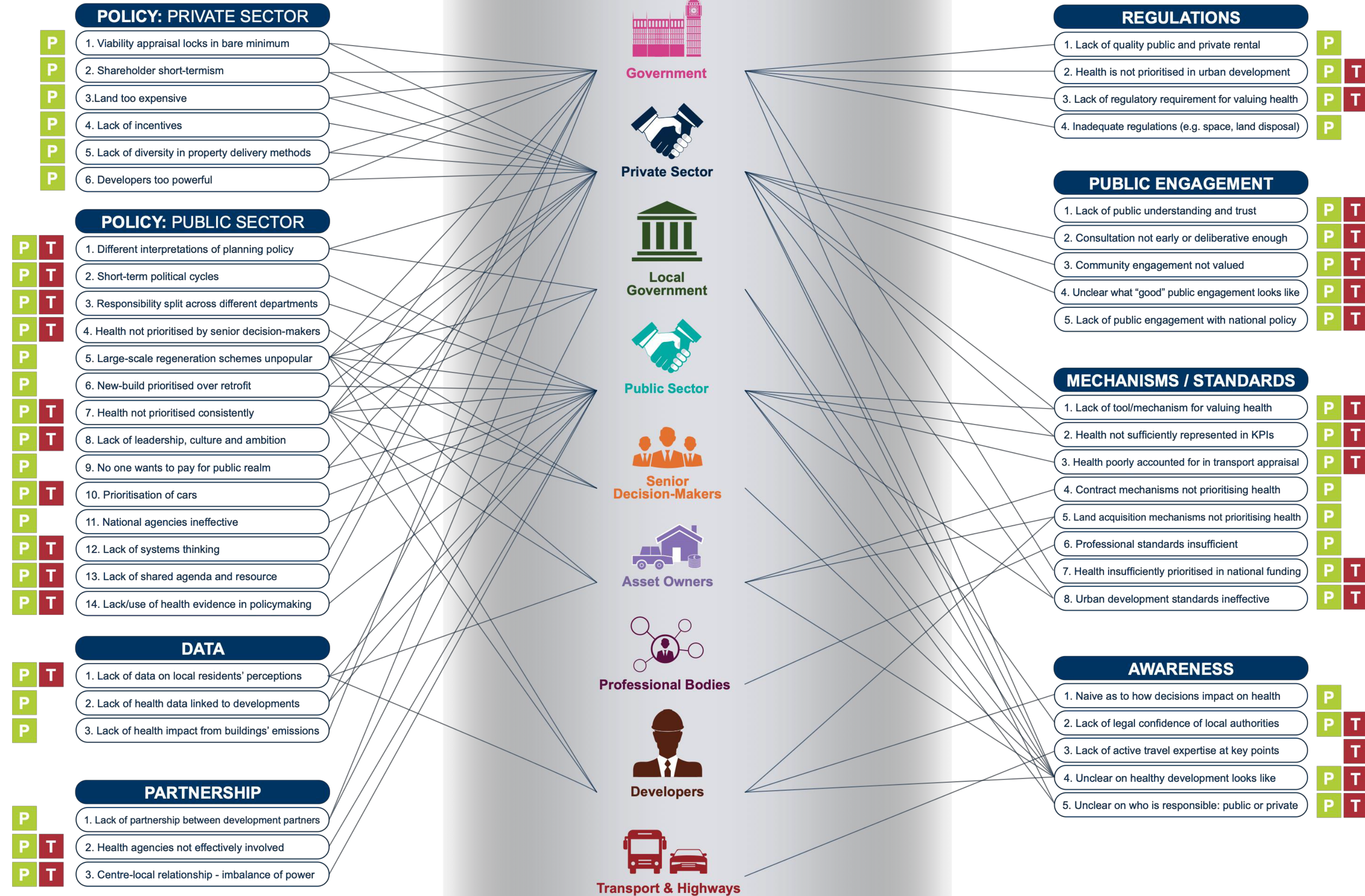
### Law: e.g.

Power asymmetry, resultant risk aversion, siloed legislation, systemic inertia





## PROBLEM HOLDERS







2024

Dan Black, Geoff Bates, Rosalie Callway, Kathy Pain and Ed Kirton-Darling (September 2024), [Short-termism in urban development: The commercial determinants of planetary health](#), Earth System Governance

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Montel, L. (2023) 'Harnessing the power of the law: a qualitative analysis of the legal determinants of health in English urban planning and recommendations for fairer and healthier decision-making. *BMC Public Health*. Available from: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-15166-0>

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2022

Daniel Black, Sarah Ayres, Krista Bondy, Rachel Brierley, P. Eleonora Fichera, Andy Gibson, Eli Hatleskog, Matthew Hickman, Paul Pilkington, Ges Rosenberg, Gabriel Scally (2022) [Tackling Inequalities in Urban Health: Protocol of a five-year prevention research consortium \(TRUUD\)](#). *Protocol of a five-year prevention research consortium (TRUUD)*. Available from: <https://academic.oup.com/medlaw/advance-article/doi/10.1093/medlaw/kzab001/6588881>

Montel, L. (2022) The social determinants of health, law, and structural health inequalities in our cities. *Medical Law Review*. Available from: <https://academic.oup.com/medlaw/advance-article/doi/10.1093/medlaw/kzab001/6588881>

Beshir, H., & Fichera, E. (2022). *“And Breathe Normally”: Tackling Inequalities in Urban Health*. Health Economics Data Group, University of York. Available from: [https://www.york.ac.uk/media/economics/documents/health\\_economics\\_data\\_group\\_2022\\_and\\_breathe\\_normally\\_tackling\\_inequalities\\_in\\_urban\\_health.pdf](https://www.york.ac.uk/media/economics/documents/health_economics_data_group_2022_and_breathe_normally_tackling_inequalities_in_urban_health.pdf)

Le Gouais A., Peake-Jones S., (2022) Researchers-in-Residence in Public Health. Available from: <https://journals.sagepub.com/doi/10.1177/1609406922111111>



## HEALTH AND PUBLIC POLICY EXPLAINER

### What 'health' means and why that matters

**This policy explainer is split into three sections:**

1. The first section explains what health means and why it matters.
2. The second section explains how health is measured and why it matters.
3. The third section explains how health is improved and why it matters.

We pay particular attention to the health of the most vulnerable in society for both a moral and a practical reason.

**1. Why ask what health means?**

At different times in history, health and the health of the nation would all agree that 'intrinsic value'.

Being in good health is a good thing to do for ourselves and society. This is health.

Of course, the opposite of being in good health is being in poor health, with all its costs and limitations.

Given that health is something that matters, it is something that we should all care about. It is a slippery term and to understand it better, we need to ask what it means.

**Definitions**

**NEGATIVE**

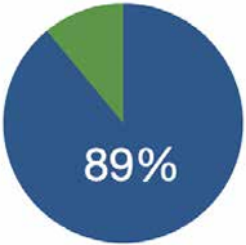
Health as the absence of physical or mental illness.

Ill health is an illness or condition that affects the body or mind.

### New towns and grey belts: healthy place-making or just housing numbers?

**The issue**

Labour's pledge to jump start housing delivery through New Towns and 'grey belts' is an important response both to housing and affordability issues as well as the major economic crises of the last few decades. However, without quality assurance and strategic incentives, this risks becoming a 'quantity at all costs' approach. The focus on housing provision must become a focus on place-making. Unhealthy places add to the burden of disease, increase healthcare costs in the medium to long-term, and reduce productivity. They also risk making us more vulnerable to shocks such as Covid (due to underlying health conditions) and worsening planetary health. It is possible to achieve quality as well as quantity, but good examples are rare. Health needs to be prioritised across government to get off to the right start. [Read our explainer on the meaning of health for policy makers.](#)



**Housing provision vs healthy place-making**

Non-communicable diseases (NCDs) - cancers, diabetes, obesity, cardio-vascular, respiratory illness, anxiety, depression - cause 89 per cent of deaths in the UK, most of which are preventable. They place enormous pressure on our NHS and are a major drain on our economy.

The urban environment is not solely responsible for these, but it plays a very substantial part. Housing is clearly crucial, but it is only one part of a much wider urban environment. There are many other factors, including the quality of the food environment, the amount of traffic noise and air pollution, crime (and fear of crime), access to nature and amenities. In other words, housing provision is not the same as healthy place-making.

**New towns - designing out chronic illness?**

New towns have, alongside planning reform, been a policy common to both main political parties for several decades. In the 2000s, we had 'Eco-Towns' (and the Zero Carbon initiative). In the 2010s - after the 2008 financial crash - we had 'Healthy New Towns' (linking ostensibly to the NHS and healthcare). Now we have simply: 'New Towns'.


The dominant focus on growth and housing numbers from the new Labour administration risks missing major opportunities to realise sustainability and health benefits.

**'Grey belt' - more traffic?**

The term 'grey belt' is a welcome disruption of sacrosanct green belt conservation. This is arguably long overdue. For example, those concerned with biodiversity collapse over the last half century have long pointed out that intensively farmed agriculture has less life in it than brownfield scrubland. Others show that that development has simply leap-frogged the green belt and increased travel times.

University consortium

Local authority partners



UKPRP Prevention Research Partnership

GMCA Greater Manchester Combined Authority

Leeds City Council



## Planning Reform and Public Health

**Realising Prevention: Practical Policies for Healthier Society**

**Policy Briefing**  
SEPTEMBER 2024

**The issue**

With 708,000 new homes planned in England, this is not sufficient. These homes need to match the profile of the existing housing stock.

**The issue**

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**The structural challenges**

### Joining up government for public health

**The issue**

There is growing recognition that tackling complex social problems, like climate change and health inequalities, can only happen by building strong interconnections across policy jurisdictions and sectors. Over the decades, a slew of initiatives have sought to achieve more joined-up government in the UK, from Churchill's abortive system of 'overlords' through to the short-lived levelling up agenda. Despite these and many similar attempts, [Whitehall retains a structure of competing departmental fiefdoms](#).

The new government will only be able to succeed on its ambitious healthy life expectancy (HLE) targets if it finds solutions to this notoriously difficult governance challenge. This is because improving HLE and tackling health inequalities will require action on the wider determinants of health: education, the built environment, workplace conditions, community support etc. And the only way to galvanise health oriented policymaking across these diverse sectors is with an institutional framework that links a diverse constellation of government actors.

**Understanding the problem**

Joined-up policy entails two distinct sets of issues.

- **Whitehall:** the horizontal integration of Whitehall departments and agencies.
- **Devolution:** the vertical integration of the UK's many government tiers, from national to local.

**Horizontal integration**

Over the years, every joined-up government initiative in the UK has sought to enact change through some sort of central coordinating body. Some have disappeared without trace, others have left institutional legacies, such as [Cabinet Committees, Task Forces and cross-department units](#). Ultimately, No 10, the Cabinet Office and HM Treasury remain



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# Phase 1: Example Headline Findings





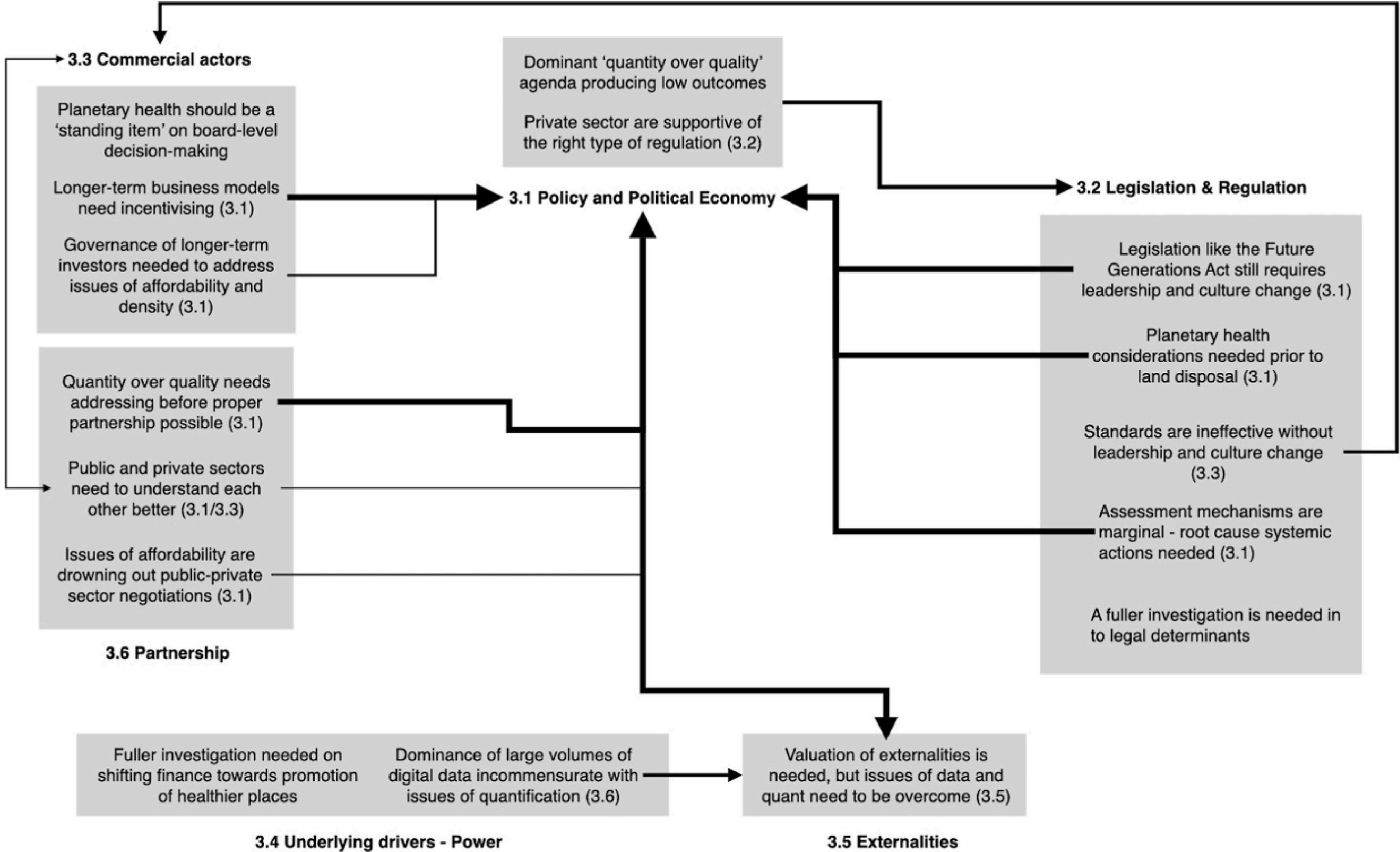
Earth System Governance  
Volume 22, December 2024, 100220



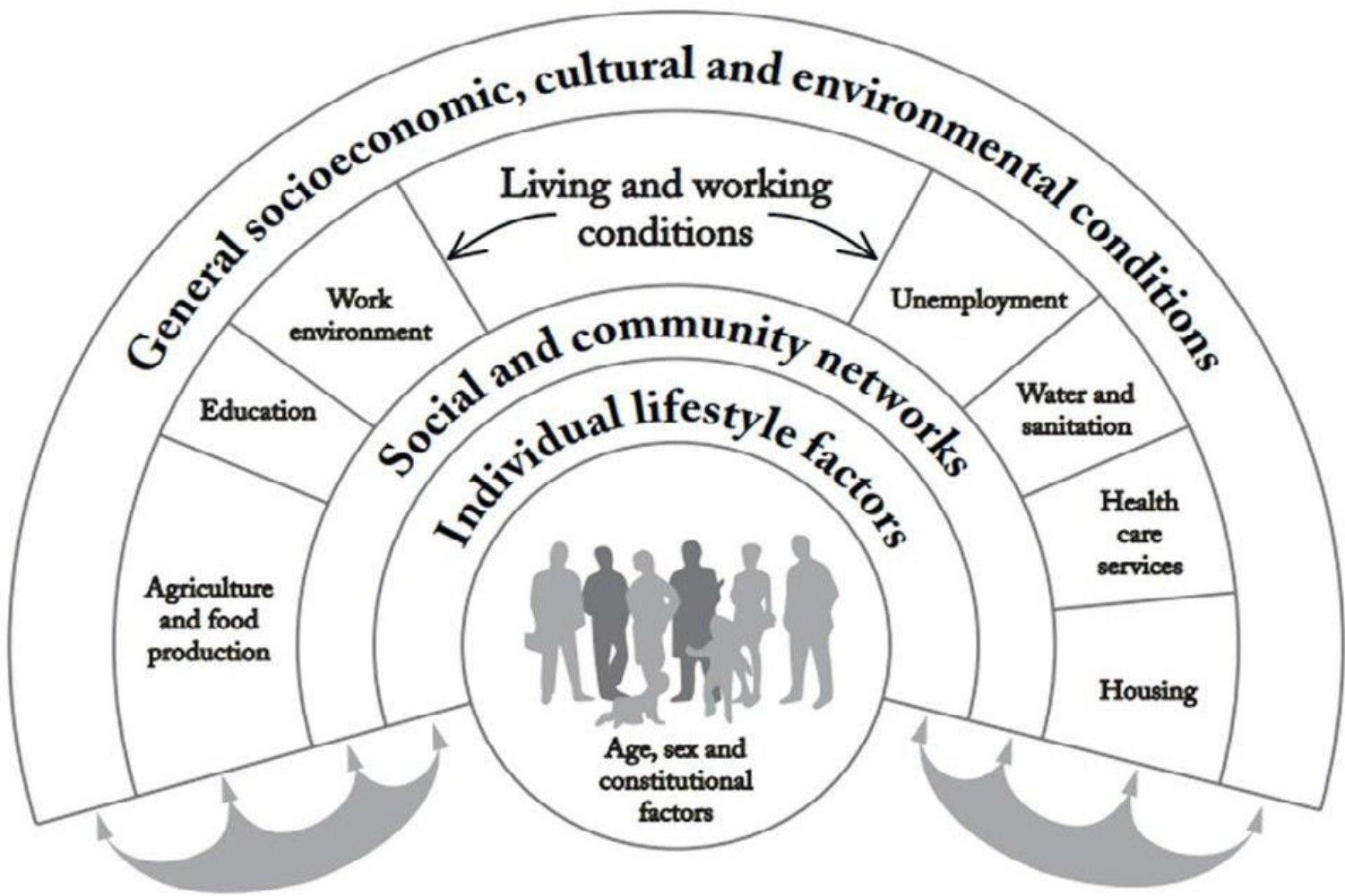
Short-termism in urban development: The commercial determinants of planetary health

Daniel Black <sup>a b</sup>  , Geoff Bates <sup>c</sup>, Rosalie Callway <sup>a d</sup>, Kathy Pain <sup>e</sup>, Ed Kirton-Darling <sup>f</sup>

Themes	Sub-Themes
Policy & Political Economy	<ul style="list-style-type: none"><li>Quantity over quality</li><li>Deficit in systems/holistic thinking</li><li>(The right kind of) state intervention</li><li>Structural dysfunction</li></ul>
Legislation & Regulation	<ul style="list-style-type: none"><li>Land/property: acquisition, tax on value, externalities, ‘hope value’</li><li>Fiduciary duty of private sector companies</li><li>Potential for new legal initiatives (e.g. Wales' Future Gen. Act ‘15)</li><li>Standards, voluntary or otherwise</li></ul>
Commercial Actors	<ul style="list-style-type: none"><li>Company culture/board-level interest</li><li>Time horizons</li><li>Stakeholder interest (i.e. local-level accountability)</li><li>Size of organisation</li></ul>
Underlying Drivers (Power)	<ul style="list-style-type: none"><li>Dominance of private sector, esp. landowners, investors, developers</li><li>Role of financial sector, albeit both positive and negative</li><li>Disrupting influence of digital</li></ul>
Externalities	<ul style="list-style-type: none"><li>Lack of useable data, and specifically from post-occupancy evaluation (POE)</li><li>Quantification challenge</li></ul>
Partnership	<ul style="list-style-type: none"><li>(Lack of) understanding between public and private sector: e.g. commercial viability (e.g. the perception of excess profits) vs planning restrictions (e.g. speed of action, slowness of decision-making).</li></ul>







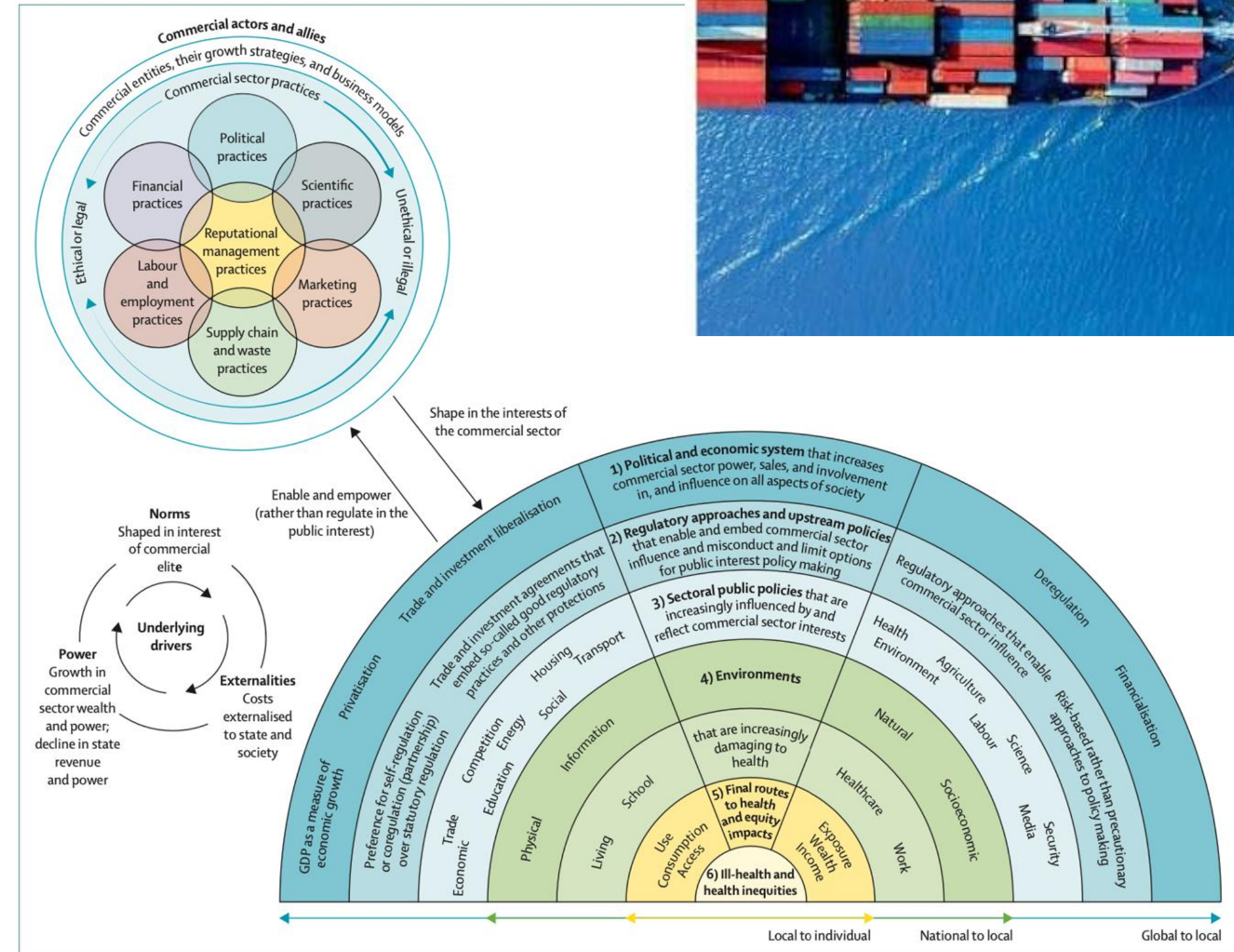
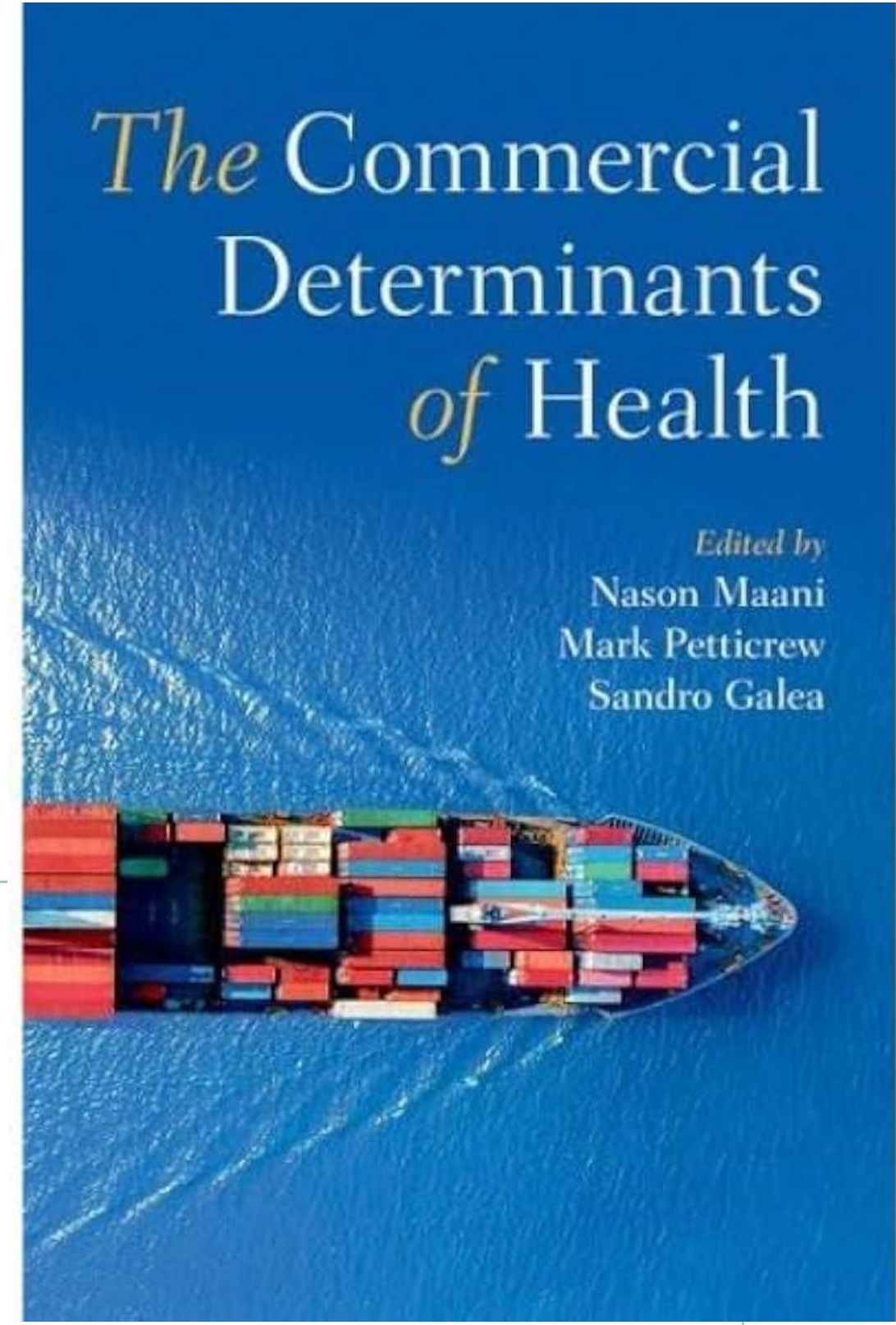
# THE LANCET

Commercial determinants of health

Published: March 23, 2023

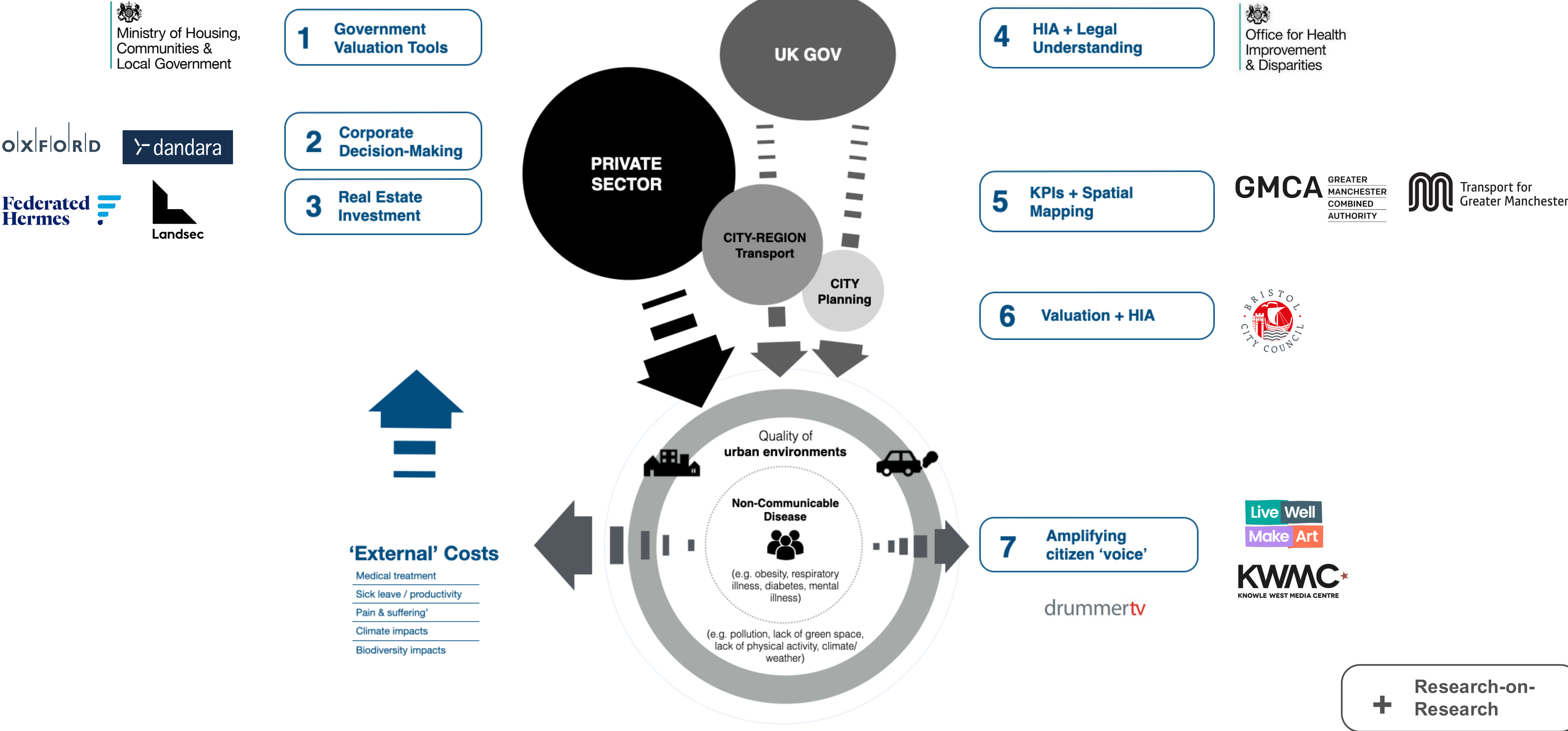


“Companies shape our physical and social environments”





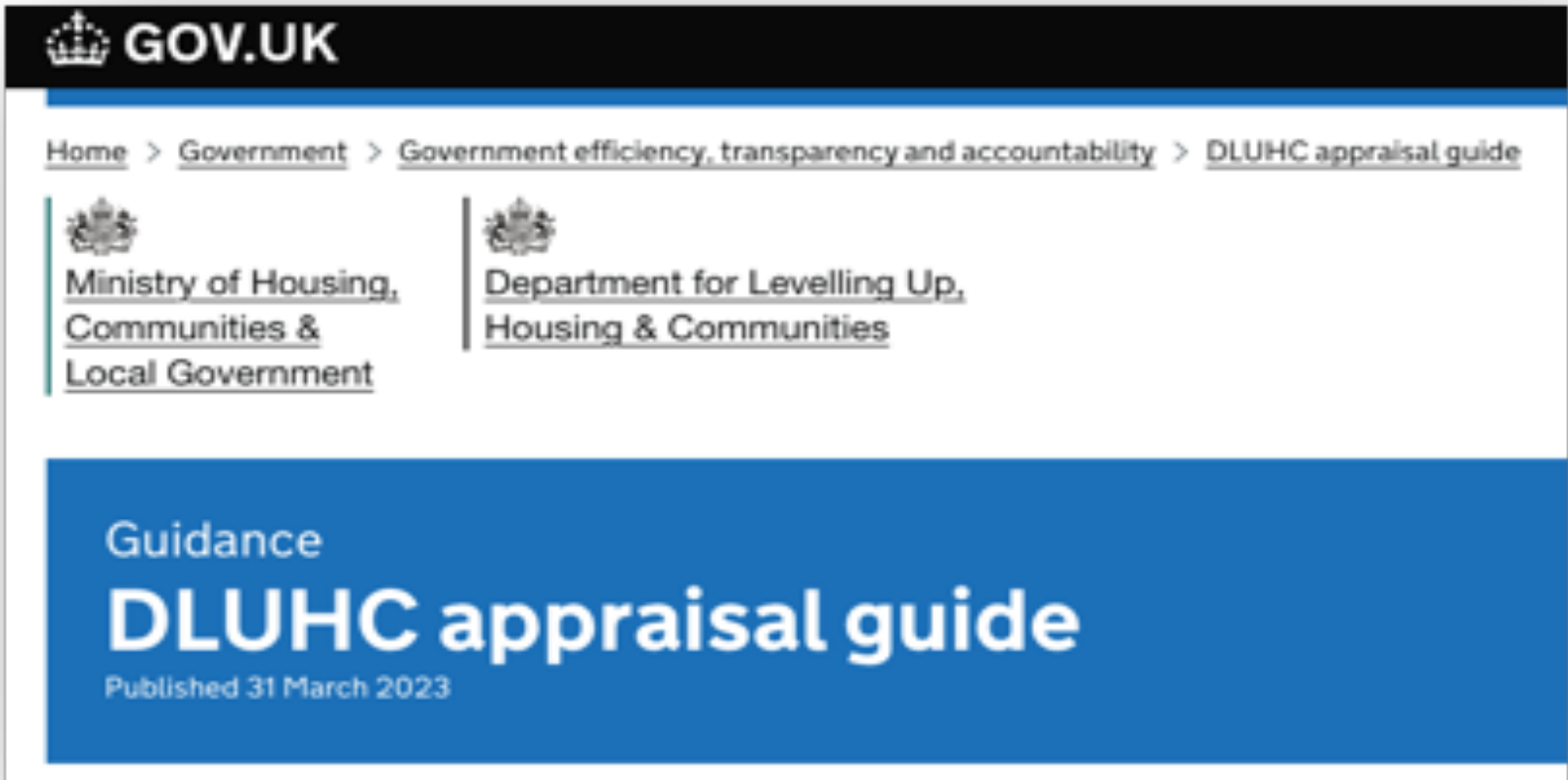
# Phase 2: 7 Intervention Areas





# 1. National Govt Appraisal

- Main barriers: lack of health outcomes in funding and joined up working; wider determinants not considered
- HAUS adopted in MHCLG Appraisal Guide [Summer 2025]
- New Cross-Departmental Working Group (future funding, wider adoption)



## Within TRUUD:

- Currently finalising **MHCLG Technical Version** - based on HAUS model (full form)
- **Online Tool:** *prototype* user interface developed to beta-stage

## Post-TRUUD: (with follow-on funding)

- **Stakeholder Version** - based on HAUS model (technical version), with further modifications to create a user-friendly tool
- **Online Tool:** User interface to be developed via R-Shiny application



## 2 & 3. Private Sector: Changing Mindsets & Real Estate Investment

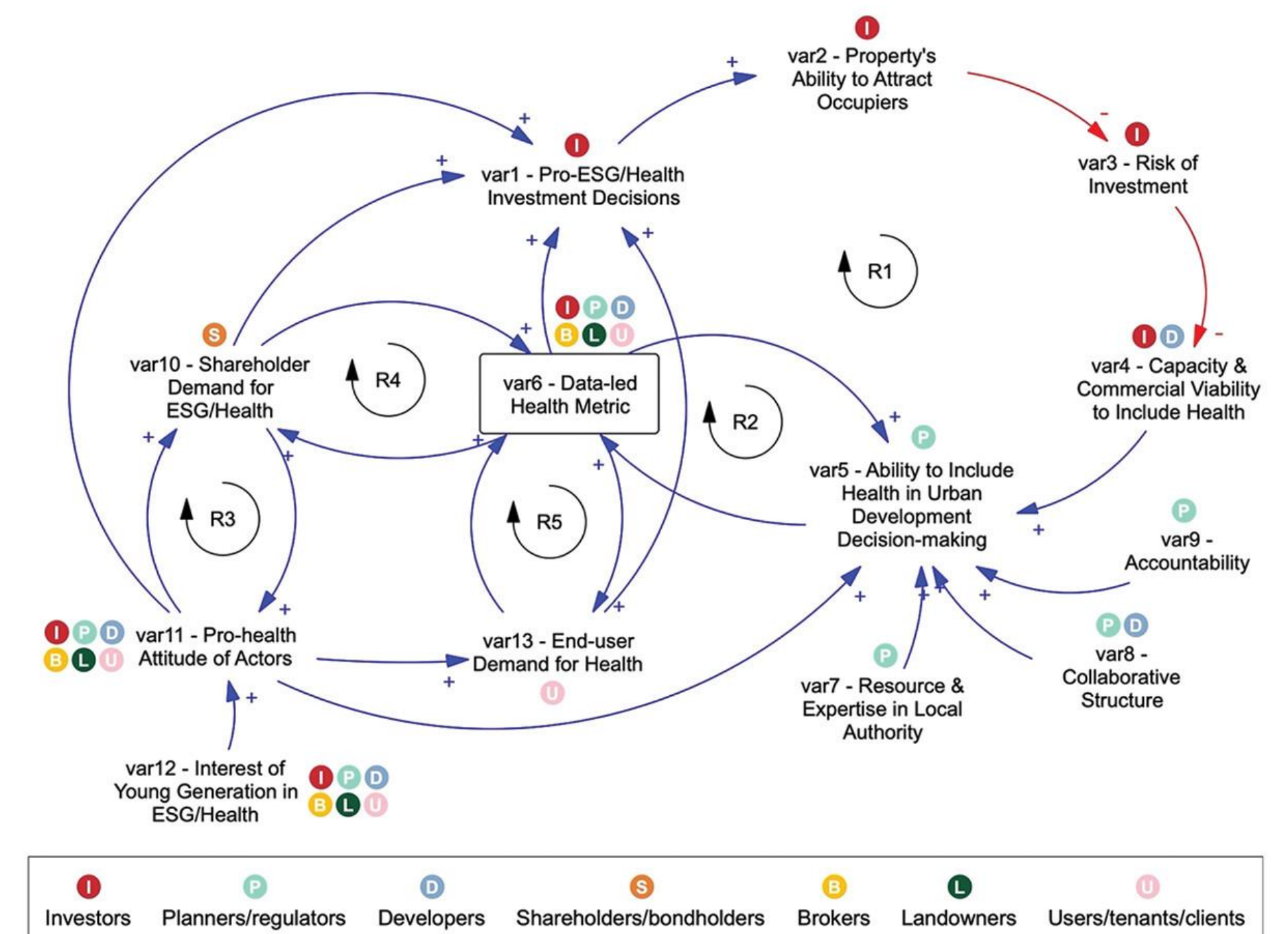
### Changing Mindsets (private sector):

- Two main barriers: health not prioritised, powerlessness.
- Key variables - 'intention to act': proximity, collective efficacy, power, norms.
- 180 professionals reached over 6 events
- 30% reporting changes, both +ve and –ve (reason TBD)



### Real Estate Investment (private sector):

- Main barrier: lack of quantifiable data on health
- *Anticipated effects on:* i) portfolio-level appraisal and ii) current developments.





# 4. Law, Local Government & HIA

## 9 Videos

- 1 Introduction to HIA
- 5 x Local Authority Perspectives
- + Perspectives from OHID, LGA and Consultants

### Introduction to Health Impact Assessments in Development

Ed Kirton-Darling welcomes you to the series and some of our contributors outline why HIAs are important.





# 5 & 6. Spatial Planning & Transport Planning



## City Spatial planning:

- Frome Gateway Adopted Spatial Framework adopted (TRUUD: HAUS + HIA)
- Planning for healthy places co-produced guidance with TCPA

### Planning for healthy places:

a practical guide for local authorities on embedding health in Local Plans and planning policies in England



## City-Region Transport:

- HAUS data used in TfGM Checklist (e.g. noise)
- Low level area data on spatial mapping/GIS platform (evaluation Sept 2025)

### Area Profile

Intelligence Hub (Manchester Statistics)  
Intelligence Hub Survey - Please complete this short survey to help us find out what our customers need from the Intelligence Hub

Select Indicator Panel

Theme

Benefits - DWP (February 2024)

Indicator

Residents claiming benefits (excl. tax credits and child benefit)

Wards >> Benefits - DWP (February 2024) : Residents claiming benefits (excl. tax credits and child benefit) >>

Geography

Ward	Data	Comparators	Data
Ancoats & Beswick	2,573	Trafford	29,438
Ardwick	4,703	Bury	33,632
Baguley	4,391	Stockport	41,511
Brooklands	3,495	Tameside	46,878
Burnage	4,515	Rochdale	50,033
Charlestown	4,851	Oldham	53,919
Cheetham	5,547	Salford	57,621
Chorlton	1,237	Wigan	59,573
Chorlton Park	3,291	Bolton	60,434
Clayton & Openshaw	6,207	Manchester	127,805
Crumpsall	4,790	Greater Manchester	560,844
Deansgate	602	English Core Cities (excl. Manchester)	810,940
Didsbury East	1,325	English Core Cities	938,745
Didsbury West	1,091	North West	1,356,011
Fallowfield	2,584	England	8,916,247
Gorton & Abbey Hey	6,951	Great Britain	10,258,...
Harpurhey	6,798	United Kingdom	No Data
Higher Blackley	4,503		

Residents claiming benefits (excl. tax credits and child benefit)

How to use this data?

This statistic is a count. It shows how many of that particular indicator there are in an area. It can be used as a denominator for calculating a rate or a percentage, using a count statistic for other indicators. Counts can also be used to calculate an average.

What does the data mean?

The statistics shows the total number of residents claiming DWP benefits on their own behalf, or in the case of Universal Credit, Pension Credit and Housing Benefit, an individual who is part of a single or couple claim for benefit. The data also includes the number of children 15 and under receiving benefits. An individual is not counted as a benefit claimant if they are a beneficiary of another person's benefit claim but are not claiming any benefit in their own right. The benefits included within these statistics are Attendance Allowance, Bereavement Benefit, Carer's Allowance, Disability Living Allowance, Employment and Support Allowance, Housing Benefit, Incapacity Benefit, Income Support, Jobseeker's Allowance, Pension Credit, Personal Independence Payment, Severe Disablement Allowance, State Pension, Universal Credit and Widow's Benefit. These statistics do not include HMRC administered benefits such as Tax Credits (working/child) and Child Benefit.

Data sharing and acknowledgement

Data must be referenced as DWP. Crown copyright. Available on DWP Stat-Xplore website.

Next update

November 2024

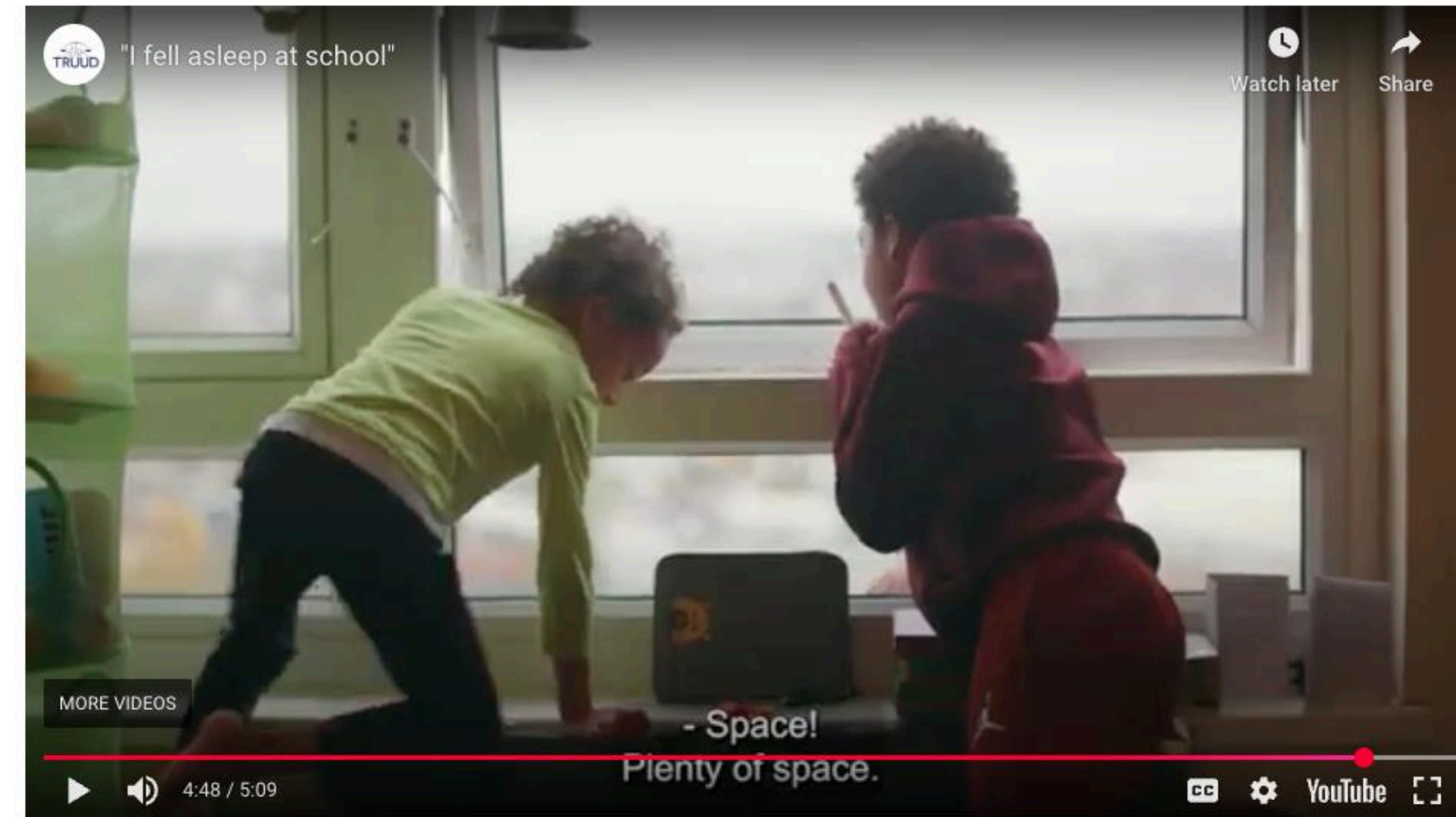


## 7. Living in unhealthy places – 3 videos

Tackling Root causes Upstream of  
Unhealthy Urban Development



- **Housing** - Damp & mould
- **Transport** - Air pollution & noise
- **Place** – Overcrowding & (lack of) outdoor access





## Final year comms

- Podcasts
- Animation
- Reports (Impact and Final)
- Event – July 2nd
- Public event ‘Fest of Ideas’ style

## PhDs

- Environmental economics: the societal costs
- Power in management and urban systems
- Complex research operationalisation
- Systems approaches and town planning
- Impact of community violence



- Valuing health



- Policy & governance



- Complexity and long-term change



- Involving the public



- The future of urban development

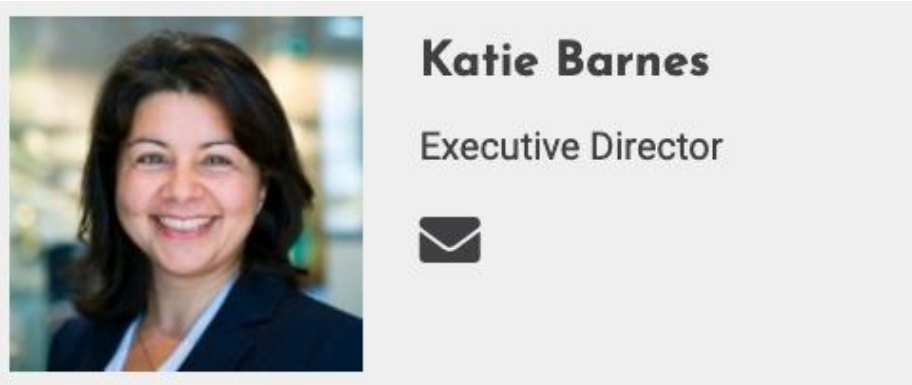


# Blog: Health & resilience?



Health - of both our population and our planet - is critical for resilience and preparedness

Daniel Black, University of Bristol and Daniel Black + Associates | db+a  
Katie Barnes, Executive Director, National Preparedness Commission



<https://nationalpreparednesscommission.uk/publications/health-of-both-our-population-and-our-planet-is-critical-for-resilience-and-preparedness/>

**Lord Toby Harris**  
Chair, National Preparedness Commission; former Chair, Metropolitan Police Authority; former Reviewer of London's terrorist preparedness

**Professor Brian Collins CB FREng**  
Vice-Chair, National Preparedness Commission; Emeritus Professor of Engineering Policy, University College London

The National Preparedness Commission (NPC) is an independent and non-political body, whose fundamental objective is to promote policies and actions to help the UK be significantly better prepared to avoid, mitigate, respond to, and recover from major shocks, threats and challenges.

<p><b>Lord Toby Harris</b> Chair, National Preparedness Commission</p>	<p><b>Sir Ian Andrews CBE TD</b> Vice Chair</p>	<p><b>Professor Brian Collins CB FREng</b> Vice Chair, National Preparedness Commission; Emeritus Professor of Engineering Policy, University College London</p>	<p><b>Sir Kenneth Oluwa OBE</b> Vice Chair, National Preparedness Commission; former Chair, Restoration Partners</p>	<p><b>Carolyn Dwyer</b> Chair, Young Foundation; Director, Yorkshire Policy Innovation Partnership; former Chair, West Yorkshire Resilience Forum; former Chief Executive of Bradford and York Councils</p>	<p><b>Kersten England CBE</b> CEO of Guy Carpenter Europe, Guy Carpenter</p>	<p><b>Julian Enelzi</b> Chief Policy and Campaigns Officer, CBI</p>	<p><b>John Foster</b> Chief Policy and Campaigns Officer, CBI</p>	<p><b>Neil Robertson</b> Chief Head of Security, Unilever</p>	<p><b>Professor Brooke Rogers CBE</b> Professor of Behavioural Science, Kings College London</p>	<p><b>Dr David Robens</b> Executive Director, Institute for Strategic Risk Management</p>	<p><b>Basil Scarsella</b> Chief Executive, UK Power Networks</p>
<p><b>Gisela Abbon</b> Chair, General Pharmaceutical Council; former Chair, British Science Association</p>	<p><b>Lord Victor Adkins CBE</b> Chair, NHS Confederation</p>	<p><b>Rt Hon Lord James Arbuthnot</b> Chair, House of Lords Risk Assessment and Risk Planning Committee; former Chair, House of Commons Defence Committee</p>	<p><b>Hanif Barmeh</b> Chief Executive, Risk Coalition; Partner, Board Advisory</p>	<p><b>Steve Fraser</b> Chief Executive Officer, Deloitte</p>	<p><b>Hélène Galy</b> Director, Willis Research Network, Willis Towers Watson</p>	<p><b>Professor Peter Guffante CBE FREng</b> Vice President, Royal Academy of Engineering; Professor of Sustainable Development, University of Cambridge</p>	<p><b>Deborah Higgins</b> Head, Emergency Planning College</p>	<p><b>Richard Smith-Bingham</b> Executive Director, Marsh and McLennan</p>	<p><b>Professor Liz Yargo CBE</b> Professor of Complex Systems, University College London</p>	<p><b>Dr Karin von Hippel</b> Director General, Royal United Services Institute</p>	<p><b>Professor Alison Wakefield</b> Former Chair of the Security Institute; Professor of Criminology and Security Studies, University of West London</p>
<p><b>John Barroddell OBE</b> Chair, National Emergency Trust; former Town Clerk and Chief Executive, City of London and Deputy Chairman, London Resilience Forum</p>	<p><b>Dr Ruth Bounghrey</b> Chair, Executive, Lloyd's Register Foundation</p>	<p><b>I. Stephanie Boyce</b> Former President of the Law Society of England and Wales</p>	<p><b>Elisabeth Brow</b> Senior Associate Fellow, European Leadership Network; former Director of the Modern Governance Project, RUSI</p>	<p><b>Lisa Hallam</b> Executive Director - UK Operations, British Red Cross</p>	<p><b>Rt Hon Ruth Kelly</b> Chair of Water UK; Chair of Thames Tideway; former Cabinet Minister</p>	<p><b>Matthew Killick</b> Executive Director of Operations, Borealis</p>	<p><b>Robyn Knox MBE</b> Director, Voluntary and Community Sector Emergencies Partnership</p>	<p><b>Bruce Mann CB</b> Strategic Advisor on Resilience and Preparedness; former Director, Civil Contingencies Secretariat</p>	<p><b>Ian Marchant</b> Chair, Morgan Advanced Materials</p>	<p><b>Professor Claron Morris CB</b> Professor of Practice, Blavatnik School of Government, University of Oxford; Managing Director, Paladin Capital</p>	<p><b>Rt Bard and Rt Hon Dame Sarah Mulhally DBE</b> Bishop of London; former UK Chief Nursing Officer</p>
<p><b>Tom Clementi</b> Chief Executive, Pool Re</p>	<p><b>Dame Jo de Silva DBE FREng</b> Anglo Fellow, Global Sustainable Development Director, Anglo</p>	<p><b>Dame Cressida Dick DBE QPM</b> Former Commissioner of the Metropolitan Police</p>	<p><b>Stephen Dunmore</b> Former Chair, Royal Voluntary Service; former Chief Executive, Big Lottery Fund</p>	<p><b>Dr Patricia Lewis</b> Research Director for International Security, Chatham House</p>	<p><b>Professor Dame Ottoline Leyer DBE FRS</b> Chief Executive, UK Research and Innovation</p>	<p><b>Rt Hon Sir David Lidington KCB CBE FRS</b> Chair, Royal United Services Institute; former Secretary of State, Deputy Prime Minister</p>	<p><b>Professor Michael Mainelli</b> Lord Mayor of the City of London; Chairman, 27/7en Group</p>	<p><b>Dr Kathryn Oldham OBE</b> Chief Resilience Officer, Greater Manchester Combined Authority</p>	<p><b>Professor Sir David Ormand GCB</b> Former Permanent Secretary at the Home Office; Visiting professor in the Department of War Studies, Kings College London</p>	<p><b>Professor Lord Martin Rees OM FRS</b> Astrophysicist, Cosmologist; Centre for the Study of Existential Risk</p>	<p><b>Rt Hon Lord John Reid</b> Chair, Institute for Strategic Resilience and Security at UCL; former Home Secretary</p>
<p><b>Owen Weatherill KPM</b> Former Assistant Chief Constable, former National Mobilisation Coordinator and Strategic Lead at the National Police Coordination Centre; former National Police Chief's Council Lead for Civil Contingencies</p>	<p><b>Admiral Rt Hon Lord Alton West GCB DSC</b> Former National Security and Cyber Security Minister; former First Sea Lord and Chief of Defence Intelligence</p>	<p><b>Paul Williams</b> President, EIS Council</p>	<p><b>David Wright FREng</b> Director, Electricity Transmission, National Grid</p>								



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# Acknowledgements

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Weblink: <https://mrc.ukri.org/research/initiatives/prevention-research/ukprp/>

