ActEarly City Collaboratory Workshop
26th September 2019 | 11am-4pm Salts Mill Victoria Rd, Shipley BD18 3LA

WORKSHOP REPORT

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#ActEarlyBradfordWorkshop

Contents

PROGRAMME

Welcome to our first ActEarly workshop. We will be holding these workshops twice a year, alternating between Bradford and London. The day will provide an important opportunity for all the academic, practice, policy and community partners to share ideas and plan projects but also a creative space to support learning and evaluation of our City Collaboratories.

The morning session will consist of cross-cutting theme updates that will cover co-production, systems-thinking, modelling, data linkage and outcome measurement. The afternoon session will consist of breakout sessions run by each theme lead to engage all our partners in the programme.

This will cover:

1) Selection of interventions – partner-led, natural experiments or simulation studies
2) Design of co-production and evaluation
3) What outcomes are important to measure

The theme leads will meet with the core ActEarly team at the beginning and end of the workshop to promote a strong cross-theme and whole systems approach to the development and implementation of activities.

TIMETABLE

10.30 – 11.00   Tea/coffee

11.00 - 11.20   Welcome & update   *John Wright/Andrew Hayward*
                                                               Kersten England/Will Tuckley

11.20 – 11.35   Co-production   *Rosie McEachan/Somen Banerjee*

11.35 – 11.50   Quantitative and Qualitative approaches   *Philip Garnett/Laura Sheard*
                 to complex systems

11.50 – 12.05   Modelling   *Richard Cookson/Jens Kandt*

12.05 – 12.20   Data linkage   *Kuldeep Sohal/Dan Mason/Somen*
                                                               Banerjee

12.20 – 12.35   Wellbeing   *Daisy Fancourt/Maria Bryant*

12.35 – 12.50   Q&A session   *All presenters*

12.50 – 13.30   Lunch

13.30 – 15.00   ActEarly theme breakout sessions:

Healthy places- Nicola Christie: *The Healthy Places theme session will discuss how best to identify plans for healthy places and spaces in the study sites as well as how best to create a community of practice between academics, policy-makers, practitioners and people living and working in the site areas.*

Healthy learning – Mark Mon-Williams: *The Healthy Learning theme session will explore the opportunities and challenges involved in removing health barriers to education, improving educational attainment (given the strong relationship between education and long term health), and accelerating social mobility.*

Healthy livelihoods – Kate Pickett: *We will use this time together to think about ongoing and new interventions in Bradford and Tower Hamlets that have the potential to improve health and wellbeing in families by increasing their material resources.*

Outcomes and evaluation – Maria Bryant: *Members of the Evaluation team will join other theme breakout sessions for approximately 40 minutes to get a better idea of the sorts of projects that are being planned. They will then reconvene to discuss potential ideas for evaluation, both in terms of projects and innovation in methods to evaluate the whole ActEarly approach.*

15.00 – 15.45	Feedback from each theme	*Theme leads*
15.45 – 16.00	Our next steps	*John Wright/Andrew Hayward*

Presentations from the day will be made available on the ActEarly website

Notes from the theme breakout sessions

Healthy Places

Breakout session objectives (run by each team lead to engage all partners in the programme)
1. Discussion (selection) of interventions – partner-led, natural experiments or simulation studies (valuable to learn about the priorities for practitioners and which interventions they consider will have the greatest impacts for children and young people)
2. Design of co-production and evaluation
3. Identify important outcomes to measure
4. The objective of this engagement and throughout the project, is to learn from each other.
5. Understand how partners envision the collaboration with the ActEarly team

Breakout session notes
Brief description of relevant interventions taking place in Tower Hamlets (TH) and Bradford
- **Liveable Streets in TH:** several interventions around the borough to increase active travel and public transport use and improve overall quality of streets. Not lead by Public Health within the council but with important impacts
- **Communities Driving Change in TH**: a co-production initiative developed by the council which has started being implemented in Bromley-by-Bow
- **HIA (Health Impact Assessments) in TH** as part of the application process for developers in another area of support with evaluation of the potential impact of the initiative
- **Selective licensing in TH** (no similar scheme being developed in Bradford)
- A LBTH representative commented on the importance of considering evaluating areas or interventions that where completed in the past and where change has occurred (as it was suggested in one of the morning presentations)
- **Healthy Streets** to improve Market Square in Shipley in Bradford (increase cycling, walking and make it more pleasant)
- It was mentioned that in Bradford cultural organizations are also working on the health and wellbeing dimension and things like cultural community assets and relation to mental health and resilience in young people or evidence around loneliness
- Two important projects are being developed as part of the Born in Bradford project
• Creative people and places (start in November 2019): getting people to generate ideas of change in the area. "Creative People and Places is all about getting more people engaged in the Arts and Culture by having local people help to shape what's on offer"
• Born in Bradford - Sports England (until March 2025) which will be developing individual plans for increasing physical activity in neighbourhoods (what people want to do) and for which plenty of co-production work has been already done
▪ It was mentioned that it would be desirable to do a qualitative evaluation of the Sport England project from the whole system perspective, starting with the individual
▪ It would be interesting to find a way to work between research and practice. Can a randomized control trial be used as a mechanism? Can it be part of the framework? Would it disrupt the interventions?
Co-production and defining 'the community' and its roles
- A question was raised about the level of involvement that the community should have, should it be only for stating needs and co-producing solutions or could it go beyond, for example to the evaluation stage? The answer was yes, the **community should be part of the evaluation process**. It was also mentioned that there is interest in understanding arts both as a research tool and as an evaluation method.
- Regarding co-production and the role of the community, it was mentioned that it can be difficult

to start from a blank canvas and that it would be valuable to have a model to support the councils, a practical guidance on how to 'properly' do co-production
- It is important to understand how can the council help communities inform changes for health and wellbeing in their area? It was mentioned that TH has a small team of community researchers
- It was mentioned that it would be valuable to train the community to do evaluative research however the challenge would be around managing power dynamics
- How do we define or select the community for the interventions or the co-production? Is it housing states? Does it include renters? Do people self-identify as part of a certain community? Is it defined by a geographic boundary (e.g. ward level, district, lsoa)? By ethnic groups?
- Should it be based on priority neighbourhoods identified by the council?

Statistical Models and Different types of assets (hard and soft) and measures (quantitative and qualitative) - how to gather, share, assess, value?
- **Criminology and Crime prevention information**:
    - The police have schemes done by area to find out what people want the police officers to do
    - Local meetings to identify joint priorities
    - Confidence and satisfaction data related to policing services is also collected
- Regarding this perception data, the question was raised about **how to understand confidence as an asset**. Because this was believed to be a very strange concept for capital developers. The question is perhaps how to harness insight around this type of concepts to bring it to a framework which can be understood by decision makers
- It was mentioned that for evaluation it would good to **measure the increase of 'assets' (hard and soft) of Health and Wellbeing**. For example, did your confidence increased?
- Representatives from Bradford council mentioned that regarding data collection for a framework such as Healthy Streets they found themselves to be more prepared to collect objective data related to transport (e.g. traffic counts), however **collecting other data related to community's needs and perceptions was more difficult for the council**. In that context, help from ActEarly with gathering the evidence and doing the evaluation was seen as an important source of support
- Representatives from TH mentioned that evaluation of Liveable Streets as part of the delivery of the programme is an important area for support from ActEarly (especially **support in making the most of the available data**)
- Participants asked if it would be important to consider **innovative approaches** such as sentiment analysis to analyse people's perceptions
- Regarding statistical models, it was mentioned that it was important to assess the interventions by **measuring the impact on the system** and not in isolation. It is important to look at metrics at the system level and observe their change. Some of the discussed measures include:

Quantitative	Qualitative
Air Quality	Confidence
Traffic counts	Perception of safety
Sensors	Behaviours
Greenery	Use of assets

Healthy Places Analysis/Evaluation framework
- Is something like the **Healthy Streets framework** developed by TfL, linked to validated measures of wellbeing, something that could be structured as a framework, or is there a need of developing something else?
- The question is how to identify the **features of good co-design**.
- There is also a need to have a **means to create a shared language** between the community and decision makers and across different disciplines
- It is **important to not start from scratch**, there are other tools that could be relevant, for

example the Place Standard from Scotland
- Can the evaluation of the interventions (and the design) be linked to wider issues such as the SDG's

Thorough understanding of the granularity and multiplicity (users, use of spaces, reasons behind behaviours and changes)
- How do we gather evidence that shows if people from deprived areas are actually using the assets? And how do we understand the full spectrum of users of the assets (who is using them)?
- Participants mentioned that there are examples of this type of assessments done in different areas and of the potential issues. In Bristol, a local council made improvements to a deprived area (parking removed, introduced playing areas, open paths) but the community did not like it. However, health markers improved due to gentrification (a new population moved in the area). This example was mentioned to highlight the importance of understanding why something has changed. In this case not only identifying a change but understanding why (what happened with the people that left)
- In Bradford there is some work taking place related to capabilities and agency of choice, which is considered important when assessing active travel levels because usually more deprived people walk more, but not out of choice but out of necessity (no alternatives). A level of granularity that can capture diverse conditions is needed
- There is value in identifying the common elements in the granularity. Compare the different types of intervention in a place, within a given framework
- Interesting to understand different dimension of change (e.g. individual behavior, policy change)

Evaluation of interventions that have not been co-produced:
- It was mentioned that, ideally, people's views should inform the design of the interventions and this could be a challenge for ActEarly as the aim is to evaluate, mostly, interventions that are already planned. However, it was highlighted that actually there are some interventions/projects, which are at a very early stage. Hence, part of the challenge is to identify those early stage initiatives that could be influenced by ActEarly to 'tweak' and steer them in a direction that is well aligned with the community's needs. Moreover, at least in Bradford, even though some current interventions might not have a 'complete' bottom-up design they have been informed by previous work of the ActEarly researchers
- Perhaps this is linked to the framework of analysis and what is needed is a framework to record and assess what is happening at different stages. The framework will allow to assess how interventions at early stages can be influenced to respond better to the aims stablished in the framework

Healthy Learning

Breakout session objectives
1. Identify opportunities for removing barriers to education
2. Examine challenges to removing barriers to education
3. Consider what evidence policymakers need for decision making

Breakout session notes
- **Support the use of research to inform teaching** 1. Schools are sometimes not engaging with evidence, or alternatively not engaging with the right evidence (rather what is 'sold' to them) 2. There are other initiatives that have been attempted e.g. former NFER – 'research engaged schools network', and 'local authority research consortium' - how do you cut through the noise, not add to it? 3. Need to look at the whole school community e.g. from dinner ladies, administrators to leadership/governors. Also the system outside of this i.e. parents, faith leaders. Authority and

influence are likely to be different within each school and this needs to be understood to be able to engage. Important to properly look at community readiness issues

4. Need to accept that the situation is always changing, need to be experimental not didactic 'Real time research' – how do we make research fit for purpose and real in the school context, and ensure that we build capabilities, not do it for them

5. Key to all of this will be co-production with the schools/communities – we should have dedicated co-production events/teams

6. Stop telling us what we have to do, but what we can stop doing

7. Community readiness methods

8. Not what works nationally, what works here, and not what is the message but how do you deliver the message – language used is crucial

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- **Support the production and use of evidence synthesis**

1. New national framework for supporting Ed Res (led by Office for Ed Res)

2. Act collaboratively at a regional or thematic level (Bradford as an true "OA" for trailblazing Ed Res)

3. Improve responsiveness and collaboration (see practitioners research priorities)

4. Increase training of PG Ed Researchers

5. Sustained QR funding of education research

6. Better systems for communicating research into practice (CPD)

7. More integration between researchers and policy makers

8. Evidence synthesis for policy makers

Further focus group discussion took place about how to encourage effective evidence synthesis (further information available on request)

- **Facilitate the needs of policymakers**

1. Agreed that there is a gap between policy makers and researchers. Policy makers want to produce better more informed up to date policy. Those carrying out researcher want to help inform and shape future decisions on policy. The will is there, but current processes for sharing knowledge and information are sporadic and often come about by chance rather than by design

2. This gap in data knowledge mobilisation exists and is something that CAER should look to bridge

3. To do this CAER needs to better articulate its own message. Both in terms of the role CAER can play and also create a narrative around its current work. This needs to be in terms that policy makers understand and can access easily

4. **Action** for CAER to build a narrative on its role in helping to facilitate the needs of local, regional and national policy makers

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- **Centre for Applied Education Research (CAER)**

1. Through the Departments for Educations Bradford Opportunity Area. There has also been a route to help inform educational policy but more needs to be done across other Whitehall departments

2. To do this CEAR needs to build a narrative that shows:
   - What its aiming to do
   - An overview of current and past projects
   - How CEAR / Act Early can help answer current policy questions
   - How to best engage with CAER
   - The expertise CAER / BIHR and how it's used

3. Once the narrative is provided. CAER should look to expand its reach to a greater number of local and national policy makers and also start to engage organisations that are working at a regional and national level. Several organisations were mentioned including:
   - Public Health England
   - Northern Health Science Alliance

- Northern Powerhouse

4. To help shape the policy agenda, provide a more informed (data rich) picture of some of the challenge the North, Yorkshire and Bradford are facing.
5. Decommissioning - As council and funding bodies and having to make really difficult decisions about decommissioning services. How can CAER help answer some of these questions, how can it best support policy makers and decision makers on the best course of action

Healthy Livelihoods

Breakout session objectives
1. To review ongoing interventions in Bradford and Tower Hamlets relevant to Healthy Livelihoods
2. To identify new interventions in both sites
3. To discuss methodological and delivery aspects of intervention research within the Healthy Livelihoods theme

	Tower Hamlets	Bradford
Interventions planned over the 5 year project period		
Early Childhood Education & care - take up of two year old offer	Develop play based outdoor sessions to talk to parents of one year olds about early education, what home and children's centres contribute for two year olds. Evaluate impact of informational strategies in place/being developed in borough. Use health data to assess impact.	Data available on eligibility, SES, ethnicity, location, nurseries/children's centres/quality
Welfare benefits advice/health locations	17 GP practices with welfare advice/data available on take up of benefit/impact on health. New developments through local community fund due to mobilise soon/being shaped. Looking at single front door model, with provider having role to join up provision in the borough and create a wide advice network.	Delivering welfare advice to new birth cohort/maternity services. Might be extended to legal/debt/housing advice. PhD project planned.
UBI		18-20 years; payments available to one group; life skills training to another; both to a third. Requires additional funding to make the payments. Will be subject to consultation process re ethics and acceptability.
Participatory budgeting	Deferred to year 2	
Initiatives with potential for cross-area exchange and/or modelling/evaluation		
Using apps	Tempo – using healthy start vouchers in local market stalls	Social coin - spend virtual credit locally
Automation of access to provision of free school	Would like to remove barriers to access/model impact of automation	

meals/healthy start vouchers		
Poverty proofing the school day	Pilot in 6 schools, create a bespoke report describing what they do well/make recommendations/ how to make school experience happy and equitable www.povertyproofing.co.uk/about	
Crisis grants	£600k pa. furniture etc www.towerhamlets.gov.uk/rss	
Holiday hunger provision/food poverty partnership	Delivering meals to clubs and schools in conjunction with activities https://democracy.towerhamlets.gov.uk/documents/s115754/APPENDIX%201%20-%202%20Draft%20Food%20Action%20Plan%20v7%2026.10.2017.pdf	
Natural experiments		CCG has funding to implement range of interventions e.g. young community connectors, young health champions
Further discussion around methods and delivery		

1. Avoid having two parallel projects/make some comparative elements
2. Develop an Academy for community and scholarly exchange
3. Tensions between methodological approaches of co-production vs evaluation; system complexity vs interventions as events in part of a system or 'what is the impact of the intervention on the system itself'
4. Data sharing across local areas a substantial project in and of itself
5. In TH, low rate of employment of mothers, precarious and low income from employment are major barriers to flourishing
6. Take up of baby Buddy app in TH unexpectedly high
7. Better Start London in Lambeth; DfE report on working with Volunteers in Stoke and Stafford. Play Association in TH
8. Many localised courses/events in TH report increasing levels of confidence and connectedness as outcomes. Is there a way to capture this in data

Evaluation

Breakout session objectives
1. To get a better understanding of the interventions being considered or undertaken in each theme and the methodologies being used

Healthy Places

1. Existing interventions provide a good opportunity, but these have not already been co-produced

2. Understand how to do meaningful coproduction – good output. Outcomes framework needed.

3. Recognition of lack of understanding of potential impact. Police might provide insight.

4. Need to characterise contexts in both areas. Assumption that communities are stable. = systems. Measure external factors

5. Lots of questions about outcomes- incorporating time lag

6. Sally Barber – co-production Sport England. Creative People and Places intervention. Need advice on outcomes

7. Arts and culture within this theme – based on new bid

Healthy Learning

1. Current agenda focused on Centre for applied education research.

2. Lee Turner initiated – explained the centre for applied education research. Best example: glasses in classes. Education endowment foundation funding RCT (Alison Bruce? Is this ActEarly?).

3. Need for more ideas for projects/interventions – split into groups.

4. Royal society and academy report used as a starting basis for considering new interventions. E.g. recommendations
   1. Influencing policy based on lessons from evidence
   2. Production of evidence for step change
   3. Hardwiring research activity within schools

5. Existing initiatives

    -Governance group including multi-stakeholders eg. MAT, governors, local council

    -Data modelling group – what data do we have within Bradford shared with school. Schools set questions of importance. E.g. impact of children born pre-term of interest to schools

    -Evidence active network – all schools to commit to becoming evidence active. Sign up through DfE so the actual details of the partnership are not yet known. Aim to get all schools with 'gold' standard e.g. active member of staff/champion engaged with liaising research

    Issues / potential for support/projects

6. Delivering interventions and using evidence
   - Schools are very busy/noisy environment/setting. How do we support schools to make sense of this? Synthesise what is already known? E.g. what makes a good school leader? Lots of evidence, but few use this information.
   - EF exists to help decipher evidence (Education Foundation), but they are looking to us for how to do this
   - How do we support schools to be evidence wise? Deciphering poor and strong evidence
   - Shifting emphasis from within the schools to external influences i.e. not sitting in isolation
   - Need research that says 'together we can'. Not research on them – that says if only we could. What are the factors within schools that are most likely to engage? Can this be used elsewhere?
   - Schools helping to generate evidence as well as being users e.g. SHINE – sharing best practice
   - Issues with parent engagement may be about language – avoid terms like research. Need to better understand stigma.
   - Co-production needed

7. Summary: While this theme has done a lot of preparatory work, including engagement and partnership, they have not yet confirmed projects or interventions

Healthy Livelihoods

1. Interventions
   - Universal basic income intervention (£60/wk for 16-18 years) of interest to modellers, plan to produce simulation platform – if benefits are achieved in real life are scaled up these are likely to deliver health benefits
   - Initial pilot in Bradford first, 4 groups of 40 to start with.
   - USP = health outcomes. Also consider SR of evidence and that selection of eligible participants important
   - Co-location of welfare advice in maternity services
   - PHE – digital tool to support local decision making, will need to follow-up on this.
2. Key outcomes
   - NEAT: wellbeing, employment training, drug/alcohol, crime, debt
   - Model of real world evidence from ActEArly to feed into simulation model
   - Could deliver something tangible from ActEarly
3. Recommend implementation evaluation to support generalisability, will need to consider benefits of scale beyond simple extrapolation from a small group – fit with systems/cultural change
3. **Summary**: Evidenced based practice - little discussion about engagement and co-production so far. Evidence synthesis – need for formal literature review and consideration of how best to synthesise data and disseminate research. Need to be creative and also to consider other methods – e.g. youth conference

General summary
   - Suggest conducting systems mapping in the first instance for all themes
   - Baseline data will be very important in the first year
   - Two distinct types of evaluation
   1. Research filling gap in evidence base – evaluation of new or existing interventions (researcher-led)
   2. Rapid response to local authority key questions / decision making. Good example of how ActEarly can make a difference – being reactive to local authority leads. Evaluation costs could be provided by local authorities. Not sure of capacity for this? (Natural experiment)
   3. We also conducted an outcomes activity to give attendees the opportunity to review suggested outcomes and add others they felt were important. This has been collated to support the development of a minimum dataset which is currently being reviewed by the data team.

   - **Actions for evaluation theme:** Prioritise outcomes and frameworks (including Delphi to generate core outcomes for each topic area); consider data sources linked to outcomes; support systems mapping; check out Helen Pineo – UCL – outcomes framework; review of data sources need to consider what is needed for modelling too; integrate co-production and citizen science; social media activity

Next steps
The following summarise the next steps developed from the workshop discussions

1. Focus on maintaining and building on cross-working across Themes and Groups
2. Development of an ActEarly Academy to support training, development and career progression
3. Development of the website and social media to include news, an ActEarly blog and the facility to interact with researchers and the team
4. Development of a core outcomes dataset to be used across the Collaboratory

Appendix A attendance list

Name	Job Title	Organisation
Rob Aldridge	Associate Professor, Institute of Health Informatics	UCL
Rachel Armitage	Professor of Criminology	University of Huddersfield
Miqdad Asaria	Assistant Professorial Research Fellow	London School of Economics and Political Science
Amy Atkinson	Research Fellow, Born in Bradford	BIHR
Katherine Babbage		University of Leeds
Somen Banerjee	Director of Public Health	London Borough of Tower Hamlets
Sally Barber	Principal Research Fellow	BIHR
Jemma Basham	Senior Research Fellow, ActEarly	BIHR
Mark Birkin	Professor of Spatial Analysis and Policy in the School of Geography	University of Leeds
Marina Bloj	Professor of Visual Perception and Institutional REF Academic Lead	University of Bradford
Sally Bridges	Programme Manager, ARC	BIHR
Eric Brunner	Professor of Social and Biological Epidemiology	UCL
Maria Bryant	Senior Research Fellow & University Academic Fellow	University of Leeds
Jan Burkhardt	Born in Bradford Project (Research)	BIHR
Tracey Bywater	Professor of Family Wellbeing	University of York
Claire Cameron	Deputy Director, Thomas Coram Research Unit	UCL
Nicola Christie	Professor of Transport Safety	UCL
Richard Cookson	Professor & NIHR Senior Research Fellow	University of York
Duncan Cooper	Consultant in Public Health	City of Bradford Metropolitan District Council
Andy Cope	Director of Insight	Sustrans
Christina Cornwell	Director Health Lab	Nesta
Liam Crosby	Public Health Specialty Registrar	UCL
Jenny Cryer	Assistant Director Performance Partnership Commissioning	City of Bradford Metropolitan District Council
Peter Day	Associate Professor (Consultant) in Paediatric Dentistry	University of Leeds
Josie Dickerson	Programme Manager BiBBS	BIHR
Kersten England	Chief Executive	City of Bradford Metropolitan District Council
Daniel Farag	Director, Health Lab, People Powered Results	Nesta
Rys Farthing		5Rights (London)
Sally Fryer	Police Officer	West Yorkshire Police
Philip Garnett	Lecturer in Operations Management and Business Analytics	University of York
Abigail Gilbert	Public Health Lead (Healthy Communities)	London Borough of Tower Hamlets

Name	Job Title	Organisation
Claire Greszczuk	Public Health Trainee	UCL
Nick Haigh	Inspector	West Yorkshire Police
Bernie Hannigan	Director, Research, Translation and Innovation	Public Health England
Nigel Harrison	Chief Executive Officer	Yorkshire Sport Foundation
Andrew Hayward	Co-Director, ActEarly	UCL
Liam Hill	Lecturer in Developmental Psychology	University of Leeds
Dan Hopewell	Director of Knowledge & Innovation	Bromley by Bow Centre
Victoria Hume	Director	Culture, Health & Wellbeing Alliance
Joanne Hyde	Strategic Director for Corporate Resources	City of Bradford Metropolitan District Council
Hannah Jennings	Medical Anthropologist	University of York
Helen Johnston	Policy Officer	City of Bradford Metropolitan District Council
Lucy Jones		UCL
Jens Kandt	Lecturer/Senior Lecturer in Geocomputation	UCL
Brian Kelly	Senior Research Fellow	BIHR
Debbie Lawlor	Professor	University of Bristol
Bridget Lockyer	Senior Research Fellow, ActEarly	BIHR
Paul Longley	Professor of Geographic Information Science	UCL
Dan Mason	Programme Manager: Research Analytics, BiB	BIHR
Rosie McEachan	Born in Bradford Programme Director, Co-Director, BSB Innovation Hub	BIHR
Andrew Mindham	Gateway Officer	City of Bradford Metropolitan District Council
Mark Mon-Williams	Professor of Cognitive Psychology	University of Leeds
Alex Newsham	Senior Database Manager, Better Start Bradford	BIHR
Adriana Ortegon	Research Associate	UCL
Lesley Park	Associate Director	Stanford Center for Population Health Sciences (PHS)
Kate Pickett	Professor of Epidemiology	University of York
Anand Prathivadi	Reader in Environmental Economics & Public Policy	University of Bradford
David Pye	Programme Manager- Research	Local Government Association
Ali Quaile		University of Leeds
Aamnah Rahman	Research Fellow - Community Engagement	BIHR
Sian Reece	Doctor	
Martyn Regan	PHE Regional Professor for Public Health	University of Manchester
David Rehkopf	Social Epidemiologist	Stanford Center for Population Health Sciences (PHS)
Richard Romano	Chair in Driving Simulation	University of Leeds

Name	Job Title	Organisation
Gill Santorelli	Senior Statistician	BIHR
Robert Savage	Professor in Psychology and Human Development and Head of Department	UCL
Katy Scammell	Associate Director for Public Health (Healthy Environments)	London Borough of Tower Hamlets
Amir Sharif	Professor in Circular Economy and Associate Dean (International)	University of Bradford
Laura Sheard	Senior Research Fellow, BIHR	BIHR
Trevor Sheldon	Professor Health Services Research and Policy	University of York
Jessica Sheringham	Senior Research Associate	UCL
Katy Shire	Research Fellow, Born in Bradford	BIHR
Paul Simkins	Associate	Arup
Ieua Skarda	Research Fellow	University of York
Neil Small	Professor of Health Research	University of Bradford
Kuldeep Sohal	Programme Manager, Connected Yorkshire	BIHR
Alex Spragg	Programme Director	Better Start Bradford
Will Tuckley	Chief Executive	London Borough of Tower Hamlets
Lee Turner		Department for Education
Marcella Ucci	Senior Lecturer	UCL
Arpana Verma	Head of Division	The University of Manchester
Amanda Waterman	Associate Professor	University of Leeds
Jane West	Director of Public Health Research	BIHR
Ambrose White	Transport Policy Officer	West Yorkshire Combined Authority
Kathryn Willan	Better Start Bradford Innovation Hub Senior Data Analyst	BIHR
Toni Williams	Consultant in Public Health	City of Bradford Metropolitan District Council
Philip Witcherley	Head of Policy and Performance	City of Bradford Metropolitan District Council
John Wright	Co-Director, ActEarly	BIHR
Tiffany Yang	Senior Research Fellow	BIHR