Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 31st October 2023

Ward(s): All

Subject: Health Determinants Research Collaboration (Evidence Islington)

1.   Synopsis

1.1.   In 2022, the National Institute for Health Research (NIHR) conditionally approved Islington Council to become a National Institute for Health Research (NIHR) Health Determinants Research Collaboration (HDRC) – locally this has been called Evidence Islington. Funding was initially given for a pilot year, subject to delivering an agreed programme of development activities, NIHR would then fund Islington as an HDRC for five further years.

1.2.   Following a review of the work delivered in the first year, NIHR have now confirmed that after a successful pilot year of Evidence Islington, we have been awarded full Health Determinants Research Collaboration (HDRC) status, starting on the 1 October 2023. There are only 13 local authority areas that have been awarded this status, which comes with £5million in funding to drive a culture of research, data and evidence-based policymaking in partnership with residents and our health and academic partners.

1.3.   Following on from the update provided to the Board on 4th July 2023, this presentation provides an update on the progress to date and the plans going forward.

2.   Recommendations

2.1   To note the NIHR's decision of approval for Islington Council to progress to full HDRC status on 01 October 2023.

2.2   To discuss and agree how the HDRC works with the Health and Wellbeing Board going forward, in particularly: opportunities to be involved in the work, sharing of findings and progress and priorities and themes of the HDRC.

3.   Background

3.1.   HDRCs are a new element of NIHR-funded research based in local government. Their purpose is to help enable local authorities to become more research-active, using evidence to inform their decision making by undertaking research and evaluation relating to their activities, including synthesising and mobilising existing evidence. NIHR HDRCs are nationally recognised centres of 'research excellence,' based in and led by local government, which receive core funding from the NIHR. Their focus is on building research capacity and capability between local government and the academic sector.

3.2.   Islington Council has been awarded around £5million to take forward the HDRC work. This funding will mean we can lead a five-year programme to do this work with our resident co-design group, Healthwatch Islington and the Diverse Voices Health Network, our academic partners LSHTM, UCL, ARC North Thames among others – with three key workstreams:

1. Creating a sustainable research culture that places evidence at the heart of how we work with communities.
2. Strengthening and, maturing our data infrastructure to enable us to generate high quality insights and evaluate impact.
3. Building capacity and participation in research with our residents and voluntary and community organisations to drive change and make a positive difference, ensuring they are central to the design and delivery of the programme.

3.3.   Islington's approach to HDRC, will act as a driver to Islington 2030, supporting the fundamental shifts needed to make a real impact on the core issues and inequalities our residents face.

3.4.   In consultation with Islington communications department and Healthwatch Islington we created a more accessible brand and name for the HDRC, namely: Evidence Islington (EI), our working title for the HDRC.

Developmental year programme support and branding.

3.5.   Evidence Islington's delivery over the 12-month pilot was focused around four key themes agreed with NIHR, namely:
- Further development of the strategic leadership, governance and operating model for the local HDRC
- Developing a monitoring framework
- Co-produce the community engagement and dissemination activities with residents and VCS groups and widen engagement and awareness from elected members.

- Undertake pilot work on the data challenges including the ethical and practical considerations.

3.6. Progress on these areas was reported to the Health and Wellbeing Board in detail at the July Board and a summary table is provided in appendix 1.

NIHR feedback

3.7. The NIHR Authority's decision of approval provided extremely positive feedback on the progress Islington had made during the pilot year. In particular, they highlighted the following:

- They liked the engagement with the senior leaders and elected members in the council and creative ways in which this was done. They were especially impressed with the early impact of this work with the engagement of the Director of Housing Needs and Strategy on supporting several of the directorates' workstreams.
- NIHR thought our approach to having housing as an area of particular focus was good and had helped focus the HDRC's attention rather than try and tackle every wider determinate at once.
- It was good to see a balanced level of PPI involvement in that the HDRC is aiming to integrate residents into decision making. They liked the discussion we had had around how evidence leads to action and who has power to influence change. They could see the impact from these questions in the change from the HDRC shifting from engagement and dissemination strategies to thinking about how evidence would influence change.
- They were impressed with the work done to ensure ethnic minorities and underserved groups are being engaged.
- They were pleased with the early wins that we had delivered such as the data linkage work identifying missing Unique Property Reference Numbers.

3.8. Today's presentation outlines Islington's strategic direction and plan as a full HDRC. Over the next 12 months our delivery is focused under the three core themes of our proposals (Strengthening collaborations and culture, data and infrastructure and capacity building). Some of the early priorities will be establishing the governance systems to oversee the programme and recruiting into the posts funded by NIHR. We will also need to ensure a robust baseline, so that we can effectively evaluate impact and define the actions needed to deliver the programme, this will include undertaking an Islington-wide needs assessment (this will include all LA staff including members, residents, and VCS partners) which focuses on training & organisational culture to support research. We will be continuing to develop the work underway to develop the housing and health linkage approach as well as identifying one or two areas of further focus.

4. Implications

4.1. Financial Implications

4.1.1. There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

4.2. Legal Implications

4.2.1. There are no legal implications.

4.3. Environmental Implications and contribution to achieving a net zero carbon Islington by 2030

4.3.1. There are no environmental implications that arise from this report.

4.4. Equalities Impact Assessment

4.4.1. The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

4.4.2. An Equalities Impact Assessment is not required in relation to this report. It describes an overall research and development plan and a number of actions to develop the plan over the coming year. Actions that require an Equalities Impact Assessment will be assessed accordingly as part of their development and implementation.

5. Conclusion and reasons for recommendations

5.1 We are thrilled that after a successful pilot year of Evidence Islington, we have been awarded full Health Determinants Research Collaboration (HDRC) status. This is an exciting development and has been possible thanks to close collaborative working with our resident co-design group, Healthwatch Islington and the Diverse Voices Health Network, our academic partners LSHTM, UCL, ARC North Thames among others.

5.2 The award will see a five-year programme of investment funded by the National Institute for Health and Care Research (NIHR) to boost the local authority's capacity and capability to conduct high-quality research. The HDRC partnership will enable the local

authority to become more research-active, so we can collect and use evidence better to improve our services and reduce health inequalities, with a strong focus on engagement with the community. Islington's programme will focus on core issues that affect residents' health and wellbeing such as housing, employment, and the environment and align to the missions of our corporate plan.

5.3   We now need to build on the strong progress made through the development year pilot, taking this work much further through the full programme, working with colleagues across the council and in the community, supported by academic and other partners.

Final report clearance:

Signed by:

Jonathan O' Sullivan, Corporate Director of Public Health

Date: **13th September 2023**

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Appendices:

Appendix One

Appendix One: Progress made during Islington's HDRC Developmental year.

Development year goals	Progress (April to June 2023)
1. Further development of some aspects of strategic leadership, governance and operating model for the local HDRC	We have made significant progress in socialising the HDRC in the organisation over the past months. We have presented the purpose and aim of Islington HDRC to Islington's leadership network and conducted some targeted engagement with political members at a fresher's fair. We have also been working with senior members of the housing management team on developing further insight and research ideas on quality of housing, specifically looking at overcrowding and damp and mould. These engagement sessions have led to further planned sessions with members and the Housing Management team to have focused discussions about the HDRC. A paper to the Islington Together Board will be taken in July to discuss the governance of the HDRC and how we strengthen our approach to data and evidence. We are piloting different engagement mechanisms with partners/members through development year member events, activities and networks – to feed into developing the HDRC engagement and communication strategy so that it will have input from members, partners inside and outside of LBI. 1.1 Data & Insights Marketplace, 20th of April – n= 85. The event was attended by leaders (Heads of Services and above) across the organisation representing all departments. The event consisted of 2 keynote speeches, one of which was about the HDRC attendees were encouraged to visit the different stalls showcasing data and the HDRC in a "speed dating" style set up so that senior LBI leaders could engage with and learn how we are using data & evidence in many different ways. We also collected data on the day from participants on their thoughts around the use of data and evidence in the organisation and gaged interest from colleagues who would like to be involved/know more about the HDRC through a live Slido poll and evaluation of the event. 1.2 Freshers Fair (n= 20 attendees including ward councillors, members and executive members to provide them with a flavour of what directorates do and other capabilities in the organisation. Stall on data & insights with HDRC information, which gave us the opportunity to speak directly with councillors about their evidence needs and how HDRC could support their work. They asked questions about community safety, including differences between trends in reported crime and perceptions of safety, childhood obesity, air pollution, sustainability, exclusions, physical activity and social options for young people, including lively discussions about data availability and quality to inform resource allocation decisions (based on a current, high-profile consultation about changes to a local leisure centre). 1.3 Health & Wellbeing Board (scheduled 4 July 23) - chaired and supported by Executive Member for Health and Care and the Leader of the Council 1.4 Diverse Communities Health Voice (DCHV) meeting (19 June 2023). DCHV is a partnership of 12 organisations working with minoritised communities. They are seen as an intrinsic partner in supporting LBI-HDRC to reach inclusively out into our communities.

	1.5 Focus on housing and health research. We have had meaningful conversations with the Director of Housing Needs and Strategy on supporting several of the directorates' workstream using a data and evidence approach. These have resulted in support on the development of a questionnaire regarding overcrowding and some specific research on overcrowding and wellbeing alongside working with the NHS in developing a proposal for linking housing and health data. An internal communications plan is being developed to aid the organisation in understanding what the HDRC is and how it will help the organisation to deliver its ambitions on creating a fairer Islington.
2. Developing a monitoring framework	We have developed a monitoring plan and data collection form for the development year (interim 6-month report dated 31 March 2023 refers). Progress against objectives in the plan and data on engagement are discussed at fortnightly meetings. More detailed review of progress and strategic direction are conducted through in-person meetings held every 2 months. Once we have confirmation of full-HDRC, we intend to develop a five-year detailed project plan (Microsoft project) which will inform and refine our evaluation objectives and evaluation plan for the full HDRC. Our programme manager has explored various project management options for use in the full HDRC and their alignment with ways of working in Islington, including whether staff regularly use a particular PM methodology and software, whether they have the training and so on. She has identified the need for more sophisticated approaches to MS Excel, to one that will identify parallel and/or sequential workstreams (i.e. task dependencies), manage resource allocation (financial and HR for respective workstream) which will enable us to monitor the 'critical path' (the strategic critical tasks) to mitigate risks, track milestones and address arising issue(s) in a timely manner. We have concluded that Microsoft Project best meets our needs. We intend to develop the full HDRC monitoring framework using Microsoft Projects and populating this will begin once we are given the green light for progressing to a full HDRC.
3.Co-produce the community engagement and dissemination activities with residents and VCS groups and widen engagement and awareness from elected members	3.1 Established a mixed and engaged co-design panel with 12 residents. 3.2 Run the first three monthly sessions (17th April, 22nd May, 19th June), which have focused on the group getting to know each other and establishing ground rules for inclusive participation, understanding EI and explaining it in their own words, brainstorming ideas for ways in which residents can be involved in EI (based on resident-identified 'hot topics': housing, safety and parking), learning about the current composition of the borough (through a 'Who is Islington' quiz with updated demographics from the latest Census data), brainstorming ideas for way to reach subgroups who are underrepresented in previous council engagement and preparing for an upcoming discussion with council housing staff about how evidence is used to inform decision-making. Since June, several co-design members are helping to develop the agenda for the monthly group meetings, as we work towards co-production. Several recuring questions have been consistently raised by the co-design group i) what has been done with feedback they have provided in previous consultations, ii) how evidence leads to action and iii) who has the power to influence what types of change – for example, differences across council tenants, those living in housing associations and private renters. As a result, we are planning to test this out with housing colleagues (a topic the group frequently refer to) – to run a pilot 'evidence to action' discussion where residents can

interact directly with decision-makers about an issue that is important to them, hear first-hand what the council has more and less influence over, reflect on how evidence is used and advise how the council can better communicate with different groups of residents. We are thus testing out components of the strategy as we are developing the plan itself.

As a result of the initial three months with the co-design group, we have adapted our approach in 3 key ways:

I.   Shifted the orientation of the strategy from engagement and dissemination to a much stronger emphasis on channels of influence and pathways from evidence to action.
II.   Identified the need for both an overarching strategy and a more detailed action plan that is grounded in resident experiences of areas that are particularly important in their daily lives (e.g. housing, safety and transportation)
III.   Identified the value of continuing a co-design group beyond the development year and the opportunity to work more closely with the umbrella VCS organisation in the borough: Voluntary Action Islington (VAI) as a way to reach more residents and VCS.

3.3 Convened a workshop (13th June) with members of the Diverse Communities Health Voice (DCHV) network (12 VCS organisations). In the development year we are seeking DCHV leads views on our wider engagement strategy. They will incorporate their ideas into the PPIE strategy, specifically feed in on how we can ensure that people from specific ethnic minorities and people with disabilities can be supported to be heard, involved and made aware of Evidence Islington.

3.4 Meet monthly with LBIs Engagement team to align their strategic ambitions with the HDRCs, and to enable learning to be shared across. For example, LBI are planning a Citizen Group to input into the Net Zero strategy, and they are using an independent organisation to recruit a representative sample. LBI have also launched an online consultation presence (https://www.letstalk.islington.gov.uk/), in which residents are asked if they would like to be contacted in the future for other consultation/engagement activities. To date 272 residents have consented into this process, and we will use this database with our EI recruitment for the 5-year HDRC PPIE plans.

| 4.Undertake pilot work on the data challenges including the ethical and practical considerations. | Review of ethical considerations: In February we received UCL Ethics Committee approval to conduct the review of ethics processes in approx.15 LAs. in collaboration with colleagues from Cornwall and Middlesborough Councils. Data collection is currently ongoing and planned to conclude in July, with preliminary findings due to be presented at the Research Ethics Association Conference in Bath, 7th July 2023, and discussed Local Authority Public Health Research Network 3 July.

We have continued to strengthen cross council ethics review processes through periodic working group sessions with members from the Information Governance and Participation & Engagement teams and a series of dedicated sessions with Children's Services to discuss processes when other departments are engaging under 18s. We presented the ethics review process to an expanded council-wide engagement leads group on 6th June and are currently recruiting staff to serve on a peer review panel that will trial bimonthly meetings to provide joint review and feedback on new projects. This is a shift from the previous informal process, which only involved 1 reviewer, with review timelines dependent on that person's schedule. Alongside the council's IG lead, we will present and discuss data protection and ethics review processes at the next participation and engagement community of practice meeting to increase awareness across the council, particularly for staff whose roles are not dedicated to but involve resident engagement.

Unique Property Reference Number: Digital services team have identified 49 applications that have people and/or address data. 12 have been identified as having no UPRN field and will be prioritised for improvement. These include systems related to children and adult social care.

Data Linkages: We have agreed to prioritise the feasibility of linking data on quality of housing with health data. A proposal on this linkage was presented to the NCL population health management group on the 24th of May 2023 and supported by Islington Housing Management Team. The proposal is to link a set of housing data variables to health data in HealtheIntent, NCL's population health management system, to be able to discern prevalence of conditions exacerbated by damp and mould such as respiratory conditions, in LBI properties.

Equality Characteristics: An audit of equality characteristics on the main council systems on completion of fields for ethnicity, disability and religion has been completed. A key finding is that where equality characteristics are mandated for a statutory return the field has a high rate of completion compared to very low completion rates for non-mandated collection.

The next steps will be to prepare a report on how the collection of these protected characteristics could be improved. The report is likely to make recommendations on 1) training for frontline staff on the purpose and benefits of collecting these data 2) Annual audits on completion of equalities data from main people facing council systems/services and 3) Promoting the benefits and purposes of equality data collection amongst residents. |