

Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 12th November 2024

Ward(s): All wards

Subject: 1. Evidence Islington Progress Report

1. Synopsis

- 1.1. Following a successful pilot year, in October 2023 the National Institute for Health Research (NIHR) awarded Islington full Health Determinants Research Collaboration (HDRC) status.
- 1.2. This paper provides the Health and Wellbeing Board with an update on the progress that Islington HDRC (known locally as Evidence Islington) has made over its first full year of mobilisation and operation and the plans for Year 2 of the programme.

2. Recommendations

- 2.1. To note the progress made by Evidence Islington over its first full year of operation and the plans for the forthcoming year.

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.

- 3.2. Islington Council was awarded around £5 million to take forward the HDRC work. The five-year programme is being delivered in conjunction with residents, Healthwatch Islington and the Diverse Communities Health Voice network and academic partners – LSHTM, UCL, ARC North Thames, and others. There are 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 the HDRC will act as a driver to Islington Together 2030, supporting the fundamental shifts needed to make a real impact on the core issues and inequalities our residents face. In consultation with Islington communications department and Healthwatch Islington we created a more accessible brand and name for the HDRC – Evidence Islington (EI) – our local name for the HDRC.

Evidence Islington progress update

- 3.4. Evidence Islington has made good progress during its first full year. NIHR require regular updates on progress and for this to be reported under the following seven themes. An update under each of these themes is provided in Appendix 1.
1. Building the team
 2. Culture change
 3. Collaboration
 4. Funding
 5. Achieving progress in priority research areas
 6. Meaningful engagement
 7. Routes to impact
- 3.5. Other core programmes of work during the last 12 months have included data and infrastructure, capacity building and a robust evaluation of the programme.

Data infrastructure

- 3.6. A baseline assessment of the organisations data maturity was scheduled for the first year. The aim of the data maturity assessment is to provide a baseline of the evaluation of the organisations current state in utilising data and information effectively, focusing on how well it manages and uses data to its advantage. The intention is to use the LGA data maturing assessment framework ([Local Government Data Maturity Model | Local Government Association](#)), which assesses maturity across a number of themes such as 1. Culture and structure 2.

Leadership and strategy 3. Data life cycle 4. Systems and tools 5. Skills and capability 6. Governance and compliance, with a view to implementing actions to improve maturity. However, there has been a delay to the start of the baseline data maturity assessment due to a restructure in Digital Services and the appointment of a new Chief Digital Officer. This will now happen in Q3/Q4 2024/25. Additionally, some aspects of the baseline maturity have been captured in the overall SEER baseline evaluation (see below).

- 3.7. Islington's Strategic Delivery Board (SDB), which is responsible for overseeing and help steer the EI programme, has identified three areas to focus on and gather deeper insight/research: climate change, housing and poverty. In this first year we have been exploring the quality, value and contribution of housing datasets in the Council that can provide insight into reducing inequalities. As one example, we have completed a proof of concept on the feasibility of linking housing and health data. This was a collaboration between the NHS and Housing directorate. Unique property reference numbers of social housing in Islington were shared with the NHS, who in turn returned the number of clinical health vulnerabilities in these properties that could be worsened by damp and mould. These data were used to conduct a retrospective analysis to understand the difference in damp and mould repair response times for properties with different numbers of health vulnerabilities. Further work is being developed to check data quality, assess the potential of weighting clinical vulnerabilities to create a risk score for residents in a property and conducting an evaluation assessing the added value/impact for the housing repairs service having access to a vulnerability risk score.
- 3.8. We have commissioned a provider to establish a data insight hub for the Council, with a 'go live' date of autumn 2024. This is being launched earlier than we had initially forecast (had been planned for year four of the programme) reflecting the local need that already exists for this. This hub will, in the first instance, pull all publicly available data about Islington into one place using APIs (automated processes).
- 3.9. The development will improve the organisation's ability to access good quality data for research, evaluation and insights and show the benefits of cross-departmental data linkage.
- 3.10. The benefits of this are that Islington colleagues, partner organisations and residents will now be able to go to one place to find data about the borough rather than a multitude of websites. This will support the capacity and capability of the local system to use data and evidence to support informed policy making.

Capacity Building

- 3.11. Using the Multi-professional Practice-based Research Capabilities Framework from Health Education England, we are mapping what training and support is already available within Islington (and to Islington through other sources including the ARC North Thames) that will support us in developing a more research active workforce. The mapping exercise has been completed across the following: Islington Council Organisational Development; ARC North Thames; NIHR and specifically the Research Delivery Network; Islington Clinical Training Hub; and London Research and Policy Partnership. This identified several priorities for training for Islington staff, and opportunities to signpost to existing training, adapt existing training to better meet need or codevelop new training offers. Findings will be used to set priorities, develop a training schedule, and map and adapt ARC Academy resources to apply research skills training to those in whom addressing wider determinants of health are core to their work.
- 3.12. Also as part of this workstream, we are currently out to advert for a Training and Capacity Building Lead. This role will be working collaboratively with Islington Council's Organisation Development Team and NIHR ARC North Thames Academy to develop and implement the Evidence Islington capacity building offer.

Evaluation

- 3.13. The evaluation baseline is well underway. This process and outcome evaluation is a longitudinal study to measure the impact of Islington HDRC's aims and objectives. It will be a mixed methods evaluation using surveys, interviews, observations and discussions with staff and partners. Wave one baseline data collection will be completed by February 2025. The evaluation will enable us to adapt the Evidence Islington programme as we progress as well as measuring impact/outcomes to assess how the Council and its collaborations changed over the course of the funding. We have secured ethics approval through UCL.
- 3.14. The facilitated team surveys, which used the validated SEER (Seeking, Engaging with and Evaluating Research) tool are nearing completion (11 sessions completed across several directorates and with the Strategic Delivery Board and Directors Forum). We aim to complete SEER with members by the end of the year. The aim of this work is to ascertain the views and experiences of the individual and the organisations' capacity to do and use research.
- 3.15. The all-staff survey will be based on the validated RCC (Research, Capacity and Culture) tool. The aim of this survey is to understand individual research practices and enablers and barriers for the individual to do research. We have contributed to an adaptation of the RCC, led by Liverpool John Moores University and in conjunction with other HDRCs. The intention is to send this survey to all LBI staff by the end of the year.

NIHR feedback

- 3.16. Evidence Islington are required to produce an annual report for NIHR. We have recently submitted the report for the first full year to NIHR, which ran October 2023 to September 2024, and are awaiting feedback. We will share feedback with the Board at our next update. Additionally, in May 2024, we met with NIHR to discuss progress over the first six months of the programme. Feedback we received following this meeting was positive, noting we had made great progress in several areas. They noted positively on how we were involving residents in decision making. They also flagged the complexity of measuring culture change and impact across the council and were pleased that this was being approached in a thoughtful and measured way. In terms of development, two areas they flagged were around early development of research bids relating to Evidence Islington priority areas, and development of a strategy around culture change and sharing impact more widely. We are now addressing both areas of feedback through our delivery plan for Year 2 of the programme.
- 3.17. We recently hosted a visit from Professor Ferguson, the Director of the NIHR Public Health Research (PHR) Programme. This provided an excellent opportunity for the team to showcase some of the work we are doing across the council, particularly the collaborative work with Housing which has involved officers from Evidence Islington, Public Health and Housing along with Islington Healthwatch and our academic partners. The visit went very well, and Professor Ferguson commented on how impressed he was with the work we are doing, and that ours was a good example of the type of work that can be achieved through the HDRC programme.

Priorities over the next 12 months

- 3.18. With the majority of the core delivery team recruited and governance structures now in place, the plans for the next 12 months are focused around embedding the approach, with a continued focus on delivering the pieces of work and research that were included within the bid to NIHR and which have been refined during the last 12 months. The core areas of focus include:
- Completion of baseline evaluation and dissemination of findings – using this to shape our approach to delivery and informing the work around capacity building.
 - Completion of the data maturity assessment.
 - Development and dissemination of research projects in priority departments.
 - Completing the training and development assessment. This will then be used to set priorities, develop a training schedule, and map and adapt ARC Academy resources

to apply research skills training to those within the council (officers and members) and wider Evidence Islington partners.

- Establishment of Evidence Islington intranet internet pages.
- Research and dissemination strategy developed and shared.
- Working across departments and with academic partners to identify opportunities and apply for research grants to support core work programmes.

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. If recommendations are subsequently made about the use of any money or grants, this will require a full set of Financial Implications.

4.2. Legal Implications

- 4.2.1 The NIHR funds and supports health research. It aims to improve the health and wealth of the nation through research and is closely linked with the National Health Service. Health Data Research UK is focused on advancing health data science, bringing together data from various sources to improve patient care and outcomes. Researchers will need to ensure that they comply with regulations and data protection legislation when using health data. The NIHR emphasises responsible data use.

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

- 4.3.1 Evidence Islington supports council and wider system efforts to reduce carbon emissions and protect the environment. For instance, working collaboratively with colleagues across the council and the wider health system to identify actions to support mitigating actions to reduce the effects of climate change.

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. Excellent progress has been made during the first 12 months of the Evidence Islington programme. We have successfully recruited the core delivery team and established clear governance structures, overseen by the Strategic Delivery Board, and identified priority areas supported by the embedded researchers located in housing and environment. Over the next 12 months our focus will be around embedding the approach and delivering the identified pieces of work within these directorates. Additionally, we will complete the baseline evaluation and capacity assessment, using this to inform the wider skills and development offer.

6. Appendices:

Appendix 1: Evidence Islington delivery update September 2024

Background papers:

N/A

Final report clearance:

Signed by: Director of Public Health

Date: 15th October 2024

Appendix 1: Evidence Islington delivery update September 2024

Theme Area	Update
1. Building the team:	<p>Good progress has been made in recruiting to the core EI team. We have recruited six posts: Participation and Engagement Specialist, Programme Officer, Research Manager, two Embedded Researchers, Head of Research, and are currently recruiting a Principal Research and Insight Specialist, Training and Capacity Building Coordinator, Communications Specialist, and a joint Senior Research Fellow (with ARC North Thames). The only pending recruitment is for a Data Analyst. The two embedded researchers are now working within other council departments and developing joint pieces of research.</p> <p>Two of the team have been awarded prestigious fellowships. They will continue to work on the EI programme, as their fellowships are closely aligned. However, we are currently reviewing what parts of their role need to be covered and will look at how we backfill to cover these tasks. Collectively this will increase the capacity to deliver through the EI programme.</p>
2. Culture change:	<p>The Strategic Delivery Board (SDB) is established with representation from all council departments, Voluntary Action Islington (VAI), Healthwatch Islington (HWI) and three resident members. It provides an important platform for sharing and applying learning across the organisation and raising the profile of our HDRC, Evidence Islington (EI). It has met four times (January, April, July and September 2024).</p> <p>Our focus has been on strengthening the internal collaborations to achieve the London Borough of Islington's (LBI) commitment to EI's goals and increased recognition of the importance of these goals in driving forward LBI's priorities.</p>

	<p>Following discussion with the Chief Executive and Corporate Management Team we have agreed to complete an all-staff survey to identify research needs building on the all-colleague survey research/evidence questions completed earlier in 2024.</p> <p>EI is becoming embedded within corporate priority setting and delivery as evidenced within the LBI's two-year delivery plan. There is an action on "changing the way we work" to "embed evidence and data infrastructure across the Council to increase the skills and capacity of the organisation for evidence-based decision making".</p> <p>We are currently working with Democratic Services to explore how LBI Scrutiny Committees can further incorporate evidence. By identifying how an evidence-based approach is embedded within general processes, this work will address the challenge identified in the RAG report of staff being stretched with competing time pressures.</p> <p>We want to strengthen collaboration with wider research approaches including the joint post with the Applied Research Collaborative North Thames (interviews Oct 2024). We see such collaborative academic partnerships as important for longer-term sustainability and success for future bids.</p> <p>We are developing an EI Strategy and Action Plan. This will articulate the strategic approach to research across LBI and how we are creating culture change through a systematic approach to identifying and engaging in research evidence.</p> <p>Building on work this year (including the PPIE co-design panel input), the new Communications post will develop a dissemination strategy in which we will articulate a plan for routine communication and wider dissemination of findings, internally and externally to maximise impact through for example impact case studies. Successful culture change requires a communications strategy to articulate how research and evidence are driving LBI priorities.</p>
<p>3. Collaboration:</p>	<p>We have actively engaged within Islington, regionally and nationally to forge new relationships, and cement others. We recognise opportunities to expand our reach into the community sector, outside of our relationships with HWI and their partners Diverse Communities Health Voices (DCHV). We have engaged with, and recruited the head of Voluntary Action Islington (VAI) to the SDB.</p> <p>We are working with HWI and VAI to develop a new role in the HDRC to strengthen VCS partnership capacity. This will ensure a stronger voice for the VCS, coordinate opportunities to inform EI projects, contribute to and</p>

	<p>benefit from capacity building opportunities and improve dissemination of findings. To facilitate this, we are working up a proposal and will allocate funding from Year Two onwards, from the PPIE budget envelope to formalise this with a partnership arrangement.</p> <p>Several meetings to explore opportunities with other academics have taken place over the last 12 months including signing a formal memorandum of understanding between LBI and UCL (November 2023), and conversations with colleagues at the LSE, Lancaster University/NIHR SPHR and York University.</p> <p>We have collaborated with LSHTM in large NIHR funding proposals as a costed partner (NIHR Research Programme for Social Care) and as co-applicant on the LSHTM PHIRST Programme evaluation bid.</p> <p>We continue to collaborate well with other London HDRCs. A London Advisory Board, chaired by the Director of Public Health for London and the GLA Director of Public Health has been established (Islington hosted the September 2024 meeting). This allows EI to share progress, identify opportunities for collaboration and collectively explore core cross cutting issues where a collective approach is likely to be beneficial (e.g. data, housing) to coordinate evidence for national Government consideration.</p> <p>The joint ARC NT/Islington HDRC post (out to advert) will support the development of future joint research opportunities and support capacity development across LBI.</p>
<p>4. Funding:</p>	<p>EI has secured around £3 million on three awards (two NIHR fellowships and an ICB commissioned evaluation) on which EI core staff are Principal Investigators.</p> <p>In addition, we are proactively seeking opportunities to bid for additional grants, We have submitted five research funding proposals which are under review, some as collaborators and some as co-investigators. These include collaborating across the council, e.g. in a bid to the London Violence Reduction Unit and with partners such as London School Hygiene Tropical Medicine.</p> <p>Future proposal development plans: We have developed a process for triaging requests from academics so LBI time is invested in proposals that align with organisational priorities, and that the longer-term benefits of research participation can be considered, rather than an extractive traditional academic model requesting us to be a case study site with little influence on study design, PPIE or local impact.</p> <p>We are actively involved in cross-HDRC efforts to cost Council staff time/overheads. Academic practice is to not consider Council overheads when budgeting for LA costs, an area we will address going forward.</p>

	<p>We horizon scan opportunities for future funding (e.g. receive alerts and external funding opportunities a standing agenda item with officers in housing, environment and ASC). We are responsive to requests from other departments, such as the recent Violence Reduction Unit proposal identified by Children’s Services.</p> <p>We are pairing embedded researchers/those with less experience in bid writing with experienced proposal leads to build institutional capacity. Our biggest limitation is pressures on staff time to provide expert input into proposal development (e.g. a recent NIHR Climate Change and Health bid).</p>
<p>5. Achieving progress in priority research areas</p>	<p>To enable the development of identified priority areas, embedded researchers are now co-located within the environment and housing directorates. Within environment, we completed a rapid literature review on the impact of controlled parking zones on health, exploring the relationship between low traffic neighbourhoods, active travel, air quality and health. We also provided feedback on project monitoring approaches for the flagship Liveable Neighbourhoods initiative and are developing a robust evaluation plan. Within Housing, we have supported with the re-procurement of Tenant Satisfaction Measurement (TSM) measures in terms of defining scope of free text analysis, and are developing an evaluation of how new data systems in housing impact council staff behaviour and prioritisation of repairs.</p> <p>We have carried out activities to support research and cross-council capability including the development of an evaluation toolkit. These are digital resources on the Council intranet outlining how to carry out an evaluation (e.g. framing answerable questions, developing a theory of change, conducting key informant interviews, analysing quantitative and qualitative data). Fortnightly evaluation surgeries, open to all staff who are thinking about, or carrying out, evaluation, have been running since May 2024 and opportunities for mentoring initiated; to date one embedded researcher is mentoring a member of Children’s Services staff to support the development of a research and evaluation project.</p>
<p>6. Meaningful Engagement</p>	<p>We have progressed the development year, co-designed Patient and Public Involvement and Engagement (PPIE) strategy in several ways, starting with successfully recruiting a PPIE HDRC lead.</p> <p>EI community researcher programme – The design including selecting training modules was informed by a rapid evidence review briefing of community researcher models, and was shared with the national PPIE subgroup. The pilot programme was launched in September 2024, with an initial session to describe the role and project opportunities and interviews scheduled to select the initial cohort.</p>

EI resident network – Our flexible network of residents wanting to be involved grows (28 residents on the mailing list). We produce monthly newsletters and residents choose which projects to apply for.

Small project groups have been formed to support activities:

- **Council decision-making processes** – a priority topic identified in our development year led to two co-design sessions with residents and Democratic Services staff (new to co-design) to prepare accessible materials on how the council makes decisions and how residents can get involved. This will be shared at a Local Democracy Week session on 17 October and available on the council’s website.
- **EI engagement video** developed by the co-design group presents EI’s engagement strategy in a more accessible way. Residents co-created a design brief, wrote the script and narrated it.
- **Anticipated impacts:** Increased awareness of the strategy, number of residents actively involved and greater reach into new audiences who wouldn’t typically go to LBI’s website.

Challenges:

- Finalising this has taken longer than anticipated - residents have been kept informed – anticipated video upload by end September 2024.
- **Inequalities and representation** – A resident-informed initiative is reviewing existing data on which groups have/have not participated in LBI-led engagement activities. They are now co-designing strategies advising on how LBI should communicate to residents, noting who is underrepresented. This will be disseminated (including presentations by residents) via LBI’s internal conference, the new engagement handbook and staff networks.

Anticipated impacts:

- Greater specificity, transparency and consistency in how LBI reports participation demographics, to improve trust between residents and LBI.

Challenges:

- The pilot analysis used older data. With the new data platform we will be able to use more recent data on inequalities for phase two.

- **Locality Wellbeing Network Representatives.** EI resident representatives have attended monthly locality network meetings which bring together the VCS and residents to explore how to support health and wellbeing needs. EI residents have provided advice on how the networks could better integrate evidence into meetings and attract more residents to join.

Impact:

- Data and evidence are now a standing agenda item. Each meeting will have a distinct theme. The networks are promoted more widely to residents through new channels.

Challenges:

- The network has received new funding focusing on supporting residents with the cost-of-living. Plans for this funding need to be defined, Evidence Islington are working with the group to support and evidence informed approach to how this is done.

Strategic Delivery Board

Three residents are members of the SDB. Initially resident members found it difficult to identify their role and did not feel “experts in the room”. At the last SDB meeting, members participated in the baseline SEER evaluation and residents were positive about this; they said that they felt “valued and listened to” and “able to contribute based on their experiences of engaging with research”.

Impact:

- Residents have influenced the transparency of the SDB, encouraging EI to publish meeting notes and a simplified summary.
- They also said it was difficult to get a good understanding of EI via the quarterly meetings alone. In response we meet residents pre-/post- SDB to have time to explore/reflect on materials. Residents were positive about this and opportunities to meet different staff and a more thematic focus at future SDB meetings.

Challenges:

- Finding a balance between breadth and depth at the meetings.

	<ul style="list-style-type: none"> • It has taken longer than anticipated to get meeting notes published online. <p>EI residents have said that the small project groups and being on interview panels has helped them feel actively involved in EI. One area we wish to develop in the next year would be supporting their development through training opportunities. We discussed training on the new data hub, understanding the role of local government and exploring courses available from academic partners.</p>
<p>7. Routes to Impact</p>	<p>To develop a sustainable organisational culture where research is everyone’s business, we are embedding HDRC into existing council processes, including: mandatory training on how to write business cases, Scrutiny Committee reviews, measurement frameworks for flagship initiatives (e.g. Challenging Inequalities, Liveable Neighbourhoods). These are examples of the impact HDRC is having in strengthening the role that evidence plays in council policies and practices.</p> <p>Other examples are:</p> <ul style="list-style-type: none"> - Creating a suite of LA-tailored evaluation and research resources with examples from different teams. - Streamlining processes, including internal ethics review and requests from academics to be a case study site. - Holding regular small group sessions (rather than 1:1 advisory work) to build institutional as well as individual capacity that is less affected by staff turnover. - We are estimating staff time and costs associated with different levels of involvement and are including LA direct and indirect costs in proposals, where possible. <p>In September 2024, the Council held a ‘Purpose into Action’ week which provided staff opportunities to learn what is happening across the organisation and participate in a range of skill development opportunities. The EI team led four workshops around using data and evidence, on evaluation and Public Health systems ‘board game’ session all of which raised awareness of EI, were very positively received and many attendees expressed interest in future learning opportunities.</p> <p>Translation of evidence and findings to the wider UK context.</p> <ol style="list-style-type: none"> 1) We are expanding EI’s presence on LBI’s website so that EI strategies, activities and, in time, findings and outputs will be made publicly available. We are preparing to launch an EI ‘hub’ on Let’s Talk Islington – a website designed to enable purposeful engagement with residents, and for council teams to provide timely,

transparent feedback on engagements and consultations. Here we will share findings and opportunities for resident involvement as part of our commitment to keeping residents engaged.

- 2) We proactively disseminate relevant information through existing channels and networks: department and leadership meetings and cross-council networks, LSHTM, UCL, ARC North Thames, North Central London (NCL) Research Engagement Network, Borough Partnership, Islington GP Training network, GLA, Islington Locality Networks, VAI, the DCHV network and the national HDRC network.

Specifically, we were central to the planning of the London Public Health Research Network Conference in March 2024; e.g. our Embedded Researcher was a co-organiser, some of the team led breakout sessions, one was a keynote panelist, and others presented posters.

- 3) The feasibility analysis linking housing and health data has been shared at NCL Public Health Intelligence Network, highlighted in a NCL population health Integrated Care Partnership meeting attended by senior colleagues across the NHS and LBI, which focused on housing.

Capacity and capability impact. While our formal training programme will begin in Year 2 based on gaps identified in the baseline evaluation, since the full programme started in October 2023 we have been delivering:

- Demand-driven training sessions on survey design and analysis, rapid evidence reviews, introduction to evaluation.
- Tailored evaluation surgeries on developing a theory of change and indicators for the council's VCS-implemented Cost of Living Fund and Family Hubs participant survey.
- Advisory support on programme reviews.
- Development of wellbeing measures and informed consent processes.

116 people attended sessions across five Council departments. Between 10–20 people attended monthly journal clubs. This range of capacity-building activities has increased awareness and begun to expand staff skill sets. These will form part of our evaluation plans.

Unanticipated consequences. Our strategy to shift from 1:1 advisory support to small groups has led to some colleagues' reluctance to discuss their evaluation plans/ask questions in front of others. Others have been frustrated by EI's focus on advisory support/mentoring, preferring EI (or wider PH) to do their evaluations due to their very limited capacity, this is being worked through on a case by case basis.

In line with our logic model, we anticipate impacts on addressing inequalities and impact on WDH to be evident in later years, but we are demonstrating even in Year One those pathways to impact.

An example of the added benefit of working in collaboration across our HDRC partnership is demonstrated through recent work led by UCL in collaboration with council and Healthwatch around overcrowding and feasibility of producing a local measure of overcrowding affecting well-being. The joint working added value to the research in several ways. By brokering relationships with community organisations, who challenged and guided researchers to make the process useful to participants, the qualitative research arm was able to meet its recruitment targets, and as well as informing local options for overcrowding, there is now a paper under review for academic publication. The council's leadership of the quantitative arm of the study was essential to ensure access to data and has provided opportunities to share findings with decision makers to effect change.