

Camden and Islington Public Health  
222 Upper Street, London N1 1XR

Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 8th November 2022

Ward(s): All

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## Subject: Health Determinants Research Collaborative

### 1. Synopsis

- 1.1. The National Institute for Health and Care Research (NIHR) is a major funder of health research and evaluation. Last year, it announced a major initiative to invest in local government to build research capacity and ultimately build the evidence base for addressing the determinants of health and health inequalities. In October, it announced that Islington Council was one of thirteen successful sites across the UK to become a Health Determinants Research Collaboration (HDRC), following a highly competitive process.
- 1.2. This is an opportunity for Islington to be a pioneer site, working in close partnership with academics, Voluntary and Community Sector (VCS) organisations other partners and across the Council, to develop capacity and capability in research and related activities. It provides a significant opportunity to accelerate several initiatives that are underway in Islington, including our ambition to strengthen actionable insights from data analysis, qualitative engagement with residents and VCS organisations, and the use of and access to evidence and building capacity across the patch.
- 1.3. The NIHR have conditionally approved implementation of a full five-year HDRC in Islington starting October 2023, subject to delivering an agreed programme of development activities over the next year. The areas where the NIHR have requested further development are: governance and engagement; the range of activities and methods for dissemination of learning; exploration of the ethical and methodological approaches for use of data; and a specific action for the monitoring framework required for the five-year programme.

- 1.4. This paper provides the Health and Wellbeing Board with an overview of the plan for the development year activities, approved by the NIHR, and an ask for support and sponsorship.

## 2. Recommendations

- 2.1. NOTE the opportunities presented with the success of the HDRC proposal
- 2.2. NOTE the development year proposals which need to be addressed in order to progress to a full HDRC from October 2023.
- 2.3. AGREE to receive progress updates on the HDRC Development Year plan
- 2.4. AGREE to offer support and advice on the plan as it is progressed, particularly as it relates to strategic leadership and linkage with resident engagement work across partners.

## 3. Background

- 3.1. The National Institute for Health and care Research (NIHR) is a major supporter of research in the UK, working closely with the NHS, academia and others. The Institute has a long track record of support for research in health inequalities, and wants to support the development of more research opportunities working with local government to tackle health inequalities and wider health determinants through a Health Determinants Research Collaborative (HDRC) initiative.
- 3.2. For Islington, there is a strong strategic fit with the priorities and focus on tackling inequalities, ensuring that communities' voices are heard, and the development of data and insight to assess and make positive differences to local people's lives and needs.
- 3.3. The Institute has committed £50 million to fund 13 Health Research Centres in local government across the UK. Following a very competitive process, Islington's HDRC bid was recommended for funding, subject to some additional development work to be conducted over the coming year. This will entail addressing a number of actions which need to be met to ensure Islington is ready to progress to a full HDRC from October 2023.
- 3.4. The team that directly put the local proposal together involved Public Health, academic partners from University College London and London School of Hygiene and Tropical Medicine, and HealthWatch Islington, but drew on and liaised with many other stakeholders in its development.
- 3.5. Becoming an HDRC has significant potential to support and strengthen several initiatives that are underway. Local partnership and history of integrated working

is well-developed in Islington, meaning that Islington is particularly well-placed to exemplify the local authority leadership and role of 'place' in future integrated care system working. Core to the local proposal is working with VCS organisations and residents. There are also well-established links with Higher Education Institutions (HEIs) who have supported the development of this successful bid. The HDRC proposal will provide an excellent opportunity to build on, accelerate and expand these existing partnerships focused around research and evaluation.

### **Outline of approved proposal and new development year activities**

- 3.6. The broad aim of our proposal is to increase research capacity and collaboration at a local level and embed a sustainable research culture across the council, working with partners and the community. This will aim to reduce health inequalities and improve the health and wellbeing of Islington residents. As a 'health determinants' approach, it is not simply focused on public health as a department but encompasses the breadth of local authority functions and the work of other partners that contribute to health and wellbeing in the borough.
- 3.7. Islington's HDRC bid is based around three core pillars:
- **Data systems.** A key element of the proposal is intended to focus on the development and enhancement of Islington's data systems, integrating health and non-health data and working to improve data quality and accessibility. Islington's HDRC proposal further strengthens and enhances our ambitions to be a centre of excellence for data and insight focused on improving the wellbeing of, and reducing inequalities experienced by, Islington's residents. This additional resource will enhance the development of the council's data insight function.
  - **Resident & VCS engagement.** The initiative aims to develop engagement with residents in generating and using evidence to support action on health inequalities. Building on close working with existing mechanisms and partners, the HDRC seeks to widen participation and provide new ways and opportunities for residents to be part of the evidence and evaluation processes. This includes training and empowering community members in the skills to undertake community research to feed into strategic planning or evaluations.
  - **Training and infrastructure.** Essential to achieving the goals of the HDRC, enabling staff, residents, and other partners to develop and use the skills needed to create, use and disseminate evidence in support of action, services and plans to tackle health inequalities.
- 3.8. The NIHR feedback on Islington's HDRC submission recognised and noted many strengths. This included:
- the application was from a strong and enthusiastic team with the desire to embed a 'spirit of enquiry' across the local authority, and working with partners

- the potential timing of the HDRC was optimal for Islington with changes in place across the council to deliver against the long-term commitment to reduce health inequalities.
- the Islington HDRC team recognised the potential barriers to cultural change, such as time and resources, but identified the role of a proposed delivery board in mitigating against these risks and as a mechanism to enact change.
- the team's plans for collaborations that would be developed under the HDRC with academia, local authority and community partners in the development and use of research, building on strong relationships and existing networks.
- the overarching desire and plans for meaningful co-production with the community and plans to use existing mechanisms for dissemination and sharing learning in Islington and with other councils and academic audiences.
- the plans to build on previous experience of designing and recruiting to community champion, community engagement and similar initiatives, working with the Voluntary Community Services (VCS) and HealthWatch Islington to ensure reach into underserved communities and enable the HDRC to reach the diverse range of community health voices within Islington.
- plans for the use of non-traditional research data collection approaches and the investment in the community to build research and evaluation skills, including different levels of research capacity building.
- The intention to address significant health inequalities early on, in response to some of the most significant challenges in Islington including cost of living and debt and housing.
- The investment in a data platform to co-ordinate siloed data sets.

### Development year goals

- 3.9 The areas the NIHR have identified for the development year (Oct 22-Sep 23) are as follows:
- Further development of some aspects of 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.
- 3.10. During the year, there will need to be review and further development of the **strategic leadership, governance and operating model for the HDRC**, and how it can influence and inform wider strategies and policies. During the development year, it is intended to have a programme of engagement with members, senior council officers, Health and Wellbeing Board and with other key partners describing the aims and objectives of the HDRC and use these discussions to strengthen our strategic direction and priorities. In light of these discussions, the current proposal will be

reviewed and it may lead to changes or refinements to proposals for engagement, governance and dissemination plans.

- 3.11. Plans for **measuring and monitoring progress** will be revised. Islington's original proposal included a set of evaluative activities which would be used to check in and guide progress. With the support of academic colleagues who work with Islington as part of the Academic Research Collaborative (ARC) in North Thames, a revised proposal will draw on advice and data capture systems used in HEIs. This will assist in developing more operational performance metrics and milestones, linked to the evaluation plans and including more defined measures of performance management.
- 3.12. **Resident engagement** is a very important focus of the local HDRC proposal. The year will be used to review and develop the approach to the role of community lay members within the HDRC, including recruitment and retention, the movement from informing to coproduction of research, and broadening out approaches for sharing progress and learning across the community. In the development year, the proposal is to co-produce the community engagement and dissemination activities, aligned with the Council's PPIE strategy. Regular engagement with a core group of residents and VCS partners will develop co-produced engagement and dissemination activities. This will review and identify ways which will best work with community groups and residents to be involved and actively contribute to the HDRC, and what types of dissemination strategies are most effective for different groups. Second, a programme of awareness raising and engagement on the proposed HDRC activities will be carried out, including translation and innovative capturing of workshops (for example through visual scribing). These discussions will centre on what is an HDRC, why does it matter to residents, how it might benefit them and ways to engage and develop local residents in informing and carrying out research. These sessions will offer the opportunity to bring the co-produced strategy to a wider group for additional ideas and feedback.
- 3.13 The panel also asked about the **methodological and ethical challenges of data usage and linkage plans** with particular reference to small samples or population groups. This was already in scope of the HDRC proposal, including the development of an ethics function to facilitate research activities. In the developmental year, a scoping review will be carried out of ethical considerations and good practice in using primary and secondary data for analytics and research evaluation. This review will inform the setup of the ethics function in the full 5-year HDRC.
- 3.14 The HDRC data workstream also plans to link datasets across council systems, which depends on good quality data, where substantial work is already underway. To provide evidence on the methodological feasibility of the proposed plans to address inequalities, the developmental year will be used to conduct an audit of the main council data sets to understand:
- completion rate of the main equality characteristics for residents in the main council systems, in order to support data analysis for inequalities.
  - which council systems do not have a unique property reference number (UPRN) that would allow anonymised linkage at a household level across different datasets.

- drawing on the above, a data privacy impact assessment will be carried out on a test 'use case' for linking different council datasets, anonymised at a person level and household level, to identify and understand the potential methodological challenges.

### **Governance and oversight**

- 3.15 The HDRC proposal includes the establishment of a Delivery Board, to provide strategic steer and oversight to the programme, with representation from across the council and other partners, such as Healthwatch and the NHS. Academic colleagues will be an important part of programme delivery. Under the proposal, the Board reports in on progress and issues on a quarterly basis to the council's Corporate Management Board. For partnership oversight and local accountability, it is proposed that the Delivery Board reports into the Health and Wellbeing Board. Although the requirements of the development year do not stipulate the need for setting up this governance, there are practical benefits of doing so – bringing together key partners in the development year and ability to refine and develop the operating model based on the experience.

## 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. No environmental implications.

### 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. The full HDRC funding brings with it significant financial resource to widen and accelerate research capacity, and importantly for this capacity to demonstrate impact in what and how we deliver programmes to address and reduce health inequalities working with the community and partner organisations. Being in the first phase of this pioneering funding will also allow Islington to be a key player, and to contribute to the learning and impact that this initiative will deliver.

5.2. The HDRC should enable Islington to 'fast track' work that is underway and establish the council as a centre of excellence for research, to support use of intelligence and insight, evaluation and research in actions and policy to find new and more effective ways to address strategic priorities and to address inequalities across the community.

### Final report clearance:

Signed by: 

**Director of Public Health**

Date: 25 October 2022

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