Report of: Acting Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 14th March 2023

Ward(s): All

Subject: Health Determinants Research Collaboration (Evidence Islington) – progress on developmental year

1.   Synopsis

1.1.   On the 8th of November 2022 the committee received a paper on Islington Council selected by the National Institute for Health Research (NIHR) as one of thirteen successful sites across the UK to become a Health Determinants Research Collaborative (HDRC), following a highly competitive process.

1.2.   The NIHR conditionally approved implementation of a full five-year HDRC in Islington starting October 2023, subject to delivering an agreed programme of development activities over year October 2022 – September 2023. The Health and Wellbeing Board agreed to receive progress reports on the development year, and to provide advice and support.

1.3.   This paper provides the Health and Wellbeing Board with details of progress on the action plan agreed between NIHR and LBI for the developmental year.

2.   Recommendations

2.1.   To note the progress made against the development year activities.

3.   Background

3.1.   Islington council was awarded just over £230,000 for the period October 2022 to September 2023 to support development of foundations for research, successful completion of which will lead on to the full, five-year HDRC programme. Locally, we have renamed the HDRC as **Evidence Islington**.

3.2.   By way of brief reprise, Evidence Islington is a partnership between the council, community groups (Healthwatch Islington and Diverse Communities Health Voice),

and the London School of Hygiene and Tropical Medicine and University College London. The full proposal is based around three core pillars:

- **Data systems**: the development and enhancement of Islington's data systems, integrating health and non-health data and working to improve data quality and accessibility. Evidence Islington's 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.
- **Resident & VCS engagement**. The initiative aims to widen participation and develop engagement with residents in generating and using evidence to support action on health inequalities. 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 Evidence Islington, 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.

3.3.　For this developmental year, four subject areas have been agreed with the NIHR for further progress. These broadly relate to: the governance of the programme; engagement; use of data; and monitoring of the Evidence Islington programme for contractual purposes. Much activity during these first few months has been around set up with preparatory activities laying the foundations for delivery against these four areas by the end of the development year.

3.4.　There has also been engagement with other HDRC areas to support the general initiative in local government. This has helped us to draw on learning and ideas from elsewhere, particularly since some of our developmental year goals are also the early focus of other HDRCs.

3.5.　The four development areas are set out in the attached table, describing the agreed activities and outputs required for evidence of successful delivery under each heading and progress to the end of February. Of note:

- There has been significant early engagement with a range of groups and meetings/forums in the community about Evidence Islington. At the time of writing, a call for recruitment of community members to co-produce a strategy for community research is underway.
- The audit of data quality across data systems within the council has completed, with an action plan based on the results being drawn up.
- Governance arrangements of other HDRCs have been reviewed to assist us with developing our own ideas and proposals for options. Preparatory work to engage on governance, linked to the development of the community strategy and data and aligned to the council's wider approach on participation and engagement, is in train.
- A monitoring framework, as required for the full HDRC, is now in place for the Islington programme. It is already being used to record development year progress.

- A midway report on progress against the development year objectives is due to be submitted to NIHR at the start of April.

Steering the Programme and branding

3.6.   A steering group for the HDRC is meeting on a regular (usually fortnightly) basis, bringing together colleagues from the council, academics and HealthWatch Islington. Its purpose is to support and coordinate activities for the development year, take stock of progress and help with any issues that arise, and ensure adequate pace and resource to achieve the goals. A monitoring framework (see table) has been put into place to record progress and milestones, which forms part of the developmental year priorities. A programme manager with extensive previous experience of research projects came into post at the start of March on a nine-month fixed term contract, to work with the steering group and manage the delivery of the outputs for the development year.

3.7.   We have been working with Islington communications department and Healthwatch Islington to create a more accessible brand and name for the HDRC.

3.8.   Evidence Islington has been adopted as the working title for the programme in Islington in place of HDRC, since the latter was generally viewed as too technical and feedback from engagement on the Evidence Islington name is that it is clearer and more understandable in terms of what the programme is seeking to achieve.

3.9.   A page about Evidence Islington has been set up by Healthwatch [What is Evidence Islington? | Healthwatch Islington](#) to invite residents to be part of a co-design group to create the resident engagement and dissemination strategy which will underpin the research initiative.

3.10.   A webpage describing the overall Evidence Islington initiative, including the resident co-design group, will also be created on the Islington council website.

4.   Implications

4.1.   **Financial Implications**

4.1.1. The HDRC grant will run from October 2022 to September 2028, with the grant covering October 2023 – September 2028 subject to satisfactory progress in the development year. The funding is spread over an initial development year at £233,888.86 (covering October 2022 – September 2023) and then 5 programme years totalling £4,999,663.74 (over the period October 2023 – September 2028). The department has identified the expenditure to utilise the funding for the development year in full, and subsequently in each year of the full programme. Any unutilised funding in the development year, or in subsequent years of the full programme, will need to be returned

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 will be no data system purchased in the development year. We will be working with the councils existing data and infrastructure.

We will be holding training sessions and working with residents. There is a budget allocated to this for the development year and as per other training carried out by the council it will require space, which may be council spaces or community spaces depending on availability. We do not forsee the use of any additional transport.

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. Evidence Islington's developmental year is close to its midway mark, and has involved significant foundational and engagement activities in all four areas identified with NIHR for development.

5.2. There will be a significant focus on co-production of a strategy for community research and dissemination over the next phase of the development year, linking also to wider participation and engagement processes; refining the proposed governance of Evidence Islington to support that strategy and facilitate maximum input into and impacts of developing research in local government, working with the community and other partners.

Final report clearance:

Signed by:

Jonathan O'Sullivan - Acting Director of Public Health

Date: 03 February 2023

Report Author: Mahnaz Shaukat,
Email: Mahnaz.Shaukat@islington.gov.uk

Appendix

Table 1. Development year goals and progress

Development year goals	Planned activities to respond to feedback	Progress	Agreed outputs by September 2023
A) Developing our approach for working with residents and community groups on research. Co-produce the community engagement and dissemination activities with residents and VCS groups and widen engagement and awareness with elected members, officers across the council and NHS, and other stakeholders.	In the development year, we propose to co-produce a strategy and model for the community engagement and dissemination activities that will underpin the role of residents and community groups within the collaborative. This will also support the dissemination and use of local research, and the selection of priority areas for research. In order to do this, we are currently looking to recruit residents to co-produce the strategy and approach with us. We will convene and support regular sessions with a core group of ten residents and VCS to co-produce the approach to engagement and dissemination activities for Evidence Islington. Together, we will look at ways which will best work with community groups and residents to be involved and actively contribute to the HDRC, and what	**Engagement strategy co-design group** In early February, we launched recruitment for the co-design group of around 10 residents. This group will meet monthly from April-Sep to develop the resident engagement and dissemination strategy for 2023-28. The recruitment process has involved tailoring messaging about Evidence Islington to people who may be less familiar with research and discussing the overall initiative and co-design group opportunity with: • VCS networks and organisations: Diverse Communities Health Voice network (Arachne Greek Cypriot Women's Group, Community Language Support Services, Choices, Disability Action in Islington, Eritrean Community in the UK, Imece Women's Centre, Islington Bangladesh Association, Islington Somali Community, Jannaty, Kurdish and Middle Eastern Women's Organisation, Latin American Women's Rights Service), locality networks, Octopus network, St. Luke's, the Old Fire Station and Brickworks Community Centres, Manor Gardens, Volunteer Action Islington,	A community participation, engagement and and dissemination strategy will be co-produced. This strategy will update our proposal on engagement, involvement and dissemination activities and methods with VCS and residents in the original application. The engagement is also already supporting us in the compilation of a directory of residents and organisations who express an interest in being involved in the full HDRC.

types of dissemination strategies are likely to be most effective of most interest and use for different groups.

Building on this work, we are keen to bring in others to inform and support the development and socialisation of this work. We will undertake a programme of awareness raising and engagement on the proposed Evidence Islington activities, including some translation considerations and innovative capturing of workshops (through, for example, methods such as visual scribing). These discussions will centre on what is an HDRC, how and why it matters to residents, members, officers and other stakeholders, and how it can be of benefit to them. As we develop this work, we plan to widen engagement and awareness with elected members, residents & VCS groups. These sessions will offer the opportunity to bring the co-produced strategy to a wider group for additional ideas and feedback.

The development of this work is aligned with the Council's wider approach on participation and engagement , with the HDRC

Islington Refugee Forum, Islington Faiths Forum, Age UK, Help on Your Doorstep,
- Youth councillors, Young People Forum, former youth health ambassadors
- LBI service user groups: ASC, parent champions and the Family Hub working group, LBI Communities team

We are also recruiting through ward-based LBI e-bulletins, ICB NCL resident health panel and the NIHR People in Research open call

We intend to hold informal interviews with interested applicants from 27 March - 3 April, and convene the first workshop later that month.

Directory and future resident panel
Members of the Evidence Islington steering group hold monthly meetings with LBI's new Participation and Engagement (P&E) team to align efforts. We are currently planning for Evidence Islington to establish and pilot a cross-council resident panel in autumn 2023, including establishing governance processes to manage requests. Following the pilot, we aim to transition the coordination of the resident panel to the central P&E team.

In the meantime, for new engagement projects, residents will be asked if they would like to be notified of other opportunities, specifying issues/population groups of interest and the frequency with which they would like to be contacted. We

	steering group and the responsible team within the Community Wellbeing and Engagement Directorate working closely together. It is also informed by the approach and work with local residents and community groups carried out with HealthWatch Islington, who are part of the Evidence Islington steering group.	have also costed borough-wide recruitment channels (i.e., flyer to all households, ad in Islington Life, question added to random household resident survey) to reach residents who are not already involved.	
Development year goals	**Planned activities to respond to feedback**	**Progress**	**Agreed outputs by September 2023**

B) Using data better to understand the needs of residents and make an impact. Undertake pilot work to review and improve collection and coding of equalities and inequalities characteristics and exploring and scoping the challenges and issues involving linkage of datasets, including the ethical, information governance and practical considerations.	The plan we outlined in our HDRC bid to link datasets across council systems depends on good quality data. To provide evidence on the methodological feasibility of the plans we proposed in our HDRC, we will use the developmental year to conduct an audit of the main council data sets to understand 1. completion rate of the main inequality characteristics for residents in the main council systems. This will provide us with insight into the extent to which we can confidently analyse data by inequalities. 2. which council systems do not have a unique property reference number (UPRN) that allows linkage at a household level across different datasets 3. complete a data privacy impact assessment on a test use for linking different council datasets at a person level and household level to understand the potential methodological and other challenges. **Ethics** Ethics functions for research (ethics committees) are well established in the NHS and academia, but not in	**Ethics** In February, we received Institutional Review Board (IRB) approval from UCL to conduct the review of ethics processes in approx 15 LAs. Data collection is planned from March-June, first piloting in Islington, Cornwall and Middlesborough Councils. Internally, we convene a bimonthly working group with members from the Information Governance and Participation & Engagement teams to strengthen cross-council ethics review processes. We have updated and pilot tested ethics review, consent and participant information forms for projects that involve primary data collection; and, established referral processes to link ethics review with Data Privacy Impact Assessments and Equality Impact Assessment processes. **Unique Property Reference Number** We have identified the main applications in the council to prioritise the insertion of UPRN. Business relationship managers within digital services are designing a process to keeping systems and UPRNs up to date. **Equality Characteristics** An audit of the main council systems on completion of fields for ethnicity, disability and religion has been completed.	A review of ethical considerations and good practice in use of data in the public sector. A plan to locally address key ethical issues from the review and how they relate to existing council processes, including data protection and equalities impact assessments (DPIA, EQIA). A report detailing the main council systems and the proportion of records in these systems that have a unique property reference number (UPRN). A plan to attach UPRN to records that do not have one and a proposal of how these systems can be kept up to date. A report detailing the rate of completion of equalities characteristics fields for individual records in main council systems and considerations of how this could be improved, depending on findings. A data linkage and analytical plan for a test use case e.g., to understand extent of overcrowding or financially vulnerable residents in the borough

local government. Ethics are a fundamental part of informing how proposals for research are identified and developed, and for assessing whether research proposals and methods should be approved for implementation. At its simplest, research ethics represent the moral principles (or ethical standards) that govern how research is carried out and protect the dignity, rights and welfare of people who are part of research and of wider society. In the developmental year we will undertake a scoping review of ethical considerations and good practice in using primary and secondary data for analytics and decision making. This review will inform the setup of the ethics function in the full 5-year HDRC.	The next steps will be to prepare a report on how the collection of these protected characteristics could be improved. **Data linkage** We have identified two areas where we are scoping out the information governance, ethical and practical considerations of linking data across systems in future. Both could give a better understanding of need and provide more insight for action. The two areas being explored relate to 1. Linking data on measures of housing quality with presence of health issues, such as respiratory disease and/or heart disease. 2. Linking different council datasets on debt and vulnerability to understand how we might better support residents in multiple debt or those who are at high risk of falling into deeper debt.	
Development year goals	**Planned activities to respond to feedback**	**Progress**	**Agreed outputs by September 2023**

Development year goals	Planned activities to respond to feedback	Progress	Agreed outputs by September 2023
C) Review and development of proposals for strategic leadership, governance and operating model in the local HDRC.	Following preparatory work in the first months of the development year, during the second half of the year we aim to undertake further engagement with elected councillors, senior council and other officers, Health & Wellbeing Board, and other relevant boards and committees, to further engage on and explain the aims and objectives of Evidence Islington. We aim to use these discussions to help strengthen the support for and engagement with our strategic direction and priorities. In light of these discussions, we will review the original HDRC proposal and it may lead to additions or refinements to proposals for engagement, governance and dissemination plans described in the two points above.	The Evidence Islington programme, including consideration of the community research strategy and governance, will be scheduled at a range of meetings and committees through the second half of the development year.\n\nA communications plan is being developed to aid the council and other organisations to raise awareness and understanding of the Evidence Islington initiative and ways it can help to deliver on ambitions to tackle inequalities and create a more equal Islington.	A summary document of feedback from engagement produced, with indicated changes.\n\nIf indicated from feedback:\n\nA revised governance structure of HDRC will be presented, setting out how delivery and development of the HDRC will involve and engage elected members, operate across the council and work with the community and other partners.\n\nA refined set of aims and objectives of the set of Evidence Islington priorities to ensure that the HDRC and wider LBI plans and programmes continue to be aligned\n\nThe communication and engagement plan for the delivery of Evidence Islington.

| **D) The monitoring framework for HDRC**

This involves:

Defining milestones and achievements

Recording (data capture) processes | Our original HDRC proposal used annual *evaluative* measures to help review and reflect on progress against the objectives of the HDRC – within the collaborative and with stakeholders. Based on that, we would adjust or revise the following year's plans. However, for the purposes of NIHR, more 'concrete' metrics are required against which progress and outcomes can be assessed.

Islington Public Health has close working links with the Academic Research Collaborative (ARC) North Thames based at University College London (UCL). ARC has kindly agreed to share their data capture systems and processes for use with the local HDRC. Additionally, the team at UCL are providing mentoring at leadership and strategic and operational levels to assist us in developing performance metrics and monitoring framework for research. | An initial meeting was held with ARC North Thames in December 2022 to understand their monitoring processes. ARC North Thames progress monitoring forms and NIHR reporting templates have been reviewed and adapted, aligned to the development objectives for our HDRC.

These are now being used by the HDRC Steering Group to capture and monitor progress against development year goals.

Evaluation plans developed as part of the original application were revised in January and February 2023, and will be reviewed with council stakeholders and academic colleagues through the latter half of the development year. | A monitoring and performance management plan, including how to capture data on progress, will be produced for when we become a full HDRC. This will be linked to evaluation plans and also include more defined measures of performance management, drawing on models of good practice developed through UCL's Academic Research Collaborative for use in similar programmes. |
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