

Institution: University of East London

Unit of Assessment: 3

a. Context

UEL's submission to UOA 3 comes from its School of Health, Sport and Bioscience. Our principal areas of research interest and specialism are reflected in our four research groupings: Institute of Health and Human Development (IHHD) (community development approaches to improving health and reducing inequalities); Human Motor Performance Research Group (HMPG) (development and evaluation of interventions to mitigate the effects of stroke, childhood obesity, arthritis and haemophilia); Medicines Research Group (MRG) (quality safety and mechanisms of action for prescription and over the counter medicines and novel drugs); and Infection Immunity Group (IIRG) (the interactive role between the host and pathogen elucidating mechanisms of disease pathologies). Research in these areas is used locally, nationally and internationally to **inform changes in policy, service intervention and health system design**, and to **drive improvements in public health and wellbeing**. Users include **national and international governments, senior policy-makers and administrators, health protection agencies and international and bilateral organisations** such as the World Bank, World Health Organisation, Global Fund to fight AIDS, TB and Malaria, International Development Research Centre, and Department for International Development. Specific examples of its use at national and regional levels include citation of our research findings in Parliamentary debate and references in NICE guidelines, NESTA policy documents, and the London Mayor's Health Inequalities Strategy. International examples include its use by state governments in India to develop new and improved healthcare services. More broadly, our research has driven policy and commissioning towards the use of asset-based community development approaches and action on wider determinants of health. Users of research delivered by our Human Motor Performance Research Group (HMPG), Medicines Research Group and Infection Immunity Group also include **independent and charitable research organisations** such as Arthritis Research UK. Its use by these external groups has led to improved management of disease prevention, diagnoses and treatment. Findings of our research on joint bleeding in people with haemophilia, for example, inform clinical guidelines and policy via the Haemophilia Outcomes Working Group, professional networks and Haemophilia Centres internationally.

b. Approach to impact

The Unit has pursued a multi-faceted approach to developing productive and sustainable relationships with external research users. This has been underpinned by on-going **monitoring and assessment of potential beneficiaries and opportunities to deliver impact** to ensure that our research agenda reflects and is responsive to the changing needs and priorities of both current and potential user groups. Efforts to maximise our **transfer of specialist knowledge and expertise** in support of those needs and priorities particularly include activity in the following areas:

Collaborative multidisciplinary research and development of multi-organisational networks with as broad a range as possible of non-academic research users. A key driver in this has been IHHD, set up in 2006 to combine expertise from across UEL to address issues relating to health and wellbeing and their social determinants. We have worked with end-users and beneficiaries on the development and design of many major research projects, both to ensure their relevance to real health system issues and to maintain social networks facilitating our delivery of research impact (Case study 1). Indeed, **co-research** is characteristic of the methodological approach taken within the Unit. e.g. in 2010 Harden ran several workshops with both antenatal service commissioners and providers and patients/pregnant women in the development of an NIHR programme grant application and our Well London programme involved extensive community engagement processes at all stages of the project (Case study 1).

The utility of our work in meeting research users' needs is further assured by our production of **commissioned research** for a range of Local Authorities and NHS organisations, including current contracts to carry out work in Barking and Dagenham, Greenwich, and Waltham Forest PCTs/ Local Authorities. We take a pluralistic approach to sharing the findings of such research with practitioners and policy-makers, in part through **publication in specialist journals and in those with broad non-academic readerships** (e.g. British Journal of Healthcare Management,

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Perspectives in Public Health).

Strategic collaborations with policy-makers constitutes another important part of our approach to ensuring the relevance and utility of our work to this research user group. These sorts of activity allow us to identify priority research questions, as well as to communicate our findings and expertise to existing and potential users: our Well London research, for example, involved collaboration with and informed the activities of a strategic advisory group comprising senior individuals from across London organisations (Greater London Authority, London Development Agency, Police, Spatial Planners, Education Authority, NHS London). Since 2008 we have also **presented key research findings** to more than 40 **NHS, Local Authority and national policy forums**. Highlights include contributions to the NHS London conference 2009 (London Health-Renton keynote); US Institute for the Future Conference (Health Horizons-Findlay keynote) 2010; and Kings Fund Conference, 2013 (Renton). With UEL's School of Psychology (UOA 4), the Unit has also formed an interdisciplinary Substance Use Network (SUM), and is working with UEL Professor Lord Kamlesh Patel OBE (former chair of the Mental Health Act Commission) to increase links with policy makers and extend the users and beneficiaries of its work.

The sustainability of this strand of our approach is supported by the **UEL Health Commission**, created in 2011 to a) monitor and understand health system changes with a view to ensuring that our research addresses the most currently relevant research questions; and b) showcase UEL's research for health leaders and policy makers. In 2012 we contributed to discussions about the changing health landscape and agenda run by the Commission at the House of Lords. Participants in that event included leading figures such as Dame Moira Gibb (now a Director of the NHS Commissioning Board), Stephen O'Brien (Chair, Bart's Health), David Fish (CEO, UCL Partners [UCLP]), David Buck (Kings Fund) and Ian Basnett (DPH NE London). One of its outcomes was UEL's invitation in May 2012 to join UCLP set up to translate cutting edge research and innovation into measurable health gain for patients and populations locally, nationally, and internationally. Since joining the partnership, our public health topic expertise and expertise in collaborative research with end users has been used to support UCLP's successful Academic Health Science Network (AHSN) application. The UCLP AHSN is one of only five accredited networks in the UK. Subsequently, in May 2013, Harden, Netuveli and Renton were involved as key researchers in the development and submission of a successful £10 million **Collaboration for Leadership in Applied Health Research and Care** (CLAHRC) bid drawing on their specialist research. Membership of UCLP has also resulted in funding for a project led by UEL with UCL and Queen Mary University to develop a vision for the research-led academic presence in the Olympic Legacy Polyclinic (Ludwig Gutman) and wider primary care across North East London.

To extend the reach and significance of our research impacts on UK policy and strategic decision-making and ensure our direct contribution of to policy discussion, debate and decision-making processes, we have also worked hard to secure **representation on key policy and strategic committees**. Turner is Vice-Chair and UK Lead of the EU COST Action Consortium - Robotics in NeuroRehabilitation, and Cutler is an advisor to the Institute of Biomedical Sciences and member of the steering group of the European Society for Clinical Microbiology & Infectious Diseases. In 2009, Renton was one of two expert advisers on Public Health to the GLA London Health Commission. Between 2008 and 2012 he sat on the *Go London* advisory group (which guided the development of NHS London's Olympic physical activity legacy programme), from our Olympic physical activity legacy programme (Renton), findings from which directly informed the NICE Programme Development Group for Obesity - Working with Local Communities, Renton's membership of the Leadership Group for the NHS Vascular Checks Programme and the Department of Health's 2012 Public Health Steering Group has further supported our capacity to share relevant findings. He is also a founder member of the think-tank Active Communities for Health, which shares research evidence to support community health and wellbeing.

Our transfer of expertise through advisory and strategic board membership is, likewise, an important component of our approach to **extending the reach of our research impact to international user groups**. Rao, for example, sits on the WHO-Euro Public Health Workforce Development Working Group. Her provision of advisory services to relevant bodies has allowed her work on the Indian health system to feed directly into a 2011 Wellcome Trust Round Table for a UK-India Primary Care Partnership; the Kerala Primary Care Development Working Group; the Public Health Foundation of India's Academic Committee; the British High Commission in India

Health Group; and the Faculty of Public Health International Committee (Case study 2).
 Alongside these contributions to policy discussion, debate and decisions, we transfer specialist knowledge and expertise through formal **contributions to various practitioner networks**. These include **honorary NHS consultant contracts** (Renton: NHS London & Tower Hamlets PCT; Rao: Pathfinder GP Social Enterprise). Since 2008, Harden has held a chair in Community and Family Health, funded and managed jointly between UEL and NUHT (now Barts Health). The Unit has also supported the **secondment** both of its staff to NHS bodies (e.g. Tobi: Tower Hamlets PCT to develop research capacity), and of practitioners into the Unit. Examples of the latter include the transfer of Dorey and Oglivie from Tower Hamlets PCT to the IHHD for research training, and the appointment of Stephensen to an NIHR Clinical Lectureship with Bart's Health. Research conducted by Drechsler with Stephensen has underpinned the delivery of assessment and monitoring guidelines for haemophilia in physiotherapy clinics, informing national policy and guidelines for clinical care as well as self-management programmes successfully implemented at two haemophilia centres in Scotland and South West England. We use these mechanisms to foster, maintain and expand our networks, particularly among health-care practitioners, but also among healthcare services policy-makers, including a former Deputy Chief Medical Officer, the former Minister for Communities, and numerous community activists. Through these sorts of relationships our research findings have informed the development of Health and Wellbeing Boards in Newham and Hackney, and fed into joint work with local commissioners.

c. Strategy and plans

In the coming years we will consolidate, maintain and expand the approaches described above as part of our plan to embed a comprehensive and far-reaching 'impact culture'. This will include:

- i) **Strengthening patient and public involvement (PPI)** through a) ensuring all research proposals have been developed with PPI and have plans embedded within them for PPI involvement throughout the research (As recommended by NIHR); b) providing training and seminars on PPI; and c) widening our PPI contacts and including community organisations and researchers in our research bids.
- ii) **Collaborating with new health structures** emerging from the 2012 Health and Social Care Act e.g. public health teams in local authorities, Clinical Commissioning Groups, Public Health England, Health and Well-being boards, NHS England. Representatives from these organisations will be included on research bids, project steering groups and advisory boards.
- iii) **Increasing our dissemination to, and participation in, decision-making bodies, guideline groups and practitioner networks** (e.g. NICE guidelines, Health and Well-being boards).
- iv) **Increase our international reach** through expansion of existing international collaborations and research partnerships (e.g. UEL India Centre, EU haemophilia research collaborators) to translate our local models/findings.
- v) **Improving our processes for collating information about impact activities**. In 2014, we will develop an impact database to collate information via an impact pro forma to be completed by all Unit staff. This database will be used to identify and promote examples of good practice via our School research pages and to recognise and reward staff involved in those examples.

d. Relationship to case studies

The two submitted case studies demonstrate our underpinning ambition to inform changes in health policy, service intervention, and health system design, and drive subsequent improvements in health and wellbeing at national and international levels. Both studies demonstrate key aspects of our approach to impact, including: collaborative multi-disciplinary research and development of multi-organisational networks; commissioned research; strategic collaborations with policy-makers; presentation of key findings to commissioners and decision-makers; and our representation on key policy and strategic committees. The study based on our contribution to the **Well London project** (UEL03-01) also exemplified our practice of monitoring and assessing potential beneficiaries and opportunities to deliver impact and engagement in co-designed research and dissemination. Rao's work on reforms to **health financing in India** (UEL03-02) demonstrates the international dimension of both our research and its impacts and includes examples of our invited development of policy documents for regional and national bodies in both the UK and India.