

HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title:	Life Study
Report of the Accountable Officer, Barking and Dagenham CCG	
Open Report	For Information
Wards Affected: ALL	Key Decision: NO
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Sponsor: Conor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group	
Summary: <p>The purpose of this paper is to provide a brief for the Health and Wellbeing Board on the strategic partnership, established under the University College London Partners (UCLP) umbrella, between the Life Study and Barking Havering & Redbridge University Hospital NHS Trust (BHRUT).</p> <p>Within this partnership, the Life Study team is working with BHRUT and local stakeholders (NELFT and BHRCCGs) to deliver the first Life Study Centre in mid-2014. Wider involvement with other stakeholder groups may occur at a later date, with the possible inclusion of other members of the Integrated Care Coalition.</p> <p>This paper provides a summary of the arrangements in place and the strategic benefits to the local population and all stakeholders.</p>	
Recommendation(s) <p>The Health and Wellbeing Board is asked to note the contents of the report, in particular:</p> <ul style="list-style-type: none">(i) The development of the strategic relationship between Life Study and BHRUT(ii) The benefits delivered via this integrated delivery model(iii) The impact of the 'in kind benefits' to the Study	

1. Background and Introduction

1.1 **Life Study** is a UK cohort study designed to recruit up to 83,000 children across England, Scotland, Wales and Northern Ireland and to follow them through childhood and into adult life. Around 60,000 of these children will be recruited by contacting their mothers during pregnancy in selected maternity units.

- 1.2 The Study aims to understand how family, social and physical environment in early life influences child development, health and wellbeing. It offers an opportunity to develop and test our understanding of social and biological mechanisms operating through the life course, and to identify translational opportunities which might have early impact in relation to health and social policy. The study is innovative in design and its size means it will have enough statistical power to examine the interplay between biology, behaviour and environment (including by ethnic groups).
- 1.3 Women and their partners will be recruited during pregnancy and invited to attend specially designed **Life Study** centres in pregnancy and later with her baby when they are 6 months and 12 months old.

2. Proposal and Issues

- 2.1 Involvement by BHRUT in the Study means that mothers and their nominated partners will be invited to attend a specially commissioned **Life Study** Centre based at King George's Hospital on one occasion during pregnancy. The **Life Study** Centre is a facility similar to a large GP surgery or an NHS outpatient facility where Study participants can attend to undertake the various assessments and tests required as part of the Study.
- 2.2 Mothers will be invited to attend the same centre with their baby when their baby is aged 6 and 12 months. Attendance at a **Life Study** Centre will enable a richer assessment of the child's development than is possible in the home, as is a more traditional model for a cohort study. Further contacts with participants throughout childhood and into adult life are anticipated and further funding for these will be sought.

3. Consultation

- 3.1 A communications and engagement strategy have been developed specifically for **Life Study**. To date this has involved an engagement phase involving many types of consultation activities such as presenting at large scale events, face to face discussions with members of the public and science fairs.
- 3.2 To maximise the benefit of the Study for the local population and ensure the longer term success, it is essential that the Study is well embedded in local services, in the primary care and community services as well as within the Trust.

4. Mandatory Implications

4.1. Joint Strategic Needs Assessment

Five major research themes will be explored through the cohort, which align with the health priorities identified in Joint Strategic Needs Assessment:

- Inequalities, diversity and social mobility
- Early life antecedents of school readiness and later educational performance

- Developmental origins of health and ill health in childhood
- Social, emotional and behavioural development: the interplay between infant and parent
- Neighbourhoods and environment: effects on child and family

4.2. Health and Wellbeing Strategy

The aims of the Study fully support the recommendations outlined in the Health and Wellbeing Strategy. **Life Study** seeks to understand how the family, social and physical environment in very early life influences child development, health and wellbeing.

This cohort will provide a rich and internationally unique longitudinal resource of data, environmental and biological samples that can be used to address future questions and hypotheses regarding early life origins of disease, health, wellbeing and development.

The design and scale of this study will also allow exploration, for the contemporary UK population, of cross cutting issues such as intergenerational influences on child outcomes and issues relating to diversity arising from, for example, different family structures, ethnic groups, early life experiences, and prematurity. The study offers an opportunity to develop and test our understanding of social and biological mechanisms operating through the life course, and to identify translational opportunities which might have early impact in relation to health and social policy. The study is innovative in design and its size means it will have enough statistical power to examine the interplay between biology, behaviour and environment (including by ethnic groups).

4.3. Integration

The Trust offers an opportunity to integrate the Study into a large modern maternity unit with a commitment to research and the wider environment and partner providers, which service a diverse population. The Study will provide benefits to the Trust in terms of benefits via the NIHR portfolio as well as direct and indirect benefits to staff development and recruitment. Finally in the longer term BHRUT is part of a wider stakeholder group and civic environment that will support the longer term follow up of recruited babies through childhood and into adolescence and ensure integration of the **Life Study** into the local community.

4.4. Financial Implications

BHRUT and its strategic partners have undertaken to host and support the first **Life Study** Centre, within the King George's hospital site and to

- A suitable outpatient style facility, up to 500m² by time of peak operation, in a child and family friendly environment and ideally co-located with maternity services with

weekend and evening opening options and associated office space for the local and UCL **Life Study** staff ready for operation from June 2014

- Services and facilities to support the running of the facility including water, heating and lighting, IT connectivity, cleaning and clinical waste removal and security monitoring for the duration of the operation of the facility
- Appointment centre support and clinic facility on the hospital information system (HIS)
- Non-specialist equipment as per clinic outpatient facilities

Life Study has been adopted on the NIHR portfolio and once the model has been agreed with the local provider, a joint application will be submitted for NIHR to fund aspects of the staffing model.

Implications completed by: Anne Carey, Chief Operating Officer, Life Study

4.5. Legal Implications

Life Study has been approved by the City and East London Research Ethics Committee, the Confidentiality Advisory Group of the Health Research Authority and has been notified to the Information Commissioners' Office. It has been approved by the BHRUT Caldicott Guardian and has been adopted onto the NIHR research portfolio. Collection and management of biological samples collected for research will comply with the Human Tissue Act. In addition, the Study has been accredited to ISO27001 and NHS IG toolkit standards.

Life Study complies with all ethical, legal and information governance requirements for research.

Implications completed by: Anne Carey, Chief Operating Officer, Life Study

4.6. Risk Management

There is a **Life Study** Risk Management Plan (RMP) in place to describe the methodology for identifying, tracking, mitigating, and ultimately retiring **Life Study** Project risks. It sets out the internal and external risks to the Study and how these will be managed. The primary purpose of the strategy is to identify potential problems before they occur so that risk-handling activities may be planned and invoked to mitigate adverse impacts on achieving objectives. This risk management plan contains an analysis of measures to identify risks with both high and low impact and will periodically reviewed by the project team at the commencement of each project phase to avoid having the analysis become stale and not reflective of actual potential project risks.

This risk management process incorporates the BHRUT-Life Study Strategic Partnership.

4.7. Patient/Service User Impact

Life Study offers several benefits to the local population and health research needs. Specific health issues flagged as strategic priorities in the local current public health and health and well-being reports are integral to the **Life Study**. These include antenatal smoking, infant feeding, maternal and childhood obesity and physical activity, mental health and well-being, and environmental risks. These are important health improvement targets which cut across the acute, community and public health sectors.

In addition, engagement with **Life Study** also affords an opportunity to gain momentum in the aspirations to develop a research capacity centred on the local population and one in which local people and health professionals can engage.

Similar birth cohort studies such as Born in Bradford (BiB) or Avon Longitudinal Study of Parents and Children (ALSPAC) focused in a single location have demonstrated the benefits of an 'on-site' study team integrated with the clinical care team and perceived as being part of that community. BHRUT and their community partners will provide the environment and infrastructure to form these close links with both the clinical service and the local communities.

5. Non-mandatory Implications

5.1. Safeguarding

The Study complies with all local safeguarding policies and feeds into the systems in place within the host organisation: all **Life Study** staff have level 2 child protection training.

5.2. Property/Assets

The **Life Study** centre, located at King George's Hospital, might provide a venue for parenting and other pregnancy and baby related classes, which in time could support the vision of King George's as a hub for women and children's services for the local population.

5.3. Customer Impact

5.4. Contractual Issues

All staff within the **Life Study** Centre at BHRUT are employed on NHS contracts hosted at BHRUT with honorary contracts at UCL. Thus NHS terms and conditions apply and all staff employed to work on **Life Study** are subject to the scrutiny of NHS employment checks.

5.5. Staffing issues

All key midwifery posts within the **Life Study** centre are employed as joint roles with the clinical service and the post-holders spend fifty percent of their time working within the clinical service. In this way the Study is closely aligned with the clinical service as well as enhancing the appeal of midwifery roles within BHRUT to retain existing staff or attract new staff to the organisation. .