



Developing healthy attitudes to evidence through the health determinants research collaborations (HDCRs)

Dear Editor,

Kolstoe, S.E., responds to our paper about research ethics processes in local authorities [1] in his letter to the editor entitled “Developing healthy attitudes to evidence through the Health Determinants Research Collaborations (HDCRs)” [2]. This response raises two salient questions: “what makes good research” and “how is research evidence being used, by whom, and for which decisions”. These questions are both currently under exploration in local authority settings [3]. Within related literature, there is a finding that local authorities are distinct applied research settings in terms of how research is used, and by extension when it is considered useful. We also agree that research ethics processes can be a waste of time when done poorly, and incredibly useful when done well. We are trying to explore ways these processes can be optimised for local authorities to facilitate useful research.

We agree that local authorities do not need to ‘reinvent the wheel.’ Our intent is not to disregard or ignore the scholarship and expertise that goes into university and NHS research ethics processes. Instead, we encourage learning from them and indeed hope to build on them. For example, we are actively involved in Health Research Authority (HRA) discussions on research ethics for studies conducted in non-NHS settings. However, these meetings, alongside our experience as local authority (LA) staff and collaborators using HRA and university research ethics processes, have reinforced rather than resolved two points: there are discrepancies between what the HRA currently offers and what LAs need; and non-NHS settings and LAs are not necessarily one and the same. We identify three reasons, from our own experiences and the experiences of those we interviewed, why existing processes have not met local authority needs.

1. **A mismatch of scope of what is considered a research activity**, often linked to tensions between ‘generalisable’ and ‘locally relevant’ insight. In fact, the HRA toolkit [4] provides guidance that NHS ethics processes are explicitly not needed for some types of research activities that are commonly conducted in LA settings.
2. **Differences in research ownership, including who can be a research initiator**. This can make university and NHS ethics processes inaccessible if a LA doesn’t have existing ties to a university or similar setting. Now that local authorities are beginning to initiate and lead their own research programmes, there is often no clear path to accessing a research ethics review.
3. **A distinct and complex relationship between LAs and their residents**, which can differ from typical researcher-participant relationships or clinician-patient relationships. Key differences from health services include the direct political accountability between the LA and residents (who are also voters); the very wide range of public services for which local authorities are responsible; the types

of data that local authorities hold about their residents; and the culture of evidence use in decision-making. Residents who are research participants also cannot fully “disengage” from the council given their status as potential service users or tenants. While there is clearly a great deal for local authorities to learn from health researchers who are also service providers, we are not confident that they face identical ethical issues.

We recommend in our paper that LAs “establish a set of joint principles on research ethics in a LA context that also allow for LAs to tailor processes to their current capacity levels” not because we are unwilling to build on existing research ethics structures, but because historically these structures have been experienced as ill suited. We recognise that other researchers have also faced challenges in making their research (e.g., qualitative health studies) fit with current biomedical NHS research frameworks. However, HDRC funding positions LAs to develop as sites of research activity, to increase the research they conduct themselves and to increase their use of research evidence as decision makers in public health and social determinants policies. Local authorities thus need to be at the centre of articulating what research is useful to them and how it is done, in the context of their own work. This increase in LA-led research and in evidence-based practice heightens the need for local authorities to agree research ethics principles for LA research and tailor processes to their needs.

We recognise the considerable resources required to establish effective systems for research ethics and governance. We are also more than ready to advocate for learning from more established research settings and for adaptation of existing research ethics processes, recognising that they need to meet local authority needs.

References

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A. Levitas^{a,*}, E. Taylor^b, P.L. Navelle^c, E. Humphreys^d, J. Sheringham^e
^a London Borough of Islington, United Kingdom

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- ^b Cornwall Council, National Institute of Health and Care Research Clinical Research Network (NIHR CRN) , United Kingdom
- ^c South Tees, National Institute for Health and Care Research-LCRN North East & North Cumbria, Teesside University, United Kingdom
- ^d London Borough of Tower Hamlets, United Kingdom
- ^e Faculty of Population Health Sciences, UCL, United Kingdom

- ^{*} Corresponding author. Islington Council – Public Health, 222 Upper Street, London, N1 1XR, United Kingdom.
E-mail address: alexandra.levitas@islington.gov.uk (A. Levitas).