

Pre screen

DPIA (Data Privacy Impact Assessment) Pre-screen. **DO NOT edit this online document**

Download this to your laptop. It will be published on our Open Data Portal so please avoid jargon, explain acronyms the first usage, and complete all sections to a good standard. Names below head of service will be redacted, and if you have concerns about specific information being published talk to your IRO but note our obligations of telling people what we will do with their data so redaction will not be the norm.

Data Protection Advice Team's Ref (DP24_ xxx)	DP25_467
Project Name	Marmot Estates (as part of the Raise Camden Child Health Equity Programme)
Directorate and Service	Health and Wellbeing; Adults and Health
Pre-Assessment Completed By	Ysabella Hawkings
Project Go Live Date (anticipated/planned)	1 September 2025

Description of the Project: what is your project doing in non-technical terms? Please explain it in enough detail for us to understand straight away- a couple of lines probably won't be enough. (If you've got a previous DPIA please paste the details in here and track change the updates)

Purpose

Camden is one of the most unequal borough's in the country and current projections indicate this will be an increasing problem for the next generation, furthermore, data shows estate residents are more likely to have worse health outcomes than non-estate residents. We are seeking to work with the Institute of Health Equity to establish an evidence-based approach to hyperlocal estate level interventions to address health inequalities for estate residents. We want to establish an approach that is replicable across the borough as well as across London and nationally through Camden council's local government platforms.

Deliverables

1. Pilot programme on two estates (Sept 2025 – Sept 2027)

To work with Camden Council staff to enable and deliver the following:

- Collection and analysis of data for pilot estates
- Identify priority areas with estate residents
- Identify and iterate test and learn interventions with estate residents
- Implement and review/evaluate test and learn projects
- Evaluation of programme and impact

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- Creation of toolkit to enable scaling to other estates

2. Ongoing implementation (2027 – 2029)

We expect this to include:

- Continued implementation support as programme scales up
- Ongoing impact monitoring
- Sharing of findings
- Support with advocacy work regarding place-based interventions
- Iterations of products (e.g. toolkit)

<p>Whose Personal data or Special Category Data are you using e.g., children, vulnerable adults, residents, users of a service, employees</p>	<p>No personal data will be shared. Any demographic data will be subject to data protection protocols of Camden Council and IHE (e.g. concealing figures <5).</p> <p>There is a lot of special category data included in this, subject to the above criteria for estate residents of all ages across a number of equality and equity characteristics.</p> <p>The available data is collected by Camden's housing team or via resident engagement delivered by the Camden Council participation team. Any data collected as part of the project will be collected by either Camden Council or IHE via a methodology co-designed with residents.</p>
<p>List the Personal Data (eg names, addresses, MOSAIC refs) and Special Category Data (race /religion/sexuality/health etc) and Criminal Offence Data (includes allegations of offences not just convictions) being used</p>	<p>No personal data are used in this project. Special category data will be accessed from existing data (e.g Council owned data from housing or resident engagement activity) or collected as part of this project. Any data collection as part of the project will be co-designed with residents. We expect the data collection to be done by Camden Council or IHE staff, as agreed with residents. All data collected will be collected anonymously. The data will be owned by Camden Council and processed by IHE as part of this project.</p> <p>The headings that will be considered are:</p> <ul style="list-style-type: none"> • Age • Sex • Ethnicity • Religion • Sexual orientation • Gender identity • Disability

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	<ul style="list-style-type: none"> • Care Experience • First language • Speech and Language Difficulties • Special Educational Need • Child In Need • Asylum Seeker / Refugee • Gypsy, Roma, Traveller • Homeless status • Childhood Poverty • Free School Meals Eligibility • Household deprivation based on income <p>Health related data will be collected / accessed based on linked datasets and primary data collection using the same co-design approach and methodology as set out above.</p>
Why are you collecting this data and what will you do with it? Give details.	We are collecting this data in order to assess need and develop a baseline as this data is not available through already collected data. The data will only be used for the purpose of this project in order to evaluate and evidence the project's impact.
Is there a piece of law that says you must, should, or may do this? If yes, set it out. If there's no such law explain the basis for doing this processing – consent or something else?	Primary data collection will include the gathering of consent from estate residents For special category data the legal basis is art 9(2)(b) Art 9(2) (b) Employment, social security and social protection (if authorised by law) and the Data Protection Act 2018 Schedule 1 Part 1 condition is Para 1 Employment, social security and social protection; and 9(2)(g) Reasons of substantial public interest (with a basis in law) and the Data Protection Act 2018 Schedule 1 Part 2 condition is Para 6. Statutory and government purposes; and para 18. Safeguarding of children and individuals at risk. The underpinning law for both is Section 11 Landlord and Tenant Act 1985, the Health and Safety at Work etc Act 1974, and the Equality Act 2010.
Are you using a new system or new IT kit? If so, what is it and have you cleared the security side with the Information Security Team?	No new system or kit will be used for this project as far as we're aware. It will be collected and stored on existing Camden Council systems as Camden Council is the data owner, and IHE is the data processor. IHE will use their existing systems to hold and process the data.
If you are using a contractor name them, and are you going through procurement? If so, please tell us the procurement contact.	We are making a grant award to the Institute of Health Equity. Specification and cabinet report is available. Patrick Walsh is the procurement contact.

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Risk Assessment. In assessing risk we need to consider the nature, scope, context and purposes of the processing, and carry out an assessment of the impact of the proposed processing on the protection of personal data. **These are questions to help you and us assess the risk levels**, so it is essential that this table is completed accurately. **If you answer Yes or Unsure, please add detail to the Risk Explanation Table that follows this table.**

	Risk Type	Yes/No/Unsure
1	Will you use profiling or automated decision-making eg AI (where computers do the thinking and a human isn't involved at all) to make significant decisions about people (eg to help make decisions on someone's access to a service, opportunity or benefit?) or on a large scale (like a large area of the borough)?	No
2	Will you use special category data (race/religion/sexuality/health etc) to help make decisions on someone's access to a service, opportunity or benefit?) or on a large scale (like a large area of the borough) or for a lot of vulnerable people?	Yes
3	Will there be large scale systematic monitoring in a publicly accessible place – like a new CCTV system?	No
4	Is the project using new technologies? Like face recognition software or a system we don't currently use?	No
5	Will you be using criminal offence data (this includes allegations of offences not just convictions)?	No
6	Will you process biometric (fingerprint /facial recognition) or genetic data?	No
7	Will data be combined, compared or matched from multiple sources?	Yes
8	Will personal data be processed without providing a privacy notice directly to the individual? In other words will this processing be kept secret?	No
9	Will personal data be processed in a way which involves tracking individuals' online or offline location or behaviour?	No
10	Will children's personal data be processed for profiling or automated decision-making or for marketing purposes, or offering online services directly to them?	No
11	Will any of the data be processed (this includes being stored and accessed by sub-contractors or IT support) outside the UK and outside the EU?	No
12	Will personal data be processed which could result in a risk of physical harm in case of a security breach?	No

Risk Explanation: If you marked any risks above as **Yes** or **Unsure** please complete the table below so we can assess if a full DPIA is needed. Explain what you are doing, what risks you think there are and how you will deal with those. This will help us assess the data protection risk level. **You don't have to remove all risks- just reduce them to an acceptable level.**

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Risk Number	Explanation
2	The data collected will inform the test and learn interventions implemented by the project which may be related to health conditions or other special category data. No individual's data will be used within the project but the trends in the overall special category data may inform interventions delivered.
7	The data available within the Council and collected from primary data collection will be combined to provide a comprehensive picture of need across the estate(s) in order to inform the development of interventions to address need.

Ethical Assessment. In assessing ethics you need to consider the benefits, proportionate use, possible biases and transparency of the impact of the proposed processing and analysis of personal data on individuals and groups. It is the responsibility of the Project Manager and Sponsor to assess the potential ethical impacts that the intended processing may pose. (These answers can be reused for questions dealing with the same issues in the Full DPIA if the outcome of this pre-screen requires you to do one) Please see our Data Charter page for more information on ethical use of data in Camden <https://www.camden.gov.uk/data-charter>

1. Effects on Residents

- a) How does use of this data benefit our residents? (Is there evidence of this approach being likely to meet a public need?) Their personal data is disposed of securely and not shared with third party.

The driving purpose of this work is to improve health and wellbeing outcomes for estate residents, who are currently predicted to fare worse than non-estate residents. Collecting and accessing this data will enable us to better understand and address the health needs of estate residents.

Any data collection required will be done to supplement and build on existing data. The data collection would be collected via a methodology which will be co-designed with the residents on the estates that the data will be collected from. The data collection will be done by either Camden Council or IHE staff, using Camden Council systems. All data will be managed, stored and disposed of the data according to Council processes, as Camden Council is the data owner. Only anonymous, non-identifiable special category data will be shared with IHE. No personal data will be collected or shared with a third party.

- b) What would be the harm in not processing this data?
Personal information will be leaked

Without collecting or accessing this information we would be unable to improve our understanding of how we can best deliver services to reduce health inequalities for estate residents by changing or adding to our services and policies.

2. Data Bias

- a) How do you plan to identify errors and biases in data collection, analysis and algorithms?
Once errors and biases have been identified in data collections, how will they be taken into account for any future policy or service which uses this work as an evidence base?

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Quality assurance processes will be put in place, with guidance from the public health intelligence and research team to ensure data collection processes are accurate and minimise the risk of errors and biases. Those conducting the analysis of the data are highly experienced and qualified to assess the data, and public health colleagues will review data before they are used to inform any decisions to avoid errors or biases. Any errors, gaps, or biases identified during the process that are unable to be rectified in an appropriate manner will be noted in any reporting of the data or that data will be removed if that is appropriate.

- b) Who could be negatively affected by processing this data? (How can you show there is a **fair balance** between the **rights of individuals** and the **interests of the community**?)

This piece of work focusses specifically on equity and allowing a balanced assessment of fairness and community interests in our work so all data will be collected and analysed with this in mind.

3. Limitations of Data

- a) How will you make sure that you only process the data that is necessary and proportionate for the purpose of the project, and no more than is necessary?

Camden Council is the data owner for this project's data. IHE are the data processors for this project's data. Camden are therefore, not going to be processing any data, we will only make arrangements for and facilitate collection/disposal

We are engaging experts in each of the areas the project seeks to work across to identify what information is necessary. We will first assess the data that is already available and then review for gaps, so we work iteratively with the principle of parsimony and avoid residents being asked to share the same data multiple times.

- b) How are you ensuring the data used is reliable? (**Data quality**)

We are going to be having regular meeting to ensure the expectations set out in the partnership agreement are met. We will also monitor the data collections and destruction note via email.

This work is part of an existing arrangement with IHE where a member of the Health and Wellbeing senior management team is seconded to IHE to ensure the correct linkage, interpretation and application of recommendations within Camden. Information will be transferred across a secure sharepoint link in accordance with our data sharing T&Cs.

- i) What processes do you have in place to ensure maintenance of data accuracy? (**Data integrity**)

Partnership agreement review meetings will be held regularly with Camden Council officers leading the Raise Camden programme: Ysabella Hawkings (Senior Public Health Strategist – Raise Camden) and Abigail Knight (Consultant in Public Health – Raise Camden). The meetings will include processes around data storage and destruction towards the end of the project.

Project milestones will report into a working group for review and assessment against accuracy.

- ii) How have you clearly marked origins and destinations of data used to trace source of errors? (**Data lineage**) (Are all metadata and field names clearly understood)

Report source and author will be clearly documented for anything collected or shared.

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c) How could the objectives of this project be completed without processing the data?

The council will be in breach of the GDPR law if the document were not disposed of securely.

We will use as much data that has already been processed as possible. If any project objectives can be achieved by using data which has been processed already that data will be used. Some objectives may be possible to achieve in this manner, however it would likely result in only some objectives being achieved.

Please check you have completed all sections, and then send a copy of this screening questionnaire to the Data Protection Advice Team at dpa@camden.gov.uk. If you are already dealing with someone in DPAT please send it back to them.

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For Data Protection Advice Team to Complete:

Project Name and Our Ref	DP25_467 Marmot Estates (as part of the Raise Camden Child Health Equity Programme)
WHAT IS THE LEVEL OF RISK ?	LOW
REASONS FOR THIS LEVEL	No personal data. Only special category data
IS A FULL DPIA NEEDED?	NO
Date cleared by DPAT	27/05/2025
Cleared by	Philip Lewis