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Synopsis

The NIHR Public Health Research Review Programme (2019–2025)

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Abstract

Background: The Public Health Review Team, University of Sheffield, was commissioned to deliver a programme of public health evidence synthesis projects. The review programme (2019–25) provided a unique opportunity to develop effective and efficient processes to maximise the value and impact of evidence synthesis for public health practitioners, policy-makers, commissioners and research funders.

Objectives: The overall purpose of the programme was to deliver evidence reviews that could inform the commissioning of further primary research and directly inform public health policy and practice. This synopsis summarises the programme content and reflects on lessons learnt.

Methods: Diverse appropriate methods were used for individual reviews to ensure the timely and efficient production of evidence synthesis products that were as useful as possible to the relevant stakeholders and decision-makers. These included an umbrella review (review of reviews), mapping reviews, systematic reviews, rapid reviews and evidence briefings. The majority of reviews were informed by both public and practitioner involvement, from defining the review questions and identification of relevant evidence to interpreting and disseminating the findings. Both established public panels and topic-specific groups with relevant lived experience recruited for individual projects were involved in the review process. This synopsis was produced by collating and synthesising information from across all 11 commissioned review topics. The review team informally reflected on the learning and generated a number of recommendations for future review programmes.

Data sources: All review projects across the programme used online database searches to identify relevant peer-reviewed journal articles. For many topics, relevant data were identified from grey literature identified by topic experts and other stakeholders and from website searches.

Results: Evidence synthesis outputs were generated across 11 different topics prioritised by the Public Health Research Programme Prioritisation Committee: gambling-related harm, working in later life, working from home, access to services for ethnic minority populations, parenting programmes, warmer homes, student mental health, housing insecurity, alcohol licensing, local interventions to reduce air pollution, health impact assessment to inform spatial planning. Individual project outputs were used to inform both primary research commissioning calls and public health policy development. Research reports, research summaries and other outputs, such as animations, webinars, posters and presentations, were widely shared with both public and professional audiences. The programme benefited from high levels of engagement from public panels and professional involvement as well as close engagement with topic experts and policy-makers.

Future work: Experience from this programme is informing commissioning of further national evidence synthesis teams, and we continue to build on the learning to develop efficient approaches to the delivery of timely, high-quality reviews which are of maximum value to decision-makers.

Limitations: This synopsis can only summarise some key aspects of the programme. Further work is underway to disseminate learning on the value of stakeholder engagement and other methodological aspects of public health evidence synthesis.

Conclusion: Commissioning flexible evidence synthesis teams and ensuring effective engagement with stakeholders are efficient approaches to the delivery of timely, high-quality reviews that can optimise impact on population health and health inequalities.

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A plain language summary of this synopsis is available on the NIHR Journals Library Website <https://doi.org/10.3310/GDJR8546>.

Introduction

Background and rationale for commissioning a Public Health Research Review Programme

The National Institute for Health and Care Research (NIHR) PHR Review Programme was established in 2019 in response to a commissioned call for a team to undertake a programme of reviews on topics identified by the NIHR PHR Programme Prioritisation Committee.

The aim of the programme was to generate high-quality evidence syntheses, providing policy-makers, practitioners, and other stakeholders with the information necessary to make evidence-informed decisions, ultimately improving health outcomes and reducing inequalities. The programme was also intended to identify important research gaps and inform planning and commissioning of further primary research. This programme synopsis was produced by collating and synthesising information from across all the commissioned reviews undertaken during the programme. The review team informally reflected on the learning and generated a number of recommendations for future review programmes. Both reflections on wider learning and related recommendations are included in this report.

Defining 'stakeholders'

We have used the term 'stakeholders', as commonly used in the published research, to denote any 'individual or group who is responsible for or affected by health-and healthcare-related decisions that can be informed by research evidence'.^{1,2} In the specific context of this synopsis, the term refers to the professional and public groups and individuals with an interest in the evidence within the scope of an evidence synthesis project. All these groups were of key significance in ensuring that the programme's review projects and outputs were of direct value and relevance in informing public health policy and practice, maximising their potential positive impact on population health and on reducing or mitigating health inequalities. In this report, we focus principally on individual professionals (with an interest in a topic) and professional interest groups, excluding the wider public and those whose

interest relates to their personal experience ('experts through experience'). This decision acknowledges that the roles of the public and experts through experience within PHR are comparatively well-explored in the published literature.³ In contrast, the interests and motivations of professional stakeholders are often implicit and may be subject to unwarranted assumptions.

With increasing awareness that the term 'stakeholders' can be viewed as inappropriate, due to its colonial roots, various alternative terms (e.g. 'interest-holders' and 'citizens') have been suggested.⁴ In recognising this issue, we would highlight that the prevalence of overlapping and context-specific definitions makes it important to explicitly state to which groups or individuals a term has been assigned.⁵ In this synopsis, stakeholders, in their widest sense, include public health policy-makers and practitioners at all levels (local, regional national), professionals from other relevant disciplines (e.g. urban planning, social care), service commissioners and service providers, academic and practice experts, representatives of the Voluntary, Community and Social Enterprise (VCSE) sector, people with relevant lived experience and members of the public.

Principles and methods

Our programme built on a tried-and-tested approach to review production that had evolved through our extensive experience as a public health synthesis team since commencing as a National Institute for Health and Care Excellence Public Health Collaborating Centre in 2008.⁶

Figure 1 illustrates our logic model for public health evidence synthesis, adapted from the generic NIHR Evidence Synthesis Programme (ESP) logic model.

General principles were developed for review development and used for individual allocated topics across the programme:

1. Clearly identify team membership and roles for each member. Overall, the team needed to combine topic

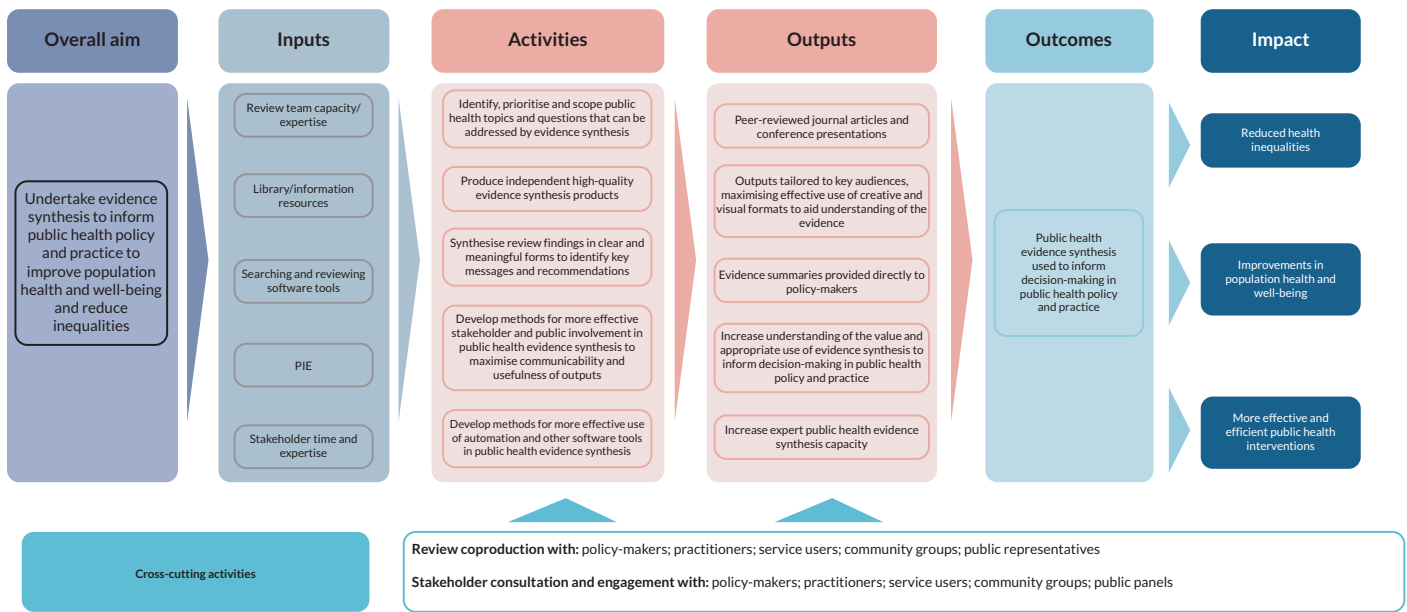


FIGURE 1 Logic model for ESP. PIE, public involvement and engagement. Adapted from National Institute for Health and Care Research.⁷

- and methodological expertise, with detailed knowledge of UK public health and health policy as well as experience of a choice of evidence synthesis methods, beyond conventional systematic reviews.
- Critically consider appropriate review methods,^{8,9} taking account of time and resource constraints.
 - Work closely with NIHR colleagues to ensure a shared understanding of the key review questions, proposed methods for evidence identification and synthesis and the format and nature of deliverables.
 - Work closely with stakeholders and evidence users, including members of the public and third-sector organisations.

We endeavoured to ensure that all aspects of the review process were informed by those affected by the relevant issues and those working in practice to address them. We considered this critical to ensuring direct and immediate usefulness to decision-makers to genuinely impact on the health and well-being of communities.

Key review stages:

- Scoping review questions and development of review protocol

Scoping often involved extensive consultation with NIHR colleagues, topic experts and stakeholders. Useful discussions were facilitated, where appropriate, by the NIHR team with the stakeholders who had originally

proposed the topic for consideration by the NIHR PHR Programme Prioritisation Committee.

- Determining appropriate inclusion criteria

We used initial scoping searches to explore different inclusion criteria and set conceptual and logistic boundaries of each review. Public involvement and stakeholder consultation proved invaluable in identifying and shaping aspects considered most important to knowledge users and relevant communities.

- Identification of evidence

We used Sheffield Centre for Health and Related Research's (SCHARR's) specialist information team, one of the largest in UK health research, with extensive access to relevant databases and websites, both through the University and through our own SCHARR Library. For each topic, we consulted subject experts to target-relevant subject-specific databases and identify appropriate and efficient search terms. Our initial scoping strategies generally included (1) a search of at least one appropriate core database, (2) purposive selection of discipline-specific databases from other disciplines and (3) internet searching for grey literature sources targeting relevant domains as appropriate. For systematic reviews, multiple systematic approaches were employed. As well as database searches, evidence was identified through systematic citation, reference and key author searches. Searches

were also supplemented by stakeholder suggestions of evidence not found by systematic database searches or web-based searches.

4. Strategy for reviewing literature

We used systematic reviewing software tools when applying eligibility criteria and documenting reasons for exclusion. Quality assessment formed a separate discrete stage following data extraction. We generally used quality assessments to inform conclusions and recommendations rather than to exclude otherwise relevant evidence.

5. Data analysis

Narrative synthesis was most often used as the most flexible default output using textual, graphical and tabular means.¹⁰

We used multiple methods to present synthesised findings, including use of harvest plots¹¹ (e.g. working in later life) and pre- and post hoc logic modelling^{12,13} (e.g. gambling; housing insecurity; working from home). Wherever possible, evidence for health inequalities and differential effects across subpopulations were considered.^{14,15}

Table 1 illustrates the timetable and key milestones for completion of review projects over 12 months (x), 6 months (s) or 3 months (t). Longer projects also allowed the potential for multiple reviews (e.g. gambling-related harms, alcohol licensing) and extended stakeholder or public involvement [e.g. health impact assessment (HIA), student mental health].

Dissemination and outputs

Our overall objective was to deliver and disseminate evidence synthesis outputs that contribute to evidence-informed public health policy and practice using approaches that acknowledge diverse interests. For some policy areas, such as commercial determinants of health (e.g. gambling and alcohol licensing) and planning (e.g. HIA), this required that we anticipate where we might face robust challenges from evidence users with priorities other than population health. For each review, we developed an engagement and dissemination plan, shaped by consultation with knowledge users and public involvement and engagement (PIE) groups. We made use of social media, press releases, animation and video formats, including podcasts (see *Appendix 1* for a list of outputs and knowledge mobilisation activities).

Engagement plans were tailored to each specific relevant audience, with an anticipated pathway to impact for each individual review. Our plans for engagement included

those policy and practice colleagues and PIE groups already involved in the review scoping and production and other relevant groups they identified. We also worked with our local government colleagues nationally and regionally to share findings.

We engaged with practitioners and community organisations in different sectors through sector-specific networks, for example, through membership of the UK-wide Collaboration Centre for Housing Evidence Knowledge Mobilisation Hub for Housing for the review on housing insecurity. For our student mental health review, we collaborated with our PIE group and a film-maker on an animation now embedded in university induction material (University of Sheffield and University of Lancaster).

As well as reports for the NIHR PHR journal, we produced several peer-reviewed journal articles. Targeted articles remain an important dissemination channel for both academic research and practice communities and ensure wide academic scrutiny and further academic use of our outputs. Similarly, academic conferences provide a forum for presenting and discussing our methods and review findings with academic colleagues.

Throughout the programme, we presented our reviews at practice-related and sector-specific conferences to disseminate our findings, recognising this as an effective way to reach topic-specific and wider public health audiences (both local government and public health events and sector-specific meetings, such as education, town planning, housing, leisure and transport-related events).

We also produced summaries of primary and secondary research findings for public and professional audiences, including 'evidence briefings' with a standardised two-page format.

Summary of key findings from individual review projects

The key findings for the main review projects delivered across the programme are summarised below. This includes the main implications for policy, practice and further research, with further detail available from individual review outputs listed in *Appendix 2*. We also highlight where individual projects contributed to the overall impact of the programme on policy and research commissioning and contributed to learning on how to optimise methods for public health evidence synthesis.

Gambling-related harm

*Interventions to reduce the public health burden of gambling-related harms: a mapping review:*¹⁶ a public health approach provides opportunities to reduce gambling-related

TABLE 1 Review Gantt chart for projects of 3, 6 or 12 months

Main review stages (months)	1	2	3	4	5	6	7	8	9	10	11	12
Initial scoping and protocol development	x s t	x										
Scoping searches and consultation on review scope and inclusion criteria	x s t	x										
Database and secondary searching	t	x s	x	x								
Evidence identification and selection	t	x s	x	x								
Data extraction/quality assessment		t s	s	x	x	x	x					
Analysis and conclusion generating		t	s	s			x	x	X	x		
Submission of peer-reviewed paper or other primary output			t		s	s					x	x
Preparation of associated outputs			t			s					x	x
Coproduction/PIE activities												
PIE panel recruitment	x s t											
Consultation with PIE panel	x t	s t	t		s		x		X			
Consultation with topic experts and stakeholders	x t	s t	t		s		x		x			
Production of guidance for research commissioners and policy-makers			t			s					x	x

harm by addressing the entire gambling pathway, from regulating access, to identifying at-risk individuals through screening, to providing services for those with gambling problems. Due to limited evidence for interventions across the prevention pathway, implementation should ideally always be accompanied by rigorous evaluation.

*Should screening for risk of gambling-related harm be undertaken in health, care and support settings? A systematic review of the international evidence:*¹⁷ healthcare and support services can potentially play a key role in identifying and supporting individuals at risk of gambling harm. Screening appears both feasible and acceptable across various community and healthcare settings. Prioritising evaluation of the effectiveness and cost-effectiveness of these screening interventions in different settings is essential to support development of appropriate screening tools and approaches.

*Commentary for Lancet Public Health:*¹⁸ growing evidence from other sectors suggests that a public health strategy, including fiscal policies, advertising restrictions and reduced access to harmful products, can reduce population-level harm. Successful examples from across regulation of the tobacco, alcohol, and soft drinks sectors suggest that similar approaches for gambling could also be effective if widely implemented.

Impact and lessons learnt: this project resulted in two published review papers and led to subsequent commissioned outputs (Lancet Public Health commentary), and review team involvement in further work, including an umbrella review of impact of advertising policy on gambling-related harm.¹⁹ These outputs have collectively accumulated significant citations including in the 'High stakes: gambling reform for the digital age' White Paper and in achieving the Royal Society for Public Health award for most cited paper in the journal Public Health in 2023. A SCHARR mini master class on the public health burden of gambling-related harms was also delivered and made available online.

Working in later life

*Is working in later life good for your health? A systematic review of health outcomes resulting from extended working lives:*²⁰ the review of published evidence suggests that continuing to work later in life generally has neutral or even positive effects on overall and physical health, though mental health impacts varied. Benefits are more likely for men, part-time workers, and those in higher-quality jobs. However, extended working, especially in demanding or low-reward roles, can also negatively affect health. There is a risk of widening health inequalities between those who

can afford to reduce hours and those who continue to work for financial reasons. Overall, research on impacts to quality of life is lacking, as is evidence on interventions to support older workers in maintaining healthy working lives.

Impact and lessons learnt: this work contributed significantly to enhanced consideration of inequality impacts in our reviews. The use of harvest plots for displaying systematic review findings further extended methods development. It was also the first of our reviews to recruit a topic-specific PIE group to inform the project. This has led to significant methodological developments in PIE in systematic reviews. A member of our review team also delivered a SCHARR mini master class on involving PIE in systematic reviewing.

Working from home

*Exploring the relationship between working from home, mental and physical health and well-being: a systematic review:*²¹ most of the evidence identified by this review came from studies undertaken during the COVID-19 pandemic, focusing on how a wide range of factors affect the relationship between home working and mental health. Working from home appeared to have more negative effects for women, particularly mothers. There was little evidence on how factors like age, ethnicity, education or income influence these effects and minimal data from before the pandemic. Although choice around home working was often implied to be an important factor, it was rarely directly measured. The evidence base has grown more recently, due to the widespread shift to remote work during and since the pandemic, highlighting the influence of external context, employer roles and individual circumstances on health outcomes. The review highlighted a clear need for higher-quality studies that include a broader working population and minimise recruitment and response biases.

Impact and lessons learnt: this project further developed our consideration of inequality impacts in interpreting and presenting review findings. As the work was commissioned prior to, and subsequently completed during, the COVID-19 pandemic particular issues relating to reviewing a rapidly expanding literature on home working had to be managed. This task was made possible by recruiting a topic-specific PIE group and by using logic models to aid graphical mapping of complex review findings.

Access to services for ethnic minority populations

*Access to local authority (LA) and third-sector services for ethnic minorities in the UK: a rapid scoping review of the evidence:*²² the evidence identified by this review

included reports of grassroots initiatives, commentary on barriers and enablers to access, and reports with specific recommendations for improvement. Nearly half of the studies focused on the third sector, with limited evidence from LA services. The populations studied were highly diverse, ranging from first-generation migrants to UK-born ethnic minorities, but with a particular focus on South Asian communities. No studies on Roma or Arab populations were identified. Key groups included older adults, adolescents and pregnant women. Mental health services were the most studied, with stigma identified as a major barrier to seeking help. Strikingly, given their public health importance, it is notable that no studies were identified that addressed access to drug, alcohol, or smoking cessation services.

Barriers to service use included complex systems, language challenges, funding cuts affecting grassroots organisations, lack of cultural awareness, discrimination, fear and lack of trust. Community-based interventions were most common, including those related to housing services and physical activity programmes. While specific enablers were identified, including ensuring respect for users and involving them in service design, few studies actually evaluated interventions specifically aimed at improving access for ethnic minority or migrant populations. *Impact and lessons learnt:* the lack of relevant and robust published evidence on services for ethnic minority populations emphasised the need for stakeholder involvement in reviews of this type, and for more coproduction of research between the academic and VCSE sector more generally. The review team was aware of existing well-developed initiatives underway to target underserved groups, with those working on the front line having neither the resources nor the capacity to undertake and publish robust evaluation studies. This highlights the extent to which, in the absence of more funding and support for research and evaluation of initiatives, best practice will remain unidentified and not disseminated. A valid and useful function of reviews is to highlight these important gaps in the evidence base for public health.

Parenting programmes

*Parenting engagement and support interventions for high-risk groups. Short report on topic scoping:*²³ this report usefully confirmed that existing research, policy reviews, and NIHR-funded primary studies had already produced clear recommendations for future research to support the commissioning of parenting programmes. High-quality evidence is available for the effectiveness and cost-effectiveness of several widely used programmes in the UK, many of which have been tested through randomised

controlled trials. Both universal and targeted programmes have been shown to be effective when delivered with fidelity to their original design. There is also existing evidence that universal programmes can also benefit higher-risk families, including those with lower incomes or from ethnic minority backgrounds, and ongoing research, including programmes funded by NIHR, in this area.

Future research could ideally focus on two key areas: trials and service evaluations of already-developed, successfully implemented programmes and research to guide the commissioning and delivery of a broader range of programmes, particularly strategies for identifying families most in need and supporting their engagement.

Impact and lessons learnt: this short scoping report subsequently informed a commissioned call for primary research into methods of engagement of specific, at risk or under-represented, populations who could benefit from parenting programmes. The project also highlighted the crucial importance of engaging with both topic experts and practitioners to understand their perspective on where sufficient weight of evidence for the effectiveness and cost-effectiveness of programmes was already available and where specific research was needed into methods of engagement.

Warmer homes

*Evidence briefing on policy options for reducing the impact of cold homes on health in the UK:*²⁴ cold and inefficiently heated homes are a long-standing public health concern in the UK, contributing to excess winter deaths. The UK has some of the least energy-efficient housing in Western Europe. Policy options to reduce harm include income support, one-off payments, targeted fuel tariff reductions, energy efficiency improvements, and, though rarely used, universal fuel price regulation. Effective implementation requires better awareness of entitlements, targeted support for those most in need, and a focus on heating homes efficiently rather than simply increasing energy use. This briefing was tailored for UK policy-makers and drew primarily on UK-based studies and systematic reviews.

Impact and lessons learnt: rapid review methods enabled the concise evidence briefing to be produced in timely fashion to meet policy-makers' needs. Engagement with a topic expert, a Professor of Energy Policy at Sheffield Hallam University, helped to ensure the briefing's currency and usefulness to policy-makers. The briefing was updated in January 2024 to ensure its continued relevance for policy-makers.

Student mental health

*Factors that influence mental health of university and college students in the UK: a systematic review.*²⁵ this review identified key factors strongly linked to increased risk of poor mental health, including childhood trauma; lesbian, gay, bisexual, transgender and queer identity; and autism. Positive well-being was associated with strong social support networks and the ability to adapt to changes during the transition to higher education. Poor mental health was also linked to low engagement with learning and leisure activities and limited mental health literacy. Understanding these risk and protective factors can guide the design of prevention strategies and inform the provision of targeted support for students at higher risk.

Impact and lessons learnt: the PIE group included students with lived experience of poor mental health at university, parents of young adults who had experienced poor mental health and professionals with responsibility for ensuring that universities provide care for students who experience poor mental health. The group played an important role in 'sense checking' the evidence. For example, we worked with our PIE group to identify factors that they felt were important in contributing to poor mental health and also factors protective of mental health among university students. We aligned this to our quantitative findings and, in so doing, were able to identify factors that were 'missing' from the evidence base. We were able to explore the potential mechanisms for action that linked factors to outcomes. These mechanisms were highlighted in our published paper on factors that influence mental health of university and college students in the UK.²⁵

We worked collaboratively in the co-design of a short animation to be embedded in the university websites at Sheffield and Lancaster Universities. The close working with the PIE group was intensely rewarding for the research team, with accounts of the experiences of the PIE group reinforcing the importance of the work they were doing. Learning challenges included resolving differences of views, when these emerged between members of the PIE group, or between the review team and those of the PIE group. It would be naive to assume there will always be agreement and managing different and irreconcilable views became an important learning experience.

Housing insecurity

*Exploring the impact of housing insecurity on the health and well-being of children and young people: a systematic review.*²⁶ housing insecurity includes eviction, forced moves, temporary accommodation, overcrowding, poor-quality or unsuitable housing, and frequent relocations. These

conditions negatively affect children and young people's mental and physical health, schooling, social connections and family well-being. Problems like long travel distances to school or friends and poor housing conditions often worsen housing insecurity. Protective factors include stable friendships, staying in the same school, optimistic perspectives and supportive parenting. Vulnerable groups, such as those escaping domestic violence or migrants, may face compounded challenges. Review findings suggest that future policies should focus on reducing evictions, improving temporary housing, setting minimum housing standards, and trying to reduce the number of multiple or long distance moves. Those supporting affected families should, where feasible, prioritise giving children and young people choice and control. Future research should prioritise both qualitative studies that include the voices of children and marginalised groups, and evaluation of specific interventions addressing housing insecurity and related impacts for the health and well-being of children, young people and their families.

Impact and lessons learnt: this large, in-depth and topical qualitative systematic review attracted significant attention, opening up multiple dissemination opportunities, including a podcast, webinar and blog post, as well as presentations for a variety of audiences, including at the Society for Social Medicine Annual Scientific Meeting (where it was judged to be in the top 10 abstracts in 2023), a housing conference, and conferences aimed at policy-makers, including a Westminster event. Impact was facilitated by close collaboration with key stakeholders, particularly at the dissemination stage, indicating the importance of involving a good group of key individuals with a variety of interests, particularly those with relevant networks. This review also highlighted the contribution of grey literature, where extensive searching was undertaken (using topic-relevant websites suggested by topic experts and key stakeholders), and around half of the included studies were from grey literature sources. From a broader perspective, this review highlighted the utility of systematic reviews in getting the findings of research onto the agendas of policy-makers and in achieving broader awareness. Lastly, this review showcased the value of generating review-level evidence as a foundation for subsequent primary research, specifically a major primary research project within the children, young people and families programme of the NIHR School of Public Health Research.

Alcohol licensing

*Evaluating the impact of local alcohol licensing decisions on outcomes for the community: a systematic review.*²⁷ the limited UK evidence identified by this review showed no consistent or lasting link between local alcohol

licensing interventions and improvements in health or crime outcomes, despite using advanced study designs and exploiting opportunities for longer-term follow-up. Because current local licensing powers have limited impact, stronger regulatory authority is likely to be needed for licensing to be an effective public health tool in reducing alcohol-related harm.

*Public health involvement in alcohol licensing decisions in the UK: a systematic review of qualitative studies:*²⁸ a thematic analysis, in an accompanying qualitative review, identified seven key themes around how public health teams (PHTs) engage with licensing. It was evident that their role is often undervalued, though some have succeeded through strategic approaches. Scotland's public health licensing objective helps but does not guarantee influence. Stakeholders differed in their experience and views on the value of PHT involvement. A strategic focus may improve impact, but given limited public health benefits from licensing decisions, PHTs should consider whether this is the best use of scarce resources, or whether there are more effective mechanisms to tackle alcohol-related harm.

Impact and lessons learnt: this review contributed significantly to developing approaches to interpreting and publishing reviews when evidence of effectiveness is limited, or when what evidence does exist suggests that interventions are ineffective. It highlights the value of being able to successfully publish review findings and make recommendations in the absence of a significant volume of positive evidence. The value of this was augmented by publishing both quantitative and qualitative review findings which provided insights into the reasons for a lack of evidence of effectiveness. This was made possible by recruiting a public health registrar to the review team, who then led the qualitative systematic review, with support from the wider team. This demonstrates the added value of an ongoing review programme to provide training as well as capacity building in public health evidence synthesis.

Local interventions to reduce air pollution

*The effectiveness of neighbourhood-level interventions to reduce outdoor air pollution: systematic review:*²⁹ this review found that various neighbourhood-level interventions have the potential to locally reduce outdoor air pollution. Options such as low traffic neighbourhoods, school streets, anti-idling campaigns and green walls showed the most impact, although while evidence for other interventions remains limited. LAs, schools and community organisations can use these findings to guide local action strategies.

Impact and lessons learnt: this review highlighted the value of engaging directly with LA colleagues by including them in the review team. This enabled greater relevance to public health practice at all stages of the review process, and in particular when considering how LAs would and could use the review evidence. The review also highlighted the dearth of evidence examining neighbourhood-level interventions in particular, which stakeholders found surprising given the large number of initiatives, suggesting the need to prioritise evaluation of such schemes.

Health impact assessment to inform spatial planning

The effectiveness of HIA in spatial planning on health outcomes:

*A systematic review with stakeholder involvement:*³⁰ the literature identified by this review did not show direct links between the use of HIA in spatial planning and health outcomes in the UK. However, three key themes influencing HIA effectiveness were identified related to who should be involved, what support is needed and how HIA is appraised. The findings suggest a need for collaboration between health and planning teams, engagement with commercial developers, community involvement, and inclusion of wider stakeholders. This should ideally be supported by adequate resources, knowledge and training, the development of national policy and guidance, and a solid evidence base. Quality improvement would be supported by optimising the timing and approach of appraisals, appropriate outcome measurement timescales and definitions of health, and quantifying impacts.

Stakeholders noted challenges in applying current frameworks to develop national guidance for England, citing a lack of a strong policy mandate and difficulty building an evidence base on effectiveness.

Impact and lessons learnt: as the last review to be completed at the end of the programme in 2024, the full impact of this project remains to be realised. However, the approach taken serves to highlight the value of meaningfully engaging with a large group of stakeholders throughout the review processes and of including practitioners beyond public health, for example, council planning teams and commercial planners. It also highlights the fundamental role of identifying a key stakeholder with access to these wider professions and interests and the considerable benefits this can accrue for stakeholder engagement.

Discussion

The decision to commission a public health review programme before determining the specific projects to be undertaken within the programme ensured that the programme evolved over the duration of the award. Commissioner and team learning from the earlier projects informed commissioning and delivery of subsequent reviews. This section provides an overview of the nature and breadth of the topics and evidence covered by the programmes and a discussion of the contribution of the programme as a whole, as well as a summary of the learning from individual projects across the programme.

Overall contribution to the public health evidence base

The comprehensive coverage of the 11 topic areas can be illustrated by mapping them onto the World Health Organization Social Determinants of Health framework.³¹ This framework depicts how various social, economic and environmental factors interact to influence health outcomes. The topics map onto four main fields for public health risk factors and associated interventions:

Economic factors – working in later life, working from home, housing insecurity.

Social environment – gambling-related harm, student mental health, parenting programmes.

Physical environment – warmer homes, alcohol licensing, local interventions to reduce air pollution, HIA to inform spatial planning.

Access to services – access to services for ethnic minority populations.

Consideration of the programme as a whole, across all 11 review projects, also identifies common features across the programme as a whole in terms of review topics, methods and findings.

Review topics and scope

1. *Focus on issues of current relevance to public health policy and practice:* all reviews addressed high-priority topics from the perspective of both LAs and affected communities (e.g. gambling, alcohol licensing). This reflects the effectiveness of the process for prioritisation of topics generated through NIHR's own stakeholder engagement and the Prioritisation Committee.
2. *Cross-cutting topics:* the programme extended to multiple sectors beyond health and social care or public health services, including employment (e.g. working in later life, working from home), education

(e.g. student mental health, children and young people's housing insecurity), commercial interests (e.g. gambling, alcohol), urban planning and environmental health (e.g. HIA, local air pollution).

3. *Consideration of inequalities and focus on at risk populations:* many reviews either focused on or considered impacts on vulnerable or specific populations (e.g. ethnic minorities' access to services, students' mental health, children and young people's housing insecurity). Other reviews identified evidence for current social and economic trends which may increase inequalities in the absence of appropriate policies and interventions to mitigate harm (e.g. working in later life, working from home).

Review methods (see Table 2 for a summary of the methods used for evidence identification, data synthesis and stakeholder engagement by review topic)

4. *Use of mixed methods:* in several topic areas, the evidence synthesis was enhanced by use of both qualitative and quantitative elements. For example, in the review of public health involvement in alcohol licensing, the qualitative review evidence provided explanatory evidence for the limited impact found in the quantitative studies.
5. *Use of conceptual frameworks and logic models:* many reviews developed or utilised conceptual frameworks or logic models to explore complex relationships and synthesise findings (e.g. in gambling harm, working from home, HIA).
6. *Stakeholder engagement:* multiple topics required an emphasis on engaging with the full diversity of stakeholders, including public involvement, practitioner input and policy-maker consultation.
7. *System and multilevel approaches:* PHR is increasingly recognising the value of taking a system perspective, as illustrated by the mapping review for gambling interventions. Many reviews considered both individual-level factors and broader population-level determinants of health as explanatory or risk factors.

Review findings

8. *Importance of context:* many reviews highlighted the importance of context in understanding the effectiveness of interventions (e.g. involvement in alcohol licensing) or the characteristics of the public health issue (e.g. the impact of the COVID-19 pandemic on working from home).
9. *Evidence gaps:* reviews often identified significant gaps in the evidence base, pointing to areas where

TABLE 2 Summary of review methods used for individual review topics

Review topic	Review type(s)	Evidence identification methods	Number and type of studies included	Evidence synthesis methods	QA methods
Gambling-related harm	Mapping umbrella review	Databases only	30 systematic reviews	Mapping to topic-specific evidence typology	No formal QA undertaken
	Systematic review	Databases + websites	9 studies and 13 grey literature reports	Narrative synthesis	Study type-specific tools (CASP)
Working in later life	Systematic review	Databases only	17 cohort/cross-sectional studies	Harvest plots + narrative synthesis	Study type-specific tools (CASP)
Working from home	Systematic review	Databases + websites	85 studies + 11 reports (quantitative/qualitative and mixed methods)	Mind mapping and post hoc logic models	Study type-specific tools (CASP)
Access to services for ethnic minority populations	Scoping review	Databases + websites	34 studies + 10 reports (34 qualitative; 10 quantitative)	Qualitative synthesis of themes	No formal QA undertaken
Parenting programmes	Evidence briefing for research funder	Website searches	Not relevant (non-research data included)	Evidence summary	No formal QA undertaken
Warmer homes	Evidence briefing for policy-makers	Databases + websites	9 reviews + 19 primary studies	Narrative synthesis and evidence tables	Study type-specific (Alberta Heritage Foundation)
Student mental health	Systematic review	Databases only	31 quantitative (mainly cross-sectional studies)	Narrative synthesis	Study type-specific tools (Newcastle-Ottawa Scale)
Housing insecurity	Systematic review	Databases + websites	59 qualitative studies and reports (37 grey literature)	Best fit framework synthesis using causal pathway diagrams	Study type-specific tools (CASP + AACODS)
Alcohol licensing	Systematic reviews (two separate review studies)	Databases + websites + expert consultation	7 cohort studies + 10 qualitative reports (from 4 studies)	Separate quantitative and qualitative narrative synthesis	Study type-specific tools (CASP)
Local interventions to reduce air pollution	Systematic review	Databases + websites + expert consultation	26 observational studies	Best fit framework synthesis based on a priori conceptual model	Study type-specific tools (CASP + AACODS)
HIA	Systematic review	Databases + websites + expert consultation	19 studies (UK only) and 7 non-UK frameworks	Narrative synthesis informed by stakeholder consultation	Study type-specific tools (CASP)

AACODS, Authority, Accuracy, Coverage, Objectivity, Date, Significance; CASP, Critical Appraisal Skills Programme; QA, quality assurance.

further research is needed. Identification of critical evidence gaps, in relation to evidence needs, has usefully informed specific calls for primary research, including gambling interventions and uptake of parenting programmes. Reviews can also be valuable in identifying areas in which further research is unlikely to generate positive findings or add to the prevalent evidence base. One such example is evaluation of alcohol licensing interventions, where the review of qualitative evidence identified that further quantitative evaluations, however well designed, were unlikely to yield positive findings if LA licensing powers and processes remained unchanged. The report summarising the research commissioned on evaluation of parenting programmes also highlighted a wealth of evidence on effectiveness (and limited evidence on cost-effectiveness) but a relative dearth of evidence for how to promote engagement of specific and at-risk population groups and parents within current programmes.

One can argue that the overall contribution of the programme has proved greater than the sum of its parts. The final reports from our first two health services and delivery research ESPs highlight the value of learning from ESPs as well as from specific projects.^{32,33} As well as the contribution to knowledge and the impact on population health and inequalities attributable to individual evidence synthesis projects, the programmes have achieved wide-ranging impacts on capacity building and methodological developments in the evidence synthesis field as discussed below.

Ways in which key aspects of the review process have contributed to knowledge, research commissioning and policy-making are illustrated by specific projects are outlined below:

1. **Gambling-related harm** – this project generated two reviews which have been cited and used in policy development and a logic model that explored the relationship between interventions and pathways from gambling activity to harm. It provided an influential example of the value of harnessing both a strategic PIE panel and a topic-specific public panel. The strategic PIE panel identified issues specific to ethnic minority communities and religious groups that believe gambling is immoral in terms of hidden harms. In turn, the topic-specific public panel informed the review and generated additional outputs, including a blog post written by a member of the panel with lived experience of gambling-related harm.
2. **Working in later life** – this review identified the significant disparities in the impact of working in later life for different occupations and populations that can exacerbate health inequalities. It thus provided a ready example of how evidence synthesis can identify under representation of the impact on inequalities in the primary literature. The review also highlights the value of using graphical methods to share findings through use of harvest plots.
3. **Working from home** – the sheer size and complexity of the evidence base on this topic, related to the major shift towards working at home necessitated by the COVID-19 pandemic, provided an opportunity to test the limits of using graphical methods to share review findings.
4. **Access to services for ethnic minority populations** – this rapid review was able to benefit from links to the NHS Race and Health Observatory. The review provides an example of the value of a review in highlighting major and unanticipated gaps in the evidence, in this case in relation to services tailored for minority communities to support public health interventions as exemplified by smoking cessation.
5. **Parenting programmes** – the initial scoping and discussion with topic experts and programme providers resulted in a decision not to undertake the proposed evidence synthesis on programme effectiveness in specific under-represented groups. Instead, the review team was able to advise NIHR on the need for primary research on the related topic of promoting engagement with programmes.
6. **Warmer homes** – this review exemplifies the value of a rapid synthesis project producing a concise evidence summary being important in optimising policy impact. The evidence briefing on policy options, as shared and disseminated by the Department of Health and Social Care, was well received and generated very positive feedback on its usefulness.
7. **Student mental health** – a topic-specific PIE group was influential in both the scoping and subsequent sharing of this review. With the PIE group's support, the review team developed an animation which has been used by universities as a resource for new students and their families, highlighting the potentially valuable role topic-specific PIE groups can play in the review programme.
8. **Housing insecurity** – demonstrating synergies with other elements of NIHR funding and infrastructure, this review informed the commissioning of a major primary research project within the children, young people and families programme of the NIHR School of Public Health Research.
9. **Alcohol licensing** – a qualitative review was undertaken by a public health registrar based in a local council to support the main review. This complementary review provided insights into potential reasons

for a lack of measurable impacts from public health involvement in alcohol licensing. This project illustrates the value of juxtaposing both quantitative and qualitative synthesis on a single question, and also of the programme's activation of wider links to practice colleagues and public health training.

10. **Local interventions to reduce air pollution** – this evidence synthesis was facilitated by local public health practice colleagues, including those who had originally proposed the topic to the NIHR's Prioritisation Committee. Active recruitment through 'snowballing' generated a very engaged stakeholder group. The project also demonstrated the development of an evidence-based logic model as a highly accessible way of sharing review findings.
11. **HIA to inform spatial planning** – this review was extensively supported by a topic expert based in Department of Health and Social Care who had previously run a series of HIA workshops for planning and public health colleagues. This ensured that the review was informed throughout by a diverse cross-disciplinary group which otherwise could have been very challenging to identify and recruit.

Strengths and weaknesses of the review programme

A major strength of the programme was the ability to recruit and develop an experienced team that was able to rapidly scope and deliver high-quality reviews across the diverse topics prioritised by NIHR.

The topics identified as potential review topics by the NIHR PHR Programme Prioritisation Committee often reflected issues of current concern for LA colleagues or national policy-makers, thereby ensuring effective stakeholder engagement and potential for review impact.

The breadth of many of the topics initially identified often required a significant time commitment for scoping the available evidence and for discussions with stakeholders to develop feasible and useful review criteria.

The diversity of topics covered was also potentially a weakness, as once having identified and engaged with topic-specific public panels and stakeholder networks, we could not always sustain these structures or continue to maximise the value of establishing them, due to the need to move on to another, generally unrelated, topic.

The programme also demonstrated a notable lack of synthesis of economic evidence or consideration of the cost-effectiveness of public health interventions. This was, in part, due to the lack of relevant evidence to

synthesise; however, this was also true of evidence on inequalities. On reflection, consideration of economic factors, and closer involvement of health economic and economic modelling colleagues at the scoping stage, might have identified opportunities which, in their absence, remained unexploited.

Reflections on what could have been done differently

Over the course of delivering the programme members of the review team learnt from experience, so approaches in later projects serve to highlight what could have been done differently in earlier projects. Examples include methods for scoping, evidence identification and synthesis, and knowledge mobilisation.

Scoping: as the programme progressed the importance of adequate initial scoping of topics became self-evident and appropriate amounts of time were therefore allocated to scoping. Future programmes need to ensure sufficient time for stakeholder consultation and scoping is included in project plans.

Evidence identification: use of unpublished and web-based information was increasingly identified as useful, recognising where peer-reviewed journal articles reporting relevant evidence were limited. Methods for identification of these types of evidence need further development to ensure sufficiently sensitive and specific approaches can be employed.

Evidence synthesis: most of the reviews were limited to narrative and thematic analysis with limited use of harvest plots or other qualitative approaches. Similarly, none of the reviews directly addressed the impact of public health interventions on inequalities or their cost-effectiveness. These aspects need careful consideration at the scoping stage to ensure the approaches to evidence identification and interpretation considered these questions, even if there is limited relevant information available.

Knowledge mobilisation: the potential to increase the impact of earlier projects through developing a wide variety of creative outputs, including podcasts and blogs, web resources, videos, and animations was significantly under-realised. In its later stages, to address this, the programme developed a diverse range of review outputs. The commissioning in 2023 of an NIHR Public Health Knowledge Mobilisation Team, led by the University of Nottingham, has highlighted the substantial potential to harness creative and effective methods in sharing public health evidence with policy-makers, service commissioners, practitioners, and the wider community.

Challenges in public health evidence synthesis

A major challenge relates to the limited availability of public health evidence for some of the topics prioritised. The review team and the NIHR needed to manage stakeholder expectations when the evidence they needed could not be identified. This is often the case for evidence relating to the impact of interventions on health outcomes, including population measures and health inequalities. Recent examples included HIA and air pollution where generally only proxy measures for effectiveness, rather than effectiveness measured in terms of direct impacts on population health, were available in the evidence base.

Engagement with partners and stakeholders

The programme provided many opportunities for highly effective engagement, as illustrated particularly with the housing insecurity and HIA reviews. Generalisable learning about effective stakeholder involvement and public and practitioner engagement with research evidence extends beyond evidence synthesis projects. Further learning on stakeholder engagement has been generated by a final programme project completed in 2025 and due to be published in NIHR Open Research in 2026.

Institutional and individual capacity building activities

The delivery of a funded review programme enabled us to provide our team of reviewers and information specialists with multiple and diverse development opportunities and to build a very strong and highly skilled and experienced team. Collectively, team members were able to build skills and confidence in working closely with members of the public, through the PIE groups and with stakeholder groups and policy-makers on specific review topics. As a result, we can now point to a very well-developed model for public involvement in evidence synthesis projects. Features of this model include the diverse and highly engaged PIE group, and team of researchers with extensive experience in effective public involvement in evidence synthesis projects, that we have subsequently recruited to support our recently established NIHR-funded Evidence Synthesis Group, Evidence Synthesis Group for NIHR (EnSygN).

Demonstrating the value for money of a Public Health Review Team as a research commissioning model for evidence synthesis projects

Over time we have developed a model which starts from the initial identification and prioritisation of topics, before a phase of defining and scoping the key evidence needs.

It also requires identifying whether these needs can be appropriately addressed through a systematic review or other evidence synthesis method before generating a review protocol in collaboration with key stakeholders and topic experts. We believe that we were able to demonstrate the potential for an harnesses the critical mass of a large research organisation, with extensive external links and collaborators. Such a well-positioned evidence synthesis team can contribute to both developing the public health evidence base and continuously improving methods of public health evidence synthesis and knowledge mobilisation.

The programme delivered by the Public Health Review Team demonstrated multiple ways in which commissioning and delivery of a review programme, as an alternative to separate commissioning of individual reviews or reviews as part of a primary research programme, is both a very effective and very efficient model. This research model is then able to deliver reviews that are both closely aligned with the needs of the relevant knowledge users and can be delivered very efficiently and to a very high standard.

The evolution of the programme enabled us to establish and develop a multidisciplinary team of information specialists, reviewers, methodology and topic experts and external partners which can respond quickly and effectively to the challenges of delivering public health reviews in complex topic areas. Resultant outputs are then able to support effective use of limited resources to improve population health and mitigate the causes and impact of health inequalities.

Patient and public involvement

We recognised from the initial establishment of the review programme that PIE are key to ensuring that the review process is informed by those communities and individuals who can benefit most from the identification, synthesis and dissemination of evidence of 'what works' to improve public health and reduce inequalities. We also already had experience of the value of public involvement in ensuring both that reviews address the concerns of affected communities and that review findings are appropriately shared with those communities and the public, using the appropriate channels to reach all those with an interest in the evidence.

Programme-level public involvement panel: we therefore established a public involvement group to provide strategic advice to the programme team and used their guidance to

identify where we could use existing groups and where there was a need to recruit topic-specific panels with lived experience of relevance to a review. Literature reviews are sometimes an area of research which is less familiar to the public than studies involving patient participants, and we requested input regarding the clearest ways of conveying the different methods which might be used during studies carried out as part of the work of the team. They were able to advise on how to explain the purpose and remit of the Public Health Review Team and specific review projects in a way that was both accurate and accessible to a public audience. Throughout the review programme, we found a key challenge lay in making the work meaningful to public audiences and learning from that work ensured that we continued to explore new ways of working with public panels and community groups. This included producing public facing evidence briefings and creative outputs such as animations. We also were involved in supporting the development of a new animated video resource on public involvement in PHR with a graphic designer in collaboration with the NIHR Research Design Service.

Changes made as a result of feedback from the panel: there are several aspects of the programme and ways of working that were directly informed by feedback from our public involvement panel members. For example, they identified several processes that should be followed to ensure optimal public involvement in the review programme. These include providing all slides and materials at least 7 days before meetings; offering attendance via telephone dial in if in-person attendance is not possible; facilitating involvement of all members during discussions; and sending material presented at meetings afterwards to enable time for further examination. The value of receiving updates and feedback after the review has been completed was also emphasised, with these processes being then incorporated during the programme.

Other practical processes we improved based on the group's advice include more flexible methods for offering reimbursement to public advisors for travelling expenses and, in line with INVOLVE guidelines, offering payment to cover the time spent attending meetings and time spent reading and commenting on documents. We also put in place plans for training advisors who are new to this role. In response to suggestions from patient and public involvement (PPI) groups we ensured that support was available via a named person to contact and if felt helpful by buddying up a new member with an experienced representative. Meetings were organised at a time that was convenient and allowed travelling time outside peak hours and were arranged at venues which were accessible by public transport.

Topic-specific PIE groups: the PIE lead worked with individual review leads to oversee tailored PIE input appropriate to each topic area. They ensured that membership of topic-specific panels reflected different backgrounds, ages, genders, ethnicities, and lived experience, by widespread advertising and then selection from respondents. For several reviews, we set up specific advisory groups with relevant lived experience who proved to be an invaluable source of advice and input both in the review development and in developing appropriate public engagement and knowledge mobilisation strategies. These included: gambling; student mental health; working in later life; working from home and air pollution reviews. Public involvement was particularly useful when it generated insights into where there were important gaps in the published evidence, for example, from those with lived experience of gambling-related harm or student mental health issues. It was less helpful in topics areas where public panel members had less direct relevant experience, such as HIA.

We were aware of the need to engage with communities in their own community spaces and activities, rather than solely by involving them in review-related meetings, workshops, and consultation exercises. Public advisors had a key role in guiding the direction of the reviews at all points in the process, including focusing review questions and considering the findings. We had previously found that public advisors have been particularly valuable in terms of translating complex results into core messages and identifying avenues for dissemination that reach the public. We aimed to continually evaluate and refine our PIE methods, and with input from PIE members have developed a feedback tool used after each session.

Support for PIE members: we followed an established process of reimbursement for contributions, using current NIHR recommended rates for time and resource usage (internet/telephone). Our experienced programme manager, in consultation with our PIE lead within the research team, co-ordinated and facilitated involvement of panel members, including organisation of meetings, provision of ongoing training and payment for their time and expenses.

To provide training for public representatives on public health evidence synthesis, we also developed a bespoke video training package on evidence synthesis methods which was available to all PPI advisors. We aimed to build on existing development opportunities for PIE members, such as coproduction of outputs and public engagement activities. We were also keen to work with our public advisors to further develop our methodologies for public

engagement with the findings of evidence synthesis, including use of visual and graphical summaries, and designing community engagement activities.

For some projects, such as evidence briefings (e.g. parenting; warm homes) or reviews of very broad fields (e.g. HIA), it was not feasible or appropriate to use a topic-specific panel, and so, having a standing group with a very diverse group of public members, including a range of different ages, genders, ethnicity and disabilities, could ensure timely and effective public input was still possible. The advisory group met regularly and was able to offer advice between these times via e-mail or telephone to provide input at optimal points in the programme.

Use of in person and online activities: while prior to the COVID-19 pandemic and associated public health restrictions on face-to-face meetings, meeting and public involvement activities were in person events, from March 2020 onwards we gained experience in undertaking these activities online. This had several advantages in terms of increasing the geographical reach and diversity of our panels and we organised several extremely productive and well-evaluated workshops as well as online meetings. When face-to-face meetings became feasible, we consulted public panel members about their preferences for different activities. Responses were varied, with disabled panel members reflecting that although travel to meetings could be arduous for them, the social isolation experienced during lockdowns rendered such meetings greatly valued as opportunities for face-to-face meetings. As a direct result, we subsequently adopted a flexible approach, rather than making assumptions about panel member preferences. The reduction in costs and carbon footprint, and the benefits from the increased reach of online activities meant that, based on extensive learning during the pandemic, we have continued to run very effective PIE activities online.

Equality, diversity and inclusion

As a review team and in delivery of the review programme we have sought to mirror the NIHR equality, diversity and inclusion (EDI) strategy to ensure that we seek to increase EDI through our team recruitment and development as well as in the reviews we have delivered. We have sought to identify and address potential bias in staff recruitment and career progression as well as in our review programme and public involvement activities and our team members all engage with mandatory EDI training provided by the University of Sheffield.

Within the review programme, we have conducted specific reviews exploring needs of underserved and marginalised groups, for example, the review of access to LA services for ethnic minority populations. Other reviews addressed issues closely related to drivers of health inequalities (gambling; warmer homes; air pollution; alcohol licensing) and current issues and trends which can potentially widen health inequalities (working from home; working in later life).

Our VCSE sector lead, the Chief Executive of the Race Equality Foundation, brought extensive personal expertise to the team and a link to key advocacy and policy bodies, including the 'Health Equals' partnership of organisations actively addressing health inequalities. He provided crucial feedback on the barriers and challenges to involving the VCSE sector in a review programme. He identified the need to have a clear role for community partners, identification of sufficient capacity and supported by appropriate funding and a need for provision of development opportunities and academic institutional links for partners.

Specific research evidence relating to health inequalities or specific underserved populations in reviews was frequently lacking. We, therefore, endeavoured to ensure that we always addressed EDI aspects in reviews even in the absence of directly relevant evidence, for example, through recognition of the importance of intersectionality and evidence of differential health impacts from interventions or shared exposures for specific populations. This helps to ensure that the implications of review findings for the impact of policy and commissioning decisions on inequalities were better understood, even in evidence-sparse topic areas for specific affected communities.³⁴

Impact and learning

The impact of individual reviews is reflected in the extent to which they have been used to inform public health policy and practice and research commissioning. The main sources of evidence for this are from the sharing and use of our audience-specific outputs and the citation of our reviews in research funding calls and in regional, national and international policy documents. It is worth noting that the impact of a specific review often did not directly correlate with the size of review in terms of resources needed to complete the review, or the volume of literature identified. Much more significant was the topicality of the review and pertinence of the topic. For example, the briefings generated on warm homes and parenting programmes, both relatively quickly developed, and largely produced by a single reviewer, were particularly

useful to the primary audience they were prepared for due to their timeliness.

A full list of citations of programme outputs in national and international policy documents is included in [Appendix 2](#). Specific examples of different types of impact are highlighted below.

Impact on public health policy and commissioning

A search of the Overton database (the world's largest searchable database of policy-type documents which links to where academic research may be influencing or changing practice) identified several recent citations in policy documents (five for gambling, eight for extending working lives, two for student mental health). Further direct and indirect policy impact from the gambling and alcohol review findings and housing insecurity review has resulted from sharing these outputs with LAs who are actively developing policy in relation to commercial determinants of health and housing.

We have identified examples of where individual reviews are cited in policy documents (see [Appendix 1, Table 3](#)). Despite having this evidence of effective dissemination with policy-makers, the full causal chain between the dissemination of review findings and actual impact on public health policy and practice can be difficult to document and can have a very variable time course depend on when a window of opportunity to influence change arises, relative to review completion. The potential impact of a relevant evidence synthesis depends not only on the timeliness of the review but also on synergies with other key determinants of policy, including policy-makers' values and priorities, cost implications and other common barriers to change, including public attitudes and political will. While working closely with policy-makers may increase the potential for policy impact, it is common for the policy landscape to change quickly, making the value of reviews to decision-makers difficult to predict.

Impact on practice

An example of a review output, which has been an 'actionable tool',³⁵ came from the student mental health review. While the overall findings have been used by universities to inform student support services, the animation produced based on the review findings was used as a Freshers Week resource in universities in both Sheffield and Lancaster.

Impact on research commissioning

Programme reports have directly informed subsequent NIHR calls on related topics, including a 2024 call on

parenting programmes (www.nihr.ac.uk/funding/2428-parenting-interventions/35635) and a 2022 call on screening for gambling-related harm (www.nihr.ac.uk/policy-research-programme-feasibility-routine-screening-gambling-related-harm-within-mental-health-and-drug-and-alcohol-services) and a 2023 call on commercial determinants of health (www.nihr.ac.uk/2385-commercial-determinants-health). The housing insecurity review informed the commissioning of housing research within the children, young people and families programme funded by the NIHR School of PHR (<https://sphr.nihr.ac.uk/research/housing-insecurity-for-families-with-children/>).

Impact on development of public health evidence synthesis methods

We have achieved influential developments in methods for the involvement of stakeholders, including policy-makers, practitioners, commissioners as well as patient and public groups in the review and knowledge mobilisation process as discussed above. Better understanding of the benefits and challenges to stakeholders of engagement in the review process was explored in a final Public Health Review team project involving an evidence review and stakeholder interviews.

Impact on wider learning

Wider learning relates to the development of a highly efficient model for commissioning and delivering public health evidence synthesis that has informed the development of our other ESPs, in particular the Sheffield NIHR Health and Social Care Delivery Research (HSDR) Evidence Synthesis Centre and EnSygN, our Sheffield-based NIHR Evidence Synthesis Group. We have developed management and governance systems that ensure effective delivery of individual projects and co-ordination of the programme as a whole. The team structures we have put in place, including lead individuals for key roles and responsibilities and areas of activity (such as PIE, EDI) and for individual reviews (including lead reviewer, lead information specialist, senior lead) have been subsequently adapted for other programmes. The overall management structure is summarised in [Figure 2](#).

Future plans

In order to build on the current programme, we are continuing to create an extensive portfolio of evidence synthesis projects commissioned by NIHR and other programmes. Our learning from this programme has informed the development of EnSygN, our NIHR Evidence Synthesis Group and the ongoing programme of our NIHR HSDR Evidence Synthesis Centre. The public health evidence synthesis team continues to develop as the Sheffield Centre for Health and Related Research Public

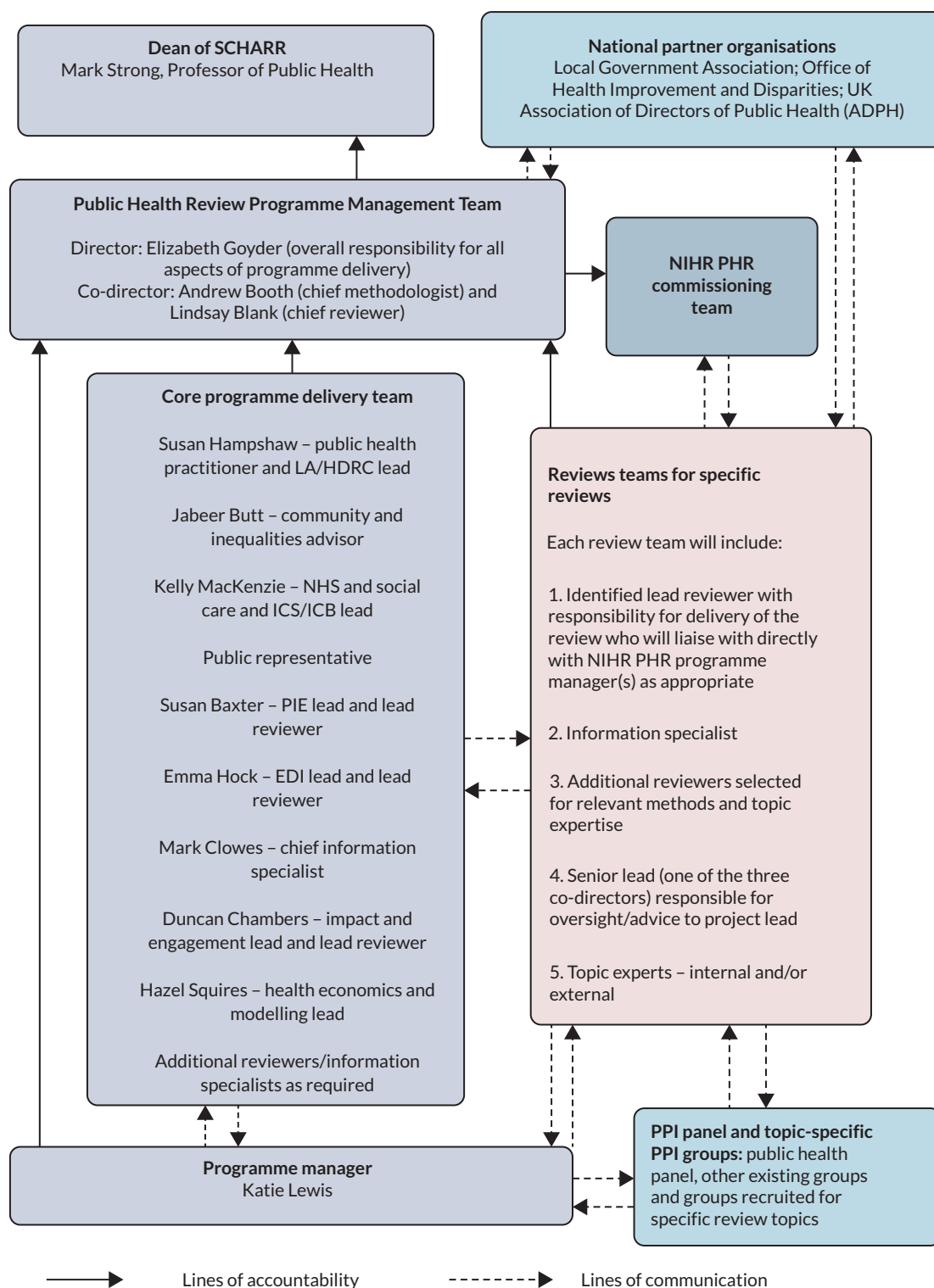


FIGURE 2 Public Health Review Team management structure, indicating individual roles and responsibilities, lines of accountability and line of communication.

Health Evidence Review and Synthesis Team (SCHARR-PHERST) hosted by our recently restructured School of Medicine and Population Health, University of Sheffield.

Implications for policy and practice

The implications for policy and practice from the findings of individual review projects is diverse and reflected in the individual reports from the 11 review topics covered by the programme. Important implications from the programme as a whole particularly relate to the importance of prioritisation³⁶ and scoping³⁷ of review projects, the benefits of effective stakeholder involvement in review projects³⁸ and the potential for developing public engagement and promoting public understanding of public health evidence through knowledge mobilisation activities.³⁹

1. **Prioritisation and scoping:** the different levels and types of impact from different review projects have largely depended on the topicality and relevance of findings for policy-makers and research commissioners. Timing of review projects has also been highly significant, with projects on gambling harm, student mental health and housing insecurity producing outputs directly relevant to critical priority areas for national government, universities and local government, respectively. This suggests that these are key issues to consider when prioritising and scoping topics and determining the timing of different projects.
2. **Stakeholder involvement:** the level and types of stakeholder involvement also differed significantly between different projects. There may be trade-offs between efficient delivery of a review and the additional time required to allow for recruitment of stakeholder panels, organisation of stakeholder workshops or allowing time for stakeholders to provide feedback on draft protocols, interim findings and outputs. It is, therefore, important to consider at the outset of a project how the benefits of stakeholder involvement can be maximised, whilst working within practical constraints in terms of time, review team capacity and project resources.
3. **Public engagement:** the levels and types of PIE also differed significantly by review topic. Some topics involved minimal direct public involvement (HIA, parenting programmes, warm homes) because of either time constraints or the review scope but most reviews benefited from recruitment and involvement of topic-specific panels. These were selected to ensure the appropriate diversity of public representation and inclusion of those with lived experience

relevant to the review topic. After the completion of individual reviews, a range of public facing outputs have been produced with PIE involvement, but this has often taken up to a year or more after review completion. Flexibility of both PIE and knowledge mobilisation budgets is therefore essential to allow public representatives to be fully involved in producing outputs. Resources also need to be available for some time after the review work is completed as developing these outputs with public contributions often takes considerable time.

Research recommendations

Future developments in public health evidence synthesis and knowledge mobilisation can build on the extensive learning from this programme in several ways. Our key recommendations to researchers and research funders, in priority order, are all based on learning from the programme related to mechanisms for maximising the relevance and wider value of future public health evidence synthesis projects.

1. **Prioritising and scoping reviews:** there is a need to develop methods for efficient and effective processes for identifying, prioritising, and scoping public health review topics.⁴⁰ Methods for prioritisation need to take account of both the availability of evidence to synthesise and whether the availability of a current synthesis will be timely and able to influence policy-making or commissioning decisions.⁴¹
2. **Stakeholder involvement:** future programmes should explore methods for maximising the direct benefits for those contributing as practice or policy-related stakeholders,⁴² for example, in terms of job satisfaction and career development as well as considering the benefits to the review process. Anecdotal and observational evidence suggests that participating in the review development, delivery and dissemination can be a personal and career development opportunity. This potentially applies most directly to public health practitioners but is also relevant to other professional groups⁴³ and disciplines, to community organisations and to public and patient representatives.^{44,45}
3. **PIE:** there is great potential to develop creative and fully inclusive PIE strategies to optimise the value of review evidence to the communities and individuals most affected by the issues related to the review topic.⁴⁶ These include exhibitions and workshops and can be greatly enhanced by engagement between review teams and creative individuals (e.g. artists, writers, musicians, craftsmen) and creative arts

organisations (such as drama groups, art collectives, museums, and galleries).⁴⁷ Research funders should consider the value of investing in creative knowledge mobilisations as a mechanism to maximise the impact of evidence synthesis outputs.⁴⁸

Conclusion

Between 2019 and 2025, the NIHR Public Health Review Team undertook review projects on 11 different topics prioritised by the PHR Programme Prioritisation Committee. The topics included in the programme were: gambling-related harm, working in later life, working from home, access to services for ethnic minority populations, parenting programmes, warmer homes, student mental health, housing insecurity, alcohol licensing, local interventions to reduce air pollution and use of HIA to inform spatial planning.

Individual project outputs were used to inform both primary research commissioning calls and public health policy development. Research reports, research summaries and other outputs were widely distributed to both public and professional audiences. The programme benefited from high levels of engagement from public panels and from professional involvement by a wide range of practitioners as well as engagement with topic experts and policy-makers.

The involvement of appropriate and highly engaged public and professional stakeholders through the evidence synthesis process ensured the development of review outputs for maximum quality and usefulness to decision-makers. Commissioning highly experienced and flexible evidence synthesis teams and ensuring effective engagement with key stakeholders is an efficient approach to the delivery of timely, high-quality reviews and contributes to maximising the impact on population health and health inequalities.

Additional information

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Other contributions

Mark Clowes: Information retrieval and collation (equal).

Anna Cantrell: Information retrieval and collation (equal).

Data-sharing statement

There are no programme-level data to share. Please direct any queries to the corresponding author.

Ethics statement

This synopsis of the review programme did not involve the collection or analysis of any data that were not previously included in published research in the public domain. Therefore, formal ethical review by the University of Sheffield Research Ethics Committee was not required.

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Full disclosure of interests: Completed ICMJE forms for all authors, including all related interests, are available in the toolkit on the NIHR Journals Library report publication page at <https://doi.org/10.3310/GDJR8546>.

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Department of Health and Social Care disclaimer

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This synopsis was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

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About this synopsis

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List of abbreviations

EDI	equity, diversity and inclusion
EnSygN	Evidence Synthesis Group for NIHR
ESP	Evidence Synthesis Programme
HIA	health impact assessment
HSDR	Health and Social Care Delivery Research
LA	local authority
NIHR	National Institute for Health and Care Research
PHR	Public Health Research
PHT	Public Health Team
PIE	public involvement and engagement
PPI	patient and public involvement
SCHARR	Sheffield Centre for Health and Related Research
VCSE	Voluntary, Community and Social Enterprise

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Appendix 1 Programme outputs (ordered by review project)

TABLE 3 List of publications, conference papers, and other selected dissemination and knowledge mobilisation activities and outputs from this programme (e.g. seminars, webinars, animations, exhibitions)

Output reference	Output type	Link to output
HIA		
Blank L, Hock E, Cantrell A, Chang M, Goyder E. The effectiveness of Health Impact Assessment in spatial planning on health outcomes: a systematic review and stakeholder involvement	Poster presentation for Association of the Directors of Public Health Yorkshire and the Humber Sector-Led Improvement Conference, 8 November 2024	https://drive.google.com/file/d/1e-8H5a3nOfXtUvilcuoLLrXDBDpYV31C/view
Blank L, Goyder E, Hock E, Cantrell A. The Effectiveness of health impact assessment in spatial planning on health outcomes: a systematic review and stakeholder involvement. https://doi.org/10.1136/jech-2024-SSMabstracts.162	BMJ conference abstract for Society for Social Medicine and Population Health 68th Annual Scientific Meeting, University of Glasgow, 4–6 September 2024	https://drive.google.com/file/d/1Nwrcg-b79a0PHGbjC1mO8WW3xsZspWh-e/view
Blank L, Hock E, Cantrell A, Chang M, Goyder E. The effectiveness of health impact assessment in spatial planning on health outcomes: a systematic review and stakeholder involvement	Poster presentation for Society for Social Medicine and Population Health 68th Annual Scientific Meeting, University of Glasgow, 4–6 September 2024	https://drive.google.com/file/d/1e-8H5a3nOfXtUvilcuoLLrXDBDpYV31C/view
Blank L, Hock E, Cantrell A, Chang M, Goyder E. The effectiveness of health impact assessment in spatial planning on health outcomes: a systematic review and stakeholder involvement	Research summary for public audience, May 2024	https://drive.google.com/file/d/1XA5ho-QsYW2nAYoDpVsWliuMq_HDOQzSy/view
Blank L*, Chang M +, Cantrell A*, Hock E*, Goyder L*. Health Impact Assessment in Spatial Planning: evidence synthesis *SCHARR; +Office of Health Improvement and Disparities	Presentation to Yorkshire and Humber 'Planning Healthy Places Community of Improvement', May 2024	https://drive.google.com/file/d/1VA-hr-rG-9gMtwLXa325C6yh0FuShlyzi/view?usp=drive_link
Peer-reviewed journal article currently undergoing review cycle	Hock ES, Blank L, Harvey S, Clowes M, Booth A, Goyder E. The effectiveness and acceptability of neighbourhood-level interventions to reduce outdoor air pollution: A systematic review. Publication NIHR Open Research 2026.	–
Local-based interventions to improve air quality		
Hock E, Blank L, Harvey S, Clowes M, Goyder L, Booth A. The effectiveness of neighbourhood-level interventions to reduce outdoor air pollution: systematic review	BMJ conference abstract for Society for Social Medicine and Population Health 68th Annual Scientific Meeting, University of Glasgow, 4–6 September 2024	https://drive.google.com/file/d/1j_xnvDyUhKj15br_2D6TO59p9EsRfrWI/view

TABLE 3 List of publications, conference papers, and other selected dissemination and knowledge mobilisation activities and outputs from this programme (e.g. seminars, webinars, animations, exhibitions) (*continued*)

Output reference	Output type	Link to output
Hock E, Blank L, Harvey S, Clowes M, Goyder L, Booth A. The effectiveness of neighbourhood-level interventions to reduce outdoor air pollution: systematic review	Oral presentation for Society for Social Medicine and Population Health 68th Annual Scientific Meeting, University of Glasgow, 5 September 2024	https://drive.google.com/file/d/1q61y-wiOvnlf311tmYRNfT5RBmclYLAVN/view
Hock E, Blank L, Harvey S, Clowes M, Goyder L, Booth A. The effectiveness of neighbourhood-level interventions to reduce outdoor air pollution: systematic review	Oral presentation for University of Sheffield School of Medicine and Population Health Annual Research Meeting, 4 June 2024	https://drive.google.com/file/d/1X-wSG07cisp76jg9faD4gugdu2tXBtPgp/view
Peer-reviewed journal article currently under review	Peer-reviewed journal article, publication expected in 2026	Currently under peer review, publication expected in 2026
The effectiveness of neighbourhood-level interventions to reduce outdoor air pollution	Evidence briefing for decision makers	https://drive.google.com/file/d/10G-FzscnPwFM3wfn7sfBGAcWaAlg2Rq6/view
Neighbourhood interventions to reduce outdoor air pollution	Research summary for public audience	https://drive.google.com/file/d/1Dhs-JCE12QInC048KkJAJdJBllQkFvjga/view
Evidence review on the impact of alcohol licensing decisions on health outcomes for the local community		
Rogerson M, Blank L, Clowes M, Hock E, Goyder E. Public health involvement in alcohol licensing decisions in the UK: a systematic review of qualitative studies. <i>BMJ Public Health</i> 2024;2:e000953. https://doi.org/10.1136/bmjph-2024-000953	Peer-reviewed journal article, October 2024	https://drive.google.com/file/d/1Fx-wpy-4l-Ba2yoYgJD5Zkt15qcF0eyZO/view
The impact of public health involvement in alcohol licensing decisions on outcomes for the local community: a systematic review of research evidence	Research summary for public audience	https://drive.google.com/file/d/15EC-yHruRD5xw-6GzPefOIDk7x3G3H838/view
Exploring the impact of housing insecurity on the health and well-being of children and young people		
Hock ES, Blank L, Fairbrother H, Clowes M, Castelblanco Cuevas D, Booth A, Clair A, Goyder E. Exploring the impact of housing insecurity on the health and wellbeing of children and young people in the United Kingdom: a qualitative systematic review. <i>BMC Public Health</i> 2024;24:2453. https://doi.org/10.1186/s12889-024-19735-9	Peer-reviewed journal article	https://drive.google.com/file/d/1zzS-GJJKsNQpkwm1vqma1-jHBco_TIAJZ/view
The Fabric of Home: Mindful Textile Art with Rebekah Jonhston 'Slow stitch workshops' – Exploring the impact of housing insecurity on the health and wellbeing of children and young people	Workshop, The Cadman Room, Millennium Gallery Sheffield, 3 November 2024	www.eventbrite.co.uk/e/the-fabric-of-home-mindful-textile-art-with-rebekah-jonhston-tickets-1030035763697?aff=oddttdtcreator
'The Fabric of Home' – Exploring the impact of housing insecurity on the health and wellbeing of children and young people	A word and textile exhibition exploring the concept of housing insecurity, The Winter Gardens Sheffield, 29 October–5 November 2024	https://sphr.nihr.ac.uk/news-and-events/blog/the-fabric-of-home-a-word-and-textile-exhibition-exploring-families-experiences-of-housing-insecurity/
Hock ES, Blank L, Fairbrother H, Clowes M, Castelblanco Cuevas D, Booth A, Goyder L. Exploring the impact of housing insecurity on the health and wellbeing of children and young people in the United Kingdom: a qualitative systematic review	Poster presentation for University of Sheffield School of Medicine and Population Health Annual Research Meeting, 4 June 2024	https://drive.google.com/file/d/16KQeo-5qoK1VFegRFwPU33-yolGaKdm1m/view

continued

TABLE 3 List of publications, conference papers, and other selected dissemination and knowledge mobilisation activities and outputs from this programme (e.g. seminars, webinars, animations, exhibitions) (*continued*)

Output reference	Output type	Link to output
Housing insecurity in the private rented sector in England: drivers and impacts, UK Parliament POSTnote 729 By Xavier McNally, Clare Lally	POSTnote – Drivers and impacts, 18 September 2024	https://drive.google.com/file/d/1to-PyLef73_LU-cj4bL-0Ozr8-ebOmaU/view
Housing insecurity in the private rented sector in England: policy implications, UK Parliament POSTnote 730 By Xavier McNally, Clare Lally	POSTnote – Policy implications, 18 September 2024	https://drive.google.com/file/d/1caS-3fEEtkPVkMic8lqEfXzhJ_66j1J8/view
Hock ES, Blank L, Fairbrother H, Clowes M, Castelblanco Cuevas D, Booth A, Goyder L. Exploring the impact of housing insecurity on the health and wellbeing of children and young people in the United Kingdom: a qualitative systematic review	Poster presentation for Society for Social Medicine and Population Health 68th Annual Scientific Meeting, University of Glasgow, 5 September 2024	https://drive.google.com/file/d/16KQeo-5qoK1VFegRFwPU33-yolGaKdm1m/view
'Minding the Gap' Newsletter – April 2024 Edition, Guest Blog: Housing Insecurity has a profound and diverse impact on the on the health and wellbeing of children and young people	Minding the gap newsletter, April 2024	https://sway.cloud.microsoft/YNYWgiYsQaWFOItx?ref=email
Equality in Housing podcast – Young People and Housing Insecurity: with Emma Hock, University of Sheffield	Equality in Housing podcast, 5 March 2024	https://creators.spotify.com/pod/show/hos-cache/episodes/Young-People-and-Housing-Insecurity-with-Emma-Hock--Sheffield-University-e2gk61l
Recording from the SCHARR Mini Master Class in Health Research #35 – Dr Emma Hock – Exploring the impact of housing insecurity on the health and wellbeing of children and young people	School of Health and Related Research Mini Master Class in Health Research, February 2024	www.youtube.com/watch?v=Guf6e7D-Ky64&list=PL1mJ7IZ3qFxA7H-jFA_vu3qAa6xBfGzBu&index=36
Hock E, Blank L, Fairbrother H, Clowes M, Castelblanco Cuevas D, Booth A, Goyder E. Exploring the impact of housing insecurity on the health and well-being of children and young people: a systematic review. <i>Public Health Res</i> 2023;11. https://doi.org/10.3310/TWWL4501	NIHR journal article, December 2023	https://drive.google.com/file/d/1_DoRHOS6WEtNMvTGya5EQ6ju-MZW602p/view?usp=sharing
Hock E, Blank L, Fairbrother H, Clowes M, Castelblanco Cuevas D, Booth A, Goyder E. Exploring the impact of housing insecurity on the health and wellbeing of children and young people in the United Kingdom: a qualitative systematic review	Oral presentation for Society for Social Medicine and Population Health, Annual Scientific Meeting, University of Newcastle, 6 September 2023	https://drive.google.com/file/d/1qkKVn-sNi_95N4W4htMaPGaMU3EaJGSGs/view
Hock E, Blank L, Fairbrother H, Clowes M, Castelblanco Cuevas D, Booth A, Goyder E. Exploring the impact of housing insecurity on the health and wellbeing of children and young people in the United Kingdom: a qualitative systematic review. https://doi.org/10.1136/jech-2023-SSMabstracts.22	BMJ conference abstract for Society for Social Medicine and Population Health, Annual Scientific Meeting, University of Newcastle, 6–8 September 2023	https://drive.google.com/file/d/1VM-rY49vxHle9kO4BUFB_Ljv8bB3QIW0e/view?usp=sharing
Hock E, Blank L, Fairbrother H, Clowes M, Castelblanco Cuevas D, Booth A, Goyder E. Exploring the impact of housing insecurity on the health and well-being of children and young people: a systematic review	Research summary, December 2022	https://drive.google.com/file/d/1fghNSx-krcDG5freAEHLCCCWa3wNdfuw9/view

TABLE 3 List of publications, conference papers, and other selected dissemination and knowledge mobilisation activities and outputs from this programme (e.g. seminars, webinars, animations, exhibitions) (*continued*)

Output reference	Output type	Link to output
Winter fuel payments/warm home policies		
Cantrell A, Booth A. Warmer Housing: what are the choices?, A Public Health Evidence briefing	Evidence briefing for decision-makers, September 2022	https://drive.google.com/file/d/1P8wzD-bTX0p4FdH41kmaESeCxd022MSon/view
Cantrell A, Booth A. Warmer Housing: what are the choices?, A Public Health Evidence briefing (Appendices)		https://drive.google.com/file/d/15RHUm0dkzowQf-2nzXZek25tgEQ0tjRPc/view
Accessibility of LA services for ethnic minority groups		
Villarroel N, Clowes M, Cosulich R, Salway S. Access to Local Authority (LAs) and third sector services for ethnic minorities in the UK: a rapid scoping review of the evidence	Rapid scoping review report	https://drive.google.com/file/d/1rC-4jRxeKm8azvftD20zetUwiSEYnG8Uj/view
Parenting engagement and support interventions for high-risk groups		
Goyder E, Booth A, Baxter S, Such E, Salway S, Butt J. Parenting engagement and support interventions for high risk groups, short report on topic scoping by the Public Health Research Review Team	Topic scoping report, November 2022	https://drive.google.com/file/d/1Obf-VbnkPtY2ls-bX68GhTyJmehtvc99H/view
Evidence review of the factors that influence the mental health of university and college students in the UK		
Campbell F, Blank L, Cantrell A, Baxter S, Blackmore C, Dixon J, Goyder E. Factors that influence mental health of university and college students in the UK: a systematic review. <i>BMC Public Health</i> 2022;22:1778	Peer-reviewed journal article, September 2022	https://bmcpublihealth.biomed-central.com/articles/10.1186/s12889-022-13943-x
Campbell F, Blank L, Baxter S, Blackmore C, Cantrell A, Goyder E. Factors Associated with Poor Mental Health and Wellbeing Amongst University Students in the UK – A Systematic Review	Poster presentation at Society for Social Medicine and Population Health, Annual Scientific Meeting, University of Exeter, 7–9 September 2022	https://drive.google.com/file/d/1hDFb-BZbf8cCfX1giQRA3ZYit2rWNYgMf/view
Campbell F, Blank L, Baxter S, Cantrell A, Blackmore C, Booth A, Goyder E. Factors that influence mental health of university and college students in the UK: a rapid mixed methods systematic review	NIHR report, December 2020	https://drive.google.com/file/d/1d1LEUdmUJQboAD-fe85cES014JKQqfONw/view
Evidence review of the factors that influence mental health of university and college students in the UK: Protocol	Protocol	https://drive.google.com/file/d/1bFsrWn9SnO-COPv6-BSFW0aCBX8pPpFDM/view
Evidence review of the factors that influence mental health of university and college students in the UK: Plain English Summary	Plain English summary	https://drive.google.com/file/d/1Y14io-pLsLptQVMSuAmGbadxE3_0MFKLL/view
Evidence review of the factors that influence the mental health of university and college students in the UK	Dissemination video	https://vimeo.com/742509720
The impact of home working on the health of working people and health inequalities in the population		
Blank L, Hock E, Cantrell A, Baxter S, Goyder E. Exploring the relationship between working from home, mental and physical health and wellbeing: a systematic review. <i>Public Health Res</i> 2023;11. https://doi.org/10.3310/AHFF6175	NIHR journal article, May 2023	https://drive.google.com/file/d/13KVSH-4dzCD9CEg1RL4iITFWACsScg3Ut/view

continued

TABLE 3 List of publications, conference papers, and other selected dissemination and knowledge mobilisation activities and outputs from this programme (e.g. seminars, webinars, animations, exhibitions) (*continued*)

Output reference	Output type	Link to output
Blank L, Hock E, Cantrell A, Baxter S, Goyder E. The relationship between homeworking and health and wellbeing before and during the COVID-19 pandemic: a systematic review	Poster presentation at Society for Social Medicine and Population Health, Annual Scientific Meeting, University of Exeter, 7–9 September 2022	https://drive.google.com/file/d/1IH3DO-QBSC0zqSsQD7SrODdRTUOC_m6DY/view
Evidence review of gambling-related harms		
Blank L, Baxter S, Buckley-Woods H, Goyder E. Interventions to reduce the public health burden of gambling-related harms: a mapping review. <i>Lancet Public Health</i> 2020;6:e50–63	Peer-reviewed journal article, January 2021	www.thelancet.com/action/showPdf?pii=S2468-2667%2820%2930230-9
Goyder E, Blank L, Baxter S, van Schalkwyk MC. Tackling gambling related harms as a public health issue. <i>Lancet Public Health</i> 2020 https://doi.org/10.1016/S2468-2667(19)30243-9	Peer-reviewed journal article, January 2020	www.thelancet.com/action/showPdf?pii=S2468-2667%2819%2930243-9
Evidence review of gambling related harms: Plain English Summary	Plain English summary	https://drive.google.com/file/d/1Fy-2L2iX_fTyOLbzFkZjIn9q5bqOZG4zN/view
Blank L, Baxter S, Buckley-Woods H, Goyder E. Should screening for risk of gambling-related harm be undertaken in health, care and support settings? A systematic review of the international evidence	Screening research briefing, September 2020	https://drive.google.com/file/d/1Ft18m-iW-WuEBws06j-TFKbCxAwFGGDu_/view
Blank L, Baxter S, Buckley-Woods H, Goyder E. Interventions to reduce the public health burden of gambling related harms: a mapping review of the international evidence	Mapping research briefing, September 2020	https://drive.google.com/file/d/1eNu3imcKXjrmT-VnUhCU5HFB6uMSYi9wG/view
Blank L, Baxter S, Buckley Woods H, Goyder E. P86 Mapping interventions to reduce the public health burden of gambling related harms. <i>J Epidemiol Community Health</i> 2020;74:A83–4	BMJ conference abstract for poster presentation at the Public Health England annual conference (virtual), University of Cambridge, 9–11 September 2020	https://jech.bmj.com/content/74/Suppl_1/A83.3
Blank L, Baxter S, Buckley-Woods H, Goyder E. OP35 Screening interventions for problem gambling in health, care and support settings – a systematic review. <i>J Epidemiol Community Health</i> 2020;74:A16–7	BMJ conference abstract for oral presentation at the Public Health England annual conference (virtual), University of Cambridge, 9–11 September 2020	https://jech.bmj.com/content/74/Suppl_1/A16.3
Presenter: Goyder L. Coauthors: Blank L, Baxter S, Buckley-Woods H and the NIHR Public Health Review Team. What is the evidence to support effective interventions to reduce gambling-related harm?	Workshop on gambling-related harms at the Public Health England annual conference, University of Warwick, 10–11 September 2019	https://drive.google.com/file/d/1IGH-K7jqem00kex2a64P9fthXGcGCqnuK/view
Public health implications of extending working lives		
Baxter S, Blank L, Cantrell A, Goyder E. 'Is working in older age good for your health? Results of a review of published research'	Research summary, October 2020	https://drive.google.com/file/d/1Ny99i-aCkiB3QrNwJOKwkMQBBFUzTI4Au/view
Research on the health effects of people extending their working life: Plain English summary	Plain English summary	https://drive.google.com/file/d/14XB-13m4N2BcEOyO7B55t44G-UAWeDzar/view
Extending working life: review protocol	Review protocol	https://drive.google.com/file/d/1csk8_2BLL9g_zpHTWxhaVPPaKu3nOO2Y/view

Appendix 2 Citations of programme publications in national and international policy documents lists (ordered by review project)

The following list of citations was generated through a search of Overton.io on 3 December 2024. Overton is a knowledge base linking research publications to the government and policy reports that cite them. Several outputs from the PHR programme have been cited extensively in UK and international official publications as well as in the work of various think-tanks. It is worth noting that Overton can only provide a snapshot of citations up to the time of the search, and it is expected that the more recent reviews will be extensively cited in future years due to their policy relevance and that the earlier reviews, particularly those related to gambling, employment, housing and education, will continue to have an enduring impact on policy beyond the end of the programme.

Gambling-related harm

Interventions to reduce the public health burden of gambling-related harms: a mapping review

Cited by:

The Welsh Government. *Chief Medical Officer's Annual Report 2023*. URL: www.gov.wales/sites/default/files/publications/2023-11/chief-medical-officer-for-wales-annual-report-2023_0.pdf

Greater Manchester Combined Authority. *Gambling Harms Action Plan*. 2023. URL: www.greatermanchester-ca.gov.uk/media/8479/20230925-gm-gambling-harms-action-plan-vfinal.pdf

Economic and Social Research Institute. *Problem Gambling: A Narrative Review of Important Policy-relevant Issues*. 2023. URL: www.esri.ie/pubs/SUSTAT119.pdf

National Institute of Economic and Social Research. *The Fiscal Costs and Benefits of Problem Gambling: Towards Better Estimates*. 2023. URL: www.niesr.ac.uk/wp-content/uploads/2023/04/The-Fiscal-Costs-and-Benefits-of-Problem-Gambling.pdf

Health Research Board. *Gambling in the Republic of Ireland: Results from the 2019–20 National Drug and Alcohol Survey*. 2022. URL: www.hrb.ie/publication/gambling-in-the-republic-of-ireland-results-from-the-2019-20-national-drug-and-alcohol-survey/

Greater Manchester Combined Authority. *Greater Manchester's Response to the Review of the Gambling Act*. 2021. URL: www.greatermanchester-ca.gov.uk/media/4624/20210329-gm-response-call-for-evidence-vfinal.pdf

A related umbrella review produced by members of the same team with colleagues from Glasgow:

What is the evidence that advertising policies could have an impact on gambling-related harms? A systematic umbrella review of the literature

Has been cited by:

Cardus. *The Hidden Harms of Single-Event Sports Betting in Ontario*. 2024. URL: www.cardus.ca/wp-content/uploads/2024/09/The-Hidden-Harms-of-Single-Event-Sports-Betting-in-Ontario.pdf

Institute for Public Policy Research. *Our Greatest Asset: The Final Report of the IPPR Commission on Health and Prosperity*. 2024. URL: https://ippr-org.files.svdcn.com/production/Downloads/Our_greatest_asset_Sept24.pdf

Department of Culture, Media and Sport. *High Stakes: Gambling Reform for the Digital Age*. 2023. URL: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1153228/1286-HH-E02769112-Gambling_White_Paper_Book_Accessible1.pdf

And the following UK Parliamentary Select Committee publications: GAM0152 (GambleAware), GAM0047, GAM0062, GAM0067, GAM0085 (all on Gambling Regulation).

Working in later life

Is working in later life good for your health? A systematic review of health outcomes resulting from extended working lives

Cited by:

International Longevity Centre. *Health Equals Wealth: Maximizing the Longevity Dividend in Portugal*. 2024. URL: https://ilcuk.org.uk/wp-content/uploads/2024/02/ILC-HEW-PORTUGAL_final-report.pdf

UK Parliamentary Select Committee. *Greater Manchester Ageing Hub (ROP00049)*. 2023. URL: <https://committees.parliament.uk/writtenevidence/126181/pdf/>

Slovenian National Assembly. *Regulating the Work of Pensioners*. 2023. URL: https://fotogalerija.dz-rs.si/datoteke/Publikacije/Zborniki_RN/2023/Ureditev_dela_upokojencev.pdf

Finnish Centre for Pensions. *Working on an Old-age Pension: Survey for Those Who Have Moved from Paid Work to an Old-aged Pension in 2019–2021*. 2023. Policy document. URL: www.julkari.fi/bitstream/10024/147707/11/2023-04-tutkimus-Ty%c3%b6nteko%20vanhuusel%c3%a4kkeell%c3%a4.pdf

FORENV(EU Foresight System for Emerging Environmental Issues). *Final Report of 2021–2022 Annual Cycle: Emerging Environmental Issues Due to Demographic Changes in the EU*. URL: <https://op.europa.eu/o/opportal-service/download-handler?identifier=ebfce807-b745-11ed-8912-01aa75ed71a1&format=pdf&language=en&productionSystem=cellar&part=>

Systems science in Public Health and Health Economics Research Consortium. *Written response to the BEIS Committee Inquiry 'Post Pandemic Economic Growth: UK Labour Markets'*. 2022. UK Parliament Select Committee Publications (ULM 0065). URL: <https://committees.parliament.uk/writtenevidence/109889/pdf/>

Greater Manchester Combined Authority. *Evidence Update: Health Inequalities*. 2022. URL: <https://greatermanchester-ca.gov.uk/media/6714/gmipr-evidence-update-health-inequalites.pdf>

Office for National Statistics. *Living Longer: Impact of Working from Home on Older Workers*. 2021. URL: www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerimpactofworkingfromhomeonolderworkers/2021-08-25/pdf

Greater Manchester Ageing Hub. *Written evidence Submitted to UK Parliament Select Committee for Women*

and Equalities (ROP 0049). 2023. URL: <https://committees.parliament.uk/writtenevidence/126181/pdf/>

Student mental health

Factors that influence mental health of university and college students in the UK: a systematic review

Cited by:

Organisation for Economic Co-operation and Development. *Social and Emotional Skills*. OECD Education Working Paper. 2023. URL: <https://doi.org/10.1787/ba34f086-en>

Ministerie van Onderwijs, Cultuur en Wetenschappen (Netherlands Ministry of Education, Culture and Science): *Monitor Mental Health and Substance Use of Higher Education Students*. 2023. URL: <https://open.overheid.nl/documenten/29b5fca7-0575-4db2-9960-bab841d142ea/file>

Housing insecurity

Exploring the impact of housing insecurity on the health and well-being of children and young people: a systematic review

Cited by:

European Union Agency for Asylum. *Mental Health and Well-being of Applicants for International Protection. Part II: Practical Guide for Implementing Mental Health and Psychosocial Support, for Officers Working in the First Line*. 2024. URL: <https://op.europa.eu/o/opportal-service/download-handler?identifier=2948a343-abae-11ef-acb1-01aa75ed71a1&format=pdf&language=en&productionSystem=cellar&part=>

UK Parliament Research Briefings. *Housing Insecurity in the Private Rented Sector in England: Drivers and Impacts*. 2024. URL: <https://researchbriefings.files.parliament.uk/documents/POST-PN-0729/POST-PN-0729.pdf>