

PHIRST Insight

Protocol

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1. Signature page

The undersigned confirm that the following protocol has been agreed and accepted and that the Chief Investigator agrees to conduct the study in compliance with the approved protocol and will adhere to the principles outlined in the Declaration of Helsinki, the Sponsor's SOPs, and other regulatory requirement.

I agree to ensure that the confidential information contained in this document will not be used for any other purpose other than the evaluation or conduct of the investigation without the prior written consent of the Sponsor.

I also confirm that I will make the findings of the study publicly available through publication or other dissemination tools without any unnecessary delay and that an honest accurate and transparent account of the study will be given; and that any discrepancies from the study as planned in this protocol will be explained.

Chief Investigator: Professor Russell Jago

Signature: Russ Jago

Date: 11/07/2025

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2. Key contacts

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Programme Manager	<p>Julia Carey Bristol Medical School University of Bristol</p> <p>Email: Julia.carey@bristol.ac.uk Phone: 0117 4550057</p>
Co-applicants:	<p>Dr Jemma Hawkins (Deputy Director) Reader, Cardiff University</p> <p>Dr Judi Kidger (Deputy Director) Professor, University of Bristol</p> <p>Dr Patricia Jessiman Research Fellow, University of Bristol</p> <p>Dr Sara Long Research Fellow, Cardiff University and Public Health Wales</p> <p>Dr Kelly Morgan Senior Research Fellow, Cardiff University</p> <p>Ms Emma Rigby Chief Executive, Association for Young People’s Health</p> <p>Dr Ruth Salway Research Fellow, University of Bristol</p> <p>Mrs Christina Stokes Public Representative</p> <p>Professor Frank de Vocht Professor, University of Bristol</p> <p>Dr Jo Williams Consultant Senior Lecturer, University of Bristol</p>

3. Committee Membership

<p>Insight Steering Committee</p>	<p>Chair: Dr Ruth Hussey CB, OBE</p> <p>Members: Sarah Blackmore, Director of Public Health, Royal Borough of Windsor and Maidenhead Jamie Fagg, Consultant in Public Health, Gloucester County Council Barbara Harrington - Public Member Ann John - Professor of Public Health and Psychiatry, Swansea University Rashmi Kumar – Public Member Matt Lenny, Director of Public Health, North Somerset Council</p>
<p>Insight Management Group</p>	<p>Chair: Professor Russell Jago</p> <p>Members: Dr Jemma Hawkins (Deputy Director for Cardiff University) Professor Judi Kidger (Deputy Director for Bristol University) Ms Julia Carey (Programme Manager) Dr Tricia Jessiman (Communications and Knowledge Mobilisation Lead) Dr Sara Long Dr Kelly Morgan Ms Nina Pugh (Public and Community Involvement, Engagement and Participation Manager) Ms Emma Rigby (Chief Executive, Association for Young People's Health) Dr Ruth Salway Mrs Christina Stokes (Public Member) Dr Jo Williams Professor Frank de Vocht</p>
<p>Insight Operations Group</p>	<p>Chair: Professor Russell Jago</p> <p>Members: Dr Jemma Hawkins Professor Judi Kidger Ms Julia Carey Dr Patricia Jessiman Ms Nina Pugh PHIRST Insight Researchers</p>

4. Abbreviations

ARC	Applied Research Collaboration
DECIPHer	Development and Evaluation of Complex Interventions for Public Health Improvement
DIICE	Dissemination, Impact, Involvement, Communication and Engagement
EDI	Equality, Diversity and Inclusion
IMG	Insight Management Group
IOG	Insight Operations Group
ISC	Insight Steering Committee
KNOW-PH	NIHR Public Health Knowledge Mobilisation Team
NHS	National Health Service
NIHR	National Institute for Health and Care Research
NIHR-PHR	NIHR Public Health Research Programme
OHID	Office for Health Improvement and Disparities
PCIEP	Public and Community Involvement, Engagement and Participation
PHIRST	Public Health Interventions Responsive Studies Teams
PI	Principal Investigator
PIRIT	Public Involvement in Research Toolkit
SMG	Study Management Group
TFG	Task and Finish Group

5. Plain English Summary

Aims of PHIRST Team:

PHIRST Insight is a research partnership between the Universities of Bristol and Cardiff.

We will work with local government partners to:

- i) improve people's health and;
- ii) make sure everyone has the same good health, whatever their background or circumstances.

We will do this by gathering reliable information about the impact of different policies or activities, like changes to school meals, town planning, fast food advertising, education programmes or mental health services. We'll analyse this information quickly so our local government partners can use it to make decisions about future actions.

Approach to be taken:

Our work uses three key approaches:

- 1) Co-production: This means that we work collaboratively with local government and other involved organisations, and the public to plan and carry out our PHIRST projects.
- 2) Public involvement: This means that the public will help shape and contribute to every part of our work.
- 3) Maximising impact: This means we will share our findings with lots of different groups. This will help ensure that the findings can make a difference.

Timelines for delivery:

We will complete public health intervention studies over a five-year period. We expect each project to take between 12 and ~18 months. However, each study is unique and we will give the right amount of time and budget to each one.

Public and Community Involvement, Engagement and Participation (PCIEP):

We have a PCIEP Manager in the team who will help us to include relevant communities in our projects.

- We will have public members on our core team, our Steering Committee and on each project team.
- We will create a PCIEP plan for each project. This will outline how we will involve local community members from the region where the project is based.
- Public and community members will help us to plan the project, decide what information to collect, collect data and understand the results of projects.

Engagement with policy and practice communities:

We work closely with local and national public health professionals, for example, Public Health Wales, the Welsh Local Government Association, and the Office for Health Improvement and Disparities (OHID). We also have a public health consultant on our team

and a team member who works for Public Health Wales. We have experience of working with local government teams in different areas, for example, planning, transport, children's services, education, and regeneration. These are likely to be important partners in future PHIRST studies.

Anticipated impact and dissemination:

At the start of each study, we will make plans for how we will share our findings and make an impact. Our findings will help local governments to decide how to spend money and use evidence to inform the services that they provide. We will prepare summaries and reports for local government and other organisations who support public health interventions. We will give presentations of our findings to both local and national governments.

6. Scientific Abstract

Aims of PHIRST Insight:

PHIRST Insight is a collaboration between the Centre for Public Health at the University of Bristol and the Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement (DECIPHer) at Cardiff University. We seek to provide research and evaluation support to local government organisations to rapidly and robustly evaluate local public health interventions. We aim to build the evidence base and inform policy and practice, thereby reducing health inequalities and improving population health.

Approach to be taken:

Our approach has three core principles: 1) co-production; 2) public involvement; and 3) maximising impact. Co-production recognises the expertise of local policy makers, practitioners and public partners through a collaborative working approach and is integrated throughout our work. Public involvement is embedded in our steering committee, management group, individual study teams and in the production and dissemination of outputs. To maximise impact, we will work with local partners to co-produce dissemination plans that will maximise knowledge mobilisation, leave a legacy for local government and add to the public health evidence base.

Timelines for delivery:

We will work flexibly to deliver studies across a five year period. We envisage that studies will be between 12 and ~18 months.

Public and Community Involvement, Engagement and Participation (PCIEP):

A PCIEP Manager complements our core team. We have public partners as co-applicants on our management group and two public partners on our Steering Committee. Our pool of public advisors will join individual study teams to develop a detailed PCIEP plan, ensuring we recruit public partners from local areas to co-produce our work. We are experienced in embedding public partners in study management teams and will ensure public partners make a meaningful contribution to PHIRST study protocols, advise on data collection tools, collect data as peer researchers where appropriate and co-author study outputs.

Engagement with policy and practice communities:

We have strong links with local government public health teams, and have a public health consultant in our management group. We have strategic links with Public Health Wales, the Welsh Local Government Association, and the Office for Health Improvement and Disparities (OHID). We are expert in collaboration with a range of local government departments, including planning, transport, children's services, education and regeneration teams, who are key to PHIRST studies.

Anticipated impact and dissemination:

We will co-produce impact and dissemination plans at the outset of studies. We will share the findings from our evaluations with local government in a format that is most helpful to them. This will include research reports, policy and practice briefings, presentations and other formats developed in partnership with local stakeholders. We will also work with local

government partners and other commissioners of public health interventions to build research capacity. We will produce high quality peer-reviewed papers and disseminate findings at high profile events for both policy makers and practitioners.

7. Detailed Research Plan

7.1 Team structure

We have outlined the management and team structure in the organisational chart shown in Figure 1.

Insight Operations Group (IOG):

This group meets monthly and is chaired by RJ and attended by both Deputy Directors, the Programme Manager, Communications and Knowledge Mobilisation Lead, PCIEP Manager and the study researchers of all studies. The group is responsible for monitoring PCIEP, study methodology including innovative methods, access to routine datasets and data sharing agreements, dissemination, impact, involvement, communication and engagement (DIICE)_ plans, knowledge mobilisation as well as legacy and impact tracking. The group also seeks to develop lessons and good practice across all studies and share knowledge and insight with other PHIRST teams, through our membership of PHIRST-wide Knowledge Mobilisation and Communications groups.

Insight Management Group (IMG):

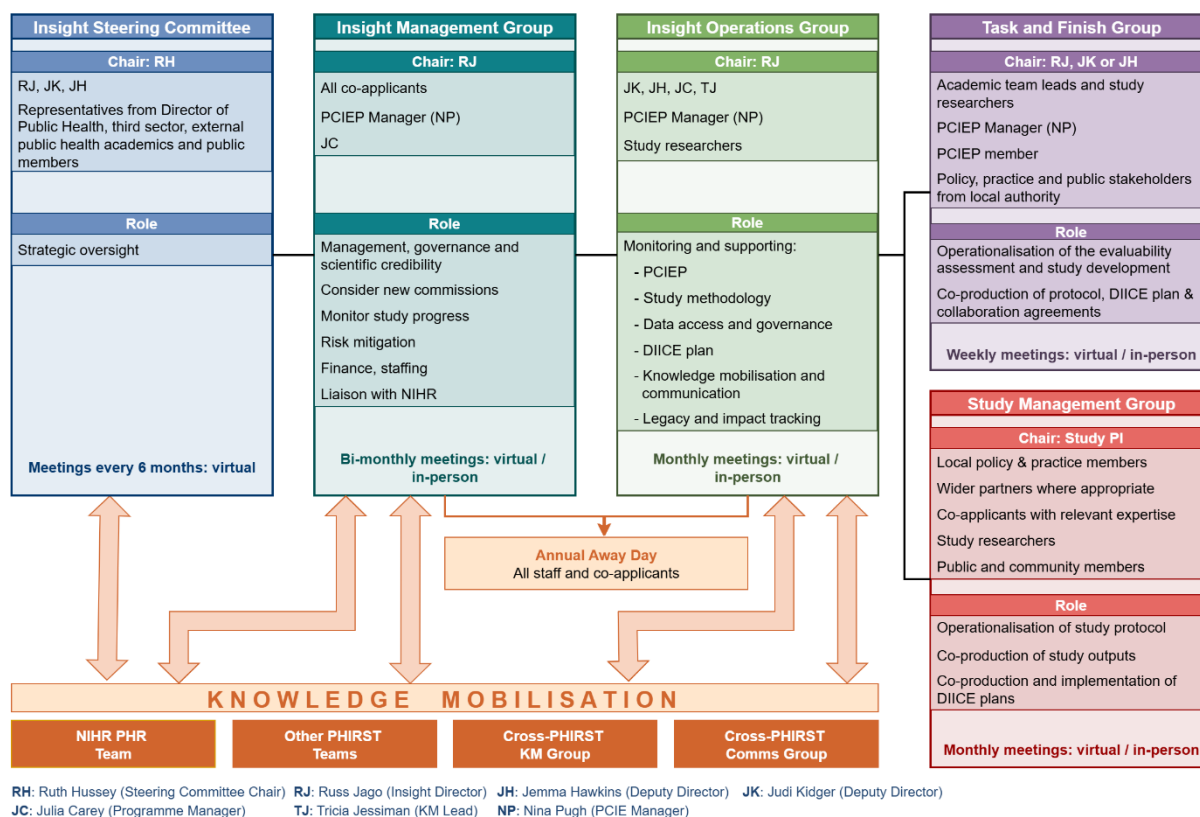
The Insight Management Group meets bi-monthly. Chaired by RJ and attended by all the co-applicants, Programme Manager, PCIEP Manager and a researcher representative, the group has overall responsibility for all aspects of the work and leads management, governance and scientific credibility. This includes consideration of new studies, monitoring study progress, managing and mitigating risk, finance, staffing, NIHR reporting, feeding back key information from PHIRST leads meetings and operation group oversight.

Insight Steering Committee (ISC):

Dr Ruth Hussey is chair of the ISC, which meets every six months to provide oversight of all our work. Current membership includes two Directors of Public Health, a Consultant in Public Health with expertise in local authority and Integrated Care Board data access an external academic and two public partners.

Figure 1: PHIRST Insight Organisational Chart

Attachment 2: PHIRST Insight Organisational Chart



7.2 Ways of working

Our approach to commissioned studies is outlined in the logic model shown in Figure 2 and described in more detail below.

a) *Evaluability assessment and study development:*

When we are allocated a new commission, a Task and Finish Group (TFG) will be formed, chaired by RJ or one of Insight’s Deputy Directors. We have guidance and principles for co-production which are shared with local partners as soon as we are assigned a study. Early emphasis on co-production helps ensure that the best-suited local policy, practice and public partners are identified and involved from the outset in all aspects of the work, including the development of research questions, the logic model, evaluation protocol and DIICE plan (see Appendix 1). We have refined this guidance to include more information about the role of local partners in co-production (Appendix 2) and to support local partners in identifying the most appropriate individuals to involve.

Our co-production approach emphasises shared decision-making and places equal value on the different knowledge, skills and experience of all TFG members. This enhances the quality

of our studies by ensuring they are informed by and take account of local contextual factors and produce the type of knowledge and outputs that are important for local government partners. We aim to ensure that local partners across policy, practice and the public feel empowered and informed by our approach.

Membership of the TFG will comprise members of the academic team with matched topic and methodological expertise for each study including the likely study Principal Investigator (PI) from the team, study researchers, our PCIEP Manager, and, after stakeholder mapping with local partners, the appropriate policy, practice and public partners. The TFG will meet weekly, via in-person and virtual workshops and meetings as necessary and be responsible for conducting the initial evaluability assessment. This will define the intervention aims, objectives and timelines, and identify the key research questions, availability of data, local contextual factors, and the local partners' aspirations for the study and its impact and legacy. If the study passes the evaluability assessment, the TFG will co-produce the study protocol, DIICE plan, and collaboration agreement within 12 weeks.

b) Study Period:

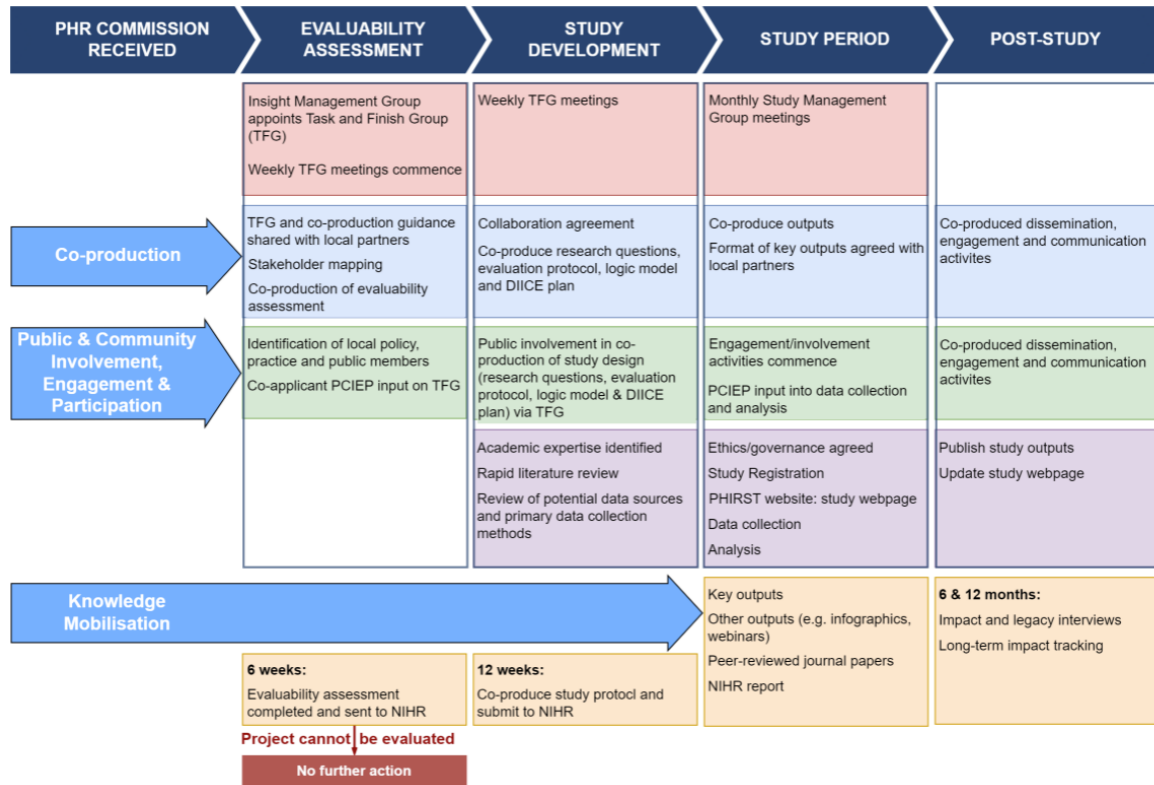
Once a study has started, a Study Management Group (SMG) will be formed. A co-applicant with relevant topic and/or methodological expertise will become the study PI. SMG Membership will include co-applicants with relevant expertise, but will draw on members of the core and wider teams within our institutions and networks to provide additional expertise if necessary (we have retained a budget for this support). Local partners including those identified as having the necessary policy and practice expertise, will also join this group (in most circumstances they will have been part of the TFG) and local public contributors identified during the TFG stage will be represented, supported if necessary by our PCIEP Manager.

The SMG will meet monthly and be responsible for operationalisation of the research plan, DIICE plan and co-production of study outputs. The SMG will report to the Insight Operations Group.

c) Post-study:

Maximising impact and leaving a legacy with our local partners will be a key focus at this stage. We are committed to maximising the impact of each study. We have developed bespoke processes for monitoring and recording the impact of PHIRST studies. Following completion of the study and co-produced outputs, the SMG will continue to meet less frequently to oversee the operationalisation of the study DIICE plan. At this stage, members of the Insight Operations Group will become more involved in supporting dissemination, communication and engagement activities, sharing expertise and encouraging best practice. As part of our collaboration agreement with local partners, we have built in a review of impact with local government lead partners at 6- and 12-months post-study. To ensure objectivity, this will be led by members of the Operations Group not involved in the SMG.

Figure 2: PHIRST Insight Logic Model for studies



7.3 Team expertise

The team will be led by Prof Russ Jago, with Prof Judi Kidger and Dr Jemma Hawkins as Deputy Directors for England and Wales. The table below summarises team expertise.

Table 1: Insight team expertise

Name	Methods	Topic
Professor Russ Jago	Trials, qualitative, mixed methods, natural experiments	Physical activity, active travel, obesity, nutrition, children and young people
Dr Jemma Hawkins	Co-production, mixed methods, behaviour change, process evaluation	Physical activity, workplace health, mental health, smoking, substance use
Professor Judi Kidger	Qualitative, mixed methods, public involvement	Mental health, self-harm and suicide prevention, wider determinants of health, built environment, young people
Dr Tricia Jessiman	Qualitative, co-production, knowledge mobilisation	Education and schools, child protection, mental health, older adults
Dr Sara Long	Practice-based public health, policy, natural experiments	Peer violence, mental health, obesity, nutrition, school health research
Dr Kelly Morgan	Public health evaluation, mixed-methods, data linkage	Settings, physical activity, nutrition, mental health, health services
Dr Ruth Salway	Quantitative, modelling, natural experiments	Air pollution, diet, physical activity, smoking, tobacco control
Professor Frank de Vocht	Quantitative, natural experiments, data science	Alcohol, occupational health, climate change and sustainability
Dr Jo Williams	Public health practice	Children and families, early years, oral health, public Health practice
Name	Role	
Ms Julia Carey	Programme Management	
Ms Nina Pugh	PCIEP Manager	
Ms Emma Rigby	CEO: Association of Young People's Health - PCIEP, policy, dissemination	
Ms Christina Stokes	Public Partner from an Education and Social Care background	

In addition to the core team, we are well-supported by wider teams within our institutions who have all agreed to collaborate and provide additional capacity if needed. Table 2 below outlines the range of additional expertise that can be provided and we have retained budget to provide support from any of these or additional groups as necessary.

Table 2: Additional expertise

Team	Additional Expertise
NIHR Applied Research Collaboration (ARC) West	Behavioural science, health economics, evidence synthesis
NIHR Evidence Synthesis Group	Systematic reviews, modelling, health economics
NIHR Health Protection Research Unit	Health protection, behavioural Sciences
NIHR School for Public Health Research	All areas of public health
NIHR School for Primary Care	Primary care
NIHR School for Social Care	Social care
Social Science Research Park	Education, crime, mental health, social care

7.4 Dissemination, outputs and anticipated impact

We will use our DIICE plan template (See Appendix 1) with each PHIRST study. These plans are co-produced at the start of each study by the Task & Finish Group and then implemented by the Study Management Group (SMG). Consideration is given to what evidence is needed and how study findings will be disseminated, both locally and to wider regional and national audiences, including those with a special interest in the study topic. We also plan meaningful PCIEP to be embedded throughout study dissemination and communication. DIICE plans are reviewed by the Management Group, updated as studies develop and shared with NIHR.

All DIICE plans adhere to our publication policy (Appendix 3) that clarifies what and how outputs are published.

What we will produce:

For each study, the co-produced DIICE plan will identify the most useful output to local government, which might be a briefing, slide deck, presentation or report. We will also produce at least one academic publication with local government and public partners as co-authors where appropriate. We will co-produce further outputs and assets that are requested by local government partners and the public, such as webinars, infographics, news pieces and narrated talks. We will collaborate with local stakeholders to identify opportunities for the dissemination of study findings to policy makers and practitioners, such as practice meetings, national public health meetings, Faculty of Public Health Special Interest groups, parliamentary briefings as well as Local Government Association meetings. We will also use PHIRST social media channels to share findings. We are also keen to work across PHIRST teams to identify cross-learning.

How we will engage the wider population:

Public partners and local community groups will be involved in the co-production and implementation of each DIICE plan. We will tailor our public and community involvement based on specific study needs. This will ensure that we co-produce outputs with, and that are tailored for, the required audiences/knowledge users.

How outputs will enter the health and care system and society:

Our DIICE planning takes a proactive approach to working with policy and practice partners to share findings during and at the end of each study. We will produce a diverse range of outputs to reach different audiences including lay summaries and infographics shared via public-facing communication channels, such as the PHIRST website, newsletter and social media platforms, as well as blogs and summaries for use in policy and practice group newsletters. We will also work with our local government colleagues to identify opportunities for them to produce outputs as a means of increasing capacity for knowledge mobilisation and facilitating the translation of evidence into practice. This will include training for local government and public partners as well as opportunities for our public and practice partners to co-author outputs and co-present at meetings, conferences and webinars.

We will work with [PolicyBristol](#) to identify key policy makers relevant to each study, including ministers and committee members in Westminster and devolved governments. We will also identify relevant individuals in each UK nation's Public Health agency, third sector groups, as well as local public health and wider local government teams/divisions with interest and expertise in the topic area. These individuals will be informed of study aims and timelines, and key findings as they emerge.

We will liaise with the press and media teams of the University of Bristol, Cardiff University and NIHR to share key findings with traditional print and broadcast media and use the well-established networks of these three groups to proactively seek additional communication options.

We will continue to play an active role in the cross-PHIRST knowledge mobilisation team, including working with the NIHR Public Health Knowledge Mobilisation team (KNOW-PH) to share strategies for maximising the impact of our outputs.

8. Public and Community Involvement, Engagement and Participation (PCIEP)

We will have public representatives involved at all levels of PHIRST Insight. Christina Stokes (CS), a public partner, and Emma Rigby (ER), a member of a community group, sit on the Insight Management Group. We have two further public partners on our steering committee.

We have a pool of public advisors which we will continue to build, and from which a public partner will be identified to sit on each Task and Finish Group (TFG). This TFG member will work with the practice partners and research team to develop a tailored PCIEP plan, covering how we will recruit public partners from the local area, how they will contribute to the study, any PCIEP training needs, and how we will disseminate findings to the public. Working with our local government partners to identify communities that are most relevant

to engage with in terms of geography and health topic will be key, as well as to ensure we uphold principles of diversity and inclusion. This will involve having a diverse public advisory group throughout the study, as well as working with that group to engage with communities more likely to experience marginalisation. We will embed the principles of the NIHR [Research Inclusion Strategy](#) throughout this work. The TFG public partner will remain on the Study Management Team throughout the study.

Once a study is running, we will work with public and practice partners to agree definitions of key terms and be involved throughout. Examples of public involvement at study level will include commenting on study documents, advising on who and how to recruit, collecting observational data as co-researchers where appropriate, reviewing analysis of our findings, commenting on implications of findings and contributing to study outputs. We will use a bespoke recording tool, based on the Public Involvement in Research Impact Toolkit (PIRIT) tool to capture the contribution of public partners and their impact. We will also capture how the public view their experiences of involvement.

The PHIRST Insight PCIEP Manager will lead PCIEP for the team in partnership with our public (CS) and community (ER) co-applicants who will sit on the PHIRST management team, and provide oversight on all PHIRST Insight PCIEP. Together they will lead regular reviews of our PCIEP strategy and operational plan, including our annual PCIEP detailed review and reflection at our away day, to ensure that the PCIEP strategy and operational plan remains fit for purpose, and that it incorporates ongoing learning and developments. They will oversee the PCIEP plans for each study and support recruitment of public contributors. They will work to ensure the ethical engagement of underserved and marginalised groups and provide specific support and training on this issue to the wider PHIRST team. We will reflect and refine on our processes at our annual away day as part of our learning culture. The PCIEP manager will monitor PCIEP activities in each study, and provide feedback and suggestions for improvement to the leads. They will be the main point of contact for all PHIRST Insight public contributors and will ensure training needs of new partners are identified and that appropriate support is provided for all tasks. They will monitor reviews of public contributions during studies, and ensure feedback is provided to all those involved about their impact at the end of each study.

9. Ethics and data protection

Ethical approval will be sought from either a University Research Ethics Committee or NHS Health Research Authority as appropriate. We will co-produce all the documents that are submitted to the ethics committee with public and community partners. The Association for Young People's Health will provide specific support on ethical approaches to engaging young people and those from excluded communities in research. We will register studies and publish study protocols on the [Open Science Framework](#).

The Principal Investigator and the research team will preserve the confidentiality of participants and collect and store research data in accordance with the General Data Protection Regulation 2018 (GDPR) and subsequent data protection laws that supersedes the Data Protection Act. All data will be handled according to the principles of the Data Protection Act and the data protection/privacy policies of University of Bristol and Cardiff.

10. Equality, diversity and inclusion (EDI)

Equality Diversity and Inclusion (EDI) is fundamental to our work. Our cross-institution partnership draws on the robust governance structures and EDI strategies of our Universities. Common focal points across institutional strategies include an inclusive and equitable infrastructure, diversity of representation and a culture of belonging. Both strategies align with key legislation including the Equality Act (2010) and Anti Racist Action Plan (2022). To demonstrate our PHIRST Insight commitment to EDI at a programme level we will:

- Foster an inclusive working environment by identifying the needs of research team members, local government stakeholders, public and local community partners.
- Continue to implement measures to improve representation of marginalised groups, for example, policies to improve social mobility among under-represented groups within studies.
- Recognise the structural barriers facing contract researchers and include contract researcher representation on our management group and costed researcher time within our application.
- Ensure regular EDI training is completed by members of the PHIRST Insight team.
- Work with the Association for Young People's Health to provide training for staff on ethical engagement of young people and members of under-served groups.
- Include EDI on all study DIICE plans.
- Include costs to remove barriers, such as childcare, to facilitate participation in studies.

We use the [For Equity](#) tools to consider how equity and inclusion issues are included in the study design with a focus on including under-represented groups.

Appendix 1: PHIRST Insight Dissemination, Impact, Involvement, Communication and Engagement (DIICE) plan

Purpose: PHIRST Insight will develop a bespoke Dissemination, Impact, Involvement, Communication and Engagement (DIICE) plan from the outset of each PHIRST study we undertake. The DIICE plan will be co-produced with key stakeholders (including policy, practice and public partners from the local area where the intervention is being implemented). Our principles of co-production are shown in Appendix 1. The plan will consider how the findings of the research will be disseminated locally, where the work was conducted, as well as to wider regional and national audiences, and those with a special interest in the topic. Plans will be reviewed by the PHIRST Insight Operations and Management Groups and shared with our colleagues at NIHR who are responsible for managing the PHIRST teams. DIICE plans should also take into account the publication policy (Appendix 2), and principles of Equality, Diversity and Inclusion (EDI) in how study outputs are produced and their dissemination.

DIICE plans are ‘living documents’ and should be updated as each study progresses through the development, study period and post-study stages, and will inform long-term impact tracking.

1. Study details	
Name of study:	
Study Lead:	
Other researcher(s)	
Local authority:	
Study start date:	
Study end date:	
Version number and date of DIICE plan:	

2. Engagement

Please detail how specific audiences will be engaged, and how, to enable knowledge mobilisation. You may want to consider engagement with:

- **Policy makers:** e.g. working with [PolicyBristol](#), or Wales [Centre for Public Policy](#); identify key policy makers e.g. in Westminster and in each UK nation's Public Health; local public health and local authority teams; third sector agencies.
- **The research community:** e.g. presenting review findings at scientific meetings such as the annual Society for Social Medicine, the UK Society for Behavioural Medicine and Lancet Public Health conferences.
- **Public health practice:** e.g through: (i) research networks (e.g. DECIPHer and NIHR SPHR); (ii) joint academic and service senior lecturer posts in public health in UoB and placements and co-location with Public Health Wales; (iii) bi-annual meetings with Directors of Public Health in the region; and (iv) training activities (South West public health specialists; PHS' and DECIPHer short course programmes); and (v) teaching (e.g. MSc in Public Health); (vi) links with NIHR SPHR and Social Science Research Park research capacity development work.
- **Third sector organisations:** e.g. those concerned with the focus of the study.
- **Members of the public:** e.g. through local and regional science outreach events (e.g. British Science Association, Pint of Science, ESRC Festival of Science). The Elizabeth Blackwell and Cabot Institutes at the University of Bristol can support public engagement activities.

Target audience	Planned engagement activities	Lead(s)	When?

3. Dissemination

Please give details of the planned outputs. Consider matching output type to the target audiences identified above in section 2. Please ensure that authorship takes account of the publication policy (Appendix 2). Outputs may include:

- a report for the NIHR Journals Library
- peer-reviewed paper(s)
- blog
- briefing
- webinar
- slide set
- infographic
- animation or short film
- podcast
- conference presentation
- toolkits or other resources emerging from the study

Output Type	Dissemination Activity	Lead(s)	When?

4. Communication

Please detail how you will alert audiences to study publications, events, or other outputs. This may include:

- Press releases: (UoB [and](#) CU [Media team](#) can help with these)
- X accounts: e.g. UoB centre for Public Health; DECIPHER, NIHR; PHIRST, any study team, stakeholder or collaborator accounts
- PHIRST and other newsletters
- PHIRST Website
- Local partners' communication networks (newsletters, websites etc)

Communication type	Lead(s)	When?

5. Involvement

Please detail how members of the public, policy and practice community have been involved in the study outputs. This may include co-production activities during the study itself, as well as direct involvement in creating outputs and their dissemination. Please see Appendix 1 for PHIRST principles of co-production.

Please detail the type of activity (e.g. co-production of research design; consultation on research output(s)); who was involved; and the impact of this involvement on study outputs, dissemination or impact.

Activity	Who was involved?	Impact

6. Impact

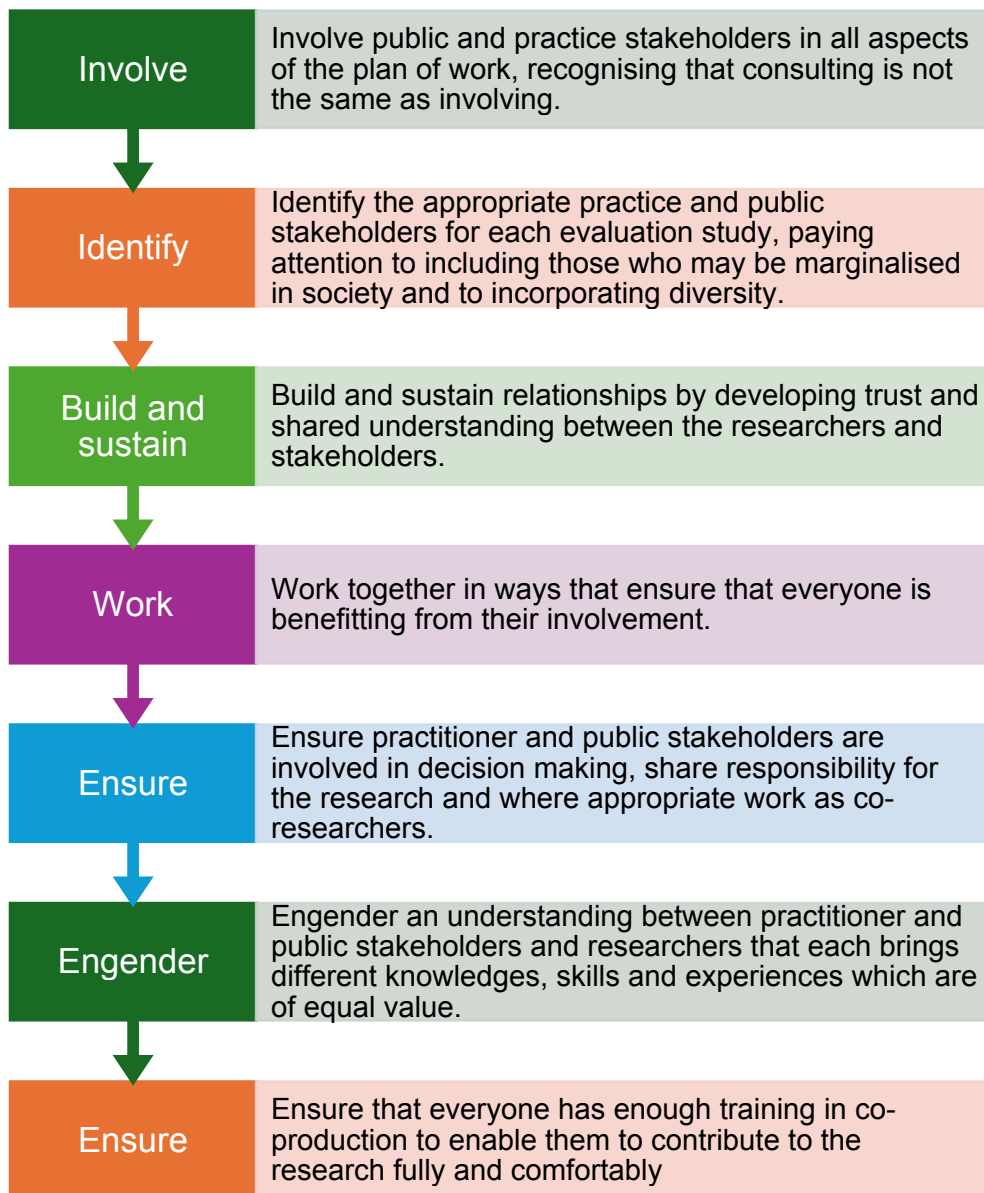
Please detail how the study is intended to have impact (academic¹, economic or societal). This may include

- instrumental impact – influencing the development of policy, practice or services, shaping legislation and changing behaviour
- conceptual impact – contributing to the understanding of policy issues and reframing debates
- capacity building through technical and personal skill development²

¹The University of Bristol has useful guidance on [tracking academic impact](#)

²[ESRC/defining impact](#).

Appendix 2: PHIRST Insight Co-Production Principles



Appendix 3: PHIRST Insight Publication Policy

Background

A primary aim of PHIRST is to ensure that the study findings are shared with our target audience(s) when available (e.g. the research community, public health practitioners, third sector organisations and the public, outlined in section 2. above). This document is designed to provide **guidance** on how the PHIRST publications will be managed. A similar approach will also be taken for presentations and other outputs.

A publication group for each individual PHIRST Insight study will comprise

- the lead researcher named on the DIICE plan, and the lead applicants

The publication group will, where required, make final decisions on authorship and be responsible for monitoring the quality of all study outputs.

Who can be an author?

We will follow the [ICJME guidance](#). Specifically, authors should have made the following contribution:

1. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of the data.
2. Sufficient participation in the work to take public responsibility for appropriate portions of the content.
3. Drafting of the output or revising or critically for important intellectual content.
4. Final approval of the version to be published.

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