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**Methods** The objectives of this scoping review were to identify and summarise the literature describing i) connection to an intermediary, ii) demographic and health characteristics of individuals referred to intermediaries, iii) the practices of intermediaries when connecting individuals to local PA, and iv) outcomes of this connection. A comprehensive search strategy was developed in consultation with a medical librarian. Four electronic databases (Embase, Medline, Web of Science, CINAHL) were searched from inception to June 2022, as well as an extensive grey literature search. Full-text peer reviewed and non-peer reviewed studies were considered for inclusion.

**Results** The search identified 10,257 records, 261 were retrieved for full-text screening, and 35 reports of N=28 studies were included in the final review. Research was mainly carried out in the UK and USA and had a variety of designs; qualitative (N=7), randomised controlled trials (N=5), before-after studies (N=5), feasibility studies (N=4) and mixed/other methods (N=14). The studies included 10,104 participants. Individuals referred to an intermediary tended to be female (57%), with a mean age of 58.1 (SD 9.9) years and a clinical or pre-clinical diagnosis. Where reported, the most common referral route was through primary care staff. Referrals to specifically improve PA were low. Intermediaries generally followed up with an individual over a number of sessions to promote participation in local PA, using a personalised approach and/or motivational interviewing. Individuals were most commonly connected to fitness or walking groups. PA outcomes (e.g., increased caloric expenditure, steps/day, PA levels) were generally positive in the short-term but evidence was mixed at longer-term follow-up.

**Conclusion** To the best of our knowledge, this was the first scoping review to describe how intermediaries establish connections to local PA, and the profile of individuals undergoing this intervention. Information regarding the processes of intermediaries was heterogeneous across included studies or under-reported. While PA outcomes tended to be positive, critical appraisal of evidence is not a common component of scoping reviews and was not performed. More research is needed to determine the processes of intermediaries to inform future evaluation of this intervention, and to develop appropriate referral pathways.

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**EMBEDDING PUBLIC INVOLVEMENT IN RESEARCH PRIORITISATION FOR PUBLIC HEALTH RESEARCH IN LOCAL COUNCILS: LESSONS FROM NIHR HEALTH DETERMINANTS RESEARCH COLLABORATION MEDWAY**

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**Background** NIHR Health Determinants Research Collaborations, led by local government, are at the forefront of research to tackle the wider determinants of health in the UK. We report on how NIHR HDRC Medway has addressed one of the key challenges for HDRCs: establishing mechanisms by which the public voice can be involved in prioritising research questions in these novel Local Authority settings. Specifically, we aimed to develop an equitable, transparent and responsive system for research prioritisation that supports local residents to contribute ideas for research prioritisation, as well as to

contribute to development and review of the research prioritisation system.

**Methods** We established a research prioritisation working group (RPWG) comprising members of our Public Advisory Group (PAG) and executive team. We worked as a RPWG to co-design criteria for use with the Analytic Hierarchy Process (AHP) that determines scores for proposed research questions, and to co-design the broader system supporting local residents to submit those research questions.

**Results** Two PAG members elected to join the RPWG. The initial list of nine criteria identified by informal literature review was reduced to three criteria by the RPWG. A Priority Setting Partnership (PSP) was established to review these criteria further, to use pairwise comparisons to develop a scoring system reflecting their relative importance (the AHP) and to annually review how those scores are applied to incoming research questions. To further embed the public voice, it was decided that of the 20 PSP members, four to five should be Medway residents and a further three should be members of Medway charities or not-for-profit organisations.

**Discussion** A co-design approach to developing and delivering a responsive research prioritisation process is tractable and meets HDRC remit in addressing wider determinants of health of relevance to local communities without needing to limit the prioritisation to certain health issues. The use of AHP (to provide a transparent and equitable means of prioritisation) was decided before the RPWG was formed and initial draft criteria were identified by informal literature review without lay input. Annual evaluation of our process may identify limitations to our research prioritisation process. Our next step is to co-design the process by which members of the public – including those from under-served communities – can submit research ideas. Our experience suggests that embedding public voice in process development in other areas of population health research is likely to be fruitful.

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**EXPLORING THE BENEFITS AND CHALLENGES OF EMBEDDED RESEARCH WITHIN A LOCAL AUTHORITY CONTEXT: REFLECTIONS FROM THE FIRST YEAR OF THE NATIONAL INSTITUTE FOR HEALTH AND CARE RESEARCH (NIHR), HEALTH DETERMINANTS RESEARCH COLLABORATION (HDRC), DONCASTER, UK**

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**Background** Embedding evidence into decision making within public health practice is critical for improved population health and the efficient use of public resources. In recognition of this, several strategies have been developed to embed research knowledge into decision making contexts. One approach involves the colocation of researchers in non-academic organisations such as local authorities, hospitals and charities as embedded researchers. A local authority in Doncaster, in the North of England, UK, is utilising an embedded researcher model within its National Institute for Health and Care Research (NIHR), Health Determinants Research Collaboration (HDRC). Funded from October 2022, Doncaster is one of 13 local authorities which have received significant