

Review 1: Community engagement for health via coalitions, collaborations and partnerships – a systematic review (Component 1): Final protocol

Guidance title: Component 1: Update and analysis of community engagement literature.

Component 2: In-depth synthesis of process and outcome data.

Review team:

Ginny Brunton EPPI-Centre, Social Science Research Unit, Department of Childhood, Families and Health, Institute of Education, University of London: 30 days; principal investigator, lead and project manager for the review.

James Thomas EPPI-Centre, Social Science Research Unit, Department of Childhood, Families and Health, Institute of Education, University of London: 30 days; co-investigator; analyst.

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Claire Stansfield Information specialist, Evidence for Policy and Practice Information and Co-ordinating (EPPI) Centre; 5 days across both reviews; design and development of search strategy, testing of search strategy, performing search strategy.

Collaborators that will be involved in the critical assessment of the review:

1. Members of the Public Health Advisory Committee (PHAC).
2. NICE Stream 1 management team.

Clarification of Scope:

A two-component project will be undertaken:

(1) an update and extension of an existing review (O'Mara-Eves et al 2013) with extended analysis of community engagement literature which integrates knowledge from both outcomes and process evaluations; and

(2) an in-depth synthesis of process and outcome data, using meta-analysis and qualitative comparative analysis methods (further details to be added as an addendum to this protocol, September 2014) .

The scope of the evidence covered by this project will be determined by the final scope document. In the final scope (downloaded from <http://guidance.nice.org.uk/PHG/79/Scope/pdf/English>), the eligible population is defined in section 4.1, the eligible interventions (activities) are defined in section 4.2, and the eligible outcomes are defined in section 4.3.

The proposed inclusion criteria for components 1 & 2 (see below) are consistent with the inclusion criteria used in the existing review (O'Mara-Eves et al 2013). Furthermore, a hierarchical screening process was used in the existing review (i.e. reasons for exclusion categorised according to our eligibility criteria). Should the scope of the PICO elements change (e.g. to encompass additional populations), the previously-screened studies can be revisited to expand the evidence base. The usefulness and feasibility of this will be discussed with NICE should the desire arise.

Overview of the project:

Since the publication of NICE Community Engagement guidance (2008), there has been considerable activity with a view to understanding the nature of community engagement, its benefits, and challenges in its evaluation (for example, Sheridan et al 2011, Sheridan and Tobi 2010, Jamal et al 2013 and Phillips et al 2014).

Recent work has indicated that community engagement interventions are effective in improving health behaviours, health consequences, participant self-efficacy and perceived social support for disadvantaged groups (O'Mara-Eves et al 2013). A conceptual framework analysis identified several factors which influence community engagement: understanding motivations for seeking and participating in community engagement, conditions such as appropriateness, acceptability, and actions, such as relationship-building and other methods to engage communities; and the impacts for those who engage as well as the receiving community. However, this work identified some key issues in community engagement that merit further exploration. These include a consideration of the pathways through which an effective outcome can be achieved and a need for more research on the economic and implementation aspects of community engagement. Moreover, meta-analysis suggested that community engagement is an effective intervention approach, it remains unknown

which 'active ingredients' or components occur most often in successful and unsuccessful interventions.

The upcoming update of the NICE guidance on community engagement requires current synthesized evidence on effectiveness and appropriateness. This will be accomplished by updating and extending the evidence base identified for the existing systematic review on community engagement (O'Mara-Eves et al 2013) and examining it in relation to the review questions below; with a focus on both effective approaches (through synthesis of outcome evaluations) and appropriateness (through a synthesis of process evaluations).

Review Questions:

This project addresses the following research questions (outlined in the final scope), which may be further developed for Component 2 by the PHAC:

- Question 1: How effective are community engagement approaches at improving health and wellbeing and reducing health inequalities?
- Question 2: Across disadvantaged groups, how effective are community engagement approaches at encouraging people to participate in activities to improve their health and wellbeing and realise their capabilities?
- Question 3: What processes and methods facilitate the realisation of community and individual capabilities and assets amongst disadvantaged groups?

This question may include sub-questions, developed from the conceptual framework, to explore the impact on the effectiveness and acceptability of different interventions of: those delivering the intervention; community representatives or groups; health topic; setting; timing; or theoretical framework.

- Question 4: Are there unintended consequences from adopting community engagement approaches?
- Question 5: What processes identified in the literature are more aligned with effective interventions, and which (if any) are more aligned with non-effective interventions?

Methods: Component 1- Update and analysis of community engagement literature.

Design

An update of the recent systematic review (O'Mara-Eves et al 2013) will be undertaken, using innovative methods of locating and screening the literature. This will provide an analytic map of the literature on community engagement for both general populations and those experiencing health inequalities. The analytic map findings will be presented to members of the Public Health Advisory Committee (PHAC), in order to prioritise topics for in-depth synthesis: this will comprise Component 2. The final protocol for Component 2 will be submitted as an Appendix to this protocol, once topics for in-depth synthesis have been prioritised in September 2014.

Inclusion criteria

The inclusion criteria will address the published project scope (see also 'clarification of scope') and will be discussed with the NICE project team before screening commences. Screening criteria will cover populations, interventions, comparators, outcomes, study design (systematic reviews, randomised or non-randomised controlled trials of outcome evaluations or related process evaluations), country, date, and language.

Search protocol

Two methods will be used to identify relevant studies:

1. We will make use of systematic searches already carried out for other reviews by using the studies identified by existing systematic reviews (see '*Identifying systematic reviews*' below).
2. We will search a database of studies in health promotion and public health (TRoPHI). The studies in this database are the product of systematic searches in core NICE databases and have already been systematically classified (see '*Identifying primary research through TRoPHI*' below). The search syntax to be used in the search process is presented in Appendix 1. Search sources are detailed in Appendix 2.

Identifying systematic reviews:

We will search a range of registers, websites, and databases for systematic reviews that discuss how some or all of their included studies contain interventions that utilise community engagement. The reviews will be used to identify included primary studies that are relevant to the scope of this project; the systematic reviews themselves will not be included in the synthesis (see section on "Evidence selection").

The systematic review registers, websites, and databases that we propose to search are:

1. **Database of promoting health effectiveness reviews (DoPHER).** DoPHER is developed and maintained by the EPPI-Centre. It has focussed coverage of systematic and non-systematic reviews of effectiveness in health promotion and public health worldwide. It currently contains details of thousands of reviews of health promotion and public health effectiveness, all of which have been assessed and coded for specific characteristics of health focus, population group and quality. The database is updated by an information specialist, who conducts thorough hand searches of at least 19 databases and websites (CRD Database of Abstracts of Reviews of Effects (DARE), Cochrane Database of Systematic Reviews, The UK Health Technology Assessment Programme, NIH Community Guide to Preventive Services, NICE (National Institute for Health and Clinical Excellence), MRC Social and Public Health Sciences Unit, Research in Practice, Campbell Collaboration, Economic and Social Research Council, Effective Public Health Practice Project, WHO's Global Programme on Health Promotion Effectiveness, Health-Evidence.ca, Bibliomap, Joanna Briggs library, EPPI-Centre website, NICE monthly Bulletins, Social care online, and other ad-hoc sources/websites).

2. **Cochrane Database of Systematic Reviews (CDSR).** The CDSR includes all Cochrane Reviews (and protocols) prepared by Cochrane Review Groups in The Cochrane Collaboration.

3. **Database of Abstracts of Reviews of Effects (DARE).** DARE is developed and maintained by the Centre for Reviews and Dissemination (CRD) at University of York. It is focused primarily on systematic reviews that evaluate the effects of health care interventions and the delivery and organisation of health services. The database also includes reviews of the wider determinants of health such as housing, transport, and social care where these impact directly on health, or have the potential to impact on health.

4. **Campbell Library.** The Campbell Collaboration's library of systematic reviews includes reviews and protocols prepared by Campbell review groups under any of the six coordinating group themes: crime and justice, education, international development, methods, social welfare, and review users.

5. **NIHR Health Technology Assessment (HTA) programme website / journals library.** The HTA programme produces research about the effectiveness of different healthcare treatments and tests for those who use manage and provide care in the NHS. The HTA website houses all the reviews published through the HTA programme in the HTA journal series.

6. **Health Technology Assessment (HTA) database** hosted by the CRD. This database currently holds over 10,000 summaries of completed and ongoing health technology assessments from around the world. Database content is supplied by the 52 members of the International Network of Agencies for Health Technology Assessment (INAHTA) and 20 other HTA organisations worldwide.

Identifying primary research through TROPHI

Searches of the systematic reviews resources will be supplemented by searches of **the Trials Register of Promoting Health Interventions (TROPHI) database**. TROPHI has focussed coverage of trials of interventions in health promotion and public health worldwide. It covers both randomised and non-randomised controlled trials and currently contains details of over 4,500 trials. It is updated four times a year through thorough searches by an information specialist of PubMed, PsycINFO, and CENTRAL (Cochrane Library trials). This source will be searched to ensure that relevant trials published outside of the timeframe or scope of the reviews identified in the review databases listed above are detected.

Other search sources

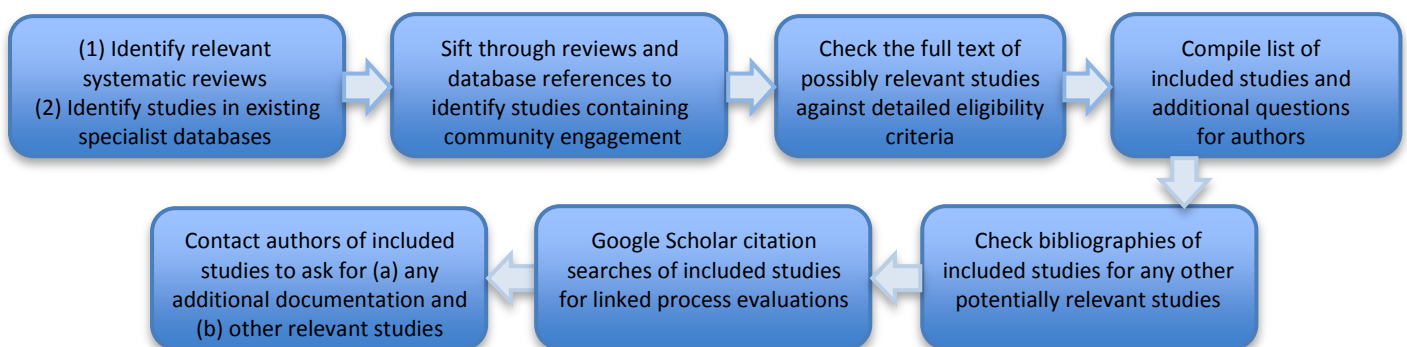
To further ensure wide coverage of the evidence base, we will check the bibliographies of the rapid evidence assessments conducted to support the National Institute for Health and Clinical Excellence's 2008 Public Health Guidance 'Community Engagement to Improve Health' (Popay et al. 2007; Swainston and Summerbell, 2007). Websites of references will be searched, including: UK government (gov.uk) portal; NICE Evidence Summaries (Working with and involving communities); Public health observatories; Open Grey; and healthvidence.org. We will also undertake 'backward' and 'forward' citation chasing: we will check the bibliographies of included reviews and trials and we will undertake citation searches of all included trials using Google Scholar or Web of Science, in order to capture any linked process evaluations.

The final component in our search strategy is contact with authors and intervention implementers. We will contact authors of key included studies to ask them if they know of any other studies of interventions utilising community engagement (preferably including an analysis which examines inequalities in some way). As part of this process, we will also ask whether they would be willing to supply additional information about the study which we have included. This questionnaire would also provide an opportunity to explore additional resources required to adapt interventions to different contexts from those where they originally implemented.

There will be a call for evidence to the project stakeholders made by NICE (17 June - 15 July 2014); additional relevant studies may enter the process through this route.

The search strategy is summarised in Figure 1 below:

Figure 1: search strategy



Study screening

We will use text-mining methods developed at the EPPI-Centre to prioritise those studies most likely to be included for screening. This will ensure that the most relevant references are located and assessed first, such that the work proceeds quickly and is informed by the most relevant literature. However, all located references will be screened.

Screening criteria will cover populations, interventions, comparators, outcomes, study design, country, date, and language. The inclusion criteria will be applied successively to titles and abstracts. To trial the screening process, a pilot round of screening will be conducted on a random selection of 30 document titles and abstracts. These documents will be double-screened by both reviewers. A reconciliation meeting will then be held to discuss disagreements and suggest changes to the inclusion criteria if necessary. Further pilot screening will be conducted until consistent agreement is reached.

Following pilot screening, one reviewer will screen all of the remaining titles and abstracts. The second reviewer will screen a random selection of titles and abstracts. Any disagreements will be discussed or, if necessary, resolved by the lead researcher. Measures of inter-rater agreement (the percent agreement and Cohen's kappa) will be calculated and reported.

Where insufficient information is available in the title and abstract to make a decision, the full-text article of the document will be retrieved for further inspection. Once all of the studies' titles and abstracts have been screened, the full-text documents will be retrieved for those records marked for inclusion. The retrieved documents will then be re-screened on the basis of the detail available in the full-text article. A random selection of 30% of the full-text documents will be double-screened by the reviewers and inter-rater agreement measures will be calculated. The lead researcher will resolve any non-reconciled documents. Those documents that pass the inclusion criteria on the basis of full-text screening will be included in the review.

Study selection will also involve liaison across the proposed consortium (i.e. with Leeds Metropolitan University and the University of East London, who are undertaking work for NICE's Stream 2 call for evidence). This work focuses on UK-specific evaluations of process issues related to community engagement. As such, there may be issues identified in Stream 2 that are potentially highly relevant to our consideration of process evaluations. Our existing database of included and excluded studies from the O'Mara et al (2013) review and our work to update this set of studies will also identify relevant literature for Stream 2. Thus, the teams for Streams 1 & 2 will work closely with one another when identifying relevant studies. Similarly, references for any economic or cost evaluations identified during screening will be passed on to the team undertaking NICE Stream 3 work.

Data collection and analysis

The relevant full-text studies will be rated for their methodological rigour and quality based on the critical appraisal checklists (i.e. Appendices F and H) provided in the 'Methods for the development of NICE public health guidance' manual (NICE 2012). Two reviewers will independently rate each study and results will be compared, using tools based on previously developed extraction tools (O'Mara-Eves et al. 2013). If a disagreement occurs, a third team

member will be consulted to independently review the study. The review team will collaboratively consider, calibrate and finalise the scores. Two reviewers will independently conduct data extraction, and the final version agreed upon to maintain accuracy. If necessary, a third team member will arbitrate in disagreements. Evidence tables will be completed using templates based on those provided in NICE methods guidance NICE 2012).

Data synthesis

Synthesis of the results obtained from the data extraction and quality appraisal will be conducted as an iterative process. Themes will be identified for the review of effectiveness and discussed among research team members, and then applied back to the collected data to determine if they are appropriate and sufficient to answer the review questions. Findings from the review will be grouped into sections that aim to answer each review question, taking into account the different populations of interest. Evidence statements will be provided for Components 1 and 2, for each intervention type, population of interest, or other categories, as determined most useful by consulted PHAC members. Issues relating to health inequalities that are identified in the data will be summarised.

We will include a section that discusses any differences between the prior report (O'Mara-Eves et al., 2013) and the updated synthesis, particularly if the update has led to changes in the findings or our understanding of the evidence base.

Methods: Component 2- In-depth synthesis of process and outcome data.

Design

We propose to undertake two parallel analyses of sub-sets of the interventions identified in Component 1:

1. A statistical moderator analysis, which will seek to test sub-groups identified based on Component 1 findings by consultation with PHAC members for differential effectiveness;
2. A synthesis using Qualitative Comparative Analysis (QCA), which aims to generate theory about *necessary* and *sufficient* intervention components which are associated with effective interventions.

Inclusion criteria and search protocol

These will be as per Component 1. We do not propose to undertake any additional searches for Component 2, but rather in consultation with PHAC members in early September, will identify specific sub-sets of studies from Component 1 for more in-depth analysis (including the liaison with Stream 2).

Study selection

Our strategy for study identification is as follows:

1. Identify process evaluations which accompany the effectiveness studies (trials). We have a template for this analysis presented as a conceptual framework, which is reported in our previous report (O'Mara-Eves et al 2013); to begin with, we will add any new studies to this analysis and pull out the key issues in the form of evidence statements.
2. Coherent sub-sets of studies will be identified in consultation with members of the PHAC / NICE team, based on findings from Component 1. These will prioritise areas where there are sufficient studies to undertake moderator analyses and where we are able to link the moderators examined with the process and implementation issues. This will be informed by the sharing of emerging findings from Stream 2 (i.e. emerging findings from Stream 2 will feed through into the Stream 1 analysis of process evaluations and vice versa).
3. We will select studies using a 'most similar intervention – different outcome' and 'most different intervention – similar outcome' strategy; these studies will be used in the QCA synthesis (see below). The purpose here is to identify interventions which one might expect to have similar outcomes – but which do not; and those which are quite different, and yet result in the same outcome. The aim of the QCA analysis will then be to explore and explain these similarities and differences.

Data collection and analysis

Statistical moderator analysis

After consultation with the PHAC members, a sub-set of studies will be identified from which data on relevant characteristics of interest will be assembled. Some of the data to be used in this analysis have been partially extracted from studies included in our previous NIHR report (O'Mara-Eves et al 2013); other data will need to be extracted from studies newly identified during screening in Component 1. Additional data from all relevant included studies in the sub-set will be captured to construct a consistently classified data set, based on pre-existing tools developed in the previous NIHR report. (This applies to both outcome and process evaluation data).

Qualitative Comparative analysis

We will carry out Qualitative Comparative Analysis to identify factors that are, and are not, associated with intervention success. (Factors, or 'components' may range from the theory of change of the intervention, the specific way that it is implemented, the outcome in question and issues relating to acceptability and ease of implementation.) This approach can be used to develop theory dealing with the question of identifying *necessary* and *sufficient* intervention characteristics that are associated with better outcomes.

Data synthesis

Moderator analysis

The first synthesis will be of the process evaluations, where we will identify issues pertaining to acceptability, appropriateness and ease of implementation. This will take the form of a stand-alone synthesis, and will then be combined with our previous conceptual framework, in order to provide an overarching analytical framework for the moderator analysis.

Qualitative Comparative Analysis

We will use the outcome of our moderator analyses to initiate a 'dialogue' between the data and the analysis, resulting in additional study characteristics being captured. The output from this process is the development of new theory to explain why particular outcomes have been observed – based on an iterative examination of study characteristics and their outcomes (Thomas et al 2014 in press). Evidence statements for findings from both the moderator and qualitative comparative analyses will be derived, following structure and process as indicated in section 5.5 of the NICE methods guidance (NICE 2010).

Documenting the process:

Information management

Records of the research identified by searches will be uploaded to the specialist systematic review software, EPPI-Reviewer 4, for duplicate stripping and screening (Thomas et al, 2010). This software will record the bibliographic details of each study considered by the review, where studies were found and how, and reasons for their inclusion or exclusion. EPPI-Reviewer 4 will also be used to conduct and record the data extraction and the quality appraisal stages for the included studies, using the required data fields and appropriate quality checklists detailed in the methods manual (NICE, 2012).

Deliverables

- Draft and final review protocol and search strategy for the work
- Reference Manager or compatible files containing search results
- Completed data abstraction/extraction and quality appraisal for all included studies
- Draft evidence review reports to be presented in Microsoft Word. The final style and format of the presentation of the document is to be agreed with the NICE project team
- Final report(s)
- PowerPoint slides sets (providing a brief overview of the work) for presentation at relevant PHAC meetings
- Draft responses to any stakeholder queries on the evidence reviews submitted as part of the guideline consultation

Date and version of protocol:

6th June 2014 version 1.1.

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APPENDIX 1 – DRAFT SEARCH STRATEGY

Search strategy: Database of Promoting Health Effectiveness Reviews

Scan the title and abstracts of all items published since 2011.

Search strategy: Trials Register of Promoting Health Interventions

The search is based on broad terms for Population AND Intervention

1) Free text search of titles and abstracts, 2011 onwards:

“change agent*” OR “citizen*” OR “communit*” OR “champion*” OR “collaborator*” OR “disadvantaged” OR “lay worker” or lay health” OR “lay people” OR “lay person” OR “member*” OR “minorit*” OR “participant*” OR “patient*” OR “peer*” OR “public” OR “representative*” OR “resident*” OR “stakeholder*” OR “user*” OR “volunteer*” OR “vulnerable”

AND

“capacity building” OR “coalition*” OR “collaboration*” OR “committee*” OR “compact” OR “co-production” OR “council*” OR “delegated power*” OR “democratic renewal” OR “development” OR “empower*” OR “engag*” OR “forum*” OR “governance” OR “initiative*” OR “intervention guidance” OR “involve*” OR “juries” OR “jury” OR “local area agreement*” OR “local governance” OR “mobilisation” OR “mobilization “ OR “neighbourhood committee*” OR “neighbourhood manager*” OR “neighbourhood renewal” OR “neighbourhood warden*” OR “neighborhood committee*” OR “neighborhood manager*” OR “neighborhood renewal” OR “neighborhood warden*” OR “network*” OR “organisation*” OR “organization*” OR “panel*” OR “participation” OR “participatory action” OR “partnership*” OR “pathway*” OR “priority setting*” OR “public engagement” OR “public health” OR “rapid participatory assessment*” OR “regeneration” OR “relations” OR “support”

Search strategy: Cochrane/CRD databases

Cochrane Database of Systematic Reviews (Cochrane Library).

DARE (CRD).

HTA database (CRD).

NHS EED (CRD).

The search is based on broad terms for Topic AND Population AND Intervention. Search 2011 onwards. Search all fields:

“disadvantage*” OR “disparities” OR “disparity” OR “equalit*” OR “equit*” OR “gap” OR “gaps” OR “gradient” OR “gradients” OR “health determinant” OR “health determinants” OR “health education” OR “health inequalities” OR “health promotion” OR “healthy people program*” OR “inequalities” OR “inequality” OR “inequit*” OR “preventive health service*” OR “preventive medicine” OR “primary prevention” OR “public health” OR “social medicine” OR “unequal” OR “variation*”

AND

"change agent*" OR "citizen*" OR "communit*" OR "champion*" OR "collaborator*" OR "disadvantaged" OR "lay communit*" OR "lay people" OR "lay person" OR "member*" OR "minorit*" OR "participant*" OR "patient*" OR "peer*" OR "public" OR "representative*" OR "resident*" OR "service user*" OR "stakeholder*" OR "user*" OR "volunteer*" OR "vulnerable" OR "lay worker" OR "lay health"

AND

"capacity building" OR "coalition*" OR "collaboration*" OR "committee*" OR "compact" OR "control" OR "co-production" OR "council*" OR "delegated power*" OR "democratic renewal" OR "development" OR "empowerment" OR "engagement" OR "forum*" OR "governance" OR "health promotion" OR "initiative*" OR "intervention guidance" OR "involvement" OR "juries" OR "jury" OR "local area agreement*" OR "mobilisation" OR "mobilization" OR "neighborhood committee*" OR "neighborhood manager*" OR "neighborhood renewal" OR "neighborhood warden*" OR "neighbourhood committee*" OR "neighbourhood manager*" OR "neighbourhood renewal" OR "neighbourhood warden*" OR "networks" OR "network" OR "organisation*" OR "organization*" OR "panel*" OR "participation" OR "participatory action" OR "partnership*" OR "pathway*" OR "priority setting*" OR "public engagement" OR "public health" OR "rapid participatory assessment" OR "regeneration" OR "relations" OR "support"

Search strategy: Campbell Collaboration Library

All reviews published since 2011 to be scanned by title, and then by title and abstract.

Search strategy: NIHR Health Technology Assessment (HTA) programme website / journals library.

All reviews published since 2011 to be scanned by title, and then title and abstract.