Public Health Scotland

Whole systems approach (WSA) to diet and healthy weight: early adopters programme process evaluation

Case studies

Publication: 6 December 2022

Translations and other formats are available on request at:

phs.otherformats@phs.scot

0131 314 5300

Public Health Scotland is Scotland's national agency for improving and protecting the health and wellbeing of Scotland's people.

www.publichealthscotland.scot

Contents

Foreword

Social Marketing Gateway (SMG) was commissioned by Public Health Scotland (PHS) to conduct a process evaluation of the Whole System Approach Early Adopter Programme, with a focus on diet and healthy weight, children and health inequalities.

A whole systems approach (WSA) involves applying systems thinking, methods and practice to better understand public health challenges and identify collective actions by a range of relevant stakeholder organisations.

The WSA areas selected for evaluation were Dundee, Scottish Borders, East Lothian, North Ayrshire, Dumfries and Galloway and Fife. In addition to these six areas, Aberdeenshire, not one of the early adopters, was added to the scope of the process evaluation to draw learning from experience in that area.

Local fieldwork involved desk research, observation of workshops and meetings, and (mainly) one-to-one interviews conducted online with stakeholders who had consented to be interviewed. Interviews explored the experience of, and learnings from, the WSA process. A case study for each area was then written-up in draft form and shared with the respective local leads.

Each case study was a 'free-standing' report that the local leads were able to share with stakeholders. Comments were fed back to SMG and each case study was revised accordingly until the local leads were happy that it reflected an accurate account of their story.

The final report on the WSA process evaluation – Whole systems approach (WSA) to diet and healthy weight: early adopters programme process evaluation – has drawn of the following set of agreed case studies.

Case study 1: Dundee

The WSA has a key delivery role in Tayside's strategy for child healthy weight. The WSA focused on one part of the region (City of Dundee). Delayed by COVID-19, the process had reached the action planning phase when the evaluation fieldwork was carried out. The WSA has also been the focus of another evaluation by university-based researchers.

Background and policy context

The WSA focused on the city of Dundee, Scotland's fourth largest urban area with a population of close to 150,000. Dundee (along with Angus and Perth and Kinross) is one of three council areas in NHS Tayside (population 400,000). Parts of Tayside, particularly in Dundee, include some of the most deprived areas in the country: many children and young people face the risk of underachievement and/or life-long ill health because the circumstances in which they live makes it difficult for them to eat well, drink well and be active.

Dundee was selected as a WSA early adopter as the development of a child healthy weight strategy was moving forward. The strategy, developed through a collaboration between community planning partnerships, health and social care partnerships and numerous other agencies, services, and groups across Tayside, was launched in June 2021. Its vision: for every child in Tayside to grow up in a community and an environment that supports them to feel great and ready to learn so that they can flourish to the best of their abilities.[1] The strategy (2020–2030) carries an explicit commitment to a WSA, stating 'A whole system approach to child healthy weight is the strategy'.

Methodology

The evaluation was conducted over May 2021–February 2022. The research team engaged with the process after the first WSA workshop had been delivered and before the second. The first workshop was recorded, and the research team viewed the footage. The second workshop was observed in real time. In addition to the two

WSA workshops, Dundee has been the focus of a separate WSA evaluation by PHIRST,[2] consisting of three workshops. The research team observed all three sessions.

A total of 10 stakeholders were interviewed: five from NHS Tayside; three from Dundee City Council (DCC); and two from other public and third sector bodies. All interviewees had been involved in one or both WSA workshops. Most had also been involved in some of the PHIRST workshops or/and additional focus group discussions.

Key lines of enquiry

The depth interviews with stakeholders explored:

- experience of the local WSA process, in particular the workshops/meetings
- aspects of the WSA process that worked well or not so well
- participants' views on the Public Health England (PHE) model and supporting guidance[3] followed
- the extent to which stakeholders felt that the key elements of WSA working (as set out by **Public Health Reform, Scotland**) had been followed
- any noticeable differences and outcomes the WSA had made to date
- lessons from the experience that can inform future WSA practice.

In addition to the depth interviews, the research team consulted desk material (a website dedicated to **Dundee's WSA**, the child healthy weight strategy and newsletters) and observed a learning event convened by one of the national partners, **Obesity Action Scotland** (OAS), at which one of the local Dundee leads presented.

Reflections on the method

Over the course of several months, the research team followed the local story as it unfolded, observing (live or retrospectively) key workshop sessions that brought local bodies together to progress the WSA. Although the researchers were not able to observe focus group discussions arranged to supplement the workshop process, the team interviewed a range of stakeholders who have been actively involved. Therefore, the picture gained about how the process has worked from the perspective of active participants is quite robust. The research, however, did not engage with young people who participated in focus group discussions.

The local story

The WSA was introduced in a strategic context already open to and interested in progressing a whole systems way of working. Indeed, members of the working group that led the process were also closely involved in developing the region-wide Child Healthy Weight Strategy.

Governance and core team

The WSA programme was governed by the Dundee Partnership, the lead sponsor being the Executive Director of Children and Families Service at DCC. The operational work was carried forward by a working group of three leads, with time seconded to work on the Child Healthy Weight Strategy:

- education support officer – Health and Wellbeing, Children and Family Service, DCC
- dietetic consultant in public health, NHS Tayside
- senior health promotion officer and child healthy weight dietitian, NHS Tayside.

The working group, supported by students on placement and other colleagues, has been the engine room of the WSA, meeting regularly, planning and delivering the WSA workshops, liaising with partners and communicating with stakeholders.

Impact of COVID-19

In preparation for what was expected to be the first WSA workshop early in 2020, the working group underwent training from Leeds Becket University (LBU) in the WSA model and toolkit. The onset of COVID-19 had a dramatic impact on plans – the face-to-face WSA workshop was cancelled and the formal process did not restart for another year.

While the process did not go ahead as planned, the working group continued to communicate with stakeholders about the WSA process, created a website,[4] set up a Twitter page (Healthy Weight DND, @HealthyWeightD) and launched a quarterly newsletter (Growing Up Healthy in Tayside). During this period the Child Healthy Weight Strategy was finalised and launched in June 2021.

Plans were made to re-start the WSA workshop process online later in 2020. To prepare for this, further training was accessed from the Democratic Society to equip the working group and facilitators to run the workshops online (using platforms such Plectica, Mentimeter and Jamboard). In this work, the core team received valuable support from the national co-ordinator of the WSA programme at OAS.

WSA workshops

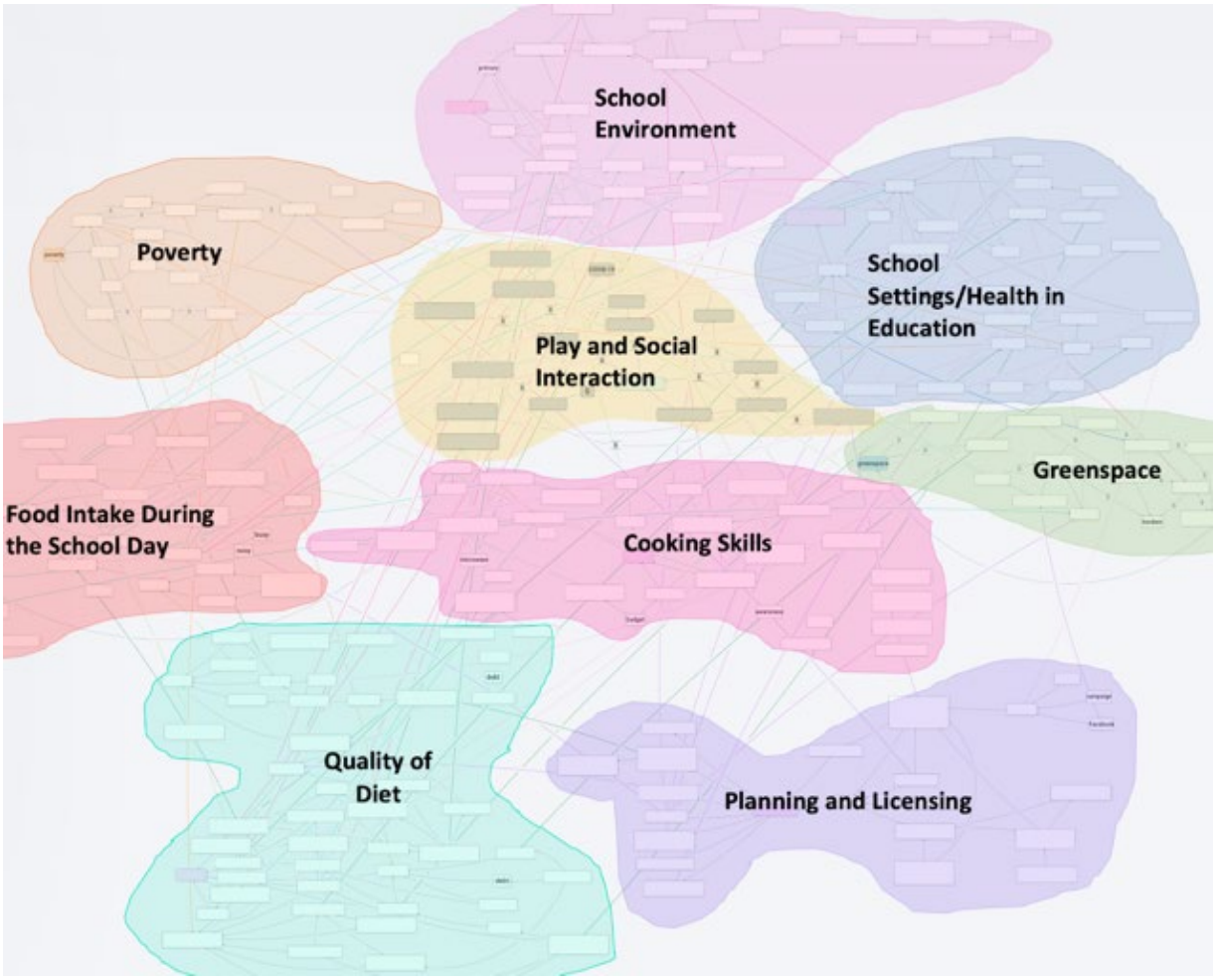
Between December 2020 and November 2021, a total of 16 participatory events, five workshops and 11 focus group discussions, were convened.

Two WSA workshops, using the PHE model and guide, were held eight months apart. The first took place in December 2020: a 3-hour online event on Teams with around 60 participants. The session aimed to develop a shared understanding of the causes of obesity, map the local system and begin to create a shared vision. During breakout room activities, smaller groups of participants identified key local causes of childhood obesity and the key impacts were captured by facilitators. This causal mapping activity allowed each breakout group to explore one or two ‘causes’ in detail. A total of nine causal maps were generated during the session.

Timeline of progress

- Late 2019 – staff training/preparation for first WSA workshop
- March 2020 – first WSA workshop scheduled and cancelled
- December 2020 – first WSA workshop
- March 2021 – focus group discussions with stakeholders
- April 2021 – focus group discussion with young people and presentation to the Children and Families Leadership Team
- May 2021 – first PHIRST workshop
- June 2021 – launch of Child Healthy Weight Strategy
- June 2021 – second PHIRST workshop
- Summer 2021 – Newsletter
- September 2021 – second WSA workshop
- October 2021 – focus group discussions with stakeholders and young people
- October 2021 – third PHIRST workshop
- Autumn 2021 – newsletter
- November 2021 – presentation to all Dundee elected members

Figure 1: Dundee's systems map[4]



Following the workshop, the working group collated the causal maps, identified key themes, and created a systems map. A draft vision was also articulated:

> 'Prioritising the wellbeing of Dundee's children and young people through a kind and respectful demand for action that will enable health, happiness and a healthier weight for all.'

In the preparation for the second workshop in September, the working group switched from using Plectica to Kumu to enable stakeholders to interact and overlay some of the actions from the systems maps. A short video was also produced to explain the action scales model. This was sent out shortly before the workshop.

Around 50 participants attended the second workshop: a shorter, 90-minute event that reviewed the collated causal map, sought to identify and prioritise areas for intervention and develop specific areas for action. Several presentations set the scene, recognising that Dundee was at the start of a journey towards positive system level change. The Action Scales model was used to help participants appreciate the differing levels of systems action. In breakout rooms, participants considered how they could work together to create a healthier local system, identified the variety of approaches involved, prioritised themes for which actions should be identified and reflected on how their work aligned to a shared ambition.

Focus group discussions

In addition to WSA workshops, the process involved focus group discussions with stakeholders and young people to share, further explore and build on the progress made at the workshops. Focus group activity took place following each of the WSA workshops.

Three focus group discussions were held in March 2021. A total of 24 stakeholders took part.

The discussions explored: the causal maps; current actions; the shared vision; and the emerging priority themes of ‘education setting and play’, ‘physical activity and greenspace’, ‘diet and cooking skills’ and ‘planning and licensing’. A further focus group was arranged in April with four young people (aged 12–18 years) from Dundee Youth Council to discuss the ambitions of the Child Healthy Weight Strategy.

Following the second WSA workshop, four focus group discussions were held in October 2021 with stakeholders to review the workshop outputs, further discuss steps required to achieve actions and link them with others in the system. A total of 21 stakeholders took part. One focus group discussion was dedicated to each of the following topics: safer and greener streets; development of PE; community cook-it; and licensing and secondary school lunch.

Also in October, a further three focus group discussions with 11 children (aged 10–12 years) and 23 young people (aged 13–18) from one primary school and seven

secondary schools took place. Using Ketso boards and Post-it notes, the discussions centred around three of the four above topics explored with the stakeholders: safer and greener streets, development of PE and licensing and school lunches.

PHIRST workshops

Following the first WSA workshop, Dundee was selected as an area for evaluability assessment by the National Institute for Health and Care Research (NIHR) Public Health Intervention Responsive Studies Team (**PHIRST**). The purpose was to enable a team of university researchers to work with local players to identify and prioritise outcomes, co-design a logical planning framework and theory of change, identify data sources and establish a set of realistic evaluation options that match the local resources available.

Dundee had submitted a bid to be one of the PHIRST evaluations. When they were advised the bid had been successful, the working group had to schedule in three additional workshops to the process. The PHIRST workshops ran in May, June and October of 2021. Around 40 stakeholders were engaged in these online sessions, which developed a draft logic model and identified some of the key evaluation questions for the WSA going forward.

Summing up

By early 2022, when the research team concluded stakeholder interviews, the WSA process was ongoing and in the action planning phase. A shared vision and a detailed logical planning framework had still to be finalised. The working group continued to engage with stakeholders to work on: detailed proposals for action on a community cook-it project; improving the lunchtime food experience in schools; improving physical activity levels in primary schools (which in turn will improve lifelong physical activity levels in children); and developing safer, greener streets. Funding for the secondment of two members of the working group was due to end in March 2022 but was subsequently extended prior to this date.

What worked well

High level positioning

The WSA process progressed against a background where the idea of whole systems working has been positioned as of real strategic importance. As with other early adopters, the WSA has been backed by a senior sponsor (DCC's Executive Director of Children and Families) and the process has also benefitted from the central role whole systems working has been given in the delivery of Tayside's Child Healthy Weight Strategy. It's also worth noting that CHW is one of the two health and wellbeing priorities of the TRIC Tayside Regional Improvement Collaborative.

This has given a status and gravitas to everything the working group has done in terms of engaging stakeholders, organising workshops, convening focus group discussions and continuing conversations about the WSA across the wider system. Many participants talked about how a WSA has been front of mind and is seen as a priority, not only among stakeholders who have been actively involved in the workshop process, but more generally.

Engaging stakeholders

The working group was able to draw on a good network of contacts, boosted by the wide consultation work involved in developing the Child Healthy Weight Strategy, to communicate and raise awareness about the WSA. For example, the WSA newsletter was sent to around 160 contacts across the system. High awareness of the WSA resulted in healthy turnouts at the two WSA workshops, with participation totalling around 60 and 50 respectively.

Although the two WSA workshops were several months apart, and despite the disruption caused by COVID-19, many stakeholders attended both, reflecting a continuity of interest in, and commitment to, a WSA. Similarly, when organising focus group discussions to build on what was done at the WSA workshops, the working group has generally found stakeholders (including those who had not participated in the WSA workshops) to be receptive and willing to help. This is also partly attributed

to a growing body of stakeholders recognising the alignment between child healthy weight and child poverty (and the Fairness Strategy) – a connection that the WSA working group and its sponsor have continually tried to make.

Delivering the process online

The online environment has served the process well – all workshops, focus group discussions and the launch of the Child Healthy Weight Strategy were conducted online. The upfront training and support received from LBU, OAS and the Democratic Society was crucially important, enabling the local leads and facilitators to press ahead with an online process. It would not have been possible to do so without it.

On balance, participants were largely satisfied with the online experience. Many offered very positive comments relating to the quality of presentations, the skilled facilitation, their ability to engage with the technical tools used and the very convenient way it enabled a wide mix of stakeholders from across the system to engage at a difficult and demanding time. Indeed, a few (though not most) would prefer an online engagement process in future, even if face-to-face interaction was an option.

WSA model and toolkit

The training the working group received from LBU, and the supporting PHE guide, enabled the leads to develop a good understanding of the WSA model. Although the working group subsequently adapted and deviated from the model (discussed below), it provided a good structure and framework to get the process started and move it forward.

Participants appreciated that they were using a recognised model, solidly rooted in sound academic thinking. The supporting material and guidance were clear, comprehensive and well written. Having two representatives from LBU attending the first WSA workshop was also very important in helping the local leads to explain systems language in an accessible way for the participants. Valuable delivery support from national partners (OAS and PHS) was also forthcoming. This all helped

get the WSA off to a good start and the PHE model set out a broad path towards developing a set of actions that could be followed.

The model and supporting resources called on workshop participants to engage in activities (like mapping the multiple causes of childhood obesity) that most were unfamiliar with. They were also encouraged and challenged to think differently about how the actions of a wide range of bodies contribute (positively and negatively) to the problem of childhood obesity. Resources from the PHE guide and toolkit were highly valued (such as the Action Scales Model and the Network Mapping Analysis Tool). The mapping software worked well in helping participants to work together to better understand the complexity of the causes of obesity and it highlighted that many actions have superficial effect and fail to impact the root causes.

Thinking and working differently

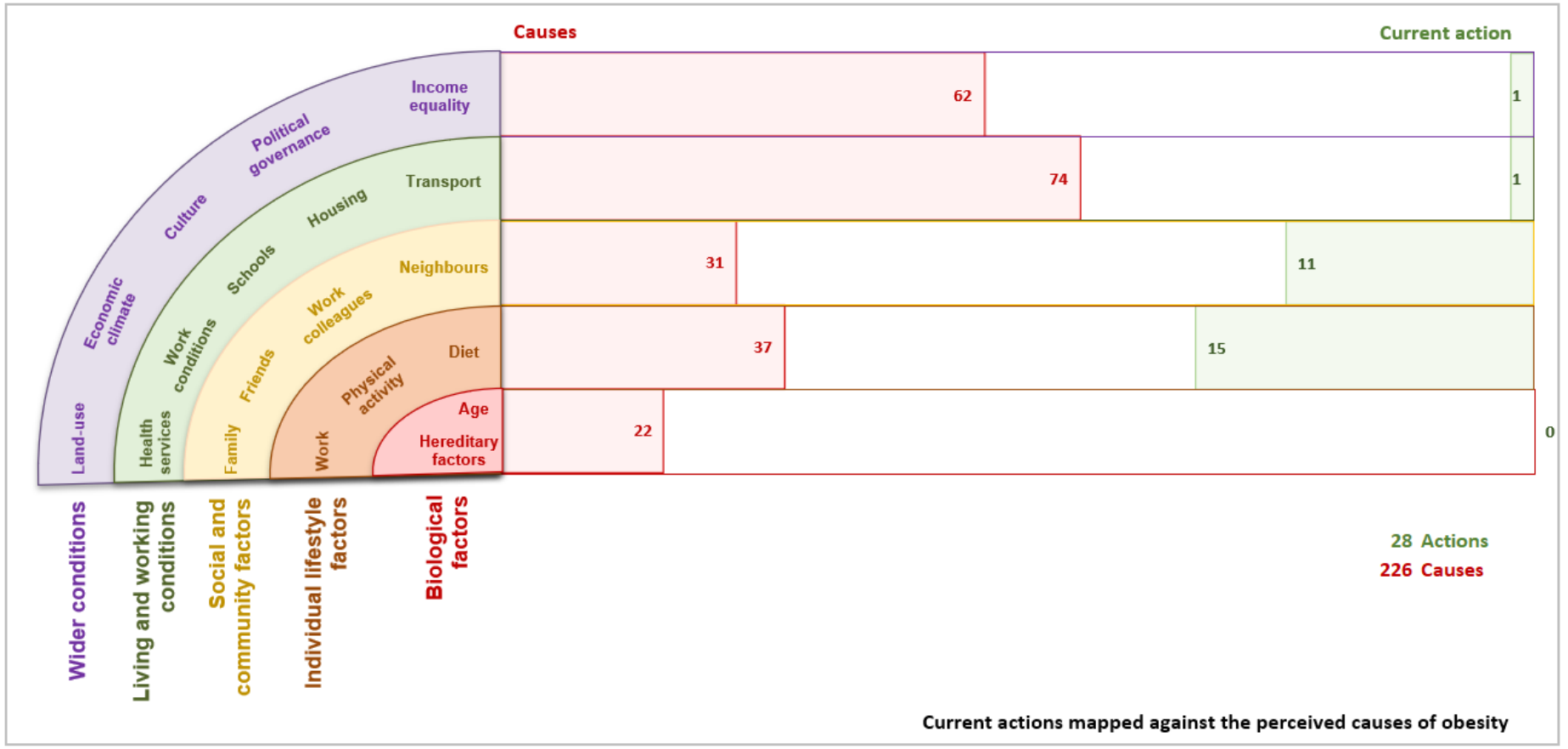
While participants experienced the workshops as highly collaborative events, for many it also felt ‘more’ or ‘different’ from simply good partnership working. There was a recognition that through the workshop activities people were starting to work differently. The various mapping exercises encouraged participants to ‘challenge previous ways of working’, embrace the ‘messiness of the process’, ‘not follow a straight line’ and be prepared to work through activities that could initially feel confusing and chaotic and take ownership of the issues and possible actions.

There were some important lightbulb moments where participants recognised that a WSA was not simply good partnership working. They were being asked to step outside of their normal remits and silos, to see things through a different lens and to recognise that current and planned activities fell well short of what would be needed to change the obesogenic system. The Action Scales Model was particularly useful in this respect, highlighting that, while most activities and interventions fall within the category of events, to impact an obesogenic system much more needs to be done at the levels of structures, goals and system beliefs.

Similarly, the Determinants of Health Model[4] was used very effectively. It showed that, while the causes of obesity are more frequently associated with people’s living and working conditions than lifestyle factors, current and future actions tend to focus

on lifestyle choices with comparatively very little action being targeted on the main causes of obesity. Some participants highlighted points in workshops when, for example, ‘the penny dropped’ and they recognised the limitations of action by individual organisations and the need for more policy alignment within a system-wide approach.

Figure 2: Use of the Determinants of the Health Model



Tailoring and developing the process to suit the local context

The working group followed the phased approach recommended by PHE,[5] but adapted the process. They built on what was achieved at the WSA workshops by continuing engagement with stakeholders in focus group discussions. These group sessions, coupled with one-to-one discussions and other meetings between working group members and stakeholders, gave more time than was available in the WSA workshops for discussion about how the priority themes identified could be moved on into specific actions.

These adaptions to the process (agreed and advised by OAS and LBU colleagues and informed through discussion with other early adopter areas) have been important for the WSA process. By introducing additional elements of engagement, the working group involved stakeholders who had not engaged in the WSA workshops – children and young people, for example. It also gave the opportunity to involve stakeholders who could play a key role in developing actions linked to the priority themes. One example is the organisation responsible for providing food to schools (Tayside Contracts), which participated in focus group discussions and is expected to be a key stakeholder to improve the lunchtime experience in schools.

Support from national partners

The working group received valuable help over the process from two national partners: OAS and PHS. Both supported the working group to prepare for and deliver the WSA workshops, assisting with the facilitation of breakout groups. In addition, OAS brought in the Democratic Society, equipped with a new set of tools, that enabled the WSA process to proceed online. The working group has also benefited from skills share sessions organised by OAS – workshops providing a forum for WSA leads from each area to get together and share experiences and learnings. These sessions have been valuable, allowing the working group to hear first-hand from other early adopter areas.

Challenges and difficulties

Limitations of the working group

At points in the process, there has been a lot of demand and pressure on the working group. One member described feeling ‘ridiculously challenged’ in the run up to events, like the workshops and strategy launch, particularly when these were being done online for the first time. The three-person team were all working remotely with little other support apart from some IT assistance from the council. Another member commented that ‘It felt like there was not enough days in the week to get through what was needed’.

Despite a lot of effort, the working group struggled to secure commitment from others that they felt would enhance the group. A key challenge was how to explain to stakeholders what would be expected of them. Despite good general awareness of the idea of whole systems working, in the absence of a more detailed understanding of what the WSA involves and/or a set of clear actions to implement, it proved difficult for stakeholders to see an immediate fit with their normal service remit.

The difficulties the WSA experienced in this respect, therefore, can be linked to both the initial set-up of the initiative, which was not based on getting a wider set of senior staff engaged at the outset, and the general difficulty that stakeholders have stepping outside of their specific remits: silo working is hard to break down. Having the Executive Director of Children and Families Service at DCC as lead sponsor was important but if additional senior co-sponsors representing other key services or organisations had also been involved, then that would possibly have made it easier to establish a working group.

Stakeholder engagement and participation

Limitations on the capacity (size and representativeness) of the working group also impacted wider stakeholder engagement. It did, for example, limit the time that working group members were able to devote to talking directly with stakeholders to encourage involvement, getting people involved in focus group discussions and

building an active system network. Only so much could be achieved during the two WSA workshops. This left a lot of work to be done outside of the workshops to discuss the emerging themes and possible actions.

One the biggest challenges was stakeholder fatigue. The process was progressed at a time when services were under a huge amount of pressure (some were described as being ‘on their knees’). There was a total of five workshops that stakeholders were invited to participate in, and many were also approached for one-to-one discussions and invited to focus groups.

It proved difficult for some stakeholders to commit to the level of input asked. Many attended some, but not all workshops. In turn, this created challenges – for stakeholders, who felt that they were not keeping up with progress, and the working group, which used other methods (for example newsletters, emails, telephone calls, website) to keep people up-to-date.

The difficulty that some stakeholders experienced in maintaining involvement, and fluctuating levels of participation at events, undermined some participants’ confidence in outputs. One stakeholder highlighted what is seen as a very important point, and one that reflected the views of several other stakeholders, when commenting, ‘Priorities are shaped by who is actually at the meeting and whose voice is the loudest. If you had different voices on a different day, you would probably get different outcomes, so I wasn’t sure we were really getting to the right priority’. Had WSA events attracted a broader base of participation, then such concerns would have been reduced.

Despite the efforts of the working group, it proved difficult to secure engagement with some key parts of the system, such as leisure and culture, community learning and development and planning. The demands associated with COVID-19 impacted here, but it also reflects the difficulty in encouraging parts of the system to engage early in the process. A further challenge has been that even those public bodies positive about the idea of the WSA did not engage because they found it difficult to see how they could influence things.

WSA workshop model

The working group deviated from the PHE guide[3] to both engage more stakeholders, and to devote more time to developing priorities and actions. The local leads relied on a lot of one-to-one contact with stakeholders and focus groups following the two main workshops. Having to use an online workshop methodology, and with the main WSA workshops lasting 3 hours and 1.5 hours respectively, it was not possible to make the desired progress across only two sessions.

Although the working group and others supporting it received training in advance of the first workshop, it would have been challenging for them to deliver this on their own without assistance from LBU staff. For the local leads, the model and the supporting material felt very academic. They had to adapt it in a way that made it accessible to local practitioners. For the leads, workshop delivery was a steep learning curve – a case of learning as they went and trying not to be overwhelmed by the process. As one said:

> ‘The model had to land with us before we could translate the academic language and jargon for the stakeholders. This was quite a challenge as we had to learn how to steer the ship and navigate at the same time – that is learning a new concept and then trying different ways to get it across.’

Another issue that the working group became aware of was that the methodology did not cover how to involve the local community. The focus groups with children and young people and engaging community workers and other locally based practitioners who know their communities well compensated to some degree. However, the issue of community engagement is one that will need to be addressed if the PHE model is to be used again.

Workshop experience

Several participants at the workshops (both the main WSA and the PHIRST sessions) highlighted several challenges or difficulties experienced:

- A lengthy time between the two WSA workshops contributed to a loss of some momentum, despite good communications by the working group.
- Too much time was devoted to front-end presentations at the second WSA workshop, with not enough time allocated to working together in smaller groups to develop actions.
- There was an appetite to move more quickly to discussions about what could/would be done. However, it was recognised that the leads needed to make sure that new participants were up to speed, and in a good position to provide input.
- Some participants struggled to understand how the PHIRST workshops fitted into the wider process. They were asked about aims, actions and outcomes within a logical planning framework. They felt this went beyond where the WSA process had got to (that is a vision and set of actions had still to be agreed).
- There was a perception that stakeholders attending the sessions were not sufficiently senior to make decisions on the priorities and actions being discussed.

The lack of resources to implement actions developed through the WSA, allied to previous resource cuts to service areas important to healthy lifestyles, led some stakeholders to question commitment and backing from the top. As an example, the removal of resources for physical education teachers in primary schools had made it harder to encourage active lifestyles among children at risk of obesity.

Differences made by the WSA

While the need for whole systems working to tackle the complex challenge of childhood obesity had been recognised at a senior level, the work has further raised the profile of the WSA as the way to implement the Tayside Child Healthy Weight Strategy. It has also introduced many stakeholders from across the system to how they can begin to work in a whole systems way.

Ongoing strategic-level contact between the working group and other stakeholders has strengthened alignment between child healthy weight and other key policy areas and strategies. This was an important feature of the process which could help change culture and beliefs across the system.

An example was an event for the Tayside Regional Improvement Collaborative where the working group ensured that the issue of child healthy weight was recognised as aligned with the Emotional Health and Wellbeing Strategy for Young People. Other examples are the contact the working group made with the staff leading the Fairness Strategy, and with colleagues responsible for the Tayside Plan for Children and Young People. Both have been used to highlight the connection between poverty and unhealthy weight/obesity in children.

Momentum has been built up, and it seems likely that in the implementation of the Child Healthy Weight Strategy the WSA will remain at the fore given its positioning as the delivery strategy. As one participant commented:

> ‘No matter who you speak to, or what meeting you’re in, or what piece of work you are on, the WSA is consistently a priority. That trickles down through teams, and people make time and space for it.’

However, there are some questions about how robust and lasting this will be. Secondments of two key working group members were due to end in March 2022 (although they have been extended) and there was no dedicated budget to deliver actions developed during the process. At the time of writing, the action planning phase of the WSA had still to be concluded.

The experience has, in the eyes of many interviewees, resulted in positive changes to how the system is working. Partners that have not traditionally worked together have collaborated and worked in a different way than before, revisiting how they look at and approach the challenge of childhood obesity. Activities under the WSA have raised the profile of child healthy weight and engaged practitioners who have brought different perspectives to the challenge.

Outcomes to date

At the outset of the national WSA programme, the Scottish Government identified six desired outcomes that it hoped would be achieved over 5-year period. During the evaluation, the researchers explored what progress stakeholders felt had been achieved against each outcome. The table below provides a summary overview.

Outcome	Observations
Community engaged	Children and young people were involved in focus group discussions, but the formal WSA workshop process did not engage directly with community leaders or residents. Many community members were engaged as part of the process of developing the Child Healthy Weight Strategy. Locally based practitioners (e.g. teachers) have been a valuable link into the needs and views of local families.
Action to address upstream drivers and determinants of health	Strategic-level connections have been made between addressing child obesity, tackling poverty and reducing inequalities. At an operational level, more practitioners involved in the WSA process recognise the need for more effort/intervention at an upstream level. Some support has been forthcoming for teachers to encourage physical activity and improve the delivery of PE in schools, but, as yet, limited actions have been agreed to address upstream drivers.
Systems practice integrated across the partnership	Broad agreement that systems practice thinking has (and is) taking place as a result of the WSA, supported by strong backing from the Executive Director of Children and Families Service (the sponsor of the WSA). Some stakeholders held back from pressing ahead with existing plans to act in concert with other stakeholders in the system. Generally, stakeholders feel there is more to be done on this front.
Collaborative working across departments and organisations	Although already strong, particularly between the council and the NHS, collaborative working has been strengthened by the WSA, with stakeholders working well with others in the workshops and some continuing to collaborate in the development of initiatives outside of the formal WSA events and meetings.

Outcome	Observations
Actions jointly prioritised and aligned across the system	The WSA focused a good deal of effort on this when the fieldwork was being carried out. It was described by one stakeholder as being 'at the heart of where we are now'. Participants felt that this definitely happened in the groups developing individual actions and pieces of work but were uncertain how this will be carried on across the larger collective.
Learning being captured and shared	The working group have tried to ensure that the learnings generated by the process are shared across participants and the wider system. The WSA website plays a key role here, hosting information on what was done at each of the workshops and focus group discussions and reporting progress on the evaluation plan developed by PHIRST. Over 160 stakeholders were sent the second newsletter.

Summing up

The WSA in Dundee relied on a small core working group consisting of the three local leads. A larger working group, with a broader representation of senior staff from other services, would have made delivering the process and engaging stakeholders in the wider system network easier. It would have supported the iterative process, enabling stakeholders from different parts of the system to challenge each other as they worked together to develop a shared understanding of the issue, and the way forward.

The working group had to adapt the WSA model to overcome its limitations and to consider what could be achieved by an online process. It had to carry out a lot of engagement activity outside of the formal workshop setting. Had the workshops been done face-to-face as originally planned, then it's possible that more progress could have been made over a shorter timescale.

Also, had the WSA been in action planning phase before the programme of PHIRST workshops commenced, the efforts that went into developing an evaluation plan linked to a logical planning framework would have been timelier and more valuable.

On reflection, the timing of the PHIRST workshops was unfortunate as the WSA did not have an action plan in place at this point.

Although the process had been ongoing for over a year, a full set of actions were still in development when the fieldwork was carried out and a detailed evaluation plan was not in place. The process was ongoing. Future momentum looked very likely to continue given the centrality of a WSA to the delivery of the Child Healthy Weight Strategy. However, exactly how the process would be carried forward was unclear.

Recommendations

Considering the learnings from the process evaluation of the Dundee WSA, several specific recommendations can be offered to inform the wider application of the WSA in Scotland:

1. The importance of having visible, very senior backing at the outset. In the case of the WSA, this was forthcoming in the form of sponsorship by the Executive Director of Children and Families Service. It may be worth considering a co-sponsor arrangement with other services to make it easier for local leads to engage with the system.

2. Coupled with the above, establish a broad base of senior involvement that will be actively involved in the working group (or equivalent). In Dundee, the three local leads were the working group. They would have benefitted from active, ongoing support from more colleagues from across the system.

3. The PHE model brings a credible rigour to the process and helps stakeholders work differently, but it presents some challenges and limitations. If it's to be used again, then guidance on how to engage the community, and how to adapt it to a non-academic audience, would be helpful.

4. If the process is being done mainly online, additional training and support of working group members and other facilitators (in addition to training on the PHE model) needs to be in place. Also, sufficient time should be devoted to

workshop activities where participants can interact to develop actions following the causal mapping activities.

5. A blended approach to the process could be considered, which captures the numerous benefits of online engagement (for example ease of participation and relatively short sessions) and face-to-face workshops that might be more suited to residents and participants who are not as pressed for time as some stakeholders are.

6. A more concentrated process, with workshop activities being closer to one another, could make it easier for stakeholders to stay fully engaged and place less demand on the working group to ensure that everyone is regularly updated. This will be easier to do if there was a broader base of active engagement at working group level.

7. To get round the issue of the output relying mainly (or solely) on who participates in workshop events, mechanisms could be found to ensure that more stakeholder voices and existing evidence are involved in the causal mapping and action development.

Case study 2: Scottish Borders

In just over a year, Eyemouth successfully delivered its WSA, sticking closely to the WSA model. Close to 100 stakeholders were identified and many got involved in workshops and in other ways. An action plan is being implemented and stakeholders have come together as a system network to carry forward whole systems working.

> '**Eyemouth, Gateway to Good Health**
>
> To collaborate meaningfully with all stakeholders which will give current and our next generation a better quality of life, give access to high quality nutritious food and facilities, to enable Eyemouth to become a happy healthy, and safe town.'[6]

Background and policy context

The WSA in the Scottish Borders, Eyemouth: Gateway to Good Health, has focused on a small coastal town in Berwickshire, located 5 miles north of the English border, with a population of close to 3,500 people. Eyemouth is one of five early adopters in the East Region, **East of Scotland Partnership: Prevention and Remission of Type 2 Diabetes Programme**.* While not the original location suggested (Jedburgh being initially considered), the selection of Eyemouth was partly influenced by the progress that had already been made locally in partnership and community-led working.

The selection of Eyemouth was supported by the East Region Diabetes Prevention Partnership to focus on the SG's **public health priority six** (that is eating well, having a healthy weight and being physically active). The council was attracted to the opportunity to be an early adopter as it would give the community a real say in

* Where the term 'East Region' is used, this refers to the **East of Scotland Partnership; Prevention and Remission of Type 2 Diabetes Programme**.

developing a local approach towards supporting a healthier, fitter population. The WSA is also seen by strategic partners as a potentially important element in progressing wider priorities concerned with reducing poverty and inequality, approaching health and wellbeing in a more holistic way and building a greener economy.

Methodology

The evaluation in Eyemouth was conducted from October to December 2021. The work commenced after the WSA workshops had been concluded, so there was no opportunity for the researchers to observe the WSA workshops in action.

A total of 12 stakeholders were interviewed: five from Scottish Borders Council; four from NHS Borders; and three from the third sector. All but one of the interviewees were involved in one of the formal groups that have been set up to support the local WSA process (see below) and most of the stakeholders (n=10) had attended some or most of the workshops and meetings held.

Key lines of enquiry

The depth interviews with stakeholders explored:

- experience of the local WSA process, in particular the workshops/meetings
- aspects of the WSA process that worked well or not so well
- participants' views on the WSA model followed
- the extent to which stakeholders felt that the key elements of WSA working (as set out by Public Health Reform, Scotland) had been followed
- any noticeable differences and outcomes the WSA had made to date
- lessons from the experience that can inform future WSA practice.

In addition to the depth interviews, the research team consulted desk material (for example progress reports and action plan) and observed a learning event convened

by one of the national partners (OAS) at which the operational lead of the local WSA presented. Following the conclusion of the fieldwork, the evaluation team also observed the first 'system network' event convened to carry the local WSA process forward following the development of the action plan.

Reflections on the method

The research successfully engaged with a good sample of participants who have been closely involved in the WSA process. Therefore, the picture gained about how the process has worked from the perspective of active participants is viewed as robust. The research, however, did not engage with a wider body of other stakeholders, including residents, who had not been actively involved in workshops, many of whom may know something about the WSA in Eyemouth.

The local story

Structure

The WSA had a three-tiered working structure. At the regional level, the East Region Governance Group oversees and has provided funding for each of the five WSA early adopters in the East Region. Funding of £60,000 was available to support each WSA, with £10,000 earmarked to support the discovery process and £50,000 for supporting implementation.

The structure at the local level, comprises a governance group (with senior staff from the partners) and a working group. The governance group has met every six weeks and has supported the working group with workshop planning, feedback and reflection, liaising with the regional governance group and planning/reporting on funding, staffing and capacity and evaluation.

The working group was set up in January 2021 with a membership comprising: Health Improvement (responsible for co-ordination of the WSA); Community Learning and Development; Splash (Eyemouth Community and District Trust); LIVE Borders; East of Scotland Project Support; and OAS, one of the national partners. Meetings

took place weekly, with an early focus on the delivery of training/shared learning to build the capacity of the working group for facilitation of the WSA workshops using the PHE guide.

A representative from the East Region Governance Group attended the local Governance Group. This ensured that the Eyemouth WSA maintained close links to the Child Healthy Weight Strategy in Scottish Borders and remained visible to staff working on other regional workstreams (for example adult healthy weight, children and young people, employer scope and other WSAs).

WSA workshops

The WSA workshop process consisted of three online sessions over March to June 2021. The workshops moved the process steadily forward, through the discovery phase to a point where more detailed action planning could be continued. At Workshop 1 (turnout n=42) causal and asset mapping was conducted and a vision statement generated. At Workshop 2 (turnout n=23) participants worked on reviewing the shared vision, identifying priorities and bringing the four causal maps generated at the first workshop into a merged causal map. At Workshop 3 (turnout n=21) participants looked to identify quick win actions, establish priorities and possibly actions.

There were some hiccups along the way, such as periods of staff illness, which could have stalled the process. Things were kept on track with a representative from the East Region Governance Group being able to step in to support the workshop and the planning process between the Workshop 1 and Workshop 2. As one interviewee reflected, ‘We probably wouldn’t have got through the workshops without that help’.

The third workshop established three priority themes: communications; family participation and learning; and outdoor activities. The working group recognised that further work was needed to develop specific actions and activities linked to the three themes. Work continued on this over the summer of 2021. The working group met weekly, while participants came together every two or three weeks to work on each of the themes and eight sub-groups were formed to work-up specific actions under each theme. Once the process started to settle on specific actions, it proved easier to

identify the type of people needed to progress and implement the ideas and attract them to become involvement in the sub-groups.

Action plan

The fairly intensive working process that followed the third workshop produced an action plan. This was finalised in September, considered by the local governance group in October, then submitted to the East Region Governance Group for phase two funding support.

The action plan set out the three themes with specific actions/projects linked to each:

Theme	Actions
Communications	Eyemouth Living publication
Family participation and learning	Play spaces; community lunch; virtual map
Outdoor activities	Junior park run; cycling; outdoor activities/cooking

The proposals in the plan are systematically set out across a range of key considerations that include: how they will be implemented; intended outcomes and impacts; how proposals align with other actions and what needs to be put in place to strengthen alignment; possible impacts (positive and negative) on the system; and what success will look like.

Role of the local community

The majority of those who participated in the WSA workshops were practitioners, but there were also volunteers and community members present. It was recognised that digital access and experience was a barrier to people participating.

Organisers listened to what residents wanted from community relationship workers (from the Community Assistance Hub of CPP) who had direct contact with local people. Efforts were also made to engage people from the community, such as representatives from the Scouts, the Early Years Centre and school, and

communication with local mums took place via a Facebook page. During lockdown, Facebook was used as a key communications channel with the community, offering tips, posting photos and keeping residents in touch with progress.

As plans firmed up and implementation started, more local people have come forward to be actively involved. One of the key activities progressed (a local magazine, Eyemouth Living) has been driven forward by local volunteers who are actively networking with other residents about what health and wellbeing content to include. Local volunteers also became heavily involved in planning one of the other activities identified, a ‘community lunch’.

System network

The first system network event was held online in December 2021. This was attended by over 20 stakeholders. The purpose of this (and future) sessions is to: build and sustain an active network of stakeholders; keep people involved and up to speed with progress in implementing the action plan; and to further strengthen their understanding and buy in to the WSA across the system.

In early 2022, the governance group recognised that steady progress had been made in Eyemouth and that things had reached the latter two stages of a textbook WSA process (that is managing the system network and reflect and refresh). Local organisers regard this as a solid achievement under unique and challenging circumstances (not least the disruption caused by the pandemic to people’s ability to commit to regular participation and input) and now feel they have a system network in place that can continue and be further built on.

What worked well

Timescale

The Eyemouth WSA demonstrates that it’s possible in just over a year to start and progress a structured and systematic WSA process to a point where a detailed action plan is in place and being implemented, and a system network has been established.

The intimacy of a small town, with many bodies within the system already known to the WSA organisers was probably an important assist in this respect.

Online approach

The whole process was conducted via online workshops and meetings as opposed to being held face-to-face in a community setting as was the original plan. Had it not been for COVID-19, the process would have been convened in the local Community Centre. During the pandemic the centre's role changed from a community meeting place to a food distribution centre. While it would not have been people's preference, many were positively surprised by how well the online process worked, and indeed a small number indicated that it would now be their preference to work in this way in future.

Governance and operation of the WSA

The local structure of the WSA (governance group and a working group), which encompasses both a strategic and operational view of the system, has worked very well. Close working relationships and understanding have been developed between participants on both bodies (with all parties benefiting as a result). Where operational issues and challenges have arisen, such as progressing individual activities (like planning issues stalling progress with the proposed junior park run), senior influence from the governance group has been brought to bear to resolve things by liaising directly with senior influencers in the system (in the case of the park run, the Planning Department). More generally, strategic input from partners on the governance group is seen to have strengthened the visibility, legitimacy and credibility of both the WSA and the local effort and has made it easier to get things done.

Stakeholder engagement

A solid body of stakeholders has been involved throughout the process, with over 40 participants on the first WSA workshop. With Eyemouth being a small town, many of the organisations across public, third and private sectors were already known to one

another, and good working relationships and partnership links were already in place. It was, therefore, relatively straightforward for those responsible for driving the WSA process to identify a large group of relevant stakeholders at the outset of the process. A list of stakeholders was quickly drawn up and added to as the process unfolded, with a total of around 100 being reached.

Experience of the process

Stakeholders who were interviewed for this evaluation were generally very positive about their experience of the process. There was early excitement about the idea of a WSA, engendered by meetings, discussions and general communications (including online media coverage) about whole systems working in advance of the first workshop. In a relatively intimate community of local practitioners, word about the WSA spread quickly and generated a good deal of interest.

From a very early point in the process, stakeholders recognised that they were working with a good mix of committed people and working differently. The process is recalled as being inclusive, focused on actions and outcomes, with many describing the experience as being a high-quality example of partnership working. In the words of one participant, the process was ‘A brilliant piece of work that has developed very strong relationships across partners and brought a lot of individuals and organisations together’. Another commented that the ‘Partnership and collaboration is the best I’ve experienced … everyone gets their say and decisions are made as a group’.

While many participants tended to use ‘the language of partnership’ when describing their experience of the process, they were also aware that they were working in a different way. Some recognised they were following a whole systems approach, although the level of detailed understanding of what a WSA involved varied. Coming together with practitioners from other organisations to try and define and understand the problem, map causal influences and identify priorities for action was a new experience and differentiated the process from previous partnership working.

WSA workshops

The workshops followed the PHE model quite closely, particularly over the early stages. For those involved in running and facilitating the workshops, the model proved to be a really useful guide to get things going, ensuring that the participants were aware and comfortable with the activities that they would be asked to engage with, and supporting a well-structured, collaborative and deliberative process.

Feedback from the participating stakeholders, including those who had not been closely involved in workshop planning, confirms that these qualities were certainly evident in their experience of the sessions. As one interviewee commented, ‘It was important to have the process demystified, explained and communicated clearly’. This support was important in enabling workshop participants to engage in the various activities.

At the workshops, participants interacted and worked effectively in the online environment. People appreciated the amount of planning and organisation that had gone into them. Participants with varying levels of digital experience were able to engage. As one participant put it, ‘Even for someone who is not that digitally literate, the online interaction, with breakout rooms, presentation, and other online tools, was great’.

The Miro boards and videos used were frequently cited as useful devices. Another participant commented, ‘Mapping the related issues, assets and resources has been really useful for identifying what is going on in Eyemouth. It helped everyone around the table to build a shared understanding of what is going on in the local system recognising where others are doing things and identifying potential duplication.’

Certainly, participants welcomed the open and inclusive workshop facilitation style that was used, which encouraged input and engagement. Also highly appreciated was the reporting back and good communications that took place between workshops. This kept everyone up to speed, helped the working group work through issues that had come up and generally kept the process moving towards required outcomes.

Whole systems thinking

The Eyemouth WSA is an example of where local players have tried as far as possible to stick to the WSA model and toolkit. Throughout the process, and during the regular meetings of the working group, the co-ordinator has consistently referred to the nine pillars of a WSA[7] (set out by Public Health Reform) and used this to check that the local process was working along the lines set out in the WSA toolkit.

For example, in the running of group meetings, the need to develop a shared understanding has been kept front of mind, challenging questions were asked of ideas and suggestions coming forward, potentially difficult issues and challenges have been worked through together and decisions were made as a group. One instance that evidences this is in relation to local pubs and food outlets wanting to advertise in the new community magazine. While some stakeholders supported the idea (it engaged and supported local businesses) the proposal was challenged, discussed and eventually rejected because it was collectively recognised that it did not align with the overall aim of a WSA to reduce childhood obesity.

The role of OAS (a national partner) was also important in helping organisers maintain a strong focus on a WSA. OAS's representative provided hands on local support to design a story board to promote the WSA and helped train and prepare the members of the working group to set up and facilitate the online workshops. OAS has also run wider skills share sessions – workshops that provided a forum for WSA leads from each area to get together and share experiences and learnings. These sessions have been very valuable, giving those leading the process reassurance and confidence that they were progressing the WSA along correct lines.

Challenges and difficulties

Time and capacity

For many – both those leading the process and other participants – the approach has been demanding and a challenge to fit in alongside their other responsibilities. Some people talked about regularly attending several meetings a week. In some cases, this

was only possible to do because their line managers had asked them to prioritise the WSA work. Demands were particularly heavy on those responsible for leading and organising the process. The local lead, for example, talked about the role being 'nearly a full-time job' that she was fortunately able to do because of the extra time that she has been given to do it. Even so, at times, such as when key staff were ill, additional help to co-ordinate the process was required to be provided from others. Another participant voiced the views of several when he commented, 'I hadn't realised how resource intensive it was going to be ... for example, the dedicated time involved in helping the theme working groups'.

Stakeholder engagement in WSA workshops

Though the WSA has identified a wide-ranging number of stakeholders from across the system, many have not yet been actively involved in the process, and participation across those that have has fluctuated. Some key system players had still not engaged by the end of the WSA's initial period.

Following a good turn-out (over 40 attendees) at the first workshop, participation fell off. This was partly attributed to the first workshop session being, at 3 hours, over-long and/or too theoretical for some. Others may also have been put off by the complexity of what was being asked of them at the first session, or because of other factors related to the pandemic's impact (such as staff being re-purposed).

A number of interviewees expressed concern about the impact that declining workshop numbers might have had on the outcomes of the WSA process, particularly the effect on the mapping and (ultimately) the priorities and actions that emerge being dependent on the mix of stakeholders involved in the mapping process. As one consultee put it, 'If more stakeholders had been there, it might have changed the mapping'. Not having key parts of the system involved the WSA workshops makes it more difficult to define the problem and align policies to address it.

A few of the workshop participants felt the level and complexity of detail covered (for example in mapping activities) was 'a bit overwhelming', somewhat over academic ('I felt like I was back doing my Masters') and a couple of people indicated that they would have benefitted from some technical support to participate fully and confidently

in the digital environment. Reflecting on the first workshop, and responding to stakeholder feedback, the organisers made changes in advance of the second workshop to reduce the duration and simplify the level of theoretical content (for example dropping the Action Scales model).

In Workshop 3, some stakeholders struggled to prioritise themes and to visualise specific actions that might emerge. As noted above, further work needed to be done by the working group following the third workshop, with members breaking down into themed groups. This was a slightly challenging time in the process, with some stakeholders struggling to see where they fitted in or what they could bring to the table. However, once actions started to firm up, it was easier for participants to see where they could usefully contribute and what new resource (skills and capacity) needed to be brought in at a sub-group level.

Engaging the community

Many interviewees talked about the difficulties faced in relation to engaging the local community. The WSA workshops were designed primarily to cater for practitioners and professionals, not local residents. This aspect of the WSA may have been different had it been possible to progress the process without the restrictions imposed by COVID-19. For example, WSA workshops would probably have been held in the local community centre where residents were used to meeting with professionals and practitioners.

Some early efforts were made to engage active parts of the local community, such as local mums, but little headway was made. Several reasons were offered for this, such as staff illness, and, as one participant said, ‘The mums tended to think they were not important enough to get involved and give their views’. There were limits to what the organisers felt could be done during the early stages of the process to directly engage residents. Therefore, the WSA relied on using other practitioners closely connected to local people as a proxy to feed in their views and wishes.

A small number of participants interviewed felt that not enough was done to engage with ordinary residents in the process. One person reflected, ‘The process did not involve sitting down with people who receive services and getting them involved in a

non-stigmatising way'. Nevertheless, there was extensive communication activity and a great deal of effort did go into involving community members and listening to what the locally based practitioners had to say about the community's views and wishes. This was all fed into the deliberations. It was a conscious decision by the working group to do this to ensure community views were reflected. Although it was seen as deviating from the formal WSA process as laid out in model being followed, it was a felt to be a necessary change to allow the process to become more 'community-led'.

Differences made by the WSA

Involvement of the community

While it might seem surprising considering the absence of direct resident involvement in the workshop process, when asked about the differences the WSA has made so far, many of the participants pointed immediately to community engagement. Since the action plan was completed and people became aware of the range of things that would be going ahead, more and more volunteers and residents have come forward to get involved.

The Eyemouth Living magazine has been launched and several editions published. Visibility of the WSA has, therefore, built up along with the range of opportunities for local people to get involved. As one professional commented, 'We are now seeing local people coming forward and saying what would make a difference. The communications side of the process has been excellent.' Another interviewee said, 'There is a new sense in the community that people know services care and want to help and work with them. People realise they are part of the process and that they are valued.'

Focusing on the problem

There was broad agreement that the WSA had put a spotlight on eating well and healthy weight. It has, in one person's words, 'switched people on to a complex issue that does not get discussed as broadly as it should, nor discussed within the local community' Interviewees noted that eating well and healthy weight was now more

seen as being ‘everybody’s business’, not simply the domain of health improvement services, but relevant to organisations across the system. The example of the local library was given, which is involved in distributing book boxes around the community. The library has been adding more material on eating well and healthy weight, making this more widely available to families in the local area, showing that a wider set of stakeholders are now prioritising the issue.

A valued approach

The WSA has also focused the minds of strategic players on the activities being implemented in Eyemouth, bringing a strategic level of awareness and support for the WSA and the local work that was not previously evident – ‘The local Governance Group is a big difference compared to what was there before’ – and region-wide community planning partners have come together with local stakeholders to support and carry forward local activities developed during the process. Interviewees were enthusiastic about the approach, seeing it as a better way to develop and deliver local activities. In the words of one practitioner, ‘WSA is helping us do it the right way – understand the issues, understand what might fit, reflect on it, and get the right things going’. In turn, the local experience is credited with helping elevate the idea of the WSA to a new level of importance and as integral to strategic efforts to tackle poverty and inequalities, as well as progressing health improvement.

System network

The WSA process established a system network, with stakeholders drawn from many different bodies. The network can potentially continue to work on into the future. Numerous benefits come from this. While many stakeholders were previously known to one another, they had not worked in a whole systems way before. Many of these bodies now feel like they are part of a community of practice that is thinking and working in a different way. Practitioners now have a wider network of contacts, at different levels, in other organisations and services across the system that they can access.

Many see a benefit of the WSA process as strengthening partnership and collaborative working from an already strong starting point. But for many others it feels like it has gone 'beyond partnership' – 'It's brought organisations together to map out the causes of the problem and find new solutions'. Some talked about 'thinking as a whole community', not just as group of professionals happy to collaborate and engage the community. One interviewee, commenting from the perspective of the local community, said that 'People are thinking differently about their town and what's needed in it, and they are becoming empowered to discuss how to bring about changes with the Council and other organisations'.

Outcomes to date

While all participants recognised that they have come a long way over the past year, many emphasised that they are still on a journey and that it will take time for the WSA to become embedded as a better way to working. Participants were asked what progress they felt had been made to date on each of the six outcomes the Scottish Government has set out for the WSA programme to achieve over a 5-year period. The table below provides a summary overview of their feedback.

Outcome	Observations
Community engaged	Direct engagement was limited over much of the process. COVID-19 necessitated online workshops, not seen to be suited to residents. 'Community voice' was secured mainly through the ongoing contact local practitioners had with the local community. There is now strong community engagement around specific actions with local volunteers playing a key role. The new local magazine is a key element used to engage the community.
Action to address upstream drivers and determinants of health	Participants are aware of upstream drivers and determinants, but also aware that change will take time. The focus has been on diet and healthy weight, but firmly in the context of reducing inequalities. Demonstrations of real successes on the ground are anticipated, which will, in turn, point to upstream changes needed, with lessons 'filtering-up'. Some progress is evident with environmental health working with local traders to encourage adherence to healthy eating goals. Also, lunches are

Outcome	Observations
	being held to bring young and old together tackle loneliness and build community.
Systems practice integrated across the partnership	There is a general sense that, while it was there to a degree before the WSA, the experience has strengthened these approaches. Integration of systems practice is strongly evident in the meetings of the working group and sub-groups, with participants aware of why they need to work in a WSA way. It's expected that it will be further strengthened by the system network and future events. Beyond the WSA structure, it's also evident at the Community Assistance Hub (where 30 representatives from partner bodies attend) and at wider locality planning and locality partnership levels.
Collaborative working across departments and organisations	There is very strong consensus among stakeholders that this is happening and that it will strengthen further as more stakeholders engage in the system network. It was already seen as a feature of partnership working in Eyemouth prior to the WSA, but the WSA process has definitely 'raised the bar'. It was evident at all stages of the process and can be clearly seen in the composition of the sub-groups. Stakeholders report new links and relationships and working with bodies (depts and individuals) that they never worked with before, thus enhancing practitioner networks as a result.
Actions jointly prioritised and aligned across the system	This was achieved during the process in terms of stakeholders being able to agree a shared vision, priorities and actions. It's expected that system partners will now embrace the priorities and support their implementation. Evidence of this happening within the WSA includes stakeholders who initially supported the idea for pub or restaurant advertising in the new local magazine reflecting on, and then reversing their position, following discussion and agreement that it did not align with the overall aim of WSA to reduce childhood obesity.
Learning being captured and shared	A lot of sharing and learning took place within and during the WSA. Organisers reflected on how the workshops went and made adjustments to better suit the needs of the locality. There was a lot of sharing of ideas during meetings and learning was captured and recorded, then disseminated among participants. Going forward, system network events and the new local

Outcome	Observations
	magazine will be key channels to share learning with the local community and the wider system. Feedback gathered by the Community Assistance Hub is being used to demonstrate to stakeholders how they are part of a support pathway, thus reinforcing the message that they are part of the solution for an individual, family or the wider community.

Summing up

In Eyemouth, the WSA process has worked well and made considerable progress during a very difficult time. A good working structure and excellent co-ordination and leadership have been key elements. There have been numerous challenges, including a drop off in stakeholder involvement at certain stages of the process and very heavy demands on the time and resources of participants. Despite these and other challenges, the key players have stuck with process, made small adjustments as required to the model they were working with, kept the community voice alive and reached an important milestone. Actions are being implemented, direct community involvement is healthy and a system network is in place. A lot has been achieved over the course of a year. Expectations for the future are high as more system players engage with whole systems working and the community becomes more actively involved. It's probably too soon to say whether this progress will see systematic and long-term change with respect to whole systems working.

Recommendations

Considering the learnings from the process evaluation of the Eyemouth WSA, several specific recommendations can be offered to inform the wider application of the WSA in Scotland. These include that:

1. A suitable governance structure needs to be in place, with a broad mix of director or senior-level involvement that can make connections between local action and wider strategic agendas and directly influencing behaviour across the system.

2. Leaders of participating organisations should ensure that their staff involved have enough capacity to devote sufficient time to what can be a lengthy and demanding process.

3. The time and capacity for staff who play lead roles in the process, (that is organising, facilitating, communicating, engaging, developing, reporting, needs to be fully recognised and factored.

4. A formal process model (like the PHE model) is helpful to build understanding of the WSA, give structure to the process and keep things on track, but local leaders need the flexibility to adjust this to suit local needs if required.

5. Efforts should be made to ensure that local communities are directly involved in the process from the outset. This will require new or revised WSA guidance and support resources that are practical and suited to a lay audience.

6. Pre-training for the local leaders who will be running the process is vitally important, as is a mechanism for ongoing learning and sharing of experience with other areas that are also following a WSA.

Case study 3: North Ayrshire

The North Ayrshire WSA project was started in autumn 2019. The focus is to improve the food and physical activity environment experienced by children and their families through a wide range of partners and local communities systemically working together and differently to make lasting and sustainable change. After a strong start, the project was suspended by COVID-19. By spring 2022 plans are now developing to restart the WSA in the second half of the year.

Background and policy context

Prior to the Scottish Government's WSA to diet and healthy weight, NHS Ayrshire and Arran and the three Ayrshire local authorities were already very active in partnership working around a 10-year Healthy Weight Strategy, which began in 2014. The strategy has been endorsed by the health board and all three Ayrshire community planning partnerships (CPPs). This provided a strong existing framework around issues such as availability of healthier food and drinks, physical activity, active travel, maternal and infant nutrition, weight management, etc. The WSA also advanced the national public health strategic priority of 'A Scotland where we eat well, have a healthy weight, and are physically active'.

When approached on the possibility of becoming a PHS early adopter on diabetes prevention and healthy weight, it was decided to focus on one community planning partnership area. North Ayrshire was agreed as the most appropriate area in which to advance this. It has a natural fit with many of the WSA's aspirations. The focus of the WSA was agreed: to improve the food and physical activity environment experienced by children and their families.

North Ayrshire has a population of 135,280 and includes the main town of Irvine, other towns and villages, rural areas and the islands of Arran and Bute. In total, it covers 885.5 km^2. In 2017, 71% of North Ayrshire's adults were overweight, including 34% who were obese. Healthy weight in Primary 1 children is 73%, below the Scottish average of 76.6%. Further analysis highlights significant inequalities across

areas based on deprivation – around 32% of adults living in the most deprived areas are obese, compared with 20% of those living in the least deprived areas.

Methodology

Work to prepare this case study was advanced in April 2022. Given that the WSA was primarily put on hold after the first COVID-19 lockdown, the evaluation process has been limited. It has included depth interviews with the two project leads, one from NHS Ayrshire and Arran and the other from North Ayrshire Council, and a review of some outcomes from the initial WSA workshop.

Key lines of enquiry in the discussions were:

- experience of the local WSA process to date
- reflections, from limited experience, of where the WSA process appears to work well or not so well
- views on the WSA model followed
- the next stages of the WSA project, which is now restarting
- any lessons and reflections from COVID-19 and WSA suspension that may influence the future approach.

The light touch evaluation reflects that, after a strong start, the WSA has effectively been suspended for approaching two years due to COVID-19. Only by spring 2022 were plans developing to restart work. In this context, the case study focuses on lessons from these early developments and on how they will now influence post pandemic activities.

The North Ayrshire WSA journey to date

Timeline	Activity	Process	Outcomes
Autumn 2019	Two local WSA leads undertake LBU WSA training.	Standard 5-day LBU training course.	Completed and considered very positive.
October 2019	WSA launch event.	Half-day face-to-face session – very well attended with around 40 participants with senior buy in and endorsement.	Information and notable enthusiasm generated on WSA approach and some informal mapping work commenced.
January 2020	Presentation of WSA to North Ayrshire Community Planning Partnership (CPP) senior officers group.	Paper and presentation.	CPP strongly supported and endorsed (in competitive voting process) WSA objectives – issues recognised as local priority.
January 2020	First formal WSA workshop.	Standard WSA model followed in face-to-face session, supported by LBU staff. Again, around 40 participants, with significant overlap of launch attendees.	Preliminary causal map produced.
March 2020	Progress meeting with LBU.	Detailed progress meeting reflecting on first workshop and planning for second workshop and next stage of process.	Draft plan for next stages identified.
March 2020	First COVID-19 lockdown.	N/A	Decision to suspend WSA – lead staff and other key

Timeline	Activity	Process	Outcomes
			stakeholder staff redeployed to address pandemic emergency.
March 2020 – April 2022	Ongoing national networking events on progress with early adopter progress.	Online learning events.	Enabled North Ayrshire leads to stay in touch with and learn from progress on other WSAs.
Spring 2022	Considerations on WSA restart.	Discussions amongst project leads on future options and key pandemic learning.	Development of future WSA plan for spring/summer 2020.

Reflections on progress to date

Stakeholder engagement

Initially identifying stakeholders was helped considerably by previous and ongoing partnership-based work on healthy weight. Linked to this were the already well-developed networks of the two lead officers, combining health and local authority reach across the healthy weight and active communities' agendas. The governance decision to have two senior agency sponsors was also helpful and the formal invitation was sent by one of these to add further gravitas.

Those people targeted included licensing, planning, the council's business team, KA Leisure, school meals and public Health teams, as well as staff from the North Ayrshire Health and Social Care Partnership. This resulted in good buy in, with the key omission at this stage being any input from licensing.

Launch and initial WSA workshop

The WSA launch was a high-profile face-to-face half day event attracting around 40 people from a wide range of agencies and organisations. The format initially introduced the WSA concept and PHE model and progressed to some early-stage mapping work. Presentations to reinforce the importance of this initiative were made by very senior council and NHS managers, and by a senior councillor deputising for the North Ayrshire council leader.

Lead officers reported very high levels of energy and enthusiasm amongst participants, beyond perhaps their pre-launch expectations. There was a sense that the WSA was a new, fresh and different approach to an ongoing problem, alongside recognition that North Ayrshire already had some very good building blocks in place. ‘Everyone seemed really engaged and excited about the prospect of moving ahead.’

For the WSA leads, the success of the launch was partly due to what became the luxury of a face-to-face session. This created the right atmosphere, and the opportunity for informal partner networking. It also highlighted some unanticipated allies. For example, ‘People like the fire brigade immediately saw the connection and supported us because their guys spend a huge amount of time helping colleagues in the ambulance service get people out of houses and to hospital’.

The initial formal WSA workshop was held in January 2020. Again, a face-to-face event was possible. This closely followed the PHE format and North Ayrshire invested additional local resources to have LBU staff present to support workshop operation. This provided significant expertise and reassurance to project leads. Again, approaching 40 people participated, with significant overlap with the launch. The session was challenging but positive – ‘brain hard’ as one lead commented – and benefitted from work started at the launch. Most participants engaged well with the various tasks and the key outcome was a detailed preliminary causal map. The WSA leads reflect on a very productive session, with good energy and enthusiasm levels maintained.

Post workshop developments

The outcomes of the first workshop were then reflected upon and further categorised. This led to a review and future planning meeting with LBU in mid-March 2020. The session involved checking the accuracy of the maps, making sense of them, putting meat on the bones and identifying gaps.

By this stage, there were four maps on four themes, but it was clear there were other themes requiring further review, for example breastfeeding. A plan was developed to get thematic groupings of people together. Indicative planning for the second WSA workshop also commenced.

The following week the first COVID-19 lockdown was announced. The project leads then undertook a half-day training session on online delivery options but determined this approach would not work well in the North Ayrshire context. In their view, the approach could not recreate the energy and informal networking of a face-to-face event.

Leadership, governance and strategic fit

The WSA project was jointly led by a consultant dietitian in public health nutrition in the public health team at NHS Ayrshire and Arran, and an officer within the Communities and Education Directorate of North Ayrshire Council. These staff already had long standing experience on related issues and a good working relationship prior to the WSA. Respectively, they were actively involved in groups advancing the Healthy Weight Strategy and North Ayrshire Active Communities work. Through these areas of work good links and networks were already in place with related agendas on issues such as green health, active travel leisure provision, etc.

Supporting the leads were two senior executive sponsors from the council and NHS. This signalled high level commitment to the WSA process and the priority attached to this.

Critically, support was gained at the outset from the CPP and, fortuitously at the time, the CPP's senior officers group were doing a refresh of strategic priorities for the next three years. This provided space for healthy weight to become a part of these.

CPP support for the WSA was relatively easy to secure. As the lead officers commented, 'we predicted a really hard sell, but stakeholders were all over it, and wanted to do things to help'. It appeared to be the right approach to a priority issue at the right time.

The PHE model

The two WSA leads attended the 5-day LBU WSA training course in the autumn of 2019. They both considered this to be very good and critical to enabling subsequent delivery. It was challenging but enjoyable and provided a very strong theoretical underpinning to the WSA, which was very important. The supporting toolkits were very detailed and used significantly. But they also demanded time to absorb, which was not always available. In practice, they used an estimated 90% of the toolkit and adapted the other 10% to local circumstances to make some things easier to explain. Increasingly, they viewed the model as a framework rather than totally prescriptive. Importantly, however, they felt that the training 'gave them the confidence' to deviate from some aspects of the PHE model in practice, so rather than being a weakness, this was in fact a strength.

Over time, frustrations did become apparent with some of the more technical mechanisms, such as the 'opposite and same' concept, and that these had the potential to lose workshop participants. The process, for example the direction of arrows on the map, could distract people and lose the essence of some conversations. At worst, it had a sense of 'the tail wagging the dog' and getting 'bogged down in software'. In conclusion, as one lead commented, 'we would have preferred to consult the community groups with a flip chart and pen and shape the maps together – rather than bring one along and make it the centre of the conversation'.

The implications of COVID-19

The loss of momentum caused by COVID-19 was frustrating. At a potentially exciting stage, it brought developments to an abrupt halt. The leads considered online delivery options but did not view these as appropriate. In any event, lead staff were re-deployed and it was clear this was happening across all stakeholder agencies. In this context, the WSA could no longer be justified as a priority.

National supports

The support from national partners provided to the WSA were considered of considerable value.

The former OAS national co-ordinator was a critical and ongoing internal supporter. He sometimes acted as a 'critical friend' between the prescriptive nature of the toolkit and what they did: 'a real asset, and a good motivator and ally to have in our corner'. Local leads are keen to develop a similar relationship with the new OAS national co-ordinator as work now recommences.

Other sources of external support were provided as follows:

- Strong and ongoing support was provided by a member of Scottish Government's Diet and Healthy Weight (DHW) team. She was the driver of the DHW delivery plan and very passionate about the WSA. She was regularly in contact with the WSA lead officers, offered good strategic advice on the role of key players and sought to galvanise their support for doing something over and above the early adopter work around DHW. Unfortunately, this civil servant was redeployed by COVID-19, and a replacement relationship is yet to established.

- A representative from PHS was at both of their events, but there was limited contact beyond this.

- The WSA had some initial contact with Food Standards Scotland around a very specific piece of work on calorie labelling and MenuCal software that they might have used.

Next steps

This case study has been prepared as the COVID-19 pandemic appears to be ending. Consequently, the local leads are now in planning discussions on what this means and what work now needs to be advanced. This requires balancing picking up on WSA continuation plans in place as of March 2020, with the realities of COVID-19 learning and a changed post-virus landscape.

Three key factors are now informing future considerations:

- Much of the work done until March 2020 remains valid and represents a strong foundation as the WSA restarts. It's anticipated that the enthusiasm generated at earlier events can quickly be recaptured.

- Alongside all the negatives, COVID-19 has generated some positive learning that can now positively shape future developments. Pandemic responses have identified new players and services that can further improve future WSA developments. For example, the WSA had initially engaged a local food bank, but through Covid responses, a much wider Fairer Food Network has now been identified, including larders, community fridges, and growing projects. These services will now be added into future WSA network analysis and mapping.

- More generally, the pandemic has forced wider WSA thinking and practice – as one lead commented 'everyone is now doing and talking WSA'. This is an opportunity, but also potentially a new challenge.

In practice, indicative next stages in restarting the WSA are:

- finalisation of future development plans (May 2022)

- 1:1 catch up meetings with existing key stakeholders (summer 2022)

- 1:1 catch up meetings with new stakeholders identified during, or emerging because of, the pandemic (summer 2022)

- a new stakeholders' introductory/catch up workshop to equalise future starting points (September 2022)
- formal restart of WSA (autumn 2022).

Importantly, the local leads think that the momentum and local commitment generated to March 2020 will ensure the WSA is sustained despite the ending of formal early adopter status.

Key conclusions

The experience of the WSA early adopter in North Ayrshire reflects a combination of frustration alongside an ongoing sense of enthusiasm and optimism. Frustration has come from the limitations of COVID-19, which, at an exciting phase, effectively halted the process for two years. But, nonetheless, enthusiasm is maintained through a sense that initial work prior to March 2020 was very positive and has created a legacy and energy with ongoing value as the WSA now picks up again in the spring of 2022. In fact, the COVID-19 experience and associated learning now create a sense that the WSA can achieve even more than initially expected.

The WSA benefitted from strong foundations of partnership working in North Ayrshire, with good strategic based work already in place. Moreover, the early adoption and promotion of the WSA's work within wider community planning structures quickly established its priority at senior organisational levels. This augmented clear leadership by two experienced NHS and council staff with a strong prior working relationship.

The PHE model was recognised as a key theoretical underpinning of the North Ayrshire approach and was extensively applied in practice. The training and expertise of LBU staff was significantly valued by the leads. Over time, however, some aspects were viewed as too process driven and required to be locally amended to maintain stakeholder interest.

Other national level support was also considered important, most notably from OAS and the Scottish Government.

By May 2022, the WSA is now recommencing, with clear plans formulating for the next stages. Importantly, local resources and enthusiasm create a sense of sustainability beyond the end of formal early adopter status. Local leads are confident it can now be 'bigger and better' than before due to new and 'wholer' WSA connections made over the past two years. This will involve some catch up work with newer players, but this is factored into future approaches. Moreover, there is a sense that WSA is now much more recognised in the wider context. This is helpful but demands careful definition of what this term means.

Key learnings

Key learning points from the North Ayrshire WSA experience to date are suggested as:

1. The importance of securing early support from the CPP and establishing the issues addressed by the WSA as formal strategic priorities.

2. Maximising the fit of WSA work with ongoing related developments and strategies, most notably the healthy weight and active communities' agendas, and using the management structures of these to advance developments.

3. The value of having two very experienced staff from the NHS and local authority leading developments, using and making the most of collective experience, knowledge and networks to maximise WSA impact.

4. Ensuring high visibility for the WSA through formal sponsorship by very senior NHS and council staff and senior councillors.

5. Recognition of the value of the WSA being underpinned by the robust and theoretically respected PHE model, and the key importance of supportive high-quality training. But alongside this, the need to view it as a framework and adapt to local circumstances as required.

6. The opportunity to harness a new enthusiasm and increased potential for WSA approaches in the post COVID-19 context, but also the need to ensure the

concept retains fidelity to key principles and is not diluted to include less robust approaches.

7. Recognition of the limitations of remote delivery of some WSA elements in generating the same levels or enthusiasm, networking and energy as face-to-face workshops and events.

8. The ability to restart the WSA process after a significant pause with a confidence that the initial building blocks remain valid and that the previous enthusiasm can be re-established.

9. A sense that local momentum and resources are now in place to advance the WSA beyond formal early adopter status. But future ongoing support from national partners such as OAS and the Scottish Government would also be of value.

Case study 4: East Lothian

Loving Life in Musselburgh started in the autumn of 2019. Its overall aim is to reduce obesity and type 2 diabetes through a wide range of partners and local communities systemically working together and differently to make lasting and sustainable change. Loving Life is one of five WSA early adopter areas in the East Region.

Background and policy context

The WSA Loving Life was directly focused on the town of Musselburgh in East Lothian. It's the largest settlement in the local authority, with a population of just over 21,000. It was selected as the WSA area due to a combination scale, a recognition much related activity was already underway and because it contains many of East Lothian's most deprived communities where obesity levels are far in excess of national averages.

The concept of establishing a WSA approach led from, linked to and extended an existing local project Loving Food. The environmental health officer leading this saw the opportunity for Loving Life and, with strong line management support, assumed leadership of the WSA, successfully applied for formal early adopter status and funding support.

The initial attraction of a WSA was its potential to comprehensively understand and tackle a complex and deep-seated issue impacting widely on the quality of life in Musselburgh. In the wider context, it directly advanced the Scottish public health priority of 'A Scotland where we eat well, have a healthy weight, and are physically active'.

Methodology

Work to prepare this case study was advanced between October 2021 and March 2022. This included:

- observation of the two WSA stakeholder workshops

- seven depth interviews with project leads, wider working group members and some participants in the stakeholder workshops
- a review of a wide range of project documents, progress reports, workshop support materials, communications and publicity
- observation of an OAS workshop, which included a presentation on Loving Life.

Key lines of enquiry throughout the field work were:

- experience of the local WSA process, in particular the workshops/meetings
- aspects of the WSA process that worked well or not so well
- participants' views on the WSA model followed
- the extent to which stakeholders felt that the key elements of the WSA were working (as set out by Public Health Reform, Scotland) or had been followed
- any noticeable differences and outcomes the WSA had made to date
- lessons from the experience that can inform future WSA practice.

Reflections on method

The depth interviews held were very informative but failed to engage as many workshop participants as hoped. This reflected other work pressures on stakeholders. Nonetheless, the discussions undertaken, allied to workshop observation and a review of a well recorded and documented WSA journey by project leads, have enabled a good overview of the WSA and its key learning. In addition, this case study has benefitted from a blog written by a key partner, the Democratic Society, reflecting their experiences of Loving Life.

Timeline

Timeline	Activity
Autumn 2019	• WSA lead trained in PHE model. • Establishment of local governance structures. • Successful bid for WSA Obesity national status and funding support.
Winter 2019/2020	Initial engagement work begins – 'boots on the ground'.
March 2022	First COVID-19 lockdown begins – workshop postponements begin.
Winter 2020	Decision to move workshops to online format and engagement of Democratic Society. Further workshop postponements.
Summer/autumn 2021	• Working group reformed with some membership changes. • Refreshed and continuing community engagement work. • Preparation of online workshop delivery.
November 2021	Loving Life Workshop 1.
December 2021	Loving Life Workshop 2.
February 2022	Completion and submission of action plan.
April 2022	Implementation phase of projects.

The Loving Life journey

PHE model training

The WSA project lead attended five days of training in the PHE model in autumn 2019.

Initial engagement work

This was a critical part of the process introducing and generating interest across a wide group of stakeholders in Musselburgh. The approach is described as intensive

‘boots on the ground’ work, meeting people informally in a variety of community settings. It was aided by a historic presence of environmental health officers in the community, but introduced a very different developmental role for the service. Informal chats with these staff ‘over many cups of coffee’ were clearly very important to the future success of Loving Life.

The scale and defined nature of Musselburgh made this process more manageable. It led to the development of the following stakeholder list.

East Lothian Council	Community stakeholders	Others
• Transportation project manager. • Behaviour change officer. • Child healthy lifestyle coordinator. • Licensing team manager. • Planning officers. • Head of Communities and Partnerships. • Home economics teacher, Musselburgh High School. • Environmental Health. • Art projects coordinator. • Community sport development officer. • Musselburgh countryside ranger.	• Musselburgh Sports Centre Manager. • Musselburgh Football Club. • East Lothian Foodbank Director. • Teapot Trust. • Musselburgh Sea Cadets. • Cycling Without Age. • Musselburgh Rotary Club. • Musselburgh Bridges Trust. • Changes (Mental Health). • Fisherrow Harbour Association. • Musselburgh Rowing Club. • Scottish Grocer Federation.	• National Endowment for Science, Technology and the Arts (NESTA Scotland). • Royal Environmental Health Institute Scotland. • Musselburgh Community Councillors.[8]

Workshops

The engagement work was targeted on generating involvement in two planned stakeholder workshops on Loving Life to introduce and advance work based on the

established PHE model. But COVID-19 completely and recurrently undermined initially anticipated timelines to hold these in 2020. This necessitated a revised plan to change the workshops from being traditional face-to-face events to an entirely online format. This required significant changes and capacity work to consider the options and to build new capacity and confidence in the project working group to deliver in this new way.

After much delay, the online workshops were then held six weeks apart in November and December 2021. In preparation, given the time lapse, reminder and refresher 'boots on the ground' work was required to maximise attendance.

The workshops were two 3-hour morning sessions, which broadly followed, but adapted, the PHE model. Technical delivery support was accessed from the Democratic Society, who worked with local partners to design and prepare for the sessions and introduce a number of new online mechanisms that were new to most of the working group. Attendance at the workshops was around 30 people at each, from the range of stakeholders listed above, with very significant continuity in participation. Virtually all the people taking part stayed in the sessions for the full 3-hour period.

Workshop 1 enabled participants to share their opinions on the local causes of obesity, to agree the top four priority causes and to map the root causes of these. Participants were split into smaller breakout groups and used Miro to map out causal links to their prioritised main causes of obesity.

Following the workshop, the WSA working group then collated the root cause maps (12 in total) into one community health and wellbeing map. Four key themes emerged:

- community education
- active lifestyle
- built environment and transport
- food environment.

In Workshop 2, participants:

- reviewed the community health and wellbeing map
- mapped on any existing activities (such as groups and initiatives) happening in Musselburgh
- shared ideas for new activities
- chose three priorities to progress further, either existing initiatives or new ideas. They were chosen by considering current status and potential effect.

Action planning

Based on feedback, analysis and the collation of priorities from the workshop sessions, an action plan was produced by February 2022. For practical and resource purposes, this seeks to advance one action from each of the four themes identified, based on funding potentially available from the East Region governance group.

The actions by theme identified were:

Theme	Priority actions
Community education	• Partnership working post COVID-19. • Permanent space for young people. • Umbrella voluntary society.
Active lifestyle	• Better use of Musselburgh River (community arts work on bridge, mapped trail around Musselburgh). • Empowerment group, as gateway to joining other groups/activities. • Pump track.
Built environment	• Active travel hub. • Less formal children's play areas (e.g. open gym on path network). • Free pilot of activities. • Signposting of paths.
Food environment	• Community pantry.

Theme	Priority actions
	• Licence control of hot food takeaway provision. • Community food classes. • Allotments.

Prioritised projects are anticipated to be advanced over the year from April 2022.

WSA support structures

The WSA has had a three-tiered working structure.

1. At the regional level, the East Region governance group oversaw and has provided funding for each of the five WSA early adopters in the East Region. Funding of £60,000 was available to support each WSA, with £10,000 earmarked to support the discovery process and £50,000 for supporting implementation.

2. An East Lothian level governance group involving senior officers from East Lothian Council, NHS Lothian and the Health and Social Care Partnership. This was relatively 'light touch' in focus, but provided more senior support and a mechanism to raise and address any systemic blockages to the WSA.

3. A Loving Life working group. Led by the lead officer this did most of the practical heavy lifting and development work. At key points, this group met very regularly and provided most of the facilitators for the workshop sessions.

A new implementation group for the next phase of Loving Life is now being created to oversee the operation of projects. This will widen involvement to workshop participants and, critically, seek direct inputs from the local community.

What worked well

Leadership and governance

Leadership of the WSA by an environmental health officer was very positively rated by consultees. This provided clear direction, detailed knowledge of the PHE model and ensured momentum was maintained throughout the process. This was supported by strong line management support: initially an allocation of 50% of the lead officer's time enabled significant and much needed resources to drive Loving Life.

Leadership provision by Environmental Health was recognised as initially unusual, but had advantages. It benefitted from a sense that the officer already had a strong presence in the community, albeit normally in a different type of role. In addition, the fact that someone from Environmental Health was leading on an obesity project immediately sent out a message that the WSA intended to be wider and different.

Support from the East Region governance group was limited and hampered by staff changes. It did, however, provide some focus and wider context. The senior officer local governance group met infrequently, but there was, nonetheless, a sense that having this buy in at senior level provided some comfort to the operational working group should problems arise. The working group was the key mechanism to make things happen. This reported good and sustained levels of participation, despite significant other work pressures.

Stakeholder engagement and participation

The scale and range of participation from wider stakeholders was impressive and demonstrated significant commitment within the workshop sessions. This is reflected in the stakeholder list detailed above. It ensured the WSA included, but went beyond, the 'usual suspects' in terms of a partnership obesity and healthy weight initiative.

Much of the credit for this outcome needs to be apportioned to the initial boots on the ground engagement approach. This was reported as intensive and wide ranging in

reach. It also required revisiting given the gap between when the workshops were initially intended to be delivered and when these in practice became possible.

Local focus and enthusiasm

Loving Life benefitted from two points of focus: it identified from the outset the key and important issue to address and it was entirely rooted in the clearly defined community of Musselburgh. Consultees repeatedly referenced how important the local focus was. As one noted, ‘it kept the process manageable and real’. It was apparent in the workshop sessions that it enabled a very granular understanding of the nature and needs of the community informed discussions, and this was of particular value in the mapping process. There was a very strong sense that this was a key success factor for Loving Life.

Workshops

While some improvements are suggested below, overall, the workshops reflected a very positive experience. This did not happen by accident: it reflected extensive planning and design. In addition, pandemic circumstances demanded a major shift in focus from the initial concept of a traditional face-to-face workshop to entire online, remote delivery. Key positive features included:

- good and wide participation levels that were sustained throughout long sessions
- genuine enthusiasm to focus collectively on a very important local issue
- the role of trained facilitators, and the importance of having two in each break-out group, given the relative complexity of some tasks
- a good feel to the sessions, with no one dominating, leading to a real sense of co-creation and people having their say
- overall workshop management, which was professional, thought out, maintained momentum and kept to time

- good use of visual concepts and videos to communicate and simplify key WSA concepts

- online gains through the required remote delivery mechanisms, most notably the use of tools such as Miro boards. These demanded quick capacity building within the WSA group – of direct value to Loving Life but now transferable to other important settings.

A final important point is that, despite their duration, participants reflected that they enjoyed the workshops: ‘To be honest I was a bit intimidated by the 3-hour duration, but in fact the time seemed to fly by’.

WSA model

Loving Life started with a strong focus on applying the PHE model. Looking back, this was still viewed as having considerable strengths and value. It provided a good and logical structure, demanded a common focus and enabled a more in-depth analysis of the problem/challenge. The mapping process and cause and effect activities generated important information. But, as considered further below, several aspects of the model became of concern and led to adaptations as the process evolved. By the end, the PHE model was viewed as an important framework providing some helpful guidance.

Partnerships and learning

The operation of Loving Life also developed some wider partnerships and collaborations that worked well and supported the process. This included the input of the Democratic Society, whose support in moving to an online format was considered ‘invaluable’ – bringing new ideas, sharing skills and generally ensuring the working group was more confident in entering the workshop sessions. Support from OAS was also valuable in connecting the WSA to the wider Scottish picture and in sharing good practice.

These relationships were progressed in a good spirit, sharing ideas and experience. As one partner commented, ‘there was a sense we were all sort of learning together’.

Challenges and difficulties

COVID-19

The pandemic clearly impacted the WSA’s progress. Though this is largely self-evident, it’s nonetheless important to note. It created inevitable frustrations, delays and uncertainties; it disrupted the flow and dynamic; and it reduced the resources available to advance Loving Life due to necessary staff redeployments. In practical terms, it led to a large gap between initial engagement work and the subsequent workshops and demanded these moved from being face-to-face to online. While the latter in practice delivered some perceived benefits, it was nonetheless disruptive and added a significant additional time commitment in making necessary design and delivery alterations.

Time commitments

The time and commitment required to design, deliver and manage the WSA effectively was very significant and potentially underestimated. In the initial stages, the allocation of 50% of the lead’s time was very helpful, but over time this commitment reduced. The time of other working group members came under similar pressures.

For wider stakeholders, at 3 hours, the length of the two workshops was a challenge for some. While consultees acknowledged this time was generally justified given what the sessions were seeking to do, it was noted it could be a little off-putting. And while some noted that in practice the time passed quickly, and the sessions sustained interest, it’s reasonable to assume some did not attend because of the session’s duration. One consultee did note she did not attend the first workshop because of this.

Community engagement

The process to date has not significantly engaged the community in terms of involving people with lived experience of the issues addressed. All participants were paid staff. But the engagement of a range of third sector partners did enable inputs of wider community views by proxy.

This raises a fundamental issue about the WSA model in terms of whether seeking to involve the wider community in the workshops is a practical or helpful way of ensuring meaningful inputs. Most consultees did not view the absence of direct community engagement as a mistake, rather that it would not have been appropriate as the right format. The switch to online sessions potentially strengthened these views, but this is not the sole reason. Instead, the direct views of communities should be gathered through other mechanisms, such as dedicated surveys and bespoke community events.

Loving Life will now address wider community involvement through seeking direct inputs in the implementation group being established to advance the action plan. It's too early to comment on the degree to which this will happen, or its impact.

Wider stakeholder engagement

Though Loving Life attracted a good range of stakeholders, some key players were viewed as unrepresented. Most notable amongst these were the schools. This again may reflect the time commitments required in the workshops and the times of day that these were held.

Workshops format

In addition to some concerns on their length, a few other comments were made on the workshop content and structure. The most significant was some sense of rush at the end of the second session when the various break out rooms reconvened in plenary form. This meant people did not have enough time to reflect and further join up the four sets of feedback or to comment on the discussions from the groups they had not been in. This was not suggesting that the second workshop was extended,

but that a third and shorter ‘sweeper’ workshop should have been considered, after all breakout group feedback had been digested. One consultee highlighted this by noting ‘the breakout groups were great for joining up discussions within the theme but did not allow enough time for joining up discussions across the themes’.

WSA model

Alongside the strengths of the model noted above, there were also some more critical reflections on the strict application of the PHE model. These concerned its tendency to be over theoretical and inaccessible at points, with some concepts time consuming and difficult to easily grasp. For example, the concept of ‘same and opposite’, which seemed close to the more easily understood cause and effect. Some reflections suggested that over focusing on the model at points ‘… seemed to be holding us back from getting to the really interesting stuff’. Rather than detailed theory, locally produced and simpler diagrammatic contexts seemed to have more traction. The working group recognised these concerns and in the second workshop moved away from some of the core PHE model in response.

These reflections raise some interesting issues in moving forward further WSA work. On the one hand, over diluting the WSA model may lose some of its core strengths and its added value to good partnership working. But set against this, WSAs require to be accessible and practical and retain sufficient interest amongst a significant group of stakeholders. A balance is needed, suggesting the option of developing a future hybrid Scottish model that is adaptable and flexible. Linked to this is the need to clearly articulate who needs to know what about WSA theory. In practice, if someone or a small group driving the process have a full understanding of WSA theory, it may not be necessary for wider stakeholders to have more than the basic concepts. In practice, Loving Life quickly understood and applied this thinking.

Differences made by Loving Life to date

This case study has been written while Loving Life is still a work in progress – and a process that has been significantly disrupted by COVID-19. Identifying differences to date requires recognition of this context. Repeatedly, consultees noted regarding

some anticipated impacts that it's 'too early to say'. Nonetheless, at this stage it's suggested that Loving Life has:

- created significant momentum and excitement among a wide group of stakeholders on the issues of obesity and healthy weight
- engaged a range of agencies and services across the public and community sectors, including and beyond the 'usual suspects' around a shared vision and commitment
- stimulated new bilateral relationships between partners
- advanced an approach based on new learning and a deeper understanding of these complex issues and current interventions in play to address these
- generated new ideas and built a stronger coalition behind some existing ideas
- highlighted how progress can be made through a full appreciation of place and the need for a distinct Musselburgh response
- created new and transferable local capacity to deliver remote online workshops.

Outcomes to date

Reflecting on the anticipated six WSA outcomes again requires respecting the stage of the Loving Life journey. Summary observations on these are presented below in this context.

Outcome	Observation
Community engaged	Direct community engagement at this stage has been limited, but through the wide range of organisational stakeholders involved, some input has been provided by proxy. Doubts have been expressed as to whether the core WSA workshops would be an appropriate mechanism to seek this engagement. This will now be addressed through the new implementation group and potential activities.

Outcome	Observation
Action to address upstream drivers and determinants of health	Participants are aware of upstream drivers and determinants, but also aware that change will take time. The focus has been on diet and healthy weight, but firmly in the context of reducing inequalities. Demonstrations of real successes on the ground are anticipated, which will, in turn, point to upstream changes needed, with lessons 'filtering-up'. Some progress here is already apparent through workshop findings and the action plan. But at this stage it's limited in terms of evidence.
Systems practice integrated across the partnership	This has been strong from the outset and ongoing and has underpinned the Loving Life workshops. This concept has been introduced across a wide range of stakeholders, many of whom have had little previous history of coming together on the obesity agenda. It's too early to say if systems thinking has been embedded across the partnership.
Collaborative working across departments and organisations	Loving Life has significantly advanced collaborative working. A wide range of stakeholders across the public and third sectors have come together to create common objectives on obesity and healthy weight, many for the first time. Partnership-wide and bilateral relationships have been forged premised on sharing information, aspirations and frustrations.
Actions jointly prioritised and aligned across the system	The action plan has now identified prioritised actions. A start has been made on aligning these across the system, which will now be advanced further through the projects that will be progressed in 2022/23.
Learning is being captured and shared	This has characterised the Loving Life story. Good records have been kept on progress and learning, and it's apparent that this has led to appropriate 'in flight' adjustments in delivery, for example re-working some of the more theoretical elements of the second workshop.

Key conclusions

Overall, Loving Life has been a positive experience, which has made good progress in a very challenging period. It has strongly demonstrated many of the key strengths of a WSA, and already made a significant difference. But is very much a work in

progress and the fuller impact can only be assessed as it enters the next phase of its journey.

Loving Life has been well led, professionally operated, inclusive of a wide range of stakeholders and innovative in design. The approach has been premised on joint and new learning strongly focused on a key and important local issue. The focus on Musselburgh has been very important, giving a manageable community context and harnessing extensive local knowledge. The brand of Loving Life has been well received and has added to the WSA's momentum.

COVID-19 clearly disrupted initial plans. But alongside the inevitable limitations and delays of the pandemic, this reality also triggered some gains in developing new online approaches and capacity that were generally well received. In addition, the way in which the leadership of the WSA adapted and responded to unprecedented circumstances is to be commended and has demonstrated strong agility and determination.

The WSA was committed to ongoing and shared learning. This led to some 'in flight' adjustments and has generated key messages to consider in future WSA work. Some of the workshop format could be revisited, and the PHE model, though with significant strengths, could be (and was) adapted to increase practical engagement. Direct community engagement has been limited, but for many good reasons. This needs to be strengthened as Loving Life moves into the next phase.

In terms of sustainable and lasting systems change, a good foundation has been laid but this will require further reflection in the longer term.

The next stages of Loving Life are now planned and underway. These will be critical. Very positive energy and enthusiasm has been generated, but this brings with it visibility and widespread expectations to now deliver tangible change.

Key learnings

Within an overall positive context, the key learning points from the Loving Life experience are:

1. The importance of investing time in front end engagement work, introducing and generating enthusiasm in the WSA concept must be fully recognised.

2. Consideration should be given to reworking the workshops into three potentially shorter sessions. This could include a final workshop, after a more detailed review of the second workshop break out group feedback.

3. The stage of, and mechanisms for, gaining direct lived experience community engagement needs to be reconsidered. This may require bespoke community engagement activities and surveys running alongside the workshops.

4. It's important to maintain momentum after the workshops by clear communications on what happens next.

5. Seeking early and tangible impacts on what an WSA approach can make in the short-term needs to be viewed with caution – many key changes will take some time.

6. Longer term sustainability requires clear and clearly articulated links with other key existing structures, most notably community planning partnerships and area partnerships.

7. The focus on a defined, recognisable and manageable community brought many gains. Operating across wider and more varied geographies would require changes from the Loving Life approach.

8. Broader consideration should be given to developing a bespoke Scottish WSA model, taking the key strengths from the PHE model but adapting and simplifying some of key concepts and processes to make a WSA more accessible and practically focused. Some of the locally generated Musselburgh materials should be considered good practice in this context.

9. Online workshop delivery had some key advantages and limitations. Post pandemic, future approaches should carefully consider the choices in blending these options.

Case study 5: Aberdeenshire

The Healthy Eating Active Living (HEAL) project originated in late 2019, with the delivery phase delayed until January 2021. Its overall aim is to reduce obesity and to promote active living through a wide range of partners and local communities systemically working together and differently to make lasting and sustainable change. HEAL was not one of the early adopter WSAs, but shared many similar characteristics to these and highlights significant transferable learning.

Background and policy context

The Aberdeenshire WSA was advanced under the initiative HEAL. This covered the whole of Aberdeenshire, which, by population, is the sixth biggest local authority in Scotland and the fourth largest by geographic area, covering 6,312 km^2 and incorporating a diverse range of small urban and large rural areas.

HEAL developed from local origins. It was not included within, or initially aware of, the Scottish Government's WSA to diet and healthy weight and the early adopters. This only changed in summer 2021, when HEAL connected with the Dundee WSA.

The origins of HEAL arose from significant concerns on healthy weight. Although a comparatively prosperous local authority area, Aberdeenshire data highlighted a slightly higher unhealthy weight average than other parts of Scotland. This was also reflected in the critical Primary 1 age cohort. Nationally, HEAL sought to respond to and support the Scottish public health priority 6, 'A Scotland where we eat well, have a healthy weight, and are physically active'.

The project officer was a member of the public health team within the Aberdeenshire Health and Social Care Partnership (HSCP). This is a jointly funded post with the council. Significant research was undertaken on WSA methods and theory and the PHE model was identified as most useful. Though no formal training was accessed, this model and its support materials provided the underpinning of the approach adopted.

Methodology

This case study has been prepared based on a discussion in April 2022 with the HEAL project officer who works within the Aberdeenshire Health and Social Care Partnership Public Health Team. This was supported by a review of a wide range of background materials on the project's development, including:

- HEAL systems map on the causes of unhealthy eating and inactivity in Aberdeenshire
- HEAL strategic action planning workshop feedback
- HEAL action planning spreadsheet
- HEAL community assets mapping session – toolkit
- Findings from the HEAL Network Analysis
- HEAL community engagement – summary presentation
- Community Engagement Phase 1 report (community asset mapping).

Consultations and the background documents enabled the case study preparation to investigate:

- the experience of the local WSA process
- aspects of the WSA process that worked well or not so well
- views on the WSA model followed
- any noticeable differences and outcomes the WSA had made to date
- lessons from the experience that can inform future WSA practice.

As HEAL was outwith the formal series of WSA early adopters, this case study is based on a lighter touch process than in other areas. Many of the qualitative views are primarily the reflections of the project officer and must be viewed in this context.

Nonetheless these, allied to the background documents which recorded progress and outcomes, provide a rich picture of the project's development and learning.

The HEAL journey

Introductory and set up phase

Timeline	Activity	Process	Outcomes
December 2019	Initial introduction of WSA to local partnership structures.	Submission of WSA paper to CPP executive.	Broad general support/interest in WSA concept.
January 2020	Initial stakeholder's workshop.	Face-to-face workshop of identified CPP partners at this stage.	General support for WSA model as a new way of collaborating to address healthy weight issues in Aberdeenshire.
March 2020	First COVID-19 lockdown.	Developmental work halted, staff redeployed to pandemic response work.	Suspension of WSA process.
June/Summer 2020	Recommencement of development work.	WSA/HEAL business case prepared. Desk research on potential WSA models.	Business case completed. PHE model confirmed as preferred WSA framework.
January 2021	Business case submission to CPP.	Presentation to CPP.	HEAL formally adopted as part of renewed local outcomes improvement plan (LOIP).

Delivery phase

Timeline	Activity	Process	Outcomes
April 2021	Establishment of HEAL governance structures.	Membership identified and invited to initial meeting of HEAL strategic planning group (SPG).	Stakeholder group established of CPP members and terms of reference agreed. Initial presentation of relevant data on healthy weight, and further introduction of PHE WSA model.
May/June 2021	Network analysis.	Desk exercise by project leads using adapted PHE materials. Initially 200 people identified, generating around 25 responses (many of which represented multiple staff).	Network analysis report completed. 247 people and 94 organisations identified as working in areas related to HEAL agenda.
July/August 2021	Action mapping process.	Desk exercise using PHE materials.	Action map produced, initially capturing responses within comprehensive report and spreadsheet.
August 2021	Engagement of dedicated community engagement resources.	Agreement of three days per week of dedicated and experienced CE officer from council's CLD team.	Commencement of planning of CE programme when COVID-19 restrictions permitted.
September/October 2021	Development of casual maps.	2 x 2.5-hour stakeholder workshops, using network analysis and action planning findings, again based	Casual maps developed – 9 casual themes, 220 causes of obesity identified.

Timeline	Activity	Process	Outcomes
		around amended PHE model.	
November/December 2021	–	Two stakeholder Action Planning workshops (one face-to-face, one remote). Using PHE action scales and systems belief tools. Supported by prior analysis of previous process outputs.	Initially 87 actions identified and allocated into four thematic groups: • physical activity • food accessibility • education and self-management • mental health and wellbeing.
December 2021	Commencement of phase 1 community engagement.	Implementation of comprehensive series of pan Aberdeenshire community engagement activities.	Reporting of findings feeding into HEAL SPG from January 2022.
January 2022	Feedback from community engagement begins.	Reports and presentations to SPG.	Community assets, priorities and potential barriers begin to emerge to inform HEAL's developing action plan.
February – April 2022	Actions prioritisation work.	Analysis and refinement of 'raw' actions via core team and discussions with SPG. Circulation of further prioritisation template to stakeholders asking if they can directly support the action, advance it via	87 actions reduced through editing and duplicates removal to 49. Process continues.

Timeline	Activity	Process	Outcomes
		existing budgets and identify any existing groups/forums that could take it forward.	
April 2022	Commencement of second phase community engagement work.	More granular programme of discussions with vulnerable community groups.	Reports awaited.

Planned next steps

The next HEAL SPG meeting was held in June 2022. This was to update on progress with phase 2 of the community engagement work and consider what it means. Dates were also set for further community engagement events in that same month. The group was to seek to further narrow down actions based on the prioritisation exercise started in April and align those with community engagement feedback to establish a final set of actions. This was planned to be completed by the summer for submission to the Aberdeenshire Community Planning Partnership (CPP) board and executive.

The LOIP lasts until 2027 and the expectation is that the SPG will continue to meet quarterly to oversee the work. Future SPG meetings will identify if there are existing groups best placed to advance the four action themes. For example, there is a Food Accessibility Group in Aberdeenshire and the chair for this is a member of the SPG. He has indicated that the food accessibility action theme may sit well with work they are already doing.

What has worked well

Set up, strategic linkages and reporting

From the outset and throughout the process, HEAL has sought to establish clear and strong links with the CPP. This is reported as being relatively easy to achieve as it reflected widespread concern across key partners on the problem of obesity in Aberdeenshire. Further embedding of HEAL has been advanced through formal inclusion within the LOIP. Collectively, these developments have provided gravitas to the initiative and a recognition it's a long-term development, with the LOIP running to 2027. Regular reporting is required to these structures and this ensures all the key partners are involved. The project officer describes these links as 'invaluable' and that 'it is difficult to see how HEAL could have been advanced in any other way'.

Process: workshops, tools, network analysis, service mapping and action planning

Overall, the process followed within HEAL to date has been very positive and logical. Much of this is due to using the PHE model as a framework. This has combined significant research-based work by the lead officers, formal workshops and regular feedback and guidance from 4–6 weekly meetings of the SPG. Parts of the process were undoubtedly challenging and demanded considerable, and at times, intense inputs from partners. But, looking back, the logical chain of scene setting, network analysis, service mapping, casual linkages and action planning fitted together well. The plastic bag analogy[3] was used to simply communicate the need for a WSA approach to intervene at all required levels:

Example of the Action Scales Model

Keeping it simple – the plastic bag analogy

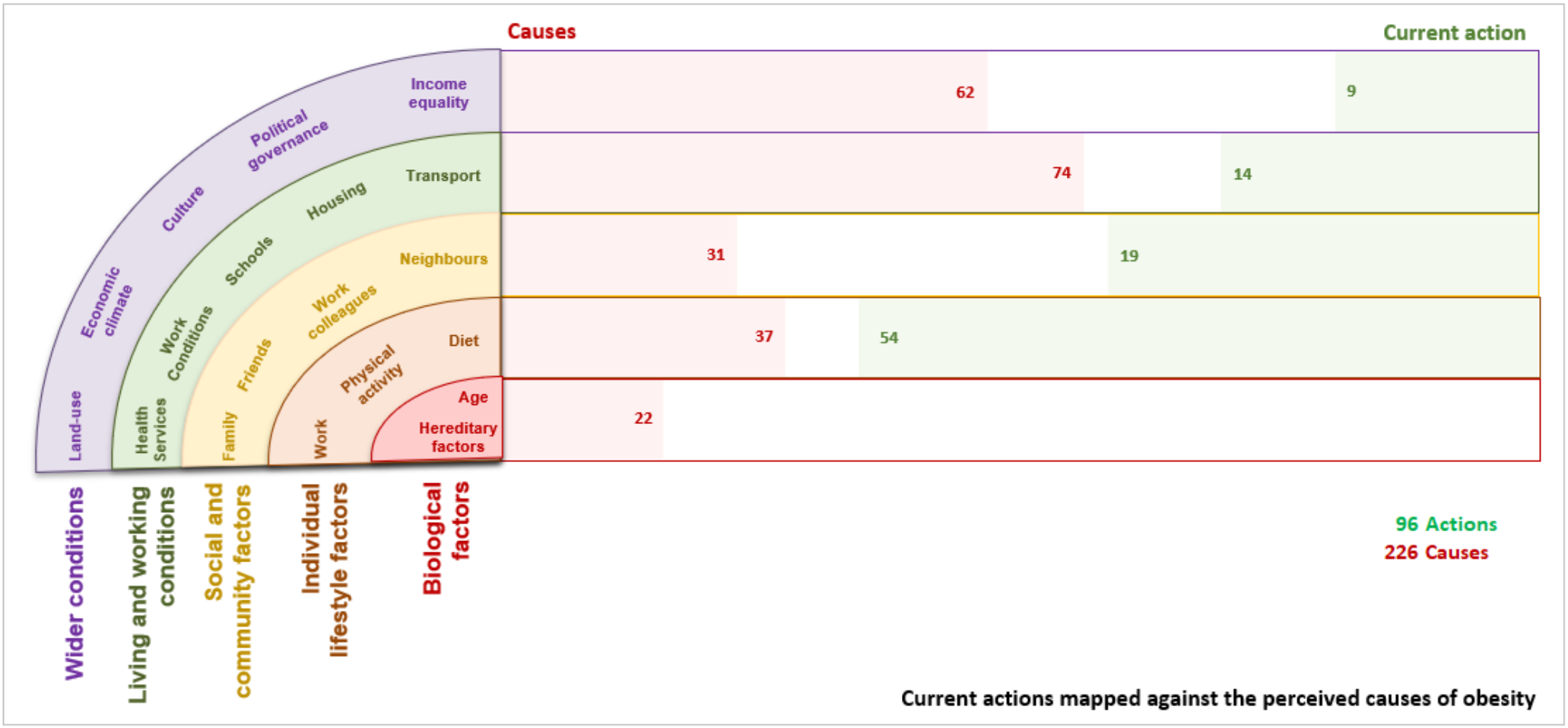
- Event: government launching campaign to restrict use of plastic bags.
- System structures: imposition of plastic bag charges in shops.
- System goals: targets set on reduced number of plastic bags to landfill.
- Beliefs: attitudes and beliefs permanently changed on using plastic bags.

Another key light bulb moment is reported by the project officer in one of the action planning workshops. This was when the Rainbow Banner model[3] plotted current actions against the causes of unhealthy eating. This highlighted a key dominance in favour of addressing lifestyle and behavioural issues over the wider determinants – the balance was wrong when viewed through a whole systems lens. For the project officer it was a point when 'people really got it, when all the painful stuff was totally worth it'. It's also an approach that has been of interest to public health colleagues working on other issues.

A lightbulb moment

The 96 Aberdeenshire current actions were mapped onto the Dahlgren and Whitehead Wider Determinants of Health Model (the Rainbow Banner model) and compared with the evidenced based causes cited by the Foresight Report of unhealthy eating and inactivity. The model below illustrates that there is a greater proportion of evidenced-based causes (pink bars) aligned to factors associated with wider conditions and living and working conditions, and fewer causes aligned to factors associated with social and community, individual and biological factors. The Aberdeenshire data (green bars) show that most actions are targeting social and community, individual and biological factors with fewer targeting wider conditions and living and working conditions. To be effective in supporting HEAL in our communities more actions need to target living and working conditions and the wider conditions.

Figure 3: Use of the Determinants of the Health Model[4]



The action planning process underway has also very positively cross-referenced suggested actions with WSA theory on the need to act at the four levels of events, structures, goal, and beliefs (as per the plastic bag analogy). This brings together key intelligence from various parts of the process and tests whether the balance of suggested interventions appropriately balances all the levels of required action.[3]

Collectively, the process elements have progressed the project to a reasonably advanced stage in a main delivery period of broadly one year. ‘At points it was hard, but it needed doing,’ reflected the project officer.

Stakeholder engagement and collaborations

Engaging the stakeholders was demanding and resource intensive but benefitted considerably from networks already established through community planning processes. In addition, the project HEAL officers in public health were already working closely with (and are jointly funded by) the local authority. Consequently, the foundations of partnership working on these issues were in place. Through this, some key building blocks of network analysis and mapping were available and networks continued to grow as initial mapping raised further awareness.

Collective learning was apparent throughout the process alongside new bi-lateral connections and understandings between individual partners. Again, this benefitted from some existing links. Some connections extended outwith the local authority area, most notably with city-region partners and structures in Aberdeen City and Moray.

Community engagement

Community engagement has become a very important and positive aspect of HEAL, and will continue to be so. This started in September and now feeds in additional and invaluable intelligence generated directly from individuals, groups and communities across the Shire.

The first phase of this work began in December 2021. This developed clear guidance notes on delivery and a comprehensive report on process and outcomes. This noted

the engagement of a total of 468 people across Aberdeenshire's six localities. Findings covered: identifying key assets; current perceptions on how easy it was to eat healthily or keep active; barriers to healthy eating or keeping active; key causes of obesity and inactivity; and the importance of healthy lifestyles. Some gaps in engagement were acknowledged at this stage and were to be addressed in the second phase of the work, which began in April 2022.

This work adds a key addition of direct community engagement to the WSA – lived experience. In this respect, it's stronger than many other WSAs reviewed. This has been made possible by the funding and allocation of skilled and dedicated community development resources for a period of one year (3 days per week secondment for a year of a senior council community development officer).

The delay in starting community engagement work means it's slightly unaligned with other elements of HEAL, but it's now rapidly catching up. Full alignment is recognised as a key priority of the next phase of developments.

Governance structures, leadership and resources

The health and wellbeing lead for the HSCP public health team chairs the HEAL SPG. There are two project officers progressing this project – one in a post jointly funded by the HSCP public health team and local authority, and the other is fully funded by the HSCP public health team. This was good starting point for advancing a WSA. The project officers were allocated significant time within their work programme to research and then deliver HEAL. This was based on strong and consistent line management support. This resource was added to by a dedicated council community engagement resource (funded by the HSCP) in August. This capacity has been invaluable to advancing this aspect of the WSA process.

In April 2021, a new HEAL SPG was established. This became the core guidance group for the project and met regularly to review progress and advise on the next stages of the process. This was notionally a large group (around 60 names) but in practice far fewer participated. This was not unexpected as it ranged from junior officers to chief executive levels. Nonetheless, a core group of key CPP partners remain involved on a regular basis. In addition to officers, elected members were

also involved in the SPG. This arrangement has worked well in adding further profile and influence for HEAL.

Use of the PHE model

Several very positive reflections are noted on the application of the PHE model. This was selected as the preferred WSA after local research on other options, though no formal training was accessed. The PHE model was viewed as bringing a 'tried and tested' approach, which had evidenced impacts elsewhere. The process was recognised as rigorous and logical and was supported by some very good resources and toolkits, which were applied in practice. Overall, it offered a framework that kept the process on track and provided a theoretical comfort to lead delivery officers.

It had, however, some limitations in practice, which are considered further below.

Forward planning

HEAL is still very much a 'work in progress' – and at this stage further community engagement and action plan refinement are the key priorities. Importantly, lead officers are clear on the next phases and have ideas in place on longer term sustainability options. This benefits from not being an initiative with a defined end point. Rather, it's embedded in the LOIP until 2027. This is a significant strength but is does not mean the process is in any way static. Already options are under consideration to move responsibilities for advancing a future thematic action plan through existing local structures, with a less intensive oversight role for the SPG.

Development challenges

Alongside the many key strengths listed, HEAL has experienced and continues to face challenges. These offer equally important learning.

Wider stakeholder engagement

Ensuring all stakeholders are fully involved in ensuring a whole systems understanding will remain a challenge. Despite establishing an extensive network analysis and systems map, it's recognised that there are still interventions to be identified and included. For example, the SPG knows there are still activities within schools that need to be captured and included. Activities will continue to address this.

There is recognition of some fall off in SPG involvement. While most of the key players are still engaged, this requires continual review. It has been exacerbated by the last two years being a period of significant change in personnel within agencies, which inevitably impacts on some relationships. This may have been reduced by more specific promotion of HEAL on the Community Planning webpage.

Community engagement

While the community engagement work is an undoubted positive highlight of HEAL, the COVID-19 related delay in getting this started has meant it lagged behind other parts of the process. This is recognised, and there is a sense that community engagement is rapidly catching up through the second phase of work now underway. Ensuring the action plan does not move ahead without fully reflecting on all community engagement messages is important. This appears unlikely in practice, given the clear commitment to this part of this process.

Resource and time commitments

Advancing HEAL has been a resource intensive and demanding exercise. Significant dedicated resources have been allocated in response and these have been key to progress. But beyond these, the expectations on wider members of the SPG have at times been very demanding. This may in part explain the fall off in inputs noted above, and in future the demands on people's time must be carefully monitored, balancing realism with the integrity of the WSA process.

It should also be noted that HEAL developed entirely using Aberdeenshire resources. It did not have access to the wider national level supports available to the WSA early

adopters. It's to the credit of local staff that so much progress was made in this context. Some informal external support was provided by the Dundee early adopter. From July 2021 lead officers from this project were extremely helpful and honest in sharing their experiences and the challenges faced. Links were provided to their website and various online tools, but a lack of IT support meant the latter were not used in practice.

COVID-19

Inevitably, COVID-19 has impacted upon, delayed and disrupted the way in which HEAL has developed. Practically, it required many activities anticipated to be delivered face-to-face moved to online, which was a challenge for delivery staff. On balance, the project officer reflects the online approach was more limited than face-to-face delivery.

But, while presenting practical challenges, there is also recognition that the response to COVID-19 in ways helped HEAL when it eventually got started. Two factors are cited here. First, that lockdown forced people to think even more about healthy weight and active living, upping the profile of the issues. Second, the demands of responding to COVID-19 may have forced more people to unavoidably 'think and act' in ways closer to WSA thinking.

Use of PHE model

Alongside the strengths listed above, some aspects of the PHE model were viewed less positively by the HEAL project officer. At points it could seem a bit overwhelming, complicated and overly academic. It could also demand time commitments that were unrealistic. Some exercises could confuse rather than enlighten, such as direction and cause and action scales. In the final workshops there was some sense of 'delving back into complexity' at a point where people felt they had achieved simplicity and clarity.

In practice, adaptations to the model and resources increased as HEAL progressed, leading to an overall conclusion of viewing this in future as a framework, 'dipping in and out' of this and using and adapting the resource materials as locally suited.

Scale of area and issues

A final challenge of HEAL was related to it scale and reach. Aberdeenshire is a very large and varied geographic area, and the combination of heathy eating and active living is a huge agenda. Taken together, it made HEAL a very large undertaking. Some future thought should be given to breaking down a WSA into smaller parts, either through decoupling the two dimensions of HEAL, focusing solely on a particular age group or by targeting a smaller geographic area or locality.

Lessons from some of the other early adopters may be useful to share in this context.

Differences made by HEAL to date

While the WSA process is far from complete, HEAL already appears to have made several key differences. These include:

- raising the profile of healthy eating and active living in Aberdeenshire
- embedding the development of HEAL within the CPP and LOIP as a long-term initiative
- the creation of much wider and deeper collaborative working
- the gradual changing of mindsets towards fully embracing WSAs
- simplifying how key WSA concepts can be communicated
- emphasising the critical importance of high-quality community engagement to creating a prioritised action plan.

Outcomes to date

Reflecting on the anticipated six WSA outcomes again requires respecting the stage of the HEAL journey by April 2022. With this caveat, summary observations on each of these are presented below.

Outcome	Observations
Community engaged	Direct community engagement is now a very strong component of HEAL, with dedicated CLD resources available to support this for a period of 12 months. In the first phase, this engaged approaching 500 people and produced comprehensive reports. Aligning these messages with the officer driven work of the SPG is now a key priority.
Action to address upstream drivers and determinants of health	The established upstream links into the CPP and LOIP are critical HEAL developments, connecting a wide range of partners upstream. Development work has strongly focused on identifying the critical importance of wider determinants, and a workshop light bulb moment was suggested when this link was diagrammatically represented through the Rainbow Banner model.
Systems practice integrated across the partnership	Network analysis, mapping and casual mapping have captured a huge range of impacts, services and connections to highlight systems thinking. Gaps are still apparent, but these continue to be addressed.
Collaborative working across departments and organisations	This is happening collectively across partners in the SPG and through bilateral connections. Not all these links are new, with good building blocks already in place. But HEAL is potentially taking this to a new level.
Actions jointly prioritised and aligned across the system	Still a work in progress, with the initial action plan anticipated in the summer of 2022. Ongoing work is underway to prune and prioritise list of actions across four themes, now reduced from 87 to 49, with a further reduction anticipated. The key task is to develop a realistic and deliverable HEAL action plan, which adds value to things already being advanced by individual partners.

Outcome	Observations
Learning is being captured and shared	Yes, continual reflection and review of progress is apparent through regular SPG meetings. But perhaps there is less formal learning because HEAL was not an early adopter.

Key conclusions

Overall, HEAL has been a very positive experience, which has made good progress despite the many challenges presented by the COVID-19 pandemic. Outwith the formal process, the project has entirely been advanced by Aberdeenshire based resources. It has clearly benefitted from securing early buy in and connections to wider community planning structures, leading to formal incorporation in the LOIP. This has been critically important in ensuring project visibility and in demanding ongoing reporting to these key decision-making structures. It gives the project secured longevity and embedded connectivity. This was reinforced by the allocation of significant staff resources to lead the project and further dedicated capacity and specialist expertise was also secured to support a comprehensive community engagement process.

Good buy in and enthusiasm has been generated, building on recognition of the importance of the issues addressed, alongside the application of a logical and comprehensive model. While the use of the PHE model was more of a local choice than in the formal early adopters, reflections on the strengths and limitations of this approach were broadly similar: a model with many strengths and good support resources, but at times overly theoretical and demanding in a practical setting. This conclusion was reached in the unusual context that no formal LBU training was accessed. It's not possible to assess whether this would have made any difference.

Dedicated governance structures are reported as working well, with a wide range of key inputs sustained over time. Unusually, these have included a combination of partner officers alongside local authority elected members. While broadly light touch, this latter input has ensured another level of scrutiny of developments and has further strengthened the profile of HEAL.

Overall, there is a strong sense of partners increasingly understanding the value and necessity of a WSA. This recognises the broad range of services and approaches required to make fundamental change – most notably the links between individual behaviours and the wider determinants of health. Progress has been achieved despite practical COVID-19 challenges and, in fact, the demands of responding to the pandemic has reinforced the need to think WSA. In this regard the impact of COVID-19 is mixed: it disrupted some processes, but also accelerated the need for WSA type working across a much wider context.

Alongside many positives, HEAL has experienced challenges and generated much learning. Key amongst these are: the need to continually reinforce that historic approaches have created an obesogenic 'environment' that does not support core HEAL objectives; the need for a better balance between interventions focused on individual behaviours and wider determinants; the need to continually scrutinise the mapping returns for inevitable gaps; and the requirement to finalise and prioritise actions into a practical set of project deliverables.

Well-resourced direct community engagement has been a standout success of HEAL, but COVID-19 restrictions necessitated that this ran behind other aspects of the process. A key future challenge is to align the prioritisation through SPG activities, with messages from both phases of community engagement work. The project officer candidly admits a sense of 'uncharted waters' here, but within a clear commitment that community engagement messages must be respected to guarantee the integrity of the WSA process.

Key learning

Within an overall positive context, key learning points from the HEAL experience to date are suggested as:

1. Recognition that a WSA can be advanced organically by local partners within an area without the stimulus of formal national early adopter status, but that some external supports at times would be helpful.

2. Linking HEAL from the outset to local CPP structures and successfully including the project within the LOIP has been hugely helpful, ensuring recognition across partners at all levels, adding gravitas to the WSA and ensuring longevity/sustainability.

3. The importance of the PHE model as a framework, but that this requires to be adapted and simplified at points to respect the realities of partner time commitments. The use of simple representational tools, such as the plastic bag analogy, can be very helpful.

4. Direct community engagement activity adds very significantly to the process and ideally this should run in parallel to other parts of the WSA model to ensure alignment and parity in prioritising actions. The allocation of dedicated resources and expertise to progress community engagement work has been very important.

5. There is a requirement to continually prune and edit the actions identified to ensure a practical and deliverable package. This should include distinguishing new, added value WSA activities and the things individual partners are already progressing.

6. COVID-19 has restricted aspects of the process and remote mechanisms can never entirely replicate the all the benefits of face-to-face activities. But, equally, the benefits of the way the wider pandemic response has advanced WSA thinking must now also be harnessed.

7. The establishment of strong governance structures that meet regularly to reflect on progress and new information and intelligence is very important.

8. Dedicated resources to lead the WSA, with strong line management support and commitment, are essential.

9. Triggering and identifying potential lightbulb moments, for example the Rainbow Banner model mechanism, can be hugely important to maintaining momentum and clarifying key concepts.

10. Careful consideration is required on the scale and reach of WSA ambition. Options should be considered to limit the agenda on issues such as HEAL by considering splitting the issues of healthy eating and active living, focusing on a specific age cohort or on smaller geographic area or locality.

11. HEAL was not a time-limited initiative – it has no formal end point, which has enabled a sense of longevity to the process and clarity in forward planning.

12. Connections between HEAL and other related developments such as the early adopters programme should be established to ensure ongoing cross learning.

Case study 6: Dumfries and Galloway

The Dumfries and Galloway whole systems approach (WSA) started in late 2019. Its overall aims are: to promote physical activity and reduce inequalities through collective leadership; encourage fostering of strategic partnerships across the system; build capacity across the system to understand and exploit the public health contribution; and influence policy development to support whole system working. The WSA was halted by COVID-19 in March 2020. Plans are now well advanced to restart activities, but with significant changes based on initial WSA experience and the new post pandemic landscape.

Background and policy context

Prior to the WSA, partners in Dumfries and Galloway had worked together for several years on addressing inequalities and increasing levels of physical activity. This had been advanced through the local strategic partnership for physical activity with inputs from health, environment, transport, sports education and the outdoor environment.

This group worked closely with the national Active Scotland Development Group (ASDG) and a paper to this group in October 2019 agreed that Dumfries and Galloway would volunteer to be an early adopter of a whole systems approach. Unlike most other areas, the WSA focused on physical activity rather than explicitly on obesity, but cross-WSA learning was anticipated from this different perspective. Overall, the approach was premised on commitments from local partners and the national ASDG, and the key link back to advancing Scottish public health strategic priority 6, ‘A Scotland where we eat well, have a healthy weight, and are physically active’.

Dumfries and Galloway is the third largest authority by area in Scotland, covering a total of 6,426 km^2. It has a population of 148,790 and includes the administrative capital and largest town of Dumfries, many other smaller towns and villages and large rural areas.

Methodology

Work to prepare this case study was advanced in April 2022. Given that the WSA was primarily put on hold after the first COVID-19 lockdown, the evaluation process has been limited. It has included depth interviews with the project lead and a PHS physical activity improvement manager and a review of support documents including:

- the ASDG paper that recommended establishing the Dumfries and Galloway WSA early adopter
- participant feedback on the initial WSA workshop in January 2020
- Dumfries and Galloway physical activity alliance re-structure and logic flow paper
- **Eight Investments that Work for Physical Activity** from the International Society for Physical Activity and Health (ISPAH).

The light touch review reflects that, after a strong start, the WSA has effectively been suspended for approaching two years due to COVID-19. Only by spring 2022 were plans developing to revisit a future WSA. In this context, the case study focuses on lessons from these early developments and on how they will now influence post pandemic activities.

The Dumfries and Galloway WSA journey to date

Timeline	Activity	Process	Outcomes
October 2019	Agreement to establish WSA early adopter in Dumfries and Galloway by Active Scotland Development Group (ASDG).	Paper presented to group detailing respective asks of ASDG and local D&G partners.	Agreed to establish a WSA.

Timeline	Activity	Process	Outcomes
Autumn 2019	Local physical health lead undertakes LBU WSA training programme.	Standard 5-day programme delivered.	Good theoretical and practical understanding of PHE model gained.
January 2019	First WSA workshop.	Face-to-face workshop largely following PHE model.	Well attended session with around 20 participants from a wide range of local and national partners. Systems mapping progressed.
March/April 2020	Second WSA workshop scheduled. Intended launch of WSA Physical Activity campaign.	Workshop cancelled due to first COVID-19 lockdown.	WSA process put on hold.

March 2020 – Autumn 2021: lead staff redeployed to pandemic response duties. WSA continuation not viewed as a priority across partners. There were some tentative attempts at restarts, but repeatedly frustrated by COVID-19.

Timeline	Activity	Process	Outcomes
Autumn 2021	Project lead and wider staff return to work.	Reflections on stage 1 and COVID-19 experience and change.	Recognition of need for wider local Strategy as a focus to apply WSA.
Winter 2021/22	Consideration of new workshops to restart WSA process.	Repeatedly cancelled due to ongoing COVID-19 pandemic.	No practical progress.

Timeline	Activity	Process	Outcomes
Spring 2022	Development plans being established to start revised WSA process again.	Recognition of need to link WSA to new Dumfries and Galloway physical activity and sports strategy. New local authority lead identified.	Potential for a joint community planning approach.
Spring 2022	Formal request submitted to develop new physical activity and sports strategy.	Will provide key foundation of restarted WSA, building the WSA process into strategy development methodology.	Decision to progress strategy development was anticipated in early summer 2022, with strategy completion expected by the end 2022. Aim is to embed strategy outcomes and reporting within community planning structures

Reflections on progress

Stakeholder engagement and set up

The process to establish the local WSA was assisted by the prior work of already established local structures, allied to a recognition of Dumfries and Galloway as a physical activity WSA by the national Active Scotland Development Group (ASDG). Through this, key players had already largely been identified and this was supported by advice from PHS. From the outset, the WSA had very senior buy in and was co-sponsored by both the local director of public health and the chief executives of the council and NHS. This provided immediate profile and priority for the project, which was of significant value.

Importantly, in October 2019 a paper was prepared and approved by the ASDG. This provided the rationale for the WSA, and clearly detailed the asks of both the ASDG itself and the local partners in Dumfries and Galloway. The paper helpfully articulated the respective roles of local and national partners from the outset.

Workshop 1

Workshop 1 was held as a face-to-face event in January 2020. Despite an adverse weather forecast, around 20 people attended from a good range of agencies. Participation varied considerably in terms of organisational position, ranging from the most senior public sector officers to people involved at more operational and delivery levels. This mix is viewed as having some advantages in terms of reflecting the levels required to ensure a WSA makes an impact, but also had some practical challenges in terms of how best to use the time commitments of individual participants. This is returned to below. The workshop did not seek any direct community engagement at this stage of the process.

The importance of the workshop was established through an introductory contribution from the Chief Executive of NHS Dumfries and Galloway. Six from the eight ISPAH best investment priority areas were represented at Workshop 1. Partners in education and communications were unavailable to attend the initial workshop, but both partners were committed to attending future sessions and providing any Workshop 1 information in retrospect.

The format of the session primarily followed PHE methodology. Overall, this worked well and considerable progress was made in explaining the WSA model and on systems mapping. The project lead notes considerable energy and enthusiasm in the session and this is strongly confirmed in individual post workshop evaluation responses. These reflected a positive, inclusive and valuable event. One participant captured this by feeding back that the session ‘was extremely well run and demonstrated the complexity well’. Another noted it was a good start with ‘lots done, lots to do’.

On all statements tested in the post workshop questionnaire, there were no negative responses and ‘agreement’ or ‘strong agreement’ ratings were very high. Importantly,

all responses agreed, to differing degrees, that ‘a whole system approach to reducing physical inactivity should be prioritised in Dumfries and Galloway’. The lowest score – although still with an endorsement level of 66% – was that participants had ‘a better understanding of how physical activity impacts on and connects with my work’. This may be indicative of a key WSA challenge.

Table: Workshop 1: Evaluation feedback summary

Statement	Agree	Strongly agree
I understood why I was invited to today’s workshop	27%	67%
I understood today’s activity	53%	47%
I have a better understanding of how physical activity impacts on and connects with my work	33%	33%
I have a better understanding of systems thinking	47%	20%
The explanation of systems thinking was sufficient for my needs	47%	33%
The event increased my awareness of the complexity of tackling physical inactivity	40%	40%
The activities were a good way of engaging with other stakeholders on the issue of physical inactivity	40%	47%
I had enough opportunity to contribute to the discussions	58%	47%
I found today’s event useful	53%	40%
I was able to network with existing and/or new contacts	53%	33%
A whole system approach to reducing physical inactivity should be prioritised in Dumfries and Galloway	47%	53%

Number of respondents – 16[9]

Post workshop developments

Plans for Workshop 2 were well advanced for the spring of 2020. This session was also due to launch the new WSA physical activity (PA) campaign and inputs had been secured from the chief executives of both the council and local NHS. These confirmed the high-level commitment generated. But all plans were abruptly halted by COVID-19. The project lead was immediately redeployed to pandemic response work, for a period that subsequently exceeded 18 months. Many other key staff across the WSA were also moved to meet the new challenges.

Sporadic attempts were made to revive some work, but it became apparent across all key partners that this could no longer be given any priority during the emergency. Overall, there was no effort to revisit this till early 2022, with a view that any earlier attempts to do this were only likely to create false expectations.

Leadership, governance and strategic fit

The first phase of work was led by a health and wellbeing specialist in the Dumfries and Galloway public health team, who undertook formal training in the PHE WSA model. This role was significantly assisted by the fact that the Dumfries and Galloway Director of Public Health was a lead advocate of this agenda and heavily involved in national physical activity strategic developments. This helped make the area a natural fit to advance a WSA early adopter in this policy domain.

In governance terms, the WSA was progressed by the long-standing Dumfries and Galloway Strategic Partnership and national links were established through the Active Scotland development and delivery groups.

But at a local level there was a sense that the local structures were not having the desired impact. The existing partnership group was not strategically connected with community planning and other related leadership groups: it primarily sat in isolation and did not report anywhere. A review of membership was required as the inputs were too diverse, involving very senior and operational level inputs. The WSA was viewed as an opportunity to address these perceived weaknesses and, as returned

to below, this will now be a key feature on how developments are planned to progress from spring 2022.

Others strategic linkages were also identified. These include Scottish public health priority 6, and the WHO's **Global Action Plan on Physical Activity** that has signalled a shift in focus from settings to systems. Other key links are with:

- The Type 2 Diabetes Framework
- Children and Young Peoples Healthy Weight Standards
- Dumfries and Galloway's Health and Wellbeing Model (2019)
- the prioritisation of falls, frailty and life curve across health and social care.

These all continue to provide important foundations for the WSA work now recommencing in 2022.

The PHE model

The local lead views all aspects of the WSA model as relevant and helpful. It's clearly evidenced based and rigorous and the support mechanisms demonstrate that it has been developed by fusing academic rigour with an appreciation of practice. In Workshop 1, the feedback suggested that the model was viewed as of considerable value by participants and that it highlighted the complexity and bigger picture perspective required to do a WSA properly. For one participant, the first workshop 'helped to break it down and think about where we are just now, before jumping in with lots of ideas and solutions'. The supporting materials and toolkits were considered very good. They have been, and will continue to be, used by Dumfries and Galloway partners.

But the PHE model needs to be viewed as a framework that can and should be adapted to local circumstances – something lead LBU staff recognise and recommend. This needs to balance the integrity of the process and practical realities. Some of the adaptations from the Dumfries and Galloway experience that will be taken into next phases include:

- Recognise local starting points: partners in Dumfries and Galloway had been coming together around this agenda for many years and already had a good understanding of the challenges faced. This aspect of workshop process could, therefore, have been condensed.

- Recognise and maximise the inputs available at the workshop sessions: on reflection, using the valuable time of very senior officers on granular activities such as opposites and the same was probably not appropriate.

- In practical terms, acknowledge that getting groups of senior people together for lengthy sessions is very problematical: rather, Dumfries and Galloway will now use smaller, thematic groups to do the 'hard yards', using the ISPAH Eight Investments that Work for Physical Activity as the basis to establish themes. This will also seek to ensure that the systems mapping processes do not potentially delay and lose energy prior to action planning.

National supports

The Dumfries and Galloway WSA has embedded local and national partnership working from the outset, with the initial development paper clearly identifying respective local and national asks. In practice, this has involved a range of practical supports from national partners and the future developments now planned seek to continue this approach. This reflects initial workshop feedback which included that 'this needs national input as well to work properly'.

The PHS physical activity improvement manager was integral throughout the first phase of WSA developments and this support was hugely valued by local partners. This involved supporting workshop preparation and facilitation. The individual also assisted significantly in adapting the diet and healthy eating focused PHE model to Dumfries and Galloway's physical activity context. This included utilising the WHO's **Global Action Plan for Physical Activity** to prompt the service mapping exercises. Overall, the PHS officer was referenced as 'the ideal phone a friend', always available for advice and support. It's recognised that the intensity of this support to a single local area is unlikely to be practical moving forward, but ongoing strategic advice would be of value.

Wider PHS support has also been useful and perhaps underused. Other supportive national partners, who are anticipated to be involved in future developments, include: sportscotland; Paths for All; Sustrans; Cycling Scotland; and Play Scotland.

Next steps

Reflections, review and new opportunities

By spring 2022, key staff were back from COVID-19 redeployment and considering future options for the WSA. Although little actual activity had taken place, the enforced and extended pausing of the early adopter had enabled considerable reflection on the way forward. This required to factor in the learning from developments to March 2020, alongside the way in which the pandemic had changed so many other aspects of the landscape.

Consultations by the project lead amongst key stakeholders demonstrated continuing, and indeed increased, commitment to a WSA focused on physical activity, with new possibilities apparent to improve future developments. The pandemic had generally focused and reinforced positive views of the WSA concept and the foundations of the initial work retained some value as a building block in future planning. But much had changed in terms of new developments and wider strategies, service reviews or service redesign, and many key staff had moved positions or retired. The project lead also noted the opportunity that ‘the recovery strategy is clearer on where physical activity can cut across the system. And there is a better understanding of compelling argument on need to move to a more preventative model.’

Reflections on phase 1 developments had also highlighted some potential weaknesses in the approach proposed at this time and the opportunity through wider connections to ensure the WSA was better supported and added value to sustainable change. This centred on a sense that the WSA suffered from a lack of a wider agreed local strategy, where agreed WSA actions could then fit.

The existing strategy, Dumfries and Galloway Active: A Sport and Physical Activity Strategy, ends in 2022 and is somewhat dated. Proposals have now been put forward to the council to develop a new Physical Activity and Sports Strategy, which will build the WSA into parts of its development process. This is viewed as a critical future link in the WSA chain, which will provide a much more integrated role for this work within a wider context.

The new WSA approach intends to address some historic weaknesses in the previous partnership governance arrangements more directly through the strategic partnership on physical activity, notably in terms of connectivity, accountability and driving tangible action and change. It also requires some future adaptations of the WSA model in terms of the realistic time commitments available from senior officers.

The new approach recognises the need for commitment at all levels, from clear commitment at the very highest organisational levels through senior and middle management. The initial work to March 2020 was very strong on the former, but perhaps did not address the other necessary levels as effectively.

Partners have also recognised the opportunity to use and better align the WSA with the **Eight Investments that Work for Physical Activity** developed by ISPAH. These are viewed as providing the basis for future WSA workstreams. The eight investments that work are:

1. whole of school programmes
2. active transport
3. active urban design
4. healthcare
5. public education, including mass media
6. sport and recreation for all
7. workplaces
8. community wide programmes.

The forward plan

By May 2022, plans for the WSA are in progress. In summary, this is anticipated to include and link:

Activity	Rationale and actions
Strategy development and process	A new Physical Activity and Sports Strategy is required by the end of 2022. This will anchor the WSA and WSA processes will be incorporated into strategy development. Led by the local authority on a partnership basis, this will embed WSA work in the wider context, articulate a specific ask of all partners on the physical activity agenda and provide a clearer definition of what is encompassed in the term physical activity.
Revision of the local Physical Activity Strategic Partnership	The strategic partnership will be reconvened, but with reviewed membership, terms of reference and the establishment of clear links and reporting mechanisms to wider local structures, including the CPP. This will be incorporated into new strategy developments and reflect local outcomes and objectives.
New thematic WSA action planning groups	These will be based on 4 to 5 groupings from the ISPAH **Eight Investments**. They are intended: to focus more on actions than mapping; identify key WSA change 'lever' points; be smaller task-based groups with more specialist subject inputs; and meet in shorter, focused sessions.
An action planning co-ordination workshop across all thematic groups	At the end of the work of the thematic action groups, a full WSA session will meet to reflect on all the suggested actions and consider how these can align into a whole WSA.
Ongoing co-facilitation support from national agencies	Relevant national agencies are anticipated to continue to support the WSA by co-facilitating thematic groups closest to their areas of expertise. For example, sportscotland, Sustrans, PHS, etc. This approach would also 'enable the local experts to be in the conversations rather than facilitating'.

Activity	Rationale and actions
Use of PHE as framework model and source of some ongoing tools of value	Though moving away from some aspects of the PHE model. Many key concepts and support materials will still be used to maintain WSA integrity.
New formal WSA leadership	The WSA will now be led by a service manager in Dumfries and Galloway Council, supported by the previous lead. This will strengthen the links to the wider strategy development process and the action focus of future WSA work. The former NHS lead will also remain heavily involved in facilitating work.

Taken together, the new approach is anticipated to coordinate a series of actions to drive a sustainable step change. Central to this is the opportunity to use the new strategy as the underpinning mechanism to secure action and ongoing partner buy in – 'the strategy becomes the focus to use the methodology'. Importantly, revised WSA work via the new thematic action planning groups will be part of the strategy development process.

This work is now advancing and the local lead believes 'we're in a good place: the time is right for this approach, with ongoing enthusiasm and a lot of things potentially coming together'. WSA approaches are viewed as an increasing priority, post COVID-19, if not a necessity. Learning from the early adopter to its effective suspension in March 2020 provides some good foundations and should help accelerate future approaches. But too much time has elapsed – and so many wider changes have happened – that this work is now better viewed as a new start of the physical activity WSA, rather than as the recommencement of prior work.

Key conclusions

Like many other areas, early positive work on the WSA early adopter was halted by COVID-19. As the lead comments, 'it's a journey of frustration and unfortunate timing'. Significant progress and buy in had been made by March 2020, building upon previous work and related structures in Dumfries and Galloway. A strong partnership between key local partners and national agencies underpinned this progress. The

PHE model and support tools were recognised as having many strengths, but the need to view this a framework requiring significant local adaptation was also apparent from early WSA work. This includes a more pragmatic application of method. The Dumfries and Galloway WSA is also different in focusing directly on physical activity, while recognising the overall link of this to obesity.

But perhaps the most important and different learning from the Dumfries and Galloway experience is the way local partners have used the period of enforced lockdown through COVID-19 to fundamentally reshape the future approach to a WSA focused on physical activity. This is premised on linking and embedding the WSA within a wider set of developments, ensuring it both influences and maximises its added value to these. It also continues the expectation of working closely with a range of national partners.

In May 2022 the local WSA remained an early work in progress. It will be of interest to track this approach across wider areas and whether it's replicable to policy agendas other than physical activity.

Key learning

Key learning points from the Dumfries and Galloway physical activity WSA experience to date are suggested as:

1. The opportunity and need to connect WSA developments within wider local strategic developments, improving connectivity, reporting lines and the links to sustainable change and practical actions.

2. Recognition that a WSA approach can help inform and drive these developments.

3. A preparedness to fundamentally change and improve the WSA approach in the context of learning from experience and the new landscape post COVID-19.

4. Ensuring high visibility of the WSA through formal sponsorship by very senior NHS and council staff, while recognising that this needs to be complimented by engagement and buy in at all organisational levels.

5. Use of the PHE model as a framework with helpful support materials and toolkits, but that this requires to be adapted to local circumstances, taking full cognisance of local developments to date and focusing on action planning as early as possible.

6. Recognition that post-pandemic enthusiasm for the WSA concept is stronger than ever, but acknowledgement that wider changes and lost momentum now demand a complete restart of the process.

7. The importance and opportunities of using the expertise and knowledge of a range of national partners in supporting local WSA aspirations.

Case study 7: Fife

The Fife WSA aimed to take a new approach to work on obesity prevention. This involved applying systems thinking to better understand and address public health challenges. The WSA worked with a range of partners to build new and different approaches to obesity prevention amongst children and young people in a way that encouraged shared ownership and prioritised actions to address inequalities.

By the time of this case study, the WSA had completed the discovery phase of the WSA model and was commencing the action planning phase.

Background and policy context

Fife is the third largest local authority in Scotland with a population of 368,060. 22,320 people are recorded as having diabetes – 87.9% of whom have the preventable Type 2 diabetes. 22% of Primary 1 pupils are overweight or obese – above the Scottish average. There are very significant concerns on diet and unhealthy eating, and 22% of adults have very low levels of physical activity.[10]

The WSA focused on the areas of Dunfermline (population 58,598) and Cowdenbeath (population 40,895). They were selected for the work due to the strong support and involvement of the respective local authority community managers for both areas. This ensured that the work would be linked into local planning groups and partnerships, enabling engagement with a wide range of local partners and stakeholders.

The initiative sits within the wider Fife Diabetes Prevention Partnership and Fife's Community and Wellbeing Partnership. The WSA is funded by East of Scotland Type 2 Diabetes Prevention Partnership (the Prevention Partnership) – £10,000 was provided for initial development and a further £50,000 is anticipated to be available to support phase 2 project work. Governance in Fife is through the Prevention Partnership.

Methodology

Work to prepare this case study was advanced between October 2021 and March 2022. This included:

- eight depth interviews with project leads, wider working group members and some participants in the stakeholder workshops
- a review of a wide range of project documents, progress reports, workshop support materials, communications and publicity.

Key lines of enquiry throughout the field work were:

- experience of the local WSA process, in particular the workshops/meetings
- aspects of the WSA process that worked well or not so well
- participants' views on the WSA model followed
- the extent to which stakeholders felt that the key elements of WSA were working (as set out by Public Health Reform, Scotland) had been followed
- any noticeable differences and outcomes the WSA had made to date
- lessons from the experience that can inform future WSA practice.

Timeline

Timeframe	Activity
Late 2019	Initial WSA development work begins, consideration of early adopter status.
December 2019, January 2020	WSA leads attend LBU training.
January 2020	First WSA working group meeting.
March 2020	First COVID-19 lockdown, future WSA plans suspended, staff redeployments.

Timeframe	Activity
1 April 2020	Initial planned face-to-face WSA workshop cancelled.
April–December 2020	Limited WSA progress, consideration and training in online workshop delivery options. Development of online communication materials.
18 March 2021	WSA Workshop 1.
March to June 2021	Review, refinement and thematic organisation of Workshop 1 causal maps.
16 June 2021	WSA Workshop 2.
June–December 2021	Detailed work on processing and aligning Workshop 2 outcomes
2022	Commencement of phase 2 of WSA – 'outreach' work to other local structures, consideration of application for phase 2 funding.

Initial engagement and set up work

The two leads for the WSA were identified in late 2019 and Fife was officially recognised as a WSA early adopter in East Region. Based on local contacts, knowledge and discussions, a project working group was established to reflect a wider determinants approach. This group then began work on identifying a wider group of stakeholders for the planned initial workshop, identifying about 100 potential participants.

LBU training

The WSA project leads attended training by LBU staff in the PHE model in autumn 2019. The Fife WSA initially followed this model closely, but over time began to adjust the approach based on learning and perceived local applicability.

COVID-19: lockdown 1

In the early part of 2020, work was advanced to hold the first WSA on 1 April. A ‘save the date’ notification was circulated to identified participants. The first COVID-19 lockdown was then announced in March. Both project leads and many other staff were redeployed to pandemic response duties and the WSA process was effectively halted.

Restart of WSA developments

In late 2020, with the pandemic apparently receding, discussions within the working group reconvened and began to consider the options to restart the WSA process through online mechanisms. Considerable work was then advanced to plan the future approach, including the development of new videos, animations and infographics. Some of these were then circulated prior to the first workshop.

Workshop 1

The first WSA stakeholder workshop was held on 18 March 2021. This was delivered through MS Teams and 41 people participated across a wide local public and third sector organisations. The session lasted 2 hours and followed the PHE model. Discussions considered the wide-ranging causes of obesity from the varying participant perspectives. This information was captured by group facilitators using the Miro Board tool. Six breakout discussion groups produced 12 causal maps across a broad range of topics. Overall, 240 causes of obesity were identified.

Post Workshop 1 reflections and activities

Following Workshop 1, the WSA working group reviewed the individual causal maps and carefully considered the wide-ranging discussions at the workshop. The group worked on checking, reviewing and collating the information contained in the individual maps. This resulted in creating a single consolidated map identifying causes of obesity from the perspectives of the stakeholder group. Ten clear themes began to emerge:

- availability of unhealthy food
- education
- food knowledge and skills
- home environment
- income
- media
- mental health and self esteem
- physical activity
- physical environment
- transport.

In planning for Workshop 2, the working group reflected on the need for stakeholders to have more time to reflect on activities before any prioritisation of future actions. Doing this as planned through the format of the second workshop, especially in an online format, was not considered practicable. Consequently, the approach began to deviate from the model, while still viewing it as a helpful overall framework.

Workshop 2

The second stakeholder workshop on 18 June 2021 focused on collecting information about current local actions or interventions to address obesity. Discussions with stakeholders at this session were grouped around the 10 identified themes. Participants began to build up and develop a picture of current activity based on the feedback from the stakeholders present and engaged with this work. 268 current actions were identified.

All this information was added to the project Miro Board. This enabled linking current interventions and activity to the project themes.

Youth 1st undertook some work with young people around their views of the causes of obesity and this information was presented in a video as part of Workshop 2.

Progress since Workshop 2

The information discussed and collected from stakeholder workshops has been summarised and collated. The Rainbow Banner tool identified causes of obesity and current interventions against a range of factors, including biological, individual and lifestyle, social and community factors, living and working conditions and wider conditions.

The findings of the action planning tool indicated that a higher proportion of the causes of obesity identified are linked to upstream factors and wider conditions. But the biggest number of current actions or interventions are linked to individual lifestyle factors. It's noted that recognising this imbalance is a very important consideration as partners plan work to address and prevent obesity in our communities within Phase 2 of the WSA.

Since the second workshop, updates on progress and the information gathered during Phase 1 have been shared at various local conferences, including Geddes 2021 in Dunfermline and at the Fife Food Summit. This allowed additional discussions on the project themes to take place and for additional feedback and views to be built into the future WSA approach.

Next steps

Collating the information around causes and activity linked to the project themes has provided an interesting picture. A lot of activity has been identified in relation to physical activity, food knowledge and skills, mental health and self-esteem and income. In comparison, there is less identifiable activity captured related to the home environment and transport. Consequently, three key themes will be prioritised within Phase 2:

1. Home environment: including food culture at home, equipment and space available to cook and eat at home, time available for cooking and the types of parental employment or shifts.

2. Transport: including safe transport links and connections in communities, transport costs and the volume of and reliance on cars in local areas.

3. Availability of unhealthy food: including causes such as the availability, quantity and variety of fast food in communities, the location of takeaway outlets and the ease of access to fast food in communities.

In terms of process, the second phase of work is focusing on:

- Sharing Phase 1 findings with relevant stakeholders, groups, networks and partnerships. This has included drafting and circulating a WSA progress paper.

- Considering the findings in relation to local and strategic plans. Many local and strategic partnerships and groups are in the process of refreshing plans and priorities. Evidence from Phase 1 of the WSA suggests a focus on upstream work is an important part of obesity prevention. The WSA leads will encourage partners to consider this as part of the review process and to build relevant actions into local and strategic plans. This also seeks to ensure that any activity developed is sustainable and appropriate and fits within a systems approach.

- Identifying appropriate actions and supporting local activity linked to priority themes. The East Region Programme Board has confirmed that Phase 2 funding will be available to the WSA projects. This will provide a small budget to support the implementation of the next part of the project, specifically targeting local work linked to the priority themes. The process for this will be agreed by the WSA working group and East Region and will be influenced by the further discussions with partners and groups over the next few months.

WSA support structures

The WSA was jointly led by an NHS public health manager and a senior health promotion officer in the Health Promotion Service's Communities and Localities Team covering Dunfermline and Cowdenbeath.

These leads were supported by a partnership working group with representatives from NHS Fife, Fife Health and Social Care Partnership, Fife Council Active Communities Service, Fife Voluntary Action and the third sector organisation Youth 1st.

The project has been strongly supported by leads from public health, Fife Health and Social Care Partnership and Fife Council. The director of public health and health and social care partnership (HSCP) directors both provided short clips in support of the work.

The WSA is funded by, and reports to, the East of Scotland Type 2 Diabetes Prevention Partnership. Governance reporting in Fife is also through the T2 Diabetes Prevention Partnership.

At the regional level, the East Region governance group oversaw and has provided funding for each of the five WSA early adopters in the East Region. Funding of £60,000 is available to support each WSA. £10,000 has been made available to support the discovery process and this has funded 6 hours per week of administrative support, some IT licences and resources to assist Youth 1st in undertaking community engagement work with young people. Another £50,000 is potentially available to support the implementation phase.

Role of national partners

An officer from the East Region Partnership initially provided 'invaluable' support in encouraging local partners, providing information on other WSAs and generally offering reassurance that the Fife WSA was progressing as expected. Unfortunately, this officer moved to another post during the WSA. The wider role of the East Region was also important and included skill shares at regional and national levels. The

supervisory role of East Region was described as ‘light touch but appropriate’. Other national supports were also of value and included:

- ongoing advice and inputs from OAS
- support in the facilitation of Workshop 1 from PHS
- the LBU WSA training, which was critical at the front end of the process.

What has worked well

Stakeholder engagement and partnerships

The WSA established significant stakeholder engagement in the two targeted areas. Participation both within the working group and at the two workshops was good and evidenced involvement across a wide range of services and policy areas. This benefitted from strong prior partnership working in Fife but took this forward through the rigour of a WSA. One stakeholder commented that it was ‘the best and most enjoyable partnership I have been involved with’.

Workshops

The two workshops were generally well received and achieved the outcomes set. Attendance was high, though with some fall off at the second session. The move to an online format was new and challenging, but in the end triggered some very positive innovation and learning that will help partners in future. Workshop design and delivery was good, and Workshop 1 was described by one participant as ‘exceptional’. There was clearly a good depth of discussion and the production of 12 causal maps a very practical output. As one working group member commented, there was a sense of ‘people really getting it’. Another noted it was a ‘good space for everyone, especially to narrow down the causes of obesity’.

The second workshop, though positive, did not seem to generate the same level of enthusiasm. It was viewed as challenging and perhaps less innovative. Nonetheless,

it produced very useful outputs, which translated into high quality intelligence through post workshop analysis.

Leadership, governance and adaptability

The WSA process was led by two committed staff with complimentary skill sets. Their approach is acknowledged as combining listening with an ongoing commitment to drive the process. The WSA also benefitted significantly through the skills of a part time administrative support work. This brought key innovative thinking as the pandemic forced a move to online delivery.

The partnership working group engaged a good range of inputs and continued to support the WSA despite a very demanding wider context. This was further helped by the early buy in from local council community managers and the strong endorsement of the WSA in two video clips from NHS Public Health and Health and Social Care Partnership directors. The clips respectively introduced the two workshop sessions.

National support in terms of both advice and the provision of some funding were important. These were light touch but appropriate. As one consultee noted, ‘if we’d needed more help we’d have asked’.

Throughout the Fife WSA journey the leadership of the process demonstrated a very impressive record of adaptability. COVID-19 was central to these developments, but, beyond this, the decision to move from the strict PHE model was appropriate as the working group considered Workshop 2 and beyond. The learning from the PHE model was perhaps counterintuitively important here, as one of the leads noted ‘this grounding in the WSA model, gave us the confidence to move away from it’.

Strategic and practical linkages to wider developments

The Fife WSA is demonstrating a good understanding of securing sustainable change through embedding the learning and intelligence created within wider local strategies and plans. This has been apparent in operational terms from the early stages when the areas selected were determined by the enthusiasm of local

community managers and from strategic linkages with the wider **Type 2 Diabetes Prevention Framework**.

Understanding and recognising these linkages has continued throughout the WSA discovery phase and strongly features in the next stages now planned. It aims to get WSA thinking and the intelligence generated through the process to date reflected within key delivery focused mechanisms. This includes informing post COVID-19 recovery plans and the new health and wellbeing delivery plans within the new LOIP.

Communications

The communications developed have been a strong and very innovative feature of the WSA. Triggered in part by the COVID-19 pandemic, these have included videos, a project website and animations, from talking heads to front sessions by the Fife Director of Public Health and the Director of Fife's HSCP and short, engaging videos and infographics. These covered subjects like 'What is an WSA?', 'A guide to causal mapping', 'Fife Obesity Stats' and 'Young people's voices'. Relevant materials were commonly distributed before the workshop sessions and have subsequently been shared on request with other early adopter areas.

The PHE model

The PHE model provided the original underpinning framework for the Fife WSA. The project leads attended training, which was considered very good. In the initial stages, the model was followed closely and many of the support materials and tools were valuable in driving activities. Not starting with specific outcomes was refreshing but challenging. The overall academic rigour and logic of the PHE model were recognised as important, particularly in signalling the WSA was meant to go beyond previous partnership working approaches. Over time, however, some practical limitations in the method were identified and the WSA began to move from a strict application of all aspects of the model. These are considered further below.

The evolving Fife approach

The WSA has demonstrated a strong commitment to ongoing review and reflection, based on projected thinking on ‘what works?’ This has led to modifications in moving forward the WSA as it now enters its second phase. Central to these are aspirations to embed WSA learning into the local processes that are best placed to drive action and change. Close links with community planning, LOIPs, and local COVID-19 recovery plans are part of this and, as a further example, WSA thinking is seeking to influence the new Fife Transport Strategy.

How this will be done is important. Rather than further internal WSA activities and workshops, future approaches are more focused on reaching out and taking the key messages generated to other forums and structures. This includes advocacy and the WSA in effect becoming an intelligence resource to influence wider future developments.

Dissemination and promotion of these messages is consequently a major future theme of work. This approach is viewed as strengthening WSA sustainability aspirations. It’s too early to judge its effectiveness in practice, but positive signs are emerging.

Challenges and difficulties

COVID-19

It’s difficult to overstate the impact of COVID-19 on WSA progress. It completely overtook initial planning and key staff were diverted to emergency response work. The timescales were effectively put back a year. Throughout the process to date there have been severe restrictions on face-to-face work and the ability to physically get into the communities. Formal community engagement work has been particularly difficult and is behind where the WSA would ideally like to be at this stage.

The response in adapting to online formats has been impressive and generated some compensating positives, most notably in the imaginative approach to

communications. But there is a sense that this way of working will never fully replace the value of informal networking enabled by face-to-face activities.

Community engagement

Direct engagement with local communities has been a key challenge. As indicated, COVID-19 has been a major limiting factor here, with face-to-face work restricted. But, prior to the COVID-19 pandemic, no community stakeholders were identified for WSA workshops, and this is something that should be reviewed in future approaches. Youth 1st did manage to progress some work by developing the video on young people's voices, but this is limited. Largely, the views of local people have been inputted to the process by proxy. This should be addressed in the next phase of work and some consideration is already being given to using second phase East Region funding to advance a more comprehensive community engagement exercise.

Unrelated to COVID-19, there was also a sense that the PHE model did not readily lend itself to meaningful community engagement. It seemed complicated and more suited to professional staff. More accessible methods are required to engage people across local communities.

Range and continuity of inputs

While the WSA has engaged a wide range of services and policy agendas, it's recognised that this has not been comprehensive. Some key stakeholders have not been significantly involved to date, most notably education, transport and planning. This means that some WSA exercises and mapping are potentially skewed to the 'people in the room'. Desk-based research has offset this to some degree, but direct inputs would have been preferable.

The second phase of work is now seeking to address this through the outreach approach detailed above. 'In reality we recognise we need to go to them, rather than them being expected to attend WSA events.' As an example, one of the WSA leads has now directly engaged in the process of developing the new Fife Transport Strategy.

A further challenge has been maintaining partner inputs and the continuity of key individuals within the processes. This has again suffered from COVID-19 realities, which have seen staff redeployed or triggered career decisions.

Time commitments

The time involved in delivering the WSA has been very demanding and beyond initial expectations. This has been exacerbated by the requirement to shift all activities online, which added new planning and design demands. Wider COVID-19 pressures have also meant that the responsibility for planning WSA work has fallen very heavily on the two leads and administrative support worker. The latter had 6 hours of time allocated to supporting the WSA, but this was significantly exceeded, particularly prior to workshop sessions and in the period afterwards when findings had to be collated and reviewed.

PHE WSA model

As noted, the PHE model strongly influenced the early stages of WSA development, but over time, it became apparent this needed to adapt to local circumstances. After Workshop 1, there was a need to ensure the next stages were feasible and engaging. Some of the mapping tools were considered overly complicated and the time demands of applying the full model were viewed as unrealistic. Moving straight from Workshop 1 findings to the expectations of Workshop 2 was considered over ambitious: the partners needed more time to reflect on existing service activities. The spreadsheet on causes to complete the Rainbow Banner model was particularly challenging and, in the end, a simpler and more manual way of inputting the information was applied, which appeared to produce the same outcome.

One consultee also noted that it would be useful to see more evidence from the earlier English WSAs that had used the full process and evidenced sustained change.

Embedding WSA thinking

The degree to which all partners have fully embraced WSA thinking remains uneven. An approach that works towards identified outcomes rather than setting these from the start is still viewed by some as different and challenging. There was, at points, a sense of the WSA as a transactional process, with services simply asking for precision on exactly what was expected of them, rather than embracing and inputting to the wider developmental context. This is not uncommon and reflective of the ambitious change in mindsets being attempted by a WSA.

Differences made by Fife WSA to date

Progress of the Fife WSA referenced to the nine key characteristics of a WSA approach defined by Public Health Reform is summarised in the table below.

Key characteristic	Progress
1. Systems thinking	This has been a key part of how the WSA has been taken forward and is reflected in having broad representation across the working group and stakeholders. This was strongly established at the first workshop, supported by some strong visuals and videos, and a front-end contribution from the Fife Director of Public Health.
2. Learning culture	This has featured throughout the process, with continual reflection and adaptation apparent. For example, local partners determined after Workshop 1 to deviate from the PHE WSA model based on experience and the expectations of the next stage. COVID-19 also demanded a different dimension of learning and it's clear this was evident in maintaining progress.
3. Facilitative and adaptive leadership	The leaders were reported as demonstrating this style, listening and taking on board others' views when talking about the WSA. The changes to the approach during the process further evidence this.
4. Purposeful engagement	Healthy levels of interest and participation at the start declined a little as the process continued. This was not helped by COVID-19. But the leads are continuing to work hard to

Key characteristic	Progress
	engage directly with a range of bodies (including community-based) to talk about the WSA. Purposeful engagement is more apparent at agency and professional levels. Other than some consultations with young people via Youth 1st, little has been advanced directly with individual and communities. This again has been restricted by the pandemic and is now expected to be strengthened in future work.
5. Governance and resourcing	Two experienced leads with complimentary skill sets have driven the process. This role has been supported through a WSA working group, which secured good levels of involvement. At East Region level, support has been light touch but helpful. Clear lines of accountability were established at the outset. The initial financial support of £10,000 was also helpful, enabling dedicated admin support and supporting some engagement activities. In practice, however, the amount of admin time required at points was well more than the nominal allocation.
6. Sustainable collaborative working	Collaborative working has been strong via the working group and is evidenced through good attendance at the workshop sessions. However, there has been some drop off in numbers, which needs to be monitored, again recognising the COVID-19 pandemic has impacted here. A good range of agencies and services continue to work together, stretching beyond the 'usual suspects' and practically recognising the engagement needed to fully address the wider determinants. The degree to which this will be sustainable is yet to be fully tested. But links developed with the two local community partnerships and the embedding of WSA work into local health improvement plans and wider strategies present grounds for optimism.
7. Shared commitment and outcomes	Generally, this appears to have been a strong feature. The working group level has demonstrated commitment and senior level endorsement from key health and local authority management has enhanced this. But while an overall vision is evident across partners, there is less consensus on where exactly the next stages of the process are going. In addition,

Key characteristic	Progress
	across wider stakeholders the degree to which the WSA concept is fully understood varies.
8. Place is important	There was a clear focus on two areas from the outset and this has helped focus WSA work. Early links and buy in from the community mangers was, and remains, very important. WSA work in both areas is now focusing on linkages to other local developments and, in particular, integrating with local health and wellbeing plans. The importance of place has been restricted by COVID-19, with the sense that without this, more face-to-face events and activities held physically in the areas would have been possible and further strengthened the WSA.
9. Creativity and innovation	This has been a very strong feature of the WSA. It has two dimensions. First, the process of the WSA that was viewed as innovative in several ways. Through causal mapping, there was a sense of taking a deeper and more analytical approach and, overall, the process tried hard to engage a much wider range of stakeholders. The way local partners decided to deviate from the formal PHE model was also innovative, as is the overall approach of the WSA in future to reach out and connect to local developments rather than advancing work within the WSA process. Second, the WSA has been very innovative and creative in terms of its communications. Some of this was necessitated by COVID-19 and the need to take the whole process online. As well as remote workshops, this included a website, the development of series of short and engaging videos, animations, newsletters and infographics.

Outcomes to date

Reflecting on the anticipated six WSA outcomes again requires respecting the stage of the Fife WSA journey: it remains a work in progress. Summary observations on these are presented below in this context.

Outcome	Observations
Community engaged	To date, the direct voice of the community has not been part of the story: locally based workers have injected the community voice. Youth 1st undertook some limited work, but overall COVID-19 undermined this aspect of work. On reflection, the WSA should perhaps have identified people in local communities when establishing the initial stakeholder list.
Action to address upstream drivers and determinants of health	Overall, it's considered far too soon to see impact here. But some useful foundations have been laid, and overall awareness and understanding of the wider determinants model has been increased. The causal and service mapping provide critical future intelligence, particularly as they have now been mapped into the Rainbow Banner model. Links to wider local plans and strategies will also help in future upstream influence.
Systems practice integrated across the partnership	Still very much a work in progress and has required the leads to work outside of the formal workshops envisaged by the PHE model. This process of integration is recognised as long-term and demanding and will be assisted by the inclusion of WSA work in local delivery plans.
Collaborative working across departments and organisations	This has been evident throughout all the WSA work to date. It has built upon good established partnership foundations but taken these forward more systematically and widened the range of stakeholders in the two WSA areas.
Actions jointly prioritised and aligned across the system	This is the stage of the process the WSA is now beginning, so it's generally too soon to comment. More local engagement is needed, but links established with local community planning groups and the building in of WSA work to the new LOIP Health and Wellbeing Delivery Plan provides ground for optimism.
Learning is being captured and shared	This has been apparent throughout the WSA and importantly the partners have applied agile principles in learning and adjusted future actions based on this. Some of the learning in using online delivery and innovative communication mechanisms has been transformational. The website is a particularly useful way to share learning. The Fife WSA has now shared some of its communication mechanisms with regional and national partners.

Key conclusions

Overall, the Fife WSA has made very significant progress within a demanding period of wider context. COVID-19 necessitated significant delays in getting started and the WSA remains a work in progress. As commented, ‘it remains a journey, and quite a different journey than we initially embarked on’.

Significant enthusiasm for the approach remains apparent, a good range of partners have been engaged and some excellent intelligence has been generated through causal and service mapping. The imaginative communications developed are a particular standout of developments to date. Though to a degree necessitated by circumstances, this has now developed capacity and ideas that can be used across wider settings. Overall, there is a sense that a WSA is now much more ‘in the conversations’ in the Dunfermline and Cowdenbeath areas.

The PHE model provided a good framework for initial development and assisted in producing some robust outcomes, but partners have demonstrated a willingness and confidence to move from this in the light of experience and an assessment of what will work in Fife.

Direct community engagement is less developed to date, for some understandable reasons. This will now be addressed in future work.

By May 2022, the second phase of work was underway. This was strongly focused on making a lasting and sustainable change in the two targeted areas by linking to local structures, strategies and plans. The WSA is now proactively reaching out to these, providing learning, information and intelligence and advocating for the impact an WSA can make.

Key learnings

Within an overall positive context, key learning points from the Fife WSA experience are suggested as:

1. The importance of securing and communicating senior level buy in to the process from the outset.

2. The need for clear and fit-for-purpose governance structures supported by suitably skilled and experienced leadership. And for these to be based on wide partner inputs, aligning local delivery arrangements with authority wide and regional reporting arrangements that maximise WSA linkages and visibility.

3. The importance of securing front end local buy in through the local community managers in both areas.

4. The need to consider direct community engagement earlier in the process.

5. The need for the WSA to truly reach out to local communities, structures and related plans and strategies. Using and sharing the outcomes and intelligence of initial work to lobby for a WSA within the local structures that can guarantee action and sustainability.

6. Recognition of the opportunities and value of online delivery of workshops, but with a recognition these cannot wholly replace face-to-face work.

7. The value of good and imaginative mechanisms to communicate WSA concepts and progress, presented in simple, bite sized chunks.

8. The value of a framework such as the PHE model and guide, but also the need to review and adapt this to local circumstances and realities.

9. The importance of recognising the time commitments of delivering a WSA and ensuring adequate, ring-fenced time is allocated to advancing this work.

10. Recognising the WSA is very much work in progress that needs to continue beyond the formal early adopter status.

References

[1] **https://www.taycollab.org.uk/wp-content/uploads/2021/06/Child-Healthy-Weight-Strategy-2020-2030.pdf**

[2] Public Health Intervention Responsive Studies Teams (PHIRST) North at FUSE.

[3] Public Health England (2019). Whole systems approach to obesity. A guide to support local approaches to promoting a healthy weight. **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf**

[4] **https://sites.google.com/view/wholesystemsapproachtohealthyw/home**

[5] The four phases are set up, building the local picture, mapping and actions.

[6] Sewell, N. Health Improvement (2021). Eyemouth Whole Systems Approach, Increasing healthy weight across the local population with a focus on children and health inequalities, Phase 1 Progress Report.

[7] The nine characteristics are: systems thinking; learning culture; facilitative and adaptive leadership; purposeful engagement; governance and resourcing; sustainable collaborative working; shared commitment and outcomes; place is important; and creativity and innovation.

[8] Source: Loving Life material (not available online).

[9] Source – WSA Workshop 1 analysis of participant feedback.

[10] Fife SWA website video: **https://youtu.be/dEJkebM98o8**