Public Health England

Protecting and improving the nation's health

Annexes

Opportunities to strengthen place-based systems approaches to consider and address associated health inequalities

Contents

Annex A. Detailed methodology

This research was conducted with strict adherence to ethical procedures throughout the research process. This included adherence to ICF data security policies (ICF are Cyber Essentials accredited) and ICF data protection protocols. To ensure confidentiality of participants, names of individual interviewees were not used, and quotations have been anonymised in this final report. Ethical approval was also sought through the PHE ethics team.

PHE Places and Regions teams interviews (January 2020)

A mix of single and paired interviews (single interviews with an obesity lead, and paired interviews for where there were different leads for obesity and health inequalities) were carried out with the following PHE centre staff with experience of supporting whole systems approaches:

- East of England (for Suffolk)
- East Midlands (for Lincolnshire)
- North West (for Liverpool)
- South East (for Medway)
- South West (for Bath and North East Somerset)
- Yorkshire and Humber (for Hull)

The purpose of these interviews was to understand the wider context for each local authority in terms of ongoing, previous, and planned obesity and health inequalities work. The PHE Places and Regions team also provided introductions to key contacts in the selected local authorities and insights from these interviews informed and framed discussions with stakeholders from local areas.

Local authority fieldwork (January to March 2020)

Six local authorities were identified by PHE because of their familiarity with the WSA, and because they were at various stages of implementation. A mix of local authority types was also an important consideration for the sample (see Table A1 in Annex A); and included both unitary authorities and 2-tier (county or district council) local authority areas, in varying geographical locations across the country. This ensured coverage of a range of rural and urban populations facing different challenges in addressing health inequalities. Local authorities participating in related obesity programmes were excluded from the sample, to avoid overburdening local teams (such as those receiving an intensive offer of support from PHE relating to the PBA or those leading a local DHSC / PHE / APDH / LGA Childhood Obesity Trailblazer).

Initial contact with local authorities was made with the obesity portfolio lead, who acted as a gatekeeper and facilitated contact with stakeholders involved in the local whole

systems work and those with responsibility for health inequalities. A flexible approach was used to gather information, including some face-to-face interviews, as well as telephone interviews, group conversations, and documentary analysis. In total, 46 local stakeholders were interviewed from a range of different backgrounds including (see Table A1):

- people closely involved in managing the local whole systems approach, such as obesity portfolio leads
- senior officers such as Directors of Public Health and their board-level colleagues, as well as elected members with roles on local Health and Wellbeing Boards;
- a wide range of local authority officers and external partners involved in whole systems work including other public health staff; health inequalities leads; planning, transport and leisure department staff; environmental health staff; organisations delivering primary prevention; the local NHS and primary care, as well as voluntary and community organisations

The topic guides for the interviews (see Annex C) were developed with PHE. PHE also developed supplementary summaries of the WSA and PBA resources and guidance (see Annex D and E). These were shared with local stakeholders to support interviews and inform participants about the resources and guidance when they were unfamiliar. Interviews were audio recorded with the consent of participants, and detailed notes were taken by researchers.

Table A1. Local area interviews

PHE locality	Local authority area	Type of local authority	Number of participants	Key roles of interviewees
East of England	Suffolk	Two-tier county; rural	7 in total of which 7: Focus group	• health improvement stakeholders, including those working in childhood obesity • public health team stakeholders • travel and highways stakeholder • child services stakeholders
South East	Medway	Unitary; urban	6 in total of which 1: face-to-face 3: individual telephone call 2: group telephone call	• health and wellbeing services stakeholders, including from the health and wellbeing board • NHS Medway CCG stakeholders • child services stakeholders, including from the infant feeding strategy group and school catering
Yorkshire & Humber	Hull	Unitary; urban	8 in total of which 5: face-to-face 1: individual telephone call 2: group telephone call	• obesity and health inequalities lead stakeholders • leisure services and planning stakeholders • environmental health and local food partnership stakeholders • children's healthy lifestyles stakeholders
North West	Liverpool	Unitary; urban	4 in total of which 3:face-to-face 1: individual telephone call	• obesity and health inequalities lead stakeholders • public health commissioning stakeholder • local researcher working on obesity

East Midlands	Lincolnshire	Two-tier county; rural	8 in total of which 6: two focus groups 2: individual telephone calls	• obesity, physical activity, and health inequalities lead stakeholders • food and physical activity lead stakeholders • planning stakeholders • district council stakeholders
South West	Bath & North East Somerset	Unitary; mix urban and rural.	13 in total of which 11: individual telephone call 2: group telephone calls	• obesity, physical activity, and wider determinants of health lead stakeholders • general public health stakeholders • stakeholders from organisational development and health and safety • stakeholders from transport and parking • stakeholders from environment, design, infrastructure, and leisure

National Stakeholder interviews (February to March 2020)

Seven telephone interviews were carried out with national stakeholders and policy makers (identified by PHE) with an interest in whole systems approaches and health inequalities. These aimed to understand their views and experiences around supporting WSAs from a national perspective as well as their views on supporting local areas.

Interviewees included representatives from PHE, as well as stakeholder organisations such as SIPHER consortium, the Health Foundation, Food Active and Leeds Beckett University.

Data analysis (March 2020)

The findings from the above interview data were triangulated to ensure that the information collected the complexity and richness of information and perspectives about the WSA and health inequalities associated with obesity. Thematic analysis was used to analyse the data which included transcribing (writing up) interviews and case studies, coding the write ups and identifying common themes and ideas across the data.

Workshop (March 2020)

Some ideas for next steps were generated from PHE (and tested during interviews), and others emerged directly from interview findings. These ideas were then developed by PHE and ICF into user-centred options for strengthening the WSA process, guide and resources to support local areas to better consider and address obesity related health inequalities. These were tested and discussed at a stakeholder workshop with local and national representatives on 13 March 2020.

The list of workshop invitees developed with PHE included a mix of national and local stakeholders with practical expertise, including national policy makers and local partners. The workshop was carried out as an interactive videoconference, as it was not possible to bring people together in person due to the coronavirus pandemic. In total 16 participants took part, including 6 national stakeholders, 6 participants from local areas that had taken part in the fieldwork, 2 representatives from 2 local authorities that had not taken part in the initial fieldwork, and 2 PHE centre obesity leads.

At the workshop, the research was introduced, and the key findings were presented. The main discussion topics in the workshop centred on how local areas were addressing health inequalities associated with obesity, the challenges they had encountered, and their thoughts on various ideas that PHE could develop to help support local authorities (discussed in length in chapter 3 of this report). Following feedback on those ideas at the workshop, the final ideas for future action were sent to all workshop attendees to further ensure all participants had the opportunity to provide further feedback.

Annex B. Local practice examples

Please note all local practice examples were written prior to COVID-19 and there are likely to have been changes to practice since these were written.

Bath and NE Somerset: engagement and corporate buy-in

Shared leadership of, and investment in, the whole systems approach from across the local authority is key to engaging the wider workforce.

Bath and North East Somerset (BANES) is a unitary authority which spans both urban and significant rural areas. There are recognised challenges in health outcomes, with health inequalities one of 3 focus areas in the BANES 2015 to 2019 Health and Wellbeing Strategy. There is no lead for health inequalities but this work was considered largely entrenched as part of wider programmes and initiatives by council staff.

The whole systems approach at BANES is led by the public health team, alongside colleagues in HR and corporate services. BANES are currently at the stage of finalising an action plan based on ideas from the second workshop. A key aspect of their approach was gaining the buy-in from the senior leadership team. By focusing on the approach as an opportunity to support cross-sector and cross-team working, senior leadership saw it as an opportunity to improve working practices rather than something exclusively benefitting the public health/obesity agenda.

Ensuring that the approach was led from across the council, including senior figures in HR and corporate services, so that it did not appear to be ‘public health-focused’ was considered to be an essential factor to BANE’s successful implementation with the approach. It meant a high level of engagement among staff, which translated into good attendance at workshops and a willingness to contribute. A notable benefit of the approach was the increased understanding among staff about how their work impacted other areas even when they had initial reservations about its effect on the obesity agenda. While council teams were considered well represented at the workshops, it was noted that some were less convinced by the benefits of the approach. In particular, it was felt that more engagement from a strategic perspective would be beneficial in furthering the implementation the approach. There were also concerns that resourcing and capacity constraints could mean that maintaining a good level of engagement over time with those who had been involved would be difficult.

Hull: deprived areas and community engagement

Selecting distinct areas to focus on based on rates of deprivation and health inequalities across the local authority helps to focus efforts, through understanding the needs of communities and engaging them in this work.

Kingston upon Hull (Hull) is a unitary authority and city in the East Riding of Yorkshire. Around the Humber Estuary, the 4 local authorities (LAs) of Hull, East Riding, North Lincolnshire, and North East Lincolnshire form one ICS, but the needs of these LAs vary. PHE's local authority health profile for Hull highlights poor health outcomes, including high rates of childhood obesity, health inequalities, and low life expectancy.

Hull has been implementing the whole systems approach for nearly 3 years and has held 5 conversation events around childhood obesity. This work has largely been driven by the lead for behaviour change at Hull City Council and Public Health.

There has been significant involvement and support for the whole systems approach from the Director of Public Health, which helped to encourage 90 participants attending the first conversation event. Hull has a strong community delivery focus stemming from its unique structure of council teams and officers assigned to particular wards across the city, which have networks of council staff working locally on the ground. Community engagement is one of the key priorities for the health and wellbeing board, and Hull are considering using the PBA (toolkit 2) around community engagement to help progress conversations in this area. They are working towards the launch of a new city-wide engagement approach to health and wellbeing which includes rebranding the work from childhood obesity to 'childhood healthy weight' which they believed is more appealing to the public. In light of this, 3 priority wards were selected to focus on childhood obesity based on rates of deprivation and childhood obesity, which stakeholders felt provided a more tangible focus for their efforts. There has been targeted work towards improving children's weight in these areas, and there are local meetings which involve a network of community organisations, schools, youth providers, and other stakeholders with scope in these areas, as well as some city-wide stakeholders. These local meetings are valuable in helping local stakeholders understand interventions happening in their area and is also an opportunity for council staff to give updates from the wider whole systems approach meetings. The connections and networks formed represent a strong benefit for Hull's approach to considering health inequalities within their whole systems obesity work.

As part of this work they are seeking to understand the actions that community members would like to see on the ground, in order to ensure their approaches are appropriate. This work will provide the necessary evidence for city-wide policy change, based on the views of the communities and effective interventions in these priority areas may later be rolled out across the city more widely.

Stakeholders suggested that conversations around children's healthy lifestyles could involve more service providers and needed more representation from schools, although they recognised that the capacity issues in schools means it is difficult for them to engage in meetings. The work around the whole systems approach has opened up partnerships and conversations in different ways around health inequalities in general. Hull is in the process of establishing a fairness commission, which will focus on health inequalities, including considering the role of employment, money, and skills. The PBA toolkits will help to shape the workstreams for the commission, and it was reported that the tools have credibility because of LGA and ADPH branding and this is helpful in making the case to senior leaders.

Liverpool: collaborating with planning and environment teams

The whole systems approach is useful in getting different partners 'around the table' to encourage people to think about the linkage between sectors and environments, and the factors that contribute to the decisions that people make around food.

Liverpool City Council is a unitary authority in the North West of England and has 8 NHS Trusts. The population of Liverpool is generally in poorer health than the national average and is among the top 20% of the most deprived unitary authorities in England. In terms of childhood obesity, almost 25% of 10 to 11 year olds are classified as living with obesity, higher than the national average. Income deprivation and food insecurity have been increasing in Liverpool which links in with accessibility to healthier and affordable food.

Liverpool is at the implementation phase of the whole systems approach to obesity and have carried out 2 workshops and developed their action plan. The approach to obesity in Liverpool considers health inequalities, through focusing on areas of high deprivation.

A strong focus of Liverpool's whole systems approach is on engagement with planning and environment colleagues. Stakeholders reported that through action planning stakeholders were able to identify that the built environment and planning colleagues had a role to play to reduce obesity levels. The public health team has been working closely with planning and environment colleagues on their whole systems approach.

Engagement with planning and environment teams through their whole systems approach has subsequently led to them progressing regulations on the opening hours of takeaways within 400 metres of schools, which was included in the City Core Plan. It was due to its importance in the whole systems approach that public health colleagues were able to argue for its inclusion in the Plan.

Medway: using the whole systems approach resources to build on existing work

The whole systems approach provides useful resources and guidance that build on existing obesity work and can be used flexibly and adapted to local contexts.

Medway is a conurbation and unitary authority in Kent. Medway has their own Health and Wellbeing Board (HWB), but also has a joint HWB with Kent. The PHE local area health profile highlights issues around childhood obesity and health inequalities in Medway, including areas of substantial deprivation.

Medway has been implementing work similar to the whole systems approach for many years, and they have a strong obesity network within the local authority. They have been running an annual healthy weight summit since 2014, at which local partners meet to discuss how to tackle obesity across the system, including schools, hospitals, supermarkets, and maternity representatives from hospitals. Medway have been flexible and have adapted their obesity work following the publication of the whole systems approach. Stakeholders reported that it was reassuring for them to learn that they were already implementing many of the approaches from the whole systems approach guidance.

Building on their existing work, Medway are currently working towards Phases 1 to 3 of the whole systems approach, Set-up, Building the local picture and Mapping the local system, and are trying to obtain documented commitment from partners and senior board members to increase levels of accountability. They are also trying to increase buy-in, for example from the Medway Education Leadership Board.

Stakeholders reported that the whole systems approach provides good guidance, strong tools, and new ideas, that they have adapted to meet their needs and context; they are currently developing their own tools which include:

1. an action mapping directory viewable as a list or heat map to understand current action
2. network and stakeholder analysis to understand who is engaged in the system and where there are gaps
3. a local systems map to understand the causes of obesity
4. mapping of system levers to help specific stakeholders understand what actions they can do

Medway are continuing to build on their whole systems approach work and plan to establish working groups around food and physical activity that can participate in either the upcoming Medway Food Partnership or the Physical Activity Network and core working group. The plan is for these groups to meet biannually, similarly to the currently operating Medway Infant Feeding Strategy Group.

Lincolnshire: alignment with existing frameworks

Taking a whole systems approach was well aligned with the WHO's Global Action Plan on Physical Activity, which was useful in engaging local stakeholders.

Lincolnshire is a 2-tier local authority, made up of 7 District Councils (Boston Borough; City of Lincoln; East Lindsey; North Kesteven; South Holland; South Kesteven; and West Lindsey) overseen by Lincolnshire County Council (LCC). The County faces challenges of obesity, inactivity, an ageing population and loneliness. Obesity levels range from 61% in Lincoln to highs of 71% in Boston.

The LCC public health team have followed the whole systems approach guide step-by-step and are currently at phase 5 and 6. This work has included: setting up a Healthy Weight partnership; running 2 stakeholder workshops focussed on data on active lives, physical activity behaviour change and local planning opportunities. Alongside their work for phase 4 LCC implemented several interventions, for example they ran school food programmes; and tested a localised whole systems approach in terms of food consumption in a parish council.

Lincolnshire's work on physical activity is part of their approach to tackling obesity has been ongoing for a number of years. The County Council adopted the WHO Global Action Plan on Physical Activity, which consists of 4 key elements (active society, active place, active people, active systems) that stakeholders felt are well aligned to a whole systems approach[1]. This involved partnership development work led by Lincoln University and co-ordinated by Active Lincolnshire and Public Health which looked at the evidence base and logic modelling to generate a common language for engagement. Their work on active place is the most advanced at both County and District level and includes collaboration across different teams. For example, their work to build physical activity measures into social prescribing includes colleagues from public health, CCG and the voluntary and community sector and includes physical activity coaches delivering one-to-one and group sessions to help people engage in 150 minutes of physical activity per week. Their physical activity work also includes the work developing in Boston District Council, to co-locate leisure centres and GP surgeries (P21 scheme). A notable success of their physical activity work includes all their local District plans now incorporating reference to the built environment in relation to obesity.

Stakeholders reported that the whole systems resources and guidance were useful in showing stakeholders how their agendas and strategies link with obesity, though sometimes found it challenging to engage directly with NHS decision-makers who were not often present at workshops. Staff changes at the County level can also mean inconsistencies in levels of buy in from different teams.

[1] World Health Organisation (2018) Global action plan on physical activity 2018 to 2030: more active people for a healthier world. Available at: https://www.who.int/ncds/prevention/physical-activity/global-action-plan-2018-2030/en/

Suffolk: using the WSA resources and guidance to focus on obesity in children and young people

Focusing on obesity in children and young people has involved strong partnerships with key organisations and buy in from senior staff, which have been enabled through implementing the WSA.

Suffolk is a 2-tier local authority. The portfolio for obesity is divided between the Health Improvement teams for Children and Young People, and Adults. A specific focus in Suffolk has been their WSA work to tackle obesity in children and young people (CYP). The CYP team have followed the 6 phases of the whole systems approach and are now refreshing their strategy.

Phase 1 involved: creating a Childhood Obesity Core Working Group, a Task and Finish Group, and 2 network workshops; and finalising a strategy and action plan. This was then followed by stakeholder engagement events in phase 2 to 4.

The CYP team have taken a place-based approach to tackle health inequalities in relation to obesity. They are using the Amsterdam Healthy Weight programme as a blueprint, by targeting families in Brandon in north-west Suffolk and Lowestoft in north-east Suffolk, due to high levels of deprivation in these areas[2] (1). The Amsterdam model focusses on prevention alongside support and advice for children and their parents/carers who are living with overweight and obesity This is reflected in Suffolk's interventions below.

One Life – the Integrated Healthy Lifestyle programme in Suffolk – are running a one-year pilot in these areas across Suffolk for a tier 3 child weight management service aiming to encourage moderate and sustainable weight loss and long-term weight maintenance in service-users. Work has also been done to implement a whole-schools approach to childhood obesity – One Life have audited school menus to reduce fat, sugar and salt in school meals, have run assemblies on healthy weight, and are contributing to Relationships, Sex and Health Education classes. A further success has been updating the description of neglect or safeguarding to state that: "Obesity may be part of wider concerns about neglect or emotional abuse" in children.

Key enablers of this work have included buy-in from senior staff in the council and across the local system such as those on the Health and Wellbeing Board; having a dedicated member of staff seconded to the CYP team; receiving informal support from Leeds Beckett University; the CYP team increasing their focus on health inequalities in the last 3 years, and refining approaches used in previous interventions.

[2] European Commission (2018) Health Equity Pilot Project (HEPP). Amsterdam Healthy Weight Programme: Case Study. Available at: https://ec.europa.eu/health/sites/health/files/social_determinants/docs/hepp_case-studies_07_en.pdf

Interviewees stated that the WSA required a lot of resources to implement and that they moved through the phases more slowly than anticipated. Turning strategic buy-in into action has also been a challenge: “Everybody is signed up to it. But I think sometimes people are unsure what exactly it is they need to do to contribute”.

During phase 6, the CYP team are planning to refresh the WSA and action plan using a video toolkit to increase stakeholder engagement. The videos will include messages from the Director of Public Health about how WSA fits into their work, and messages from parents on the childhood obesity network with lived experiences.

Annex C. Topic guide used for local area interviews

The following topic guide is split into questions for obesity leads and health inequalities leads, but the questions and themes here were used in a flexible way, for all interviews with local area stakeholders.

Obesity leads

Whole systems approach introduction

- What has been your experience with implementing a whole systems approach to obesity?
- Have you used the PHE 'whole systems approach to obesity guide' to assist with setting up of the whole systems approach?
- If so, which phase of a whole systems approach is your local authority up to?
- How long have your local authority been implementing this approach for?
- How has your whole systems approach been applied at a geographical level (targeting particular local areas/places)?
- In what ways has your whole systems approach to obesity been adapted to local considerations and context?
- What have you found to be the successes and challenges when using the guide and supporting resources?
- What is the level of internal engagement with your whole systems approach to tackling obesity?
- Are all key council departments contributing to tackling obesity through their relevant functions? Do other departments clearly understand how tackling obesity benefits their own agendas?
- If not, who isn't engaged who you would like to be engaged?
- What is the level of senior level buy-in to the approach? (elected members, chief executive?)

Whole systems approach (stakeholder engagement)

- We would like to understand if there are ways PHE can better support local engagement with the NHS and Communities in local approaches to tackling obesity and health inequalities.
- What measures are in place to engage communities and the NHS in the local whole systems approach to tackling obesity and health inequalities associated with obesity?
- What does communities mean to you in the context of whole systems working?

- How are your local community(ies) involved in shaping and co-producing your whole systems approach?
- Describe the level of engagement with the NHS in your whole systems approach to obesity.
- Are obesity related health inequalities a priority within your locality?
- If so, what approaches are you taking to address the health inequalities (for example, published guidance, developed bespoke local tools)?
- How do these approaches to addressing health inequalities fit within your whole systems approach to obesity (and vice versa)?
- Who within your local authority is responsible for tackling the health inequalities related to obesity?
- Are you monitoring the progress of these approaches to address health inequalities locally? If so, how?
- How do these approaches align with other local work tackling the wider determinants of health?

Whole systems approach (health inequalities)

- What, if anything, would support you to better address health inequalities as part of whole systems approach?
- What is your experience with the whole systems resources and tools (probe - action mapping tool, actions scales model)? What are your reflections on these tools?
  - Did you find the action mapping tool useful for mapping existing actions against wider determinants of health model?
  - What did you do differently as a result of using this tool?
  - Could you see this tool adding value to other stages of setting up and implementing a whole systems approach? If so, where and how?
  - for example, in phase 4 – to decide what actions to prioritise, in phase 6 to reflect and review on the impact of actions on obesity and health inequalities.
- What is your familiarity or experience of the PBA and/or its earlier iterations (PHE's systems, scale and sustainability)?
  - If familiar, to what extent is PBA being used locally? By whom?
  - Do you have any experience with the PBA resources and tools? If so, do you have any reflections on the tools?

Idea Probing

- Where could you see potential to use the PBA tools and resources alongside your whole systems approach to obesity?
- What are your views on how the question-based tools in the PBA would fit within or support the whole-systems approach to obesity to tackle associated health inequalities?

- The WSO guide recommends considering health inequalities at many stages in the set up and implementation of a systems approach to tackling obesity. [Briefing about tools required]
- How do you think referencing aspects of PBA tool A at specific sections of WSO could support you to identify opportunities to better address health inequalities as part of their whole systems approach to obesity? [SEE TABLE/RESOURCE]
- How do you think the content of PBA tool D could help strengthen collaboration with the NHS in addressing health inequalities (and other issues)?
- How do you think the content of PBA tool B would help you to review your community engagement and ensure it is most effective to tackle health inequalities within a systems approach?

Specific Idea Probing

- The PBA has an additional resource describing health inequalities data sources and what they can be used for. Would you find it useful for WSO to reference these data sources and/or how they would you envisage them being used as part of the WSO?
- Do you think any of the following ideas would be useful to tackle the health inequalities associated with obesity?
  - A supplementary briefing document signposting relevant sections and resources in PBA and where in whole systems they can be used.
  - Develop a system maturity matrix [illustrate with additional resource], similar to those included in the PBA tools, that reflects local progress on addressing health inequalities as part of a local whole systems approach to obesity.
  - Advice on how to use existing whole systems approaches tools to better monitor health inequalities, for example, use of action mapping tool at different phases of whole systems approach.
  - Light touch changes to tools to enable them to better consider impact of actions on health inequalities.
  - Guidance on relevant health inequalities data to collect and monitor as part of a whole systems approach.
- Is there anything else that you would find useful to support you to address health inequalities as part of your whole systems approach to obesity?

Health Inequalities Leads

PBA introduction

- How is the responsibility for addressing health inequalities organised locally?
  - Are the health inequalities associated with specific public health issues such as obesity the responsibility of that public health team?
  - Is a separate team responsible for addressing wider determinants of health broadly?
  - If health inequalities are managed by public health leads/teams, how do these public health leads/teams pull together to monitor the wider determinants of health?
- Which approaches are you currently taking to tackle local health inequalities (general or obesity-related)?
  - Probe which approaches they are using, whether bespoke local tools are being used
- What has been your experience with the place-based approaches to health inequalities guide and/or its earlier iterations, such as the report systems, scale and sustainability work.
- How have you used, or plan to use, the PBA and/or its earlier iterations locally? (Topic specifically? – to tackle health inequalities associated with obesity, or broader? – to tackle the wider determinants of health?)
- If PBA used locally: Who is using the PBA tools and resources? Self-guided means – if so, led by who? facilitated workshops?
  - What tools have been used locally? Reflections on the tools, How have they used them? When have they used them?
  - What other tools or approaches or actions to tackle health inequalities have you used in combination with the PBA?
- How does or might the PBA fit with existing strategies or programmes you have for reducing health inequalities?
- We would like to understand if there are ways PHE can better support local engagement with the NHS and communities in local approaches to tackling obesity and health inequalities.
  - What is your level of engagement with the NHS and communities in health inequalities approaches?
  - How have you engaged these local systems? What approaches have you taken?
  - Have you used the PBA tools to improve engagement with the NHS and communities? If so, how have you found these resources? If not, do you think the content would be of use?
  - Do you think there is duplication of work or working in silo across these different local systems?

Health Inequalities and PBA

- What is your level of familiarity with the whole systems approach to obesity?
  - Have you been involved in the process and in what capacity?
- What is your experience with PHE's whole systems approach to obesity resources and tools?
  - Are you familiar with the action mapping tool?
  - Did you find the action mapping tool useful for mapping existing actions against wider determinants of health model?
  - What did you do differently as a result of using this tool?
  - Could you see this tool adding value to other stages of setting up and implementing a whole systems approach? If so, where and how?
  - for example, in phase 4 – to decide what actions to prioritise, in phase 6 to reflect and review on the impact of actions on obesity and health inequalities.
- If familiar, where do you think PBA tools could support local authorities in tackling health inequalities as part of a whole systems approach to obesity?

Specific prompts

- The whole systems approach to obesity guide recommends considering health inequalities at many stages in the set up and implementation of a systems approach to tackling obesity. [ICF Briefing about every tool required]
  - How do you think referencing aspects of PBA tool A at specific sections of WSO could support you to identify opportunities to better address health inequalities as part of their whole systems approach to obesity? [SEE TABLE/RESOURCE]
  - How do you think the content of PBA tool D could help strengthen collaboration with the NHS in addressing health inequalities (and other issues)?
  - How do you think the content of PBA tool B would help you to review your community engagement and ensure it is most effective to tackle health inequalities within a systems approach?
  - The PBA has an additional resource describing health inequalities data sources and what they can be used for. Would you find it useful for WSO to reference these data sources and/or how they would you envisage them being used as part of the WSO?
  - Do you think the content of PBA tool C and/or the content of earlier published health inequalities tools such as POTS framework – may be useful when considering how locally commissioned services may be impacting on health inequalities related to obesity?
- Do you think any of the following ideas would be useful to tackle the health inequalities associated with obesity?
  - Simple document signposting relevant sections and resources in PBA and where in whole systems they can be used? Develop a system maturity matrix

[illustrate with additional resource], similar to those included in the PBA tools, that reflects local progress on addressing health inequalities as part of their whole systems approach.
  - Advice on how to use existing whole systems approaches tools to better monitor health inequalities, for example action mapping, action planning
  - Light touch changes to tools to enable them to better consider impact of actions on health inequalities
  - Guidance on health inequalities data to collect and monitor
- Are there any other tools or approaches that you are currently using to address health inequalities that you think would support a whole systems approach (to obesity and other public health issues)?

Annex D. WSA to obesity guide and supporting resources- briefing document

The briefing in this annex was shared with local stakeholders during the research to provide detail on WSA to obesity and how it supports consideration of health inequalities. It has been adapted for the publication of this report to improve accessibility.

Overview

Tackling obesity and helping the population to achieve or maintain a healthier weight is complex. The causes of obesity exist in the places we live, work and play, where defaults in the food and built environment are often those which are less healthy. Tackling such an ingrained problem requires a long-term, system wide approach. To support local authorities in tackling the drivers of obesity in their local system', PHE, the Association of Directors of Public Health and the Local Government Association commissioned Leeds Beckett University to undertake the whole systems approach to obesity programme in 2015.

After a process of co-development with 4 local authorities (LA), testing with a further 7 and reviewing with over 40 more, PHE's whole systems approach to obesity guide and supporting resources were published in July 2019. These resources provide a practical 6-phase 'how to' process which can be used flexibly by local authorities – taking into account existing structures, relationships and actions that are already in place – to create their own systems approach to obesity.

The 6 phases are:

1. Set-up
2. Building the local picture
3. Mapping the local system
4. Action
5. Managing the system network
6. Reflect and refresh

The process is illustrated in Figure 1, below. It is also explained in detail in PHE's whole systems approach to obesity guide.

Figure 1: 6-phase process of the PHE Whole Systems approach

The initial sections of the guide make the case for why local areas should take a whole systems approach, explain what a whole systems approach is, provide a visual summary of the 6-phase process in the guide and explain how the guide can be used and what resources are required. The subsequent 'how to' part of the guide describes in detail the practical process of how local authorities can set up and implement their own whole systems approach. This process consists of 6 phases and supplementary resources which local authorities can draw upon to support the process if required. A detailed summary of the aims and steps within the 6-phases of the approach can be found in the appendix.

The guide does not specify which specific policies, interventions or actions local areas should include in a whole systems approach. This is an important part of the approach, which needs to be agreed collectively by local stakeholders to reflect the local context.

Instead, the guide includes supporting tools for local authorities, communities, NHS and local stakeholders to map their local obesity system, align effort and prioritise interventions to have the biggest impact on obesity and associated health inequalities. Action planning at different parts of the local system can then be supported by evidence-based guidance from across PHE, including Promoting healthy weight in children, young people and families, Strategies for encouraging healthier 'out of home' food provision and Everybody active, every day: a framework for physical activity.

What is a systems approach?

Systems science is an established and evolving academic field that has been around for decades. It acknowledges the environment we live in is complex and made up of many diverse components which interact in adaptive, nonlinear and un-predictable ways. As illustrated in the Foresight Report, complexity is particularly relevant for obesity at a local level, which is influenced by environmental factors including food and built environment, societal and cultural influences, food production, food consumption, biological factors, psychology and individual activity.

PHE's whole systems approach to obesity provides a tried and tested method of responding to this complexity through an ongoing, dynamic and flexible way of working. This systems approach enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. As a result of this, stakeholders are able to agree aligned actions to tackle obesity and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change.

Role of systems mapping

An integral part of the whole systems approach is the 'systems mapping,' which takes place in the wide stakeholder network workshops in phase 3 and 4 of the approach. The systems map enables all stakeholder to develop a shared understanding of the factors which cause obesity, encourages stakeholders to think beyond traditional health promotion approaches which tend to focus on behaviour change and enables stakeholder to locate themselves and their role within the system.

Figure 2: Changes expected to happen in a local area which is shifting to a whole systems approach

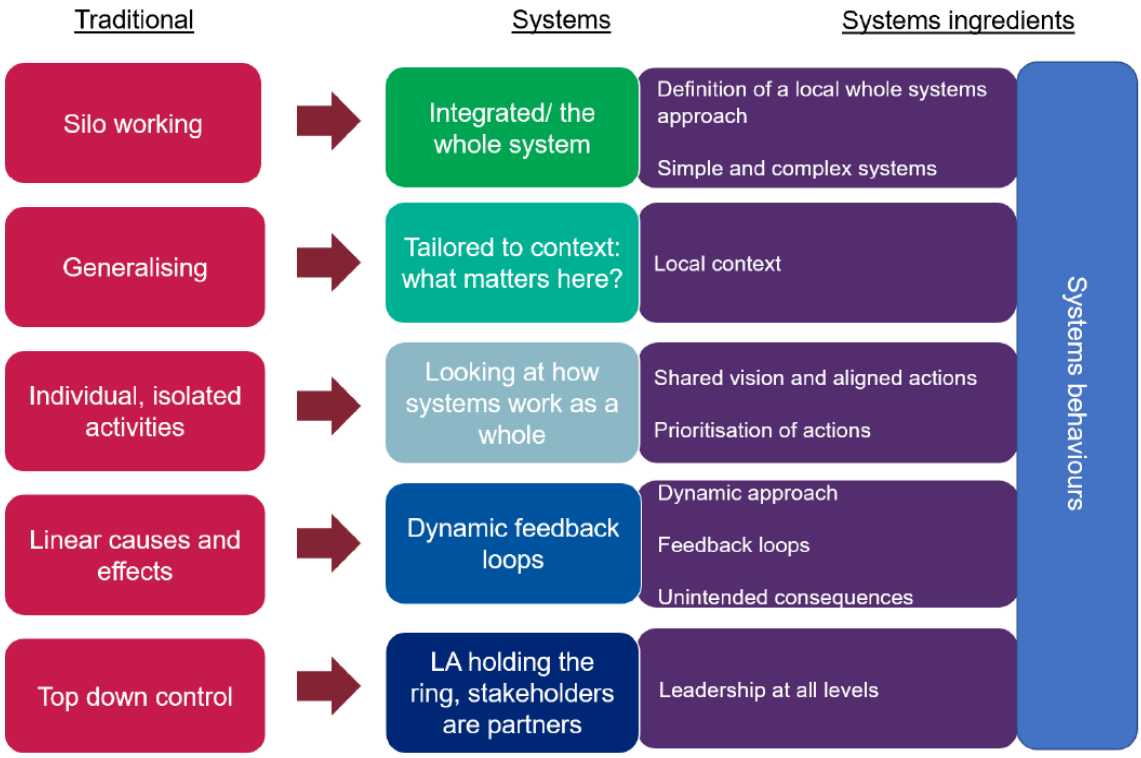


Figure 2 illustrates the changes that local areas might expect to see when they implement systems working, and highlights the key concepts of a systems approach. These concepts are explained in detail in the whole systems approach to obesity guide pages 16 to 21.

Key Systems Behaviours

To support local areas to review and evaluate their own transition toward systems working PHE co-developed key systems behaviours with local authorities which underpin a whole systems approach. These key systems behaviours are:

1. Environment for change
2. Shared aspiration
3. Strategic learning
4. Collective information
5. Communication mechanisms
6. Governance structures
7. Community engagement
8. Systems thinking
9. Mindset

Putting these behaviours into practice is an ongoing and non-sequential process and should underpin a local area's implementation of a systems approach. A more detailed explanation of each of the systems behaviours can be found in the whole systems approach to obesity guide pages 22 to 26.

Health Inequalities

The disproportionate prevalence of obesity observed in individuals - particularly women and children - living in more deprived areas means that its vital health inequalities are considered as part of any local whole systems approach to obesity. As illustrated below in table 1, to support local areas to consider health inequalities as part of their local systems approach, PHE's whole systems guide provides guidance and resources which can support local authorities to consider health inequalities in various phases of the approach. Health inequalities are also a focus within the key system behaviours (creating an environment for change, undertaking collective action and using systems thinking).

NHS and community engagement

PHE's whole systems approach to obesity recognises that all systems partners have a significant role to play in improving the population's health. Within any local area, various systems partners will have strategies and programmes of work in place to tackle obesity. By engaging with stakeholders across the local system - local authority departments, NHS organisations and the education, business and voluntary sectors – the whole systems approach encourages a shared vision between these stakeholders, leverages greater impacts on the system and can tackle the more upstream drivers of obesity that are outside the realms of public health.

Community engagement is also featured within the key systems behaviours. Communities are one of the key stakeholders in whole systems work, with expertise in what people in the community want, how they think, what they consider to be their assets and how efforts to intervene might be made more effective. Therefore, community centred ways of working are recognised as sustainable and effective approaches to help reduce obesity and its related health inequalities.

Table 1: WSA on obesity content on health inequalities and community and NHS engagement

Phase of the Guide	Content on health inequalities and community and NHS engagement
Phase 1 Set-up	**Community engagement** involves understanding and engaging the community to ensure that they are represented in the whole systems approach to obesity from the beginning. This includes linking to Resource A: Community engagement and community asset mapping
Phase 2 Building the local picture	**Health Inequalities –** suggests gathering local information on obesity and associated inequalities and using the 'Action Mapping tool' (see section on key tools). **Community engagement** – suggests gathering insights from local communities and mapping community assets (Resource A). **NHS engagement –** network analysis resources (F-I) support local authorities to map their current obesity network and reflect on how it might expand in the future (this could be used to identify relevant NHS stakeholders to engage).
Phase 3 Mapping the local system	**Community engagement –** emphasises the importance of including the community **NHS engagement –** listed as a key stakeholder to invite to the workshops
Phase 4 Action	**Health Inequalities** – the templates for drafting the action plan (resources X and Y) include probing questions around impacts and outcomes of actions on health inequalities (see section on key tools) **Community engagement** – emphasises the importance of involving community in actions over the long term.
Phase 5 Managing the systems network	**Community engagement –** emphasis on the importance of involving community in the systems network and utilising community assets.

	NHS engagement – encourages connecting actions across organisations, for example, LA and NHS and identifying any stakeholders missing from the network (this could include NHS).
Phase 6 Reflect and refresh	**Health Inequalities –** a question around health inequalities is included in a wider list designed to explore how embedded the systems approach is and identify opportunity of improved ways of working. **Community engagement -** emphasises the importance of community ownership of the system networks that are established in phase 5.

Key tools which consider health inequalities

1. Action mapping tool

The action mapping tool is used in phase 2: building the picture of the WSA to obesity process (pages 41 to 42, resources D and E). The tool is used to collate key information on local actions currently being undertaken to tackle obesity. The tool maps actions again the Wider Determinants of Health and therefore amongst other outcomes, it helps to:

- understand where current actions are targeted with regards to the Wider Determinants of Health
- understand the impact and effects of obesity and current actions on health inequalities locally

This information can be used by the local authority and wider stakeholders to understand what actions are currently being delivered and identify any gaps.

2. Action plan template

The action plan template is used in Phase 4: Action of the WSA to obesity process (pages 62 to 64, resources X and Y). This template supports the development of a draft action plan. There are a number of probing questions to support the completion of the action plan template, these include questions around how the planned action is likely to impact on health inequalities and whether the action could widen or narrow health inequalities.

Appendix

Figure 3 Aim and steps of whole systems approach to obesity

Phase of the guide	Aim	Key Steps
Phase 1 Set-up	Secures senior-level support and establishes the necessary governance and resource structure to implement the approach.	1. Engage with senior leaders to obtain their support 2. Set up a core working team to undertake the day-to-day operations and coordinate the approach 3. Establish resources to support the process 4. Secure the accountability, advice and support of a group of senior stakeholders offering a broad range of expertise to ensure the approach has sufficient challenge, governance and resource
Phase 2 Building the local picture	Builds a compelling narrative explaining why obesity matters locally and creates a shared understanding of how obesity is addressed at a local level.	1. Collate key information about obesity locally 2. Start to understand the local assets including community capacity and interest 3. Establish a comprehensive overview of current actions 4. Identify the departments, local organisations and individuals currently engaged in supporting work around obesity
Phase 3 Mapping the local system	Brings stakeholders together to create a comprehensive map of the local system that is understood to cause obesity. Agreeing a shared vision.	1. Prepare for workshop 1: • identify and engage wider stakeholders • prepare presentation slides and add local information • prepare facilitators to undertake system mapping 2. Deliver workshop 1: system mapping 3. Begin to develop a shared vision

Phase 4 Action	Stakeholders come together to prioritise areas to intervene in the local system and propose collaborative and aligned actions.	1. Prepare for workshop: • create a comprehensive local system map • prepare presentation slides and add local information • prepare facilitators to support action mapping • refine a draft shared vision 2. Deliver workshop 2: action planning 3. Develop a draft whole systems action plan 4. Refine the shared vision
Phase 5 Managing the systems network	Maintains momentum by developing the stakeholder network and an agreed action plan.	1. Develop the structure of the system network 2. Undertake the first system network meeting 3. Present the finalised shared vision 4. Agree the action plan
Phase 6 Reflect and refresh	Stakeholders critically reflect on the process of undertaking a whole systems approach and consider opportunities for strengthening the process.	1. Monitor and evaluate actions 2. Maintain momentum through regular meetings 3. Reflect and identify areas for strengthening 4. Monitor progress of the whole systems approach and adapt to reflect how the system changes over time

Annex E. Place-based approached to reducing health inequalities – briefing document

This annex was shared with stakeholders during the research to provide detail on the PBA. It has been adapted for the publication of this report to improve accessibility.

Overview

Place-Based Approaches (PBA) was published in July 2019 and is an online resource developed by PHE, in partnership with LGA and ADPH, to support local place-based systems to take action on health inequalities.

The PBA content builds upon historical experimental evidence of what worked in the days of the National Health Inequalities Support Team – previously published as PHE's systems, scale and sustainability guide in July 2017. Since then, a wide process of consultation and engagement over a 12-month period has led to the development of the PBA. It is intended that the resources will be continuously shaped and updated based on a process of ongoing engagement and feedback from PBA users.

The PBA is a modular resource containing guidance, summary slides, case studies (insights on measurable approaches to tackle health inequalities) and question-based tools to support local delivery. In addition to these resources, the PBA contains a guide to using national and local data to address health inequalities.

Content and Tools

The key PBA message is that to address health inequalities at scale and produce population level outcomes, there is a need to work across the whole system, and the unique contributions of Civic, Community and Services need to be considered systematically in all policy, planning and action.

The PBA population intervention triangle (PIT) was developed to illustrate how the main components of a place that contribute to, and can address health inequalities relate to each other. Each component and the interaction between components - referred to in the PBA as 'seams' - represents important opportunities that through combined action, co-ordinated through place-based planning, add up to population level outcomes. The Question-based PBA tools A-D provide checklists for areas to assess their strengths and areas for development across all 3 domains. Pre-existing tools E-G provide materials to support the action in the segments.

Tool A

A simple, self-assessment framework, and follow-up maturity matrix which examines in 10 steps, how a local place-based planning system can work to improve its system and process towards better population level delivery.

Both the self-assessment framework and maturity matrix cover the same 10 elements of effective place-based planning: Leadership in place, Joint Needs assessment, Joint priority setting, Scoping whole system, intervention selection, target setting, business planning, information governance, programme management, evaluation.

Tools B to D follow the same format as tool A – a simple, self-assessment framework followed by a maturity matrix – but they probe different seams in place-based working.

Tool B

This tool examines the cross-working between civic authorities and communities and how this can be strengthened to reach the most dis-advantaged and under-represented communities. This tool probes 10 principles of community action which can be strengthened to address health inequalities:

- coherent civil commitment
- community leadership and representation
- promotion of active citizenship
- graduated community support
- community needs mapped
- investment in infrastructure
- learning and training initiatives
- financial support to VCSE sector
- building on community assets
- evaluation

Tool C

This tool examines the cross-working between services and communities and how to better address the barriers of service engagement with communities. This tool probes 10 barriers of service engagement with communities:

- prioritisation and targeting
- defining ‘communities’
- practical asset mapping
- community-centred approaches
- shared community profiles
- neighbourhood action plan
- coordinated partner behaviour
- outreach and in-reach models

- linking to the disengaged or communities
- transfer to community ownership

Tool D
This tool examines the level of integration between civic authorities and a range of service providers (public sector, voluntary sector and private and independent sector) and how local authority functions can enable or block service functioning through policy, regulation, legislation and financing. Tool D provides a simple structured diagnostic for this seam covering:

- integrated working planning
- issue-based planning
- joint commissioning and procurement
- defining integrated care pathways
- integrated service design: user perspective
- integrated service design: service provider
- joint training and shared vision
- information sharing
- engagement meetings
- inspection, regulation and governance

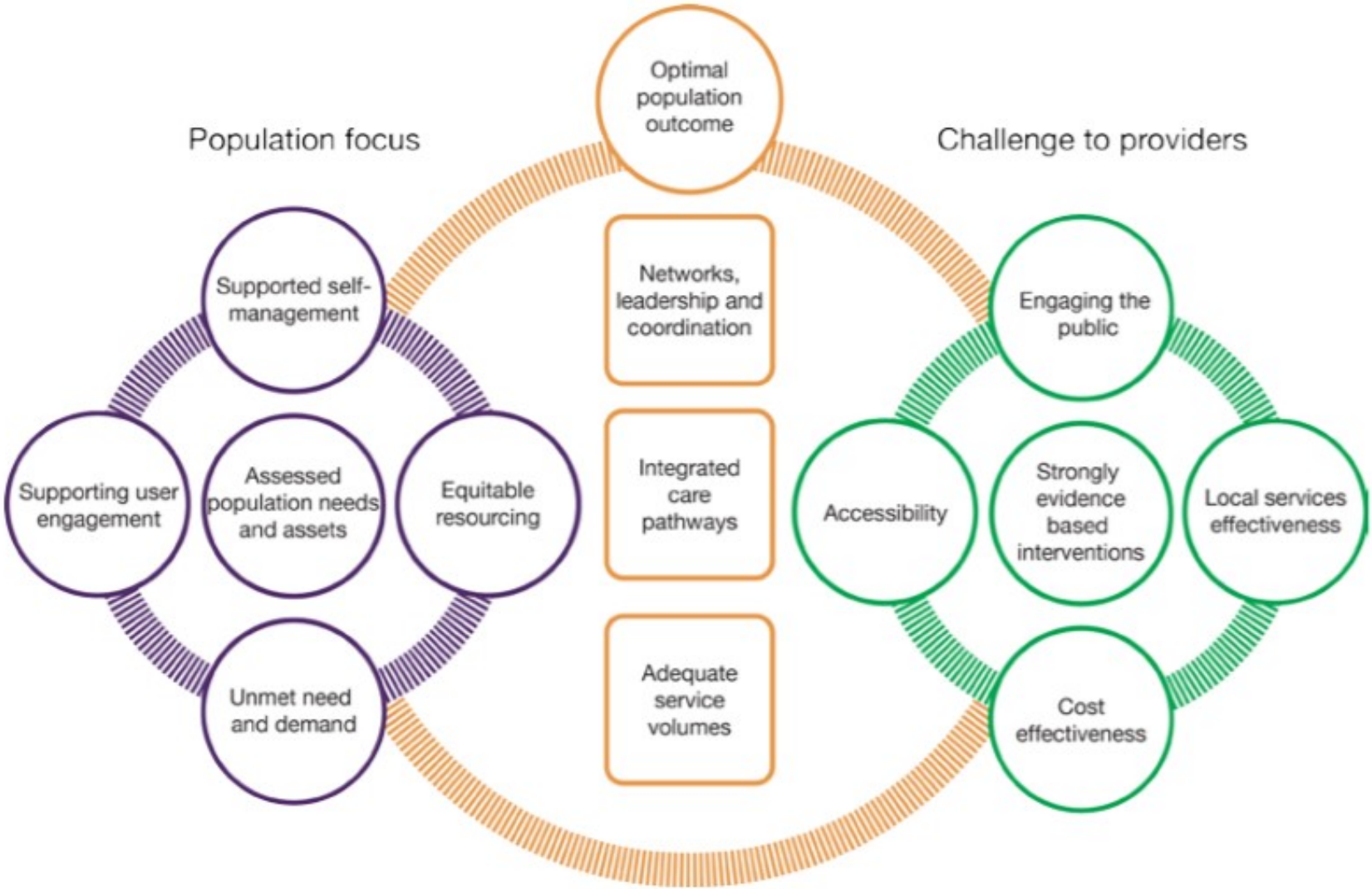
Pre-existing tools from systems, scale and sustainability

Tools E, F and G are pre-existing documents which readers can use to inform further action on specific elements of the population intervention triangle: civic, service and community interventions.

Tool E
Health In All Policies report published by the LGA. The PBA advises that deploying and harnessing the various civic functions of local authorities effectively through a Health in all policies (HiAP) approach helps develop local authorities to develop strategic plans for health inequalities. The policies targeted for HiAP are often the main routes for tackling the wider determinants of health (healthy schools, active and safe travel, access to green spaces) and so implementing these policies can impact the whole population.

Tool F
Population Outcomes Through Services (POTS) framework. This symmetrical framework provides a practical, systematic approach to addressing issues with service-based interventions. It enables the system to appreciate the importance of giving consideration to both the challenges faced by providers of direct service delivery and the factors influencing how potential beneficiaries access and use services appropriately, whilst balancing the central elements of the framework. Further details on how to use the framework can be found in pages 23 to 32 of PHE's Systems, Scale and Sustainability guide.

Figure 1. The population outcomes through services (POTS) framework
(The information in Figure 1 is described in the above text for Tool F)



Tool G
Family of Community Centred Approaches. Without including community-centred approaches in a place-based system there is a risk of excluding large parts of the population through action to improve health, this model has been developed to represent some practical, evidence-based options that can be used to improve whole community health and wellbeing. Note: this is also referenced in PHE's whole systems approach to obesity guide.

Data Guide

As mentioned earlier, in addition to the tools the PBA contains a data guide. The guide signposts relevant data and tools which can be used alongside local JSNA and other data sources to develop plans to address health inequalities, summarises key details about each source (purpose, level of geography, health indicators measured, population groups and inequality metric) and the questions these tools can answer.

How the PBA is used locally

The national Health Inequalities Team has also developed the following levels of bespoke support offers, tailored the to the needs of specific places and/or systems:

- intensive offer; 2 whole-day workshops tailored to the specific needs of the local area
- lighter touch offer: One workshop, again tailored
- remote advice and support: acting as advisor for local areas who wish to use the tools independently
- a workforce development plan and peer-to-peer or sector-led approaches are being explored

Currently the intensive support offer is being piloted in 4 areas and feedback from the pilot will inform ongoing development.

Annex F. Checklist for strategic plans on health inequalities

Plan

Ensure reducing health inequalities is stated as a clear aim.

Assess

Identify priority groups and places based on need using the latest data (looking at both equality groups and socio-economic inequalities).

Engage relevant communities to gain insight into need and appropriate solutions.

Refine

Design activities to disproportionately benefit the priority groups and places you have identified – including considering and addressing the social determinants of health.

Design activities that utilise and scale community-centred approaches.

Apply and review

Ensure plans include appropriate outcomes and metrics to evaluate effectiveness to reduce health inequalities.

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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