

Public Health Wales

Evaluation of Whole Systems Approach to Healthy Weight

July 2025

Table of contents

Executive Summary	4
Overview	4
About WSAHW	4
Delivery so far	4
Learning about implementation.....	5
The role and experiences of key stakeholders.....	5
Key lessons and next steps	6
1 Introduction.....	8
1.1 Overview	8
1.2 About the Whole Systems Approach to Healthy Weight.....	8
1.3 About the evaluation	13
1.4 Report structure.....	15
2 Cross-cutting lessons and context.....	16
2.1 Support for WSAHW.....	16
2.2 Evidencing and evaluating systems change programmes.....	16
2.3 Taking stock of emerging learning	16
3 Delivery of the Whole Systems Approach.....	18
3.1 Key messages	18
3.2 Overview of delivery	19
3.3 Adoption of system tools and approaches	20
3.4 Delivery of the 9-step process and influencing factors	22
3.5 Monitoring and learning from delivery	30
4 Implications for local systems	33
4.1 Key messages	33
4.2 Recognition and understanding of the Whole Systems Approach.....	34
4.3 System actions, plans, and their system alignment.....	38
4.4 Progress towards system maturity	43
5 Learning and next steps.....	46
5.1 Key messages	46
5.2 Overview	46

5.3	Clarifying the programme’s role in the wider landscape	47
5.4	Incorporating learning into the WSAHW.....	51
5.5	Recommendations.....	51
6	Appendix A: Priority themes	54
7	Appendix B: Health Board case studies.....	55
7.1	Aneurin Bevan UHB: Case study	55
7.2	Betsi Cadwaladr UHB: Case study	57
7.3	Cardiff & Vale UHB: Case study	58
7.4	Cwm Taf Morgannwg UHB: Case study.....	61
7.5	Powys THB: Case study	62
7.6	Swansea Bay & Hywel Dda UHBs: Case study	64
8	Appendix C: Stakeholders consulted	67
9	Appendix D: Documents reviewed	68

Executive Summary

Overview

The Whole Systems Approach to Healthy Weight Programme (WSAHW) is an ambitious and forward-thinking programme. It is one of the first programmes in the world to tackle healthy weight through a systems lens via a nationally led approach, executed at national and local level. Its strength lies in moving from describing the theory of systems change, towards facilitating practical implementation in seven different local contexts as well as at the national and national-local levels.

This evaluation provides a timely opportunity to explore the implementation of WSAHW, gather the views of diverse stakeholders, and pool learning as delivery progresses into the 'action' stages. The departure of the programme from previous public health ways of working for healthy weight should not be underestimated, and therefore the lessons learned are useful for both the WSAHW and wider systems change efforts to promote complex issues such as healthy weight. This report is also available in Welsh.

About WSAHW

The WSAHW is a collaborative programme between Public Health Wales (PHW), the Directors of Public Health Leadership Group and Welsh Government. It is part of a larger movement in Wales tackling complex issues using systems change approaches, supported by the forward-thinking Future Generations Act, and addressing population body weight issues in line with the 10-year Healthy Weight: Healthy Wales strategy.

The programme combines national-level systems change efforts with local-level action in each of Wales's seven Health Board (HB) regions, enabling place-based and regionally specific efforts to design and deliver systems change. WSAHW builds on evidence and emerging promising practice elsewhere but remains at the forefront of a relatively new and highly innovative type of programme.

A designated regional Whole Systems Approach (WSA) lead drives delivery in each HB region, guided by a 9-step process which covers set-up and buy-in; system definition and mapping; co-developing a system narrative; system engagement; setting priorities and goals; network analysis; action planning; mobilising and managing; and review. National leads in PHW provide oversight, support, and national systems change delivery, and collaborations with Welsh Government.

Delivery so far

Systems change generally takes many years to achieve so at this stage, the evaluation has focussed mainly on the *process* of the WSAHW, rather than outcomes.

WSA regional leads have reported considerable progress in laying the groundwork for the programme: building relationships and ‘buy-in’ and turning this into more formal commitment in the form of governance structures and plans.

All regions have identified priority ‘sub-systems’ as their focus for delivery, with a view to cycling back to additional sub-systems once actions have been planned, delivered and reviewed. The priority sub-systems vary by region but early years and access to healthy food are common themes.

WSA regional leads are now transitioning into delivering a range of actions and testing approaches that have largely resulted from the WSAHW programme. The actions vary in scope, scale, and visibility but examples are contributing to planning decisions around hot food takeaway regulations, and influencing policies around building healthy food habits in early years settings or around catering in local hospitals.

WSA leads are now developing more formalised action plans with commitment from wider stakeholders. A key area of activity has been achieving buy-in at the level of Public Service Boards (PSB) so that their Wellbeing Plans can help boost the momentum of the WSAHW.

Learning about implementation

The extent, fidelity, and pace of delivery of WSAHW vary across regions, shaped by local contexts, histories, capacities, challenges and opportunities. Furthermore, the drivers of healthy weight vary geographically, particularly along the lines of urban/rural divides and levels of deprivation.

WSA leads have adopted a range of strategies to engage system partners and embed the WSAHW in local practice. They have used tools suggested by the 9-step process and associated guidance but in some instances, have brought in other techniques, working flexibly and practically.

Delivery of the 9-step process is not linear and involves iterative and responsive actions, reflecting the adaptive nature of systems change. Some regional WSA leads have used the 9-step process as a ‘roadmap’ with room for flexibility, some as a toolbox with optional activities, and others as a broadbrush approach. There is now an opportunity to reflect on findings about implementation to ensure greater model fidelity in delivery and to amend programme guidance where needed to support this.

The role and experiences of key stakeholders

WSA leads have played a critical role in introducing and embedding systems theory and practice as set out in the WSAHW. They have worked to foster understanding and buy-in amongst local wider stakeholders and report apparent increased understanding of systems approaches and greater use of systems language in some regions. Several strategies have helped WSA leads achieve this, including: aligning to wider partners’ agendas; delivering ‘quick wins’ to build

trust and maintain momentum; drawing on data, evidence and community input; and working with key strategic stakeholders who 'champion' the work.

Many regions have reported positive progress in securing buy-in from key stakeholders. However, this remains challenging in some regions and with some relevant stakeholders. As WSA leads move into action planning and delivery, broader commitment has become increasingly important to avoid the risk of limited collective ownership and delivery of the programme. Challenges exist where there are limited available levers to gain senior and strategic buy-in; competing priorities and capacity amongst wider partners; and their different understanding and expectations of systems change work.

WSA leads and local stakeholders involved in the work¹ were nevertheless enthusiastic about the WSAHW and keen to celebrate and strengthen this innovative work. There was significant support for the programme's aims, underlying principles, links with national governance, and the mandate to discuss and tackle difficulties in the 'system' and how they impact healthy weight.

Tackling population-level unhealthy weight is notoriously challenging and complex, even more so considering the competing priorities and day-to-day responsibilities of wider stakeholders. The shift from more traditional ways of working to applying the principles of systems change was welcomed and supported by those involved, who recognised that this is not a straightforward process.

Key lessons and next steps

A range of lessons and reflections were shared by all stakeholders who were consulted as part of the evaluation and consolidated through sense-testing workshops. There was a recognition of the inherent tensions in generating systems change in a programme such as WSAHW, between:

- Short-term action and sustainable, meaningful change
- Influencing national policy and conducting local targeted initiatives
- Following a national process and allowing local flexibility
- Different ways of measuring 'successful' delivery
- Remaining true to a specific systems change model compared to being flexible and adaptable in practice.

Further to these dynamics, the organising principles of the healthy weight systems in the HB regions, do not yet fully align with the principles of a WSA, i.e. the non-linear path to success, and long timeframes needed to achieve and demonstrate impact. In practice, this provides lessons which will be valuable not

¹ See definition in Section 1.3.

only for WSAHW but also similar efforts elsewhere on aspects such as delivery guidance, branding, national-regional join-up, monitoring, and the role of broader systems theory.

Challenges encountered by the WSAHW in Wales are arguably par for the course in an internationally ground-breaking healthy weight programme designed to bring about systems change, not least because the path is – as per a systems approach – not fully predetermined or apparent. To navigate this journey, WSAHW is supported by a shared determination amongst regional and national leads, and it will continue to be important to foster and embed continuous improvement through ongoing learning and development. The bigger challenge is for Wales to remain resolute in its commitment to this programme of work amidst the uncertain, long-term nature of systems change.

1 Introduction

1.1 Overview

The Whole Systems Approach to Healthy Weight Programme (WSAHW) is an ambitious and forward-thinking programme, unique in tackling healthy weight through a systems lens via a nationally led approach, executed at national and Health Board level.

Its strength lies in moving from describing the theory of systems change, towards facilitating practical implementation in seven different local contexts as well as at the national and national-local levels. There are few, if any, similar programmes anywhere in the world.

Public Health Wales has commissioned Cordis Bright to conduct an independent evaluation of the WSAHW programme to explore progress to date and support learning and ongoing implementation. Given the stage of the programme and the long-term nature of systems change, the evaluation focuses mainly on process.

1.2 About the Whole Systems Approach to Healthy Weight

1.2.1 Programme aims and approach

The WSAHW is a collaborative programme between Public Health Wales (PHW), the Directors of Public Health Leadership Group and Welsh Government. Grant funding of £1.2m was initially awarded by Welsh Government for a period of one year from 1 April 2021 to 31 March 2022, has been repeated year-on-year and is expected to continue, in support of the 2019 10-year [Healthy Weight: Healthy Wales strategy](#).

The programme was designed in response to the increasing prevalence of overweight and obesity in Wales due to its harmful impact on a range of health outcomes, and its association with forms of multiple disadvantage.²

The programme enables the delivery of a national, system-based approach to healthy weight. Whole Systems Approaches (WSA) have been defined as:

“Those that consider the multi-factorial drivers of overweight and obesity, involve transformative co-ordinated action across a broad range of disciplines and stakeholders, operating across all levels of governance and throughout the life course.”³

² The information in this section is drawn from the [Whole Systems Approach to Healthy Weight overview guide](#) and Public Health Wales’s Healthy Weight Healthy Wales: The Whole System Approach.

³ Bagnall A, Radley D, Jones R, Gately P, Nobles J, Van Dijk M, Blackshaw J, Montel S and Sahota P (2019), Whole systems approaches to obesity and other complex public health challenges: a systematic review. BMC Public Health, 19:8

The WSAHW works at the national, regional, and local levels to target action where it can make the greatest difference using levers for change at each level. It is intended to take an approach that:

- Is long-term
- Recognises complexity
- Works with a range of stakeholders, including local communities, to better understand the system and opportunities for change
- Explicitly reveals the structures and goals within a system.

Defining ‘the system’

There is not a single system in question for this work; rather systems can be defined as regional or local, or as sector-based (e.g. the food system). System mapping which implicitly involves a degree of system definition and bounding, is an important part of this work.

The WSAHW is grounded in a recognition that “the complexity of the problem means that there are no simple solutions and no one agency or organisation can solve it alone. In addition, there has been growing recognition that there are complex inter-relationships between different aspects in a system that is constantly adapting and changing”.

The programme’s primary aims relate to exploring how the systems affecting body weight operate to deliver the overarching outcomes of the Healthy Weight: Healthy Wales Strategy, i.e. to increase the proportion of the population who are a healthy weight and to reduce inequalities in healthy weight between different population groups. The aims of the WSAHW are that:

- More elements of the system will be actively engaged in delivering on the system goals.
- Organisations and groups will align their core activities to support achievement of the system goals.
- System awareness, connections and flows will increase so that there is greater understanding of the relationships and flows between different elements and each organisation’s core contribution.
- The system will work increasingly coherently and that there is a shared understanding of how change is being and could be delivered.

1.2.2 Relationship to wider systems change efforts and innovative approaches

The WSAHW programme is informed and underpinned by national, forward-thinking strategies about system change around healthy weight in the population of Wales:

- The 2015 Future Generations Act which “requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.”⁴ This sets the background for structures, professionals, and communities increasingly coming together around systems language, thinking, and approaches.
- The 2019 Healthy Weight: Healthy Wales Strategy, launched to prevent and reduce obesity prevalence in Wales. This long-term strategy has a core focus enabling change through a systems-based approach focussed on leadership, collaboration and involvement, and enabling local action.

Other innovative system- and place-based approaches are in place across Wales, working alongside the WSA. One key example is the Shaping Places for Wellbeing in Wales programme, which works to address the wider determinants of health: the social, environmental and economic factors that affect health and wellbeing.

1.2.3 Programme model

Governance and ways of working

Nationally, the WSAHW is led by the Deputy Minister for Mental Health and Wellbeing and the Chief Medical Officer. A national team within Public Health Wales (‘national WSA leads’ hereafter) provides oversight and support which includes:

- Sharing advice, guidance, and evidence of ‘what works’ directly and via some external support, such as through reflective practice sessions, and regular training and development sessions.
- Supporting the sharing of learning across areas.
- Delivering a national communication and behaviour change programme intended to work in the same direction as the regional-level work.
- Gathering, reviewing, and discussing as needed quarterly monitoring forms to understand implementation and progress.

Regional Healthy Weight WSA leads were appointed by five of the seven Health Board (HB) regions in Wales; Swansea Bay and Hywel Dda agreed a regional

⁴ [Welsh Government \(2015\). The Wellbeing of Future Generations Act.](#)

approach with a joint lead. Additionally, Directors of Public Health provide public health leadership within their region, using their local relationships and partnerships to support change.

There is a common WSAHW framework adopted by each of the regional WSA leads, but it is intended to determine priorities based on a co-produced approach that is tailored to each regional system. In practice on the ground, this means stakeholders working together to agree their priorities for change and a shared vision and approach which shows how each partner can contribute.

As part of the approach, to create a 'learning system', WSA leads are expected to collate information to understand whether actions are having the intended effect, and to ensure there is regular and timely feedback.

Key tools and approaches

While each area is expected to develop a tailored approach and to work alongside other local initiatives, they are all guided by the 9-step process for the Whole Systems Approach in Wales, as follows:

Figure 1: Overview of 9-step process



The 9-step process is intended to lay the groundwork for a systems approach: engaging key partners, bounding and understanding the system, developing shared goals, engaging wider partners as needed, delivering change efforts and continuously reviewing and adapting reflexively. It was developed by Public Health Wales, drawing on international literature and approaches elsewhere in the UK, particularly the Whole Systems Approach to Obesity, which involves six phases, developed by Public Health England and Leeds Beckett University in 2019.

While the framing of the 9-step process appears to suggest a sequential process, in practice the WSA leads have been encouraged to use them in the order best

suited to their region, given that some steps will take more time than others, need repeating, or face different challenges. Guidance states that the steps are:

- **Cyclical** – cycling through the steps from 5-9 as new priorities are identified and tackled.

“After the initial sub-system working has been embedded, the overarching system will need to come together to agree the next priority and agree a maintenance approach for the original priority so that momentum is not lost. The process will then repeat, focusing on the next agreed priority system.”

WSA Guide Overview, p14

- **Non-linear**, with the expectation that regional WSA leads will have to revisit steps periodically. For example, in Steps 1 and 2, stakeholders are likely to need to update system maps and keep relevant stakeholders (or get newly relevant stakeholders) engaged.

“Each step of the Whole Systems Approach will need to be revisited, and this process will not be a linear one. Mapping the system is not something that is done once, nor will be the need to achieve ‘buy-in’ from stakeholders. Rather, these two steps need to be repeated as new potential stakeholders are identified and further information is forthcoming.”

WSA Guide Overview, p8

Through this approach, the key system stakeholders in each HB region are expected to home in on one or two priority areas and identify the sub-systems in which they can affect these, so that the work is bounded, focussed, and achievable, rather than trying to change their whole regional system at once. Over time they may add in more priority sub-systems, building on learning and success. This should happen via a collaborative approach to identify the most appropriate part of the system to focus on given the local context and stakeholders involved.

During the programme delivery period, PHW has sequentially produced guidance on each of the steps, containing advice on following the process and signposting to resources on delivering systems change.

Benchmarking progress

The System Maturity Matrix was developed with input from the WSA leads once the programme was underway. It helps to describe the elements of the system that the programme is aiming to influence and provides a framework for understanding and reporting how systems change is progressing.

It is a subjective tool, using scales rather than yes/no assessments, enabling a nuanced measurement of systems change and supporting self-reflection. This enables account to be taken of regional variations in approach, and different starting points. Shown in Figure 2, the Matrix reflects the key components of

systems working that the programme aims to embed informed by a review of literature on what good systems approach entail.

Figure 2: Overview of System Maturity Matrix



Each of the above eight components contains three to four sub-indicators, alongside definitions of what a system would look like when that indicator is “thriving”, “maturing”, “developing”, “emerging”, or “not yet developing”. To use the tool, each regional WSA lead selects the closest-matching self-assessed level for each indicator and considers supporting evidence. This tool was used to provide a reflection of progress as part of end-of-year monitoring for 2023-24 and was designed to provide an opportunity for leads to reflect on how and where work was and was not progressing.

1.3 About the evaluation

The WSAHW programme has been operating for over three years, so this evaluation is providing learning as it transitions from a pilot-like phase into consolidated action. Such learning is likely to be extremely valuable for such a pioneering and ambitious programme.

The evaluation set out to understand how the WSAHW has been used and how it has affected system change. The research explored:

1. The adoption and use of the Whole Systems Approach methods, processes and tools

- a. To what degree the programme has/ has not been implemented using the WSA 9step process and what factors have affected this?

2. System partners' recognition, understanding of and engagement with the WSA process

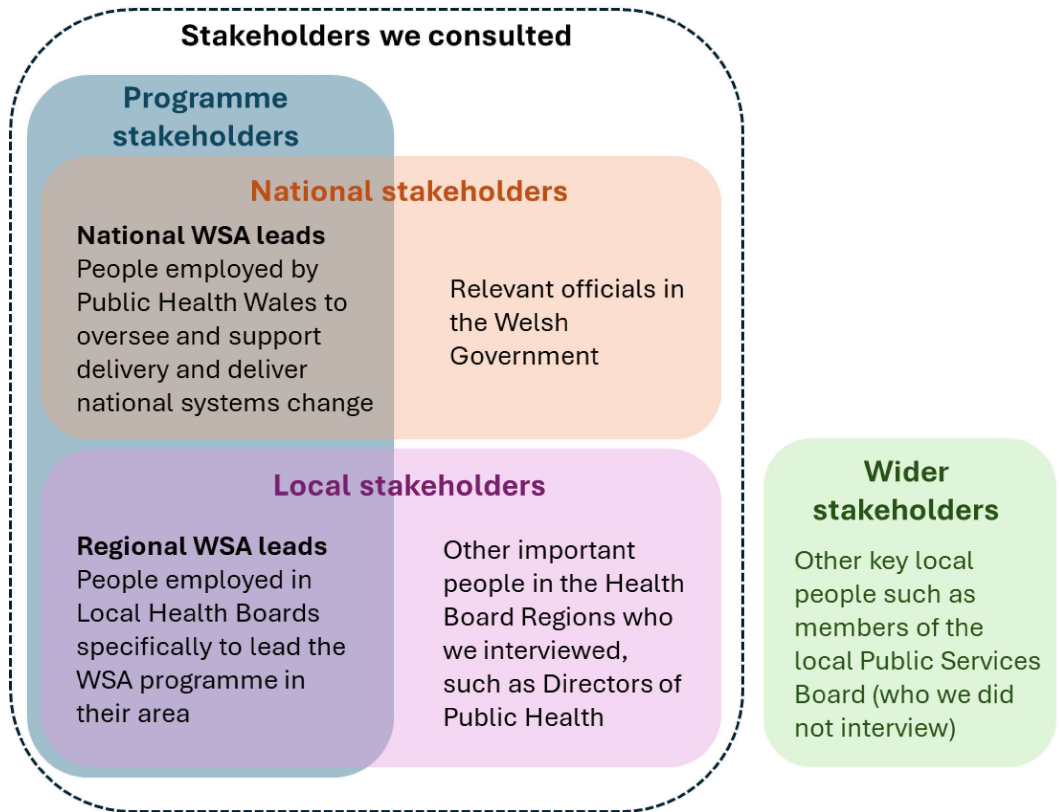
- a. Extent to which system tools and the approach are used and implemented.
- b. Evidence of collaborative processes to agree priority subsystem and action plans.
- c. Extent of engagement with, influence and recognition of the WSA work.

3. System change and change arising from the programme

- a. Evidence of system actions, plans and their system alignment.
- b. Evidence of unintended actions and consequences arising from system actions.

The evaluation was carried out iteratively, working closely with national and local stakeholders to develop, sense-test, and strengthen a contribution narrative of

the impact made by WSAHW. We spoke to a variety of stakeholders with different perspectives on the work, ranging from local to national and from more operational to senior strategic roles. This has given us a rounded picture of the range of work that has taken place, how it varies across HB regions and differences in impact. In the report we have categorised stakeholders as:



The evaluation comprised the following methods (further detail in Appendices):

Figure 3: Overview of evaluation methods



1.4 Report structure

Section 2 below outlines **key context about the programme** and its progress towards systems change that sets the scene for the following sections.

Sections 3 and 4 address **the evaluation's research questions**, providing more granular detail about process, implementation, and emerging impacts, while **Section 5** draws together **key learning for next steps** and outlines recommendations.

Appendices A and B provide more **region-level detail on delivery to date**, including the HB regions' priority themes, and a case study for each region to demonstrate the programme's delivery in practice. **Appendices C and D** provide more methodological detail on the stakeholders consulted and the documents reviewed as part of the evaluation.

This report is also available in Welsh.

2 Cross-cutting lessons and context

This evaluation of the WSAHW programmes has provided a timely opportunity for reflections on its progress, outlining some potential areas for development and highlighting key opportunities.

2.1 Support for WSAHW

All stakeholders we consulted were enthusiastic about the chance to reflect, celebrate, and strengthen this ambitious and innovative piece of work. There was also significant support for the links between regions and governance levels of Wales, that the programme represents.

The departure of the programme from previous public health ways of working for healthy weight should not be underestimated, and therefore the lessons learned are useful for both the WSAHW and wider systems change efforts to promote healthy weight.

“I feel it’s a big experiment and we’re contributing to that experimental approach. We have some things that were helping and guiding us from the start, like 9 steps but by and large, we’re all finding our way in slightly different contexts.”

2.2 Evidencing and evaluating systems change programmes

The WSA is grounded in the concept of ‘systems thinking’ and operating in ‘complex systems’. Despite much appreciation for this way of working, it is still relatively novel and notoriously challenging to operationalise, compounded by sometimes divergent views on what constitutes a systems approach, and the fact that the organising principles of the healthy weight systems in the HB regions do not yet fully align with the principles of a WSA.

The WSAHW does, however, set out its unique 9-step process for those tasked with putting it into action across Wales, thereby providing a clear framework for implementation and, subsequently, for evaluation.

It remains challenging to evaluate such a programme, particularly across diverse regional contexts and because systems change can take many years to achieve, meaning that at this stage there are limitations to evaluating outcomes. However, there have been valuable rich discussions on the implementation of the WSAHW in the early stages, and in the spirit of an iterative systems approach, this evaluation has provided an opportunity for learning that could be incorporated into the next phases.

2.3 Taking stock of emerging learning

Stakeholders we consulted, while acknowledging the achievements of the programme to date, recognised that there are some inherent tensions in systems

change efforts, and were keen that the evaluation and continuous learning recognise and explore how these play out in practice for WSAHW and what challenges and opportunities they bring.

Some of these tensions are between:

- Short-term action and sustainable, meaningful change
- Influencing national policy and conducting local targeted initiatives
- Following a national process and allowing local flexibility
- Different ways of measuring 'successful' delivery
- Remaining true to a specific systems change model compared to being flexible and adaptable in practice.

This can be seen in some of the key lessons from the programme so far that are discussed in Section 5, relating to the programme's value, scope and identity; the role of systems theory; and the role of reflection and adaptation.

3 Delivery of the Whole Systems Approach

This chapter addresses the following research questions

The adoption and use of the Whole Systems Approach methods, processes and tools:

To what degree has the programme been implemented using the WSA 9-step process or not, and what factors have affected this?

System partners' recognition, understanding of and engagement with the WSA process:

To what extent are system tools and the approach used and implemented?

Is there evidence of collaborative processes to agree priority sub-systems and action plans?

The case studies (appended) also provide evidence and analysis in response to these research questions.

3.1 Key messages

- WSAHW is being delivered in all HB regions, led by WSA regional leads. The process is not linear or easy-to-predict, as local histories, relationships, strengths, opportunities, and knowledge all influence the nature of delivery and degree of progress.
- It has been important to spend time laying the groundwork and getting this right: building recognition, understanding, and commitment to the WSA amongst the right wider system stakeholders, and then enabling effective and fit-for-purpose governance structures, plans, and actions.
- This process has required flexibility, creativity, and responsiveness. In doing this work, HB regions have used a range of systems tools, approaches, and theories, some drawn from WSAHW programme guidance and others from wider experiences and previous work. Similarly, adherence to the 9-step process has varied, along a spectrum, depending on the HB region and on the step in the process.
- Reflecting on the process, stakeholders we consulted shared a range of useful learning about the process about taking systems change theory into practice. This will be useful for continuing to evolve the WSAHW programme in terms of both its guidance and its monitoring. It can also benefit similar systems change efforts elsewhere given the novel and ambitious scope of this programme in its national focus and regional delivery.

3.2 Overview of delivery

All HB regions in Wales are now engaged in delivering the WSAHW. Most regions have progressed through at least the initial phases of the 9-step process, embedding elements of the Whole Systems Approach within their work to address obesity.

At this stage in the programme, regional WSA leads have spent time laying the groundwork – building relationships and ‘buy-in’ and turning this into more formal commitment in the form of governance structures and plans. They are now transitioning into action, testing approaches and developing more formalised action plans.

However, the extent, fidelity, and pace of delivery vary across regions, shaped by local contexts, histories, capacities, challenges and opportunities. Furthermore, the drivers of healthy weight vary geographically, particularly along the lines of urban/rural divides and deprivation.

Key regional differences

Differences in implementation reflect each HB region’s unique position, including:

- **Different ‘starting points’ with systems change work.** Some boards, such as Cardiff & Vale, began working in a systems-informed way several years prior to the formal WSAHW programme and had already established key elements – such as trust, relationship-building, and locally-relevant methodologies – before engaging with the structured 9-step process. For others, systems working has been a newer, steeper learning curve.
- **Recruitment challenges**, including delays in appointing WSA leads, as experienced in Swansea Bay and Hywel Dda (due mainly to struggles finding people with the right experience)
- **Disruptions linked to the Covid-19 pandemic**, which diverted resources and delayed programme mobilisation.
- **Concurrent strategic priorities** such as Gwent’s focus on becoming a Marmot region, that limited bandwidth for WSAHW delivery in Aneurin Bevan.
- **Structural changes**, such as public health team reorganisations, changes in leadership, or staff movements between Public Health Wales (PHW) and HBs, which impacted continuity.
- **Administrative boundaries**, with some HB regions covering only one local authority or Public Service Board (PSB) footprint, while others cover

several. Furthermore, Cardiff and Vale's administrative landscape is set-up differently to other HBs introducing additional complexity.

3.3 Adoption of system tools and approaches

WSA leads have adopted a range of strategies to engage system partners and embed the WSAHW in local practice. In some instances, they have used tools suggested by the 9-step process and associated guidance but at other times have brought in other techniques. Regional WSA leads have done this flexibly, rather than wholesale alignment or divergence.

When choosing which tools and approaches to use in practice, regional WSA leads have been purpose-driven; informed by external support; and practical in terms of what does and does not gain traction in their local system or show promise, based on wider local stakeholder expertise and understanding.

3.3.1 Purpose-driven use of tools

Typically, where tools or processes have been omitted or used in a lighter-touch way, this has been because they have been perceived by regional WSA leads as less valuable or appropriate to the HB region's stage of development at the time, or their output less useful for the programme or wider stakeholders.

For example, though some areas have found social network analysis useful, others have omitted it due to its high demands on time and resource relative to the perceived utility relative to other tasks and perceived it as potentially a 'box-ticking' exercise. Similarly, while the majority of HB regions found systems mapping foundation and useful – even though they carried it out in different degrees of detail – a minority carried out lighter-touch system mapping.

Where system mapping worked well, it was reported to give a deeper understanding of the local system (including assets, opportunities and challenges) through not just the map but also the process of building connections between relevant stakeholders. In this way it helped HB regions progress to the next stage.

"I think [causal loop diagrams] were particularly useful because it allowed, firstly, people to see causal pathways are very complex and secondly, that there's not a single organisation that can address this on its own, so it needs a whole systems approach and thirdly, that they are specific. The nodes in these causal loop diagrams have quite high proxy power."

3.3.2 External support for using systems tools

Several regional WSA leads commissioned external expertise, particularly from Leeds Beckett University, to support aspects of systems mapping and social

network analysis.⁵ This was useful for further convincing and enlisting relevant stakeholders and progressing at pace, though WSA leads were careful not to overwhelm stakeholders with overly technical systems language if their familiarity with systems change work, or their capacity to be involved, was limited.

3.3.3 Use of a variety of approaches to systems thinking

A range of tools, processes and approaches were deployed flexibly by WSA leads at different stages of the 9-step process, including:

- Ripple effect mapping in Cardiff & Vale to explore work on healthy advertising, and in Betsi Cadwaladr (see case study in Appendix for more detail on how this supported progress in the latter).
- Concepts from ‘soft systems’ and ‘human learning systems’ models, including appreciative inquiry in Cym Taf Morgannwg for professionals to engage with the community and gather their views, and as a capacity-building framework (see case study in Appendix for more detail).
- Visioning (used by Aneurin Bevan) and the Three Horizons approach (used by Swansea Bay and Hywel Dda – see case study in Appendix) to help with developing long-term goals and working backwards to avoid being limited at the outset by short-term action planning.
- The Sociological model in Cardiff & Vale to “influence hearts and minds” as a first step in systems change.

Tools and approaches were seen to be most useful when they connected with wider system partners and helped make systems thinking more tangible and accessible. As such, WSA leads were flexible in switching to other frameworks if some did not gain traction.

“There's been great engagement on the mapping exercise and I think having a practical exercise for people to get familiar with the tools, the language, the approach of systems thinking, I think those conversations have gone well.”

For some regional WSA leads, spending time to train wider local stakeholders in systems thinking felt necessary as a gateway to their meaningful involvement. For example, Swansea Bay and Hywel Dda HBs framed discussions with PSBs using systems concepts they were already familiar with via their work on the Wider Determinants of Health.

⁵ Betsi Cadwaladr, Swansea Bay & Hywel Dda, and Cym Taf Morgannwg have all used external support for some tasks.

3.4 Delivery of the 9-step process and influencing factors

3.4.1 Overview of delivery to date

The 9-step process has provided a useful starting point and organising framework for what is a complex and ambitious programme of work, delivered across diverse settings. The 9-step process provides a touchstone for consistency that has inevitably diverged as it is implemented in the different regions.

The process was conceived based on evidence from similar programmes but since then systems thinking and systems approaches to healthy weight have developed, as has the experience of those delivering the programme nationally and at HB region level. The learning from this research therefore could contribute not just to the future of the WSAHW programme but also similar efforts elsewhere.

Figure 4 below summarises the 9-step process (a more detailed interactive guide is available [here](#)). Figure 5 summarises delivery and key learning for each of the 9 steps. Common across the HB regions has been bringing relevant stakeholders together in workshops for tasks like system mapping, developing goals and a narrative, and sub-system prioritisation.

Figure 4: Public Health Wales 9-step guide for the WSA (interactive version with further detail about each step available [here](#))

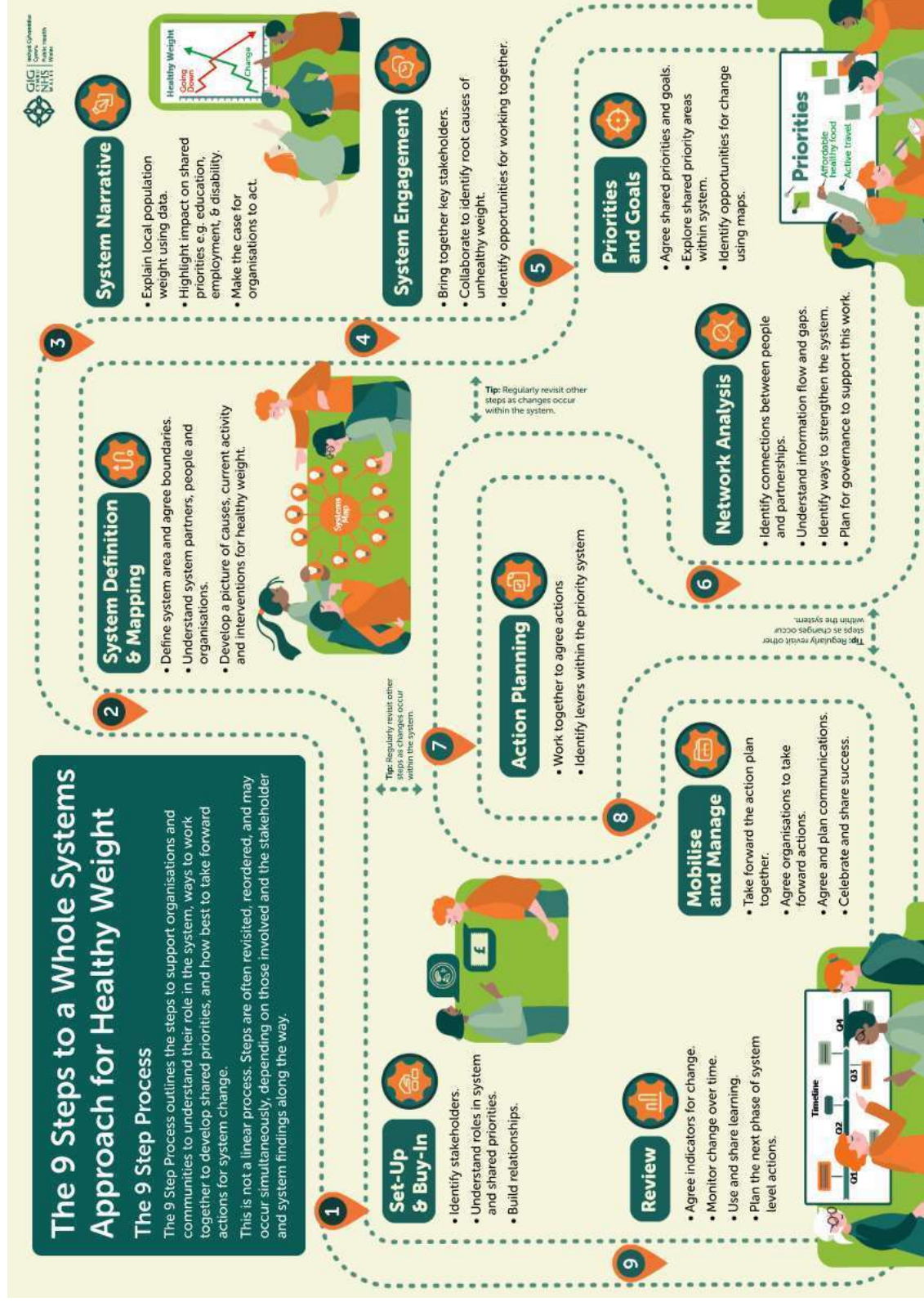


Figure 5: Delivery and learning for each of the 9 steps

	Overview of delivery	Key learning
1 Set up and Buy-in	To establish and develop governance, leads have invested in considerable stakeholder engagement . Some have focussed on going into other organisations or boards , whilst others have concentrated on setting up governance structures and bringing in partners .	Planning for this step can feel difficult because it requires working at partners' paces and is heavily influenced by the local context .
2 System Definition and Mapping	System mapping has been carried out via one or several workshops with stakeholders and then revisited to help narrow the focus to select a priority sub-system later on (see Step 5). Many HBs used external support with this step. While outputs have varied, maps have helped to visualise elements of the system better and, in some cases, to identify potential leverage points .	Relative to some other steps, system mapping has been treated as a core activity by WSA leads and has been a key step in delivery so far. Typically, this process has helped develop understanding amongst wider stakeholders of the complex causes of (un)healthy weight and make the case for the WSAHW. That said, as a relatively time-consuming and jargon-heavy task, it risks being intimidating as an early stage in the process.
3 System Narrative	Narratives have been produced at different stages of the work and for different purposes, typically to help galvanise engagement, prioritisation, and action planning .	Generally, system narratives have been produced by WSA leads and shared / workshopped with wider partners, as opposed to fully co-produced. Creating system narratives has provided WSA leads with the opportunity to elaborate on the process for stakeholders, providing context and arguments for taking the WSAHW approach .
4 System Engagement	This has been quite free-form and bespoke to each area, through a mix of collective engagement and decision-making (e.g. workshops, presentations) and one-to-one engagement with relevant partners.	This is less of a 'step' than a continuous activity embedded in all other steps and requires ongoing maintenance to avoid losing momentum.
5 Priorities and Goals	Narrowing down focus to priority areas and then sub-systems to tackle overweight and obesity has been an iterative process that has largely followed from system mapping and involved workshops with wider stakeholders. Some HBs have used a more open process to whittle down priorities, while others have found tools like Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, or democratic voting, helpful.	Identifying and understanding the intended scale of priority sub-systems and how they are to be addressed has involved some trial and error including feedback and guidance from programme stakeholders on the early suggestions from HBs. This step has involved careful management to retain fidelity to systems change principles and a degree of consistency across the whole programme, while genuinely sharing ownership with local stakeholders and recognising their ideas.
6 Network Analysis	This step has been skipped or carried out very light-touch by some HBs. Where it has been used, it has at times focussed on the whole system (akin to mapping) and at times on the priority sub-system.	The purpose of this step was less clear than others to regional WSA leads, with a sense that it may be more useful for monitoring than for delivery. The time and resources needed for the network analysis were not considered proportionate to the benefits.
7 Action Planning	Action planning has so far been lighter touch and evolved in tandem with delivery , rather than the production of formal, discrete action plans. At this stage, HBs have found they need to first generate commitment from stakeholders by influencing relevant local strategies (especially PSB plans) as a step towards forming robust and realistic action plans.	Gaining buy-in and commitment from wider partners to 'own' and deliver actions has been difficult and hard-won, which is reflected in minimal action planning so far. Additionally, the need to get 'quick wins' to build buy-in means that some actions have evolved and been delivered without strategic planning in line with the WSAHW priorities.
8. Mobilise & Manage 9. Review	Reflecting the stage of the WSAHW delivery – particularly in relation to taking action – these steps are not yet expected to be happening. However, throughout all the above steps there is an intrinsic function of mobilising and maintaining momentum; managing activities to avoid mission drift and to respond to the adaptive and emergent system; and reviewing progress through formal and informal monitoring and learning mechanisms.	

3.4.2 Alignment and variation

Regional WSA leads have not generally followed the 9-step process fully in line with the WSAHW guidance. Increasingly, regional WSA leads have felt confident to determine the best course of action locally whilst still aligning with the 9 steps where possible or revisiting them to check their direction of travel.

“I think we’ve all had that flexibility to work differently because everything’s different in each region.”

Some have treated the 9-step process as a roadmap with room for flexibility, some as a toolbox with optional activities, and others still deviated from the programme towards different schools of systems approaches.

The reasons for this were that some regional WSA leads cited practical constraints (see Section 3.1), others were worried about ‘losing’ relevant stakeholders in the process, while others with existing work in place felt that the WSAHW risked compromising or derailing existing systems change by beginning a new process from the start, and others still preferred different schools of systems thinking.

In terms of how this variation has played out in practice, regions have diverged in the ordering of steps and alignment to guidance (see Section 3.4.3) and the relative weight given to the different steps. Some steps have been lighter touch such as system mapping or developing a narrative, and others bypassed such as network analysis (due to its intensive demands on time and resources) or setting up governance structures (some regional WSA leads plan to build it in at a later stage).

Learning about varied implementation

While a degree of flexibility is inherent in systems working, varied adherence to the 9-step model is an example of the ‘implementation gap’, a common phenomenon whereby, to a greater or lesser degree, policies and programmes are not implemented in practice in the way they were designed.⁶

⁷ WSAHW is an ambitious and innovative programme that is built on the idea of fundamentally changing how systems work and how healthy weight is addressed in Wales, meaning the path ahead is not always pre-determined.

One particular driver of the implementation gap has been the ‘systems’ element of the programme, including methods such as system mapping. This has given rise to discrepancies between the implementation design of the WSAHW and how some local stakeholders have chosen to interpret the

⁶ Baan, A-M. et al (2023) Implementation-minded policy making. Wales Centre for Public Policy, Centre for Evidence and Implementation. Available here: <https://wcpp.org.uk/wp-content/uploads/2023/11/Implementation-Minded-Policy-Making.pdf>

⁷ Braithwaite, J. et al. (2018). Why complexity science meets implementation science: a theoretical and empirical analysis of systems change. BMC Medicine 16, 63. doi.org/10.1186/s12916-018-1057-z

'systems approach' that they put into practice. Given the pilot-like nature of the programme, this provides valuable learning about the WSAHW implementation process.

This and other gaps demonstrate where it would be useful to adapt and fine-tune the programme's implementation, as per an adaptive approach, by: (1) ensuring there is sufficient adherence to the funded model of WSAHW in order to effectively test it, provide evidence of adherence to the funded model, and reduce the implementation gap, and (2) where necessary, continue to adjust the implementation process and guidance to address key points of divergence and clarify the expected extent and limits of regional flexibility - in terms of both their systems change process and the systems change theory that underpins it. This theory is explored further in Section 5.

3.4.3 Learning from the delivery process

When questioned about their use of the 9 steps in particular, the majority of regional WSA leads noted that there were several challenges to delivery on the ground which presented important learning. Key themes are described below.⁸

The value of a model

Regional WSA leads recognised the need for a common, national model to coordinate efforts, provide structure, and promote shared language. The 9-step process has also demonstrated to relevant local stakeholders that the WSAHW is a framework based on evidence, processes, and tools for systems change. It has been a particularly valuable roadmap for regions where there was less previous experience and confidence around systems working.

However, based on their experience of delivering the programme, local stakeholders have advocated for an evolution of the framework to: adapt to the learning from the realities of systems change; balance flexibility with prescription; and provide more practical tools and options for implementers particularly where the preferred path is difficult (e.g., establishing a shared governance structure or securing buy-in from appropriately senior stakeholders in the system).

"What alternative is there to us having [some form of model]? So, I would see this very much as a proving ground and as a way of, you know, validating, engaging how we've gone into a very difficult task. And I think people have done it in good faith and they've done excellent with it and [there's been] frustration when people have been leaning in and then the cycle hasn't let them do what they need to do."

⁸ The role of systems theory was also a cross-cutting key point of discussion which is covered in Section 4.4.4.

Flexibility in the ordering of steps and phases of the process

While the 9-step process was not designed to be implemented strictly in order, there is a degree of logic to the sequence and some groups of steps (which could be described as phases which logically proceed others). The framing of the process as steps has caused some confusion due to the linearity this implies, despite communication from national WSA leads that the process should be flexible.

Regional WSA leads agreed that the framing could better-reflect the flexibility and adaptive delivery denoted in the principles of systems change that underpin the design of the programme. They have highly valued working this way in practice to deliver the WSA in the orders which made most sense locally and were feasible. Indeed, some steps in particular needed frequent revisiting, e.g., prioritisation and engagement.

“It’s quite an academic, linear view of a process, I suppose it oversimplifies it. You know the reality is it doesn’t quite work in that linear way. I know it’s absolutely been said that, ‘It’s not linear, you can move across,’ but the fact it says steps suggests that’s a process to follow. So, we have mapped our stakeholders, got a shared narrative, we’re looking at action planning, we’re looking at the networks and the connections. We are doing those things, perhaps not in that particular linear order and it’s here, there and everywhere. It’s also about being dynamic as well.”

As such, delivery has more closely reflected the ordering of the 9-steps in some HB regions than others. In practice, some steps are often blended, e.g. mapping and developing a narrative; and engagement happens throughout. For example:

- Swansea Bay and Hywel Dda UHBs produced a regional narrative to make a case for action and invite relevant wider local stakeholders to attend workshops to decide on the priority sub-system after completing initial system mapping.
- Powys THB produced a detailed local narrative prior to initial systems mapping workshops which provides a wider range of data and context on overweight and obesity in the region.
- Aneurin Bevan UHB provided two narratives: one focused on areas within the system such as transport, schools and planning and a further narrative about their chosen sub-system of Early Years.

The scale and selection of priority sub-systems

A common point of ongoing learning was around the identification and refinement of sub-systems. While this step is critical, local stakeholders reported that it takes time and some trial-and-error in practice to work through:

- The distinction between priority areas and priority sub-systems

- How and when to narrow the focus appropriately
- What scale or scope is most suitable for sub-system action.

“But, actually identifying a sub-system that is packable that we can take out, you know, are we supposed to be taking the actions as a public health team or as a whole systems approach team? Or are we hoping that other people take the actions? What is a viable scale of action? I don’t think that is particularly clear. [...] Basically, [the risk is that] it’s such a small scale of action that it’s meaningless”.

This has been an iterative process involving feedback and collaboration in multiple directions – between WSA leads and their relevant local stakeholders, and between regional and national WSA leads within the programme. In practice, this means that some WSA leads were advised to revisit priority sub-systems that they had co-produced with wider system stakeholders to better-match the intended scale and focus of action.

This reflected national leads’ concerns about the risk of selecting overly ambitious and potentially unmanageable scales for action, or of drifting too far from targeting systems and too close to targeting health topics or population groups via more traditional partnership working approaches or interventions. The topic of sub-systems prompted broader reflections on how best to capture the intended impact of WSAHW – these views are explored in Section 5.

This kind of learning – about striking the balance when bounding the priority sub-system and correctly pitching the scale of action – is reasonable given the ambitious and innovative nature of the programme, and the departure from previous modes of working that it represents in Wales and more broadly.

Co-production and community engagement

The role of community involvement in the WSAHW programme was at times unclear as it was referenced in early high-level programme documentation but then not explicitly suggested in the 9-step process and associated guidance. Several local stakeholders suggested that residents of their area should feature more prominently and that this would help bring wider system stakeholders onboard.

“At those strategic stakeholder events we always had feedback on where the residents were, the community. And they weren’t involved or mentioned in the first part of this work. So, again, on reflection, they probably should have been, but the strategic priority was where we were at. So, we’ve [more recently] brought in the community which, unfortunately, I think they would have been better placed right at the front of these conversations.”

Some regional WSA leads have since embarked on different types of community consultation. For example, Cwm Taf Morgannwg UHB aligned with Project Dewi to support PSB engagement with the community (see case study in Appendix). These HB regions have found that this helped to gain buy-in from relevant

stakeholders and ensure the WSAHW better reflects all relevant actors in the system.

Some found it worked well to bring in community consultation with local residents early on as part of the process of gathering views to inform the selection of priority sub-systems and actions, while for others this was more effective *after* prioritisation had been done with system partners.

“I think getting that strategic priority was right because you need those people who you’re working with to be on board with you. And now we’ve got our target audience, I suppose, and we’re a bit more specific and drilled down. [...] I think if we’d brought the public in from the start, conversations would have strayed away from healthy weight and been everywhere. But I think now we’ve got a specific focus.”

Discussing the role of co-production the programme, regional WSA leads recognised that there had been opportunities to feedback and share views on draft programme guidance and some other aspects such as monitoring approaches. However, there were varied interpretations of co-production and some regional WSA leads shared an appetite for earlier input in these discussions.

The balance between prescriptive and flexible guidance

Programme guidance includes a higher-level overview of the 9-step process and more detailed guidance on each step which was developed alongside delivery.

The timing of developing and revisiting the guidance

The more detailed step-by-step guidance was not available in its totality at the outset of the programme, meaning WSA leads progressed based on the high-level descriptions of the 9-step process plus input from national WSA leads.

This presented challenges with planning effectively and WSA leads with less systems change experience might have benefited from earlier detailed guidance. As the guidance has since emerged and become a more prominent feature of the programme’s design, it has raised questions about the extent to which regional WSA leads should retrofit their approach to comply, or continue with their progress but in doing so, pay less heed to the guidance.

Some regional WSA leads reflected that it may have been valuable to co-produce the initial design of the guidance, while others noted that while early drafts of the guidance were shared with them for comment, they felt less confident and experienced in systems approaches at the outset of the programme, which suggests they may have struggled to meaningfully input into guidance at that point. As delivery has embedded, there is more of a

shared sense amongst WSA leads that they have amassed useful real-world experience of implementing WSAHW which is valuable to share and discuss.

Generally, the guidance has been treated as advisory rather than mandatory. Again, some regional WSA leads have mirrored the high-level and more detailed guidance on the 9-step process more closely than others. This is reflected in the way that different tools and processes have been incorporated (see Section 3.3) and how in-depth the implementation of different steps have been.

“We haven’t gone through it step one, step two, step three, step four, step five. We did social network analysis way before [we would have done] if we’d followed the 9-step process. So, for me the 9-step process gives us almost the elements of a whole system or the tools in a whole toolbox and we’ve then gone back and revisited those steps. So, it’s a way of being able for us to be able to frame that work locally and to show that we are following a system process as opposed to feeling that it was restraining us as to what we could do.”

For example, some local stakeholders (notably in Cardiff and Vale HB) highlighted that they had already been using systems approaches, creating challenges around integrating with the 9-step process without duplicating or undoing existing work, or confusing relevant stakeholders with new messaging about what systems change entails locally. This led to a suggestion that the guidance could better account for situations in which there is significant sign-up to a preferred way of working based in the local history of systems-related work.

Reflecting on the guidance, local stakeholders agreed that (similar to the chronology of the 9-step process), it does not fully represent the flexibility and adaptability of delivering systems change in practice that is noted in the guidance as WSA leads understood it

“I suppose the documents that are given to us, I don’t feel align to the approach we are taking. So, it talks about SMART goals, action plans [for the] short, medium, long-term, there’s all that type of stuff which we are not thinking about touching to be honest.”

3.5 Monitoring and learning from delivery

Overview of monitoring

Monitoring processes have evolved as management has responded to and embedded continuous learning in practice.

Monitoring includes:

(1) quarterly returns by WSA leads detailing progress against the 9-step process and any additional learning;

(2) annual reports by the WSA leads summing up progress and learning (the content has varied and most recently used the System Maturity Matrix – see Section 1.2.3);

(3) more ad hoc requests for data for example, the amount of stakeholder engagement carried out, or case studies, and meetings to discuss progress as needed.

Additional learning and reflection happen via: monthly or bi-monthly meetings of a network of WSA leads; quarterly face-to-face meetings between each HB region's leads and the national leads; quarterly meetings between consultants who have oversight of WSA leads; and more informal communication and learning-sharing between WSA leads.

It is inherently more difficult to monitor systems change compared to more traditionally, linear programmes, and yet all stakeholders we consulted recognised the need for monitoring for a grant-funded programme.

There has, however, been resistance to the current monitoring approach as both regional and national teams have worked to strike the balance between finding the right information to describe the process, balancing monitoring with learning, and ensuring reporting 'works hard' and is manageable. In practice, this has raised questions about the type and volume of monitoring information collected and the role of more reflective learning opportunities.

Regional WSA leads struggled to report their progress in terms of the 9-step process and System Maturity Matrix as part of quarterly and annual reporting, respectively. Leads are asked to submit an annual plan and report each quarter on which steps have been actively taken forward since the last. They suggested that, because progress along the 9 steps did not always align to quarterly timescales, this monitoring mechanism risks enforcing a perception that delivery should be linear and follow similar timescales in all HB regions, despite guidance to the contrary.

“There's that slight tension of the 9 steps within being flexible and going back and forth, and up and down, and across whatever. But then the ask comes through to report where you're at with a step. Then that's where this confusion or contradiction potentially of how we use the 9 steps [comes from].”

“The rigidity is challenging, having to report on a quarterly basis in terms of some of the steps and how they've moved on, well you know they may or may not have depending on where you are and what those local opportunities were.”

Similarly, though it was evidently not designed for this purpose, there was concern that reporting against the System Maturity Matrix – a self-reflection tool intended to be tailored to each context and allow for different starting points – may be used to quantify and compare progress between HB regions.

This reflected a concern that, over time, monitoring had become too focussed on delivery of the systems approach for systems change and less space was left for learning, particularly valuable learning about failures as well as successes. Relative to the capacity available to WSA leads, they questioned whether some of the more output-focussed ad hoc monitoring requests (at times arising from Welsh Government requests) represented the best use of their time available for reflection and monitoring. One example was retrospectively capturing the number of stakeholder engagements carried out, which was tricky to define given the iterative and locally-tailored nature of engagement.

“How do all those things fit together and what, of all of those things, will help us tell the story of change? And for me I think you know our collective story isn’t clear at the moment.”

Looking forward, WSA leads would appreciate more of a role in co-designing the monitoring approach to ensure the information best reflects their work on the ground, to bound the ask in terms of their time, and to widen spaces for open reflection between regional WSA leads and national stakeholders. They suggested:

- Protecting more time in programme meetings to reflect collectively across regional WSA leads.

“There’s been a huge learning curve, centrally as well as within the health boards, so I quite like that fact there’s differences between us regions.”

- Exploring lessons from challenges and compromises as well as successes.

“There are things I deliver that I don’t report because I think they’re not systems-y, I think [PHW] probably wouldn’t really want to hear about those but I think they’re really important because sometimes you need to do things which just build momentum or just engage partners. As time progresses, people start to fall away and then you need something to sort of re-engage and it needs to be refreshed.”

- Receiving more feedback from national WSA leads about how the learning about their work is shared and received amongst national stakeholders including Welsh Government.

“People [could] be able to contribute more, not just feedback, but all the learning that they’ve had, for example about framing of language. That could be more consistent across all stakeholders in Wales because that’s so important with such a sensitive subject matter. I think, [we] could more freely share best practice learning things [and] things that didn’t go so well.”

4 Implications for local systems

This chapter addresses the following research questions

System partners' recognition, understanding of and engagement with the WSA process:

To what extent has there been engagement with, influence and recognition of the WSA work?

System change and change arising from the programme:

Is there evidence of system actions, plans and their system alignment?

Is there evidence of unintended actions and consequences arising from system actions?

The case studies (appended) also provide evidence and analysis in response to these research questions.

4.1 Key messages

- Programme stakeholders reported stronger understanding amongst many key wider system stakeholders of systems theory, the rationale for a WSA, and the role they can play, even if they typically do not work on 'healthy weight'. There has been stronger shared use of systems language and growing engagement from wider system stakeholders in WSAHW discussions.
- While this should be viewed as a significant achievement, securing the necessary commitment has not been straightforward in places and remains a continuous process. Challenges exist in: gaining senior and strategic buy-in; competing priorities and capacity amongst wider partners; and their different understanding and expectations of systems change work. Within this context, regional WSA leads have sought to strike a balance between sharing ownership of the work and pressing ahead with progress.
- While the journey has looked different in different regions, all have identified priority 'sub-systems', with a view to cycling back to additional sub-systems once actions have been planned, delivered and reviewed. The priority sub-systems vary, but early years and access to healthy food are common themes.
- Health Boards are now transitioning into delivering and testing actions that have resulted largely from the WSAHW programme. The actions vary in scope, scale, and visibility but examples are: contributing to planning decisions around hot food takeaway regulations; and influencing policies on building healthy food habits in early years settings or on catering in local hospitals.

- WSA leads are now developing more formalised action plans with clear commitment from relevant stakeholders. This is possible thanks to their work on developing and strengthening relationships (particularly with PSBs), on the vision for change in a priority sub-system, and on actions delivered to support momentum and demonstrate capacity for change. A key to achieving PSB buy-in has been highlighting how their Wellbeing Plans can help boost the momentum of the WSAHW.

4.2 Recognition and understanding of the Whole Systems Approach

4.2.1 Laying the groundwork and building relationships

The majority of WSAHW activity to date has centred on laying groundwork and building foundations to translate ideas into action. This includes stakeholder engagement, mapping and articulating the system, and co-developing and defining shared goals and priorities.

Regional WSA leads have played a critical role in introducing and embedding systems theory and practice, and in “winning hearts and minds” to foster understanding and buy-in amongst relevant system stakeholders. Regional WSA leads agreed that this relationship-building is key to setting up systems change but takes time and is not always linear, and no “one size fits all”.

“The biggest thing we can have is permission to have time to build those relationships. You know, a trip to [an area in our region] might take us one to two hours to get there for an hour meeting, but that’s really important to build trust and relationships with those partners and stakeholders. So it’s almost having the permission and investing time to do that and understanding that those might not pay dividends straight away. So we’re seeing benefits of foundations we laid three years ago. You know that’s the sort of time we’re talking about.”

4.2.2 Challenges in local settings

While positive progress has been made, all HB regions have experienced some challenges with building recognition and understanding amongst the key stakeholders with a role to play. As regions move into taking more action related to the WSAHW, the need to increase commitment has become increasingly apparent to avoid the risk of limited collective ownership of the programme or input. The contributing challenges are described below.

Levers to gain senior and strategic buy-in

There are few formal levers for WSA leads to draw on to engage relevant wider stakeholders, so personal influence and relationships have played an important role. When staff turnover has occurred, progress has sometimes stalled, and trusted relationships have had to be rebuilt.

Furthermore, stakeholders we consulted highlighted the limits of WSA leads’ capacity and seniority, particularly in relation to influencing wider system actors

and strategic groups. The involvement and support of Directors of Public Health in this area reportedly varied by HB region, depending on their capacity and also their understanding and buy-in to the WSAHW programme.

One exception was the suggestion from local stakeholders in Swansea Bay and Hywel Dda UHBs that a recent focus on food around the Wellbeing of Future Generations act has in fact helped to build PSB support, as PSBs report on delivery of the priorities of the Act.

Competing priorities and capacity

“I think that you know sometimes there's people that do understand and want to do it but across the NHS and public sector at the moment, there's an awful lot of pressure. So a lot of people, if they've got their day jobs and they've got, you know, organisational priorities, it can be hard to get them to think about this in the longer term if their budgets are being cut and services being stretched. It's trying to get this up high enough up the agenda and competing with maybe more acute priorities as well. I think if there's been a challenge.”

Wider system stakeholders' capacity, or competing local agendas, presented a barrier to sustaining participation and developing robust governance structures either inside or outside of key strategic partnerships such as PSBs or Regional Partnership Boards (RPBs). (See Aneurin Bevan UHB case study in Appendix.) This meant that regional WSA leads have struggled to meet WSAHW guidance on governance, which impacts on their ability to influence stakeholders particularly at a senior level:

“At a local level decision need to be made about the basic governance of the local project. For example, identifying whether a local strategic partnership such as the PSB or the RPB will take responsibility and ownership of the work. Gaining that initial commitment and raising awareness with key local strategic partners is important. This stage is then revisited periodically to maintain engagement and ensure that this awareness and commitment continues.”

WSA Guide Overview, p10

Competing agendas within the HB regions and public health teams in which WSA leads are positioned are also a challenge, particularly where there is pressure from within HB regions to support weight management pathway work or where senior HB leaders are less bought-in to systems working. Some WSA leads were drawn into the healthy weight pathway work of the public health teams they were situated in, meaning the ringfencing of their roles for the WSA was not always respected in practice.

“The level of engagement of stakeholders, right at the beginning, was at the strategic level. So, if you read the documents in the guide you'll see there was strategic stakeholder mapping, strategic partnership mapping, strategic engagement events, which was also very difficult

for us to reach those types of people if the strategic people in our own organisation weren't bought into that."

Understanding and expectations of systems change work

A key theme of the programme is the distinction between traditional ways of working and the long-term, non-linear nature of systems change.

This is a feature of all systems change work, but in practice it creates challenges with bringing in relevant wider stakeholders who are embedded in more traditional modes of planning, delivering, and monitoring change in the public sector. In practice, WSA leads have experienced pressure to demonstrate quicker and more predictable results than systems change approaches can generally promise.

"It's all about how we frame what this is about and what its deliverables are. [...] And so [WSAHW] not doing a narrative of activity and quality is challenging because the machine is set up to be focusing on doing things, tracking through and this is quite different."

As well as a fundamentally different way of working, the underlying theory of systems change is newer to some system partners and there are different understandings and schools of thought which do not always align.

Additionally, local stakeholders reported that the programme's relationship to other place-based initiatives on the wider determinants of health, especially Shaping Places, has not always been clear to wider stakeholders leading to confusion about whether they should engage with one or the other, or both.

"Gwyneth and Anglesey [PSB] decided not to participate in the Shaping Places programme because they felt that their whole system work was being delivered by this route of work."

4.2.3 Progress in building recognition, understanding, and engagement

Despite challenges and fragmented progress, across all HB regions local stakeholders are seeing tangible progress in building recognition, understanding, and engagement with the WSAHW. WSA leads have played a key role in expanding local networks and bringing partners into the conversation, with several regions reporting a growing awareness of both the principles and value of systems working and, in some instances, a widening sense of their potential to play a role.

Progress with securing strategic, multi-agency commitment

More recently, WSA leads have converged around targeting commitment and buy-in from PSBs, which are seen as critical convening bodies due to their cross-sectoral membership and influence, and their scale relative to HB regions. Achieving recognition and endorsement at this level has generally

been a hard-won process, involving ongoing dialogue and demonstration of the WSAHW's alignment with local priorities.

In several regions, PSB engagement has progressed beyond interest into tangible commitments, such as the inclusion of healthy weight within the majority of PSBs' strategic plans (see Section 4.3 below), establishment of sub-groups, or formalised reporting arrangements. Where PSB alignment remains limited, regional WSA leads continue to invest time and energy in this relationship-building.

4.2.4 Supporting factors and enablers

Aligning to wider partners' agendas

A key approach that WSA leads have found helpful is understanding and aligning to external partners' agendas. They invested time in understanding the priorities of PSBs and other key bodies, often reframing the WSAHW as part of a broader health and wellbeing agenda. Progress in Swansea Bay and Hywel Dda UHBs, described in the case study in Appendix, demonstrates this well.

“How we frame it will be different depending on who we're speaking to.”

“I don't think you can take something into partnership spaces and be quite rigid and say, “We're doing this and we're doing it this way,” because maybe we wouldn't have got as far as we did. You've got to work with people and, you know, slowly embed yourself in”

This has proven effective given the complex and diverse drivers of healthy weight and has helped to position the WSAHW as a mechanism for delivering and augmenting existing local outcomes rather than an additional initiative. Where the agendas of external partners are less clear (for example if PSB plans are not published), it has been more challenging for WSA leads to 'sell' the programme to them.

Delivering 'quick wins' to build trust and maintain buy-in

“We're on the beginning of our journey working with the partners where the doors are open or they're half open and then we use that momentum to then start to knock on the doors that are closed.”

In practice, most regional WSA leads have supported some 'quick wins', not as a replacement for long-term change but as a strategy to maintain momentum and partner interest. This is not necessarily unexpected in complex systems work, and opportunistic and adaptive delivery – such as leveraging early adopters and capitalising on local momentum – has been a pragmatic approach.

“Sometimes you have to do it in order to gain and maintain that trust. Your partners aren't going to keep coming to workshops if they don't see there's any value for them or they can't see anything happening,

you know within the next six months never mind 10 years down the line.”

In one example, Betsi Cadwaladr UHB helped the HB’s catering teams to redesign their menus and develop best practice guidance for their vending machines. Not only was this greatly appreciated but also opened the door to more strategic discussions about their policies – see case study in Appendix for more information.

The influence of WSAHW ‘champions’

Regional WSA leads have benefited from ‘champions’ of the work such as senior public health staff or key people in external organisations or forums. These individuals have facilitated wider buy-in by advocating for the WSAHW and have played an important role in progressing regions towards more sustained engagement via WSAHW governance structures and/or commitment in plans and strategies.

The value of these ‘champions’ being sufficiently senior to hold sway in the system was a common theme. In regions where this is the case, such as Cardiff and Vale (who also benefitted from having begun their systems approach years earlier), the impact has reportedly been significant in enhancing credibility and enabling access to decision-makers at the right level of seniority.

“We’ve got that alignment which I think will really help us going forward. [We’ve] got a new [... change group] which will feed directly to the PSB, whose focus is about unblocking challenges that are systemic. That isn’t easy, to try and bring all those things together.”

Drawing on data and evidence

Lastly, there were examples of WSA leads using data to make the case for the programme to wider stakeholders, as part of the system narrative, for example Powys THB when influencing their PSB. More broadly, selling WSAHW as an evidence-based approach with a clear model for systems change has helped some WSA leads bring relevant stakeholders on-board (see Section 3.4.3).

4.3 System actions, plans, and their system alignment

4.3.1 Driving system actions

Transitioning into action while continuing to strengthen groundwork

In most HB regions, work is now progressing into planning and delivering actions to bring about systems change, but there remains variation in the nature and pace of this activity. Most regional WSA leads have:

- Identified priority sub-systems.
- Initiated actions aligned to local capacity and context.

- Continued to reflect and adapt, based on system feedback and emerging opportunities.

Doing so has further illuminated the need for strong foundational relationships with system partners, accentuating some of the successes and challenges of earlier phases. This has sometimes necessitated cycling back to renew buy-in to optimise collective input or ownership.

Regions have begun to develop a range of actions and achievements that have largely resulted from the structure and stimulus of the WSA programme.

The actions vary somewhat in scope, scale, and visibility but common actions are: feeding into planning decisions around hot food takeaway regulations and influencing the policies of settings for example, around healthy food habits in early years settings, policies around catering in local hospitals and other health settings or influencing breastfeeding policies in local authority venues.

Other examples are: influencing the advertising of high fat, salt or sugar (HFSS) foods in local authority venues (see Cardiff & Vale case study in Appendix) and training social landlords in the WSAHW and appreciate inquiry to support residents' ideas around healthy weight (see Cwm Taf Morgannwg case study in Appendix).

4.3.2 Pitching actions at different levels

While progress with actions has been valued, local and national stakeholders reflected that there is a tension around pitching actions at the right level to influence change to priority sub-systems as intended.

"[Systems tools have] been quite useful to get people to develop a sort of deeper understanding about what will bring about sustainable change within a system. It's very hard, though, to hold the line because people want to just go on and do something. People used to call it the firework effect. You know these projects that firework and you could get a nice warm glow from it and then it would just fizzle out and then it's 'turn around and look for the next one'."

The challenges around buy-in, capacity, expectations, and systems change expertise amongst partners (see Section 4.2.2 above) mean that WSA leads have tried to gradually shift the dial towards more system-level actions (as opposed to changes targeted at specific settings or population groups), but this has not always been possible straightaway. As a result, some actions have been grounded in more traditional partnership-based models.

"Whilst there are good things happening, it's difficult sometimes to see the systems how the systems thinking has got them there."

One factor is the sense that system partners have wanted to see WSA leads deliver tangible actions to develop confidence in the leads.⁹ Trying to gradually transition out of this mode of delivery and towards more ‘upstream’ actions on the system, has led many WSA leads to revisit more formal action planning and governance structures to enable this.

“I think a lot of senior leaders will struggle to move beyond those event level actions. And so we might get partners developing action plans that they think are working in a whole systems way, but actually we know isn’t actually moving into those sorts of system beliefs and goals. And I think I think that that can be a challenge.”

“There was that pressure from our health board really saying ‘Where’s your action plan? What are you doing? What’s next?’ So I had to get our strategic delivery plan sorted and to set up the whole system approach steering group. [...] It does feel like we are doing a lot more action and delivery I suppose, our difficulty is now making sure we keep those actions at system level other than just intervention level. But I think for some of the work it’s been a bit tactical really in keeping the PSB happy and local boards happy.”

4.3.3 The role of action planning

Having built up wider stakeholder commitment and tightened the focus on priority sub-systems via a process that included some ‘quick wins’ actions, many regions are now ready to cycle back towards more formalised action planning with a view to included commitments and responsibilities for wider system stakeholders.

It was difficult for WSA leads to develop more detailed and ambitious co-owned action plans with system partners earlier on in the programme, because of the challenges with getting all relevant stakeholders bought-in and committed to a governance structure for WSAHW. This aligns with the design of the 9-step approach (action planning being Step 7), reflecting the importance of laying the foundation and getting the necessary buy-in to set action planning up to succeed and develop the mechanisms for actions to be carried through in the system.

“The challenge is moving from problem definition to solution generation. [...] While the annual report may feature some words, you know linking to the intent, the actual machination of day-to-day delivery, takes a long bit of work around organisational change, capacity development, accountability mechanisms, reporting mechanisms, bedding it into job descriptions, and teamwork plans.”

“So, it’s like we need to have quite a strong lens on how we filter through, now we’ve got the high level buy in and the high-level actions. We need a really strong and systematic way of translating

⁹ See Section 4.2.4 for a discussion of how these ‘quick wins’ have helped keep some stakeholders engaged.

that into doable effective actions which are achievable for the partnership.”

A key focal point for all regional WSA leads, now, is influencing system plans to be able to formalise partners’ commitment and lay the foundation for meaningful participation in collective action planning.

4.3.4 Influencing wider system plans

Many regional WSA leads have worked on achieving strategic buy-in and influencing the wider system through either PSB strategies or local development plans. To do so, WSA leads have often stepped back from a focus on obesity specifically, drawing on wider agendas around health, lifestyle and environment.

“I was working towards an action plan but I’ve morphed and now I’m framing it as a framework for action. This is more about building a movement for change and what I’ve been focusing on is visioning and getting alignment between people around the table about a common vision for sort of 15 years forward for our priority theme, and then looking at you know roughly the sort of alignment around key objectives. This is more of an inspirational framework which they can align with for action and the idea behind it is that it changes regularly.”

The extent to which PSB plans reflect the WSAHW also varies, although priorities and actions relating to healthy food production, maintaining active lifestyles and increasing accessibility to healthy food and active travel options feature in all PSB Wellbeing Plans for 2023-2028, as shown in Figure 6 below.

Figure 6: Overview of mentions of topics relevant to the WSA in PSB Wellbeing Plans for 2023-2028

Health Board	PSB	Overview of Healthy Weight Plan	Key Terms				
			Whole system	Healthy food	Healthy transport / travel	Physical activity	Childhood obesity
Aneurin Bevan UHB	Gwent	Only reference to healthy food is through supporting local food production. No reference to HWHW.	X	✓	X	X	X
Betsi Cadwaladr UHB	Gwynedd and Anglesey	The PSB mentions promoting strategies to support children and families to maintain a healthy weight. They reference concerns raised in the 2022 Wellbeing Assessment about the high level of obesity in 4–5-year-olds.	X	X	X	X	✓
Cardiff and Vale UHB	Flintshire and Wrexham	Actions include supporting community based Healthy Weight programme for children and young people, increasing active travel and developing a programme to ensure healthy food is affordable and accessible.	✓	✓	✓	X	X
	Conwy and Denbighshire	PSB to support healthy travel schemes and community groups supporting healthy lifestyles. No direct reference to HWHW.	X	X	✓	X	X
Cwm Taf Morgannwg UHB	Cardiff	Move More Eat Well Plan is a key priority to promote healthy weight, with proposals to measure different outcomes relating to healthy weight in children, adults living in deprivation and adults over 65. Healthy weight referenced multiple times throughout the plan in relation to the national HWHW strategy.	✓	✓	✓	✓	X
	Vale of Glamorgan	A more active and healthier Vale is a key objective and the Move More Eat Well plan given as area of work to achieve this.	✓	✓	✓	✓	X
Powys THB	Cwm Taf Morgannwg UHB	Long term plan to work with Public Health Wales to create healthy environments and active travel. HWHW listed as key link for delivery.	✓	✓	✓	✓	X
	Powys THB	Taking a whole system approach to healthy weight is listed as a planned action to achieve wellbeing objectives. Context given on healthy weight in the area and how they plan to improve healthy weight. Noted increasing prevalence of issues (including type 2 diabetes) in children and young people. Clear alignment to the HWHW plan.	✓	✓	✓	✓	✓
Swansea Bay UHB	Swansea	Reference to healthy lifestyle and healthy choices but no further detail on HWHW. Active travel a focus through environment priorities. Whole system approach is referenced in their objective 'Early Years' which aims to ensure children have the best start in life but does not feature with regard healthy weight.	X	X	✓	X	X
	Neath Port Talbot	PSB refers to active travel with regard to sustainable transportation. Also plans to monitor progress through percentage of children under five at a healthy weight.	X	✓	✓	X	X
Hwyel Dda UHB	Cardiff	Acknowledges prevalence of childhood obesity in the area and the role of the PSB in changing people's attitudes and behaviours to personal health. Not directly related to HWHW.	X	X	X	X	✓
	Ceredigion	Focus is on improving unequal access to healthy food and outdoor spaces but no direct alignment to HWHW plan.	X	✓	✓	✓	X
Pembrokeshire	Pembrokeshire	PSB notes it will contribute to work on healthy weight, healthy eating and health inequalities where they link to projects within the plan and for prevention, but no further detail given in objectives or project plans which directly relates to HWHW.	X	X	X	X	X

4.4 Progress towards system maturity

Although system change is a long-term aspiration of the WSAHW, it is useful to mark steps towards in achieving it. HB regions are making gradual progress towards system maturity related to the WSAHW, particularly in building relationships, switching mindsets towards systems thinking, and generating shared understanding of the process. Progress on shared ownership and governance of the work has been slower and more difficult to achieve.

4.4.1 Strengthened networks and engagement

A consistent theme across regions is the development of stronger and broader networks coalescing around the WSAHW. The Betsi Cadwaladr case study in Appendix provides an example of what this process can look like in practice.

WSA leads have successfully built new relationships and embedded connections with relevant stakeholders who had previously played little or no role in healthy weight work. These expanded networks now include actors from planning, transport, business, early years, and local governance.

However, the resilience of these networks varies. In areas lacking robust governance structures or where broader system pressures have diverted attention from the WSAHW, relationships were seen as more vulnerable and susceptible to setbacks (see Section 4.2.2 for more details).

“We did the set up and buy in back in 2021 [with the HB and PSB] when we had a different lead. But then we had a new lead in post. So did they buy into the people or did they buy into the programme? That was the test there, and it takes a while for people to bed into their new role. So I think the buy in for us, we’ve realised we need to go over again.”

4.4.2 Shifting mindsets and language

WSA leads and local stakeholders noted increasing recognition among wider partners, like planning officers, that they have a legitimate role in shaping environments and systems that support healthy weight. This has helped more relevant stakeholders to reflect on their contribution to the healthy weight system, and how it may, even indirectly, come under their organisational remit.

“There’s a bigger sense of stigma associated with obesity than there is with something like climate change. Because, you know, obesity is seen as a health issue and a personal control issue.”

There are early signs of mindset shifts, with system partners beginning to recognise the complexity of supporting the population to achieve or maintain a healthy weight, and their role in it. They are also mirroring systems concepts and an understanding of the wider determinants of health in their language, which local stakeholders valued as a sign of a mentality change.

4.4.3 Mixed progress on shared ownership and governance

Progress has been more limited when it comes to establishing WSAHW governance, shared involvement in driving the response, and learning, reflection, and refinement. In particular:

- Setting up governance structures for the WSAHW continues to be a work-in-progress in several regions, where formal arrangements to support joint decision-making and accountability are still being developed or embedded.
- Ownership of actions often remains with the WSA lead, with wider system partners showing limited shared responsibility – or consistent commitment – for driving or delivering actions.

4.4.4 Benchmarking against System Maturity Matrix

The System Maturity Matrix (summarised in Figure 7) was introduced to help reflect on progress (see Section 1.2), though as a self-rated, subjective scale, on which each HB region will have a different starting point it has limitations for providing comparison across the programme as a whole. Nevertheless, it provides a useful touchstone for the regional WSA leads to reflect on their ‘system maturity’ (although the scores do not always reflect the common successes and challenges that emerged from qualitative consultation, described above).

Within each of the eight domains, regional WSA leads rate their systems against a range of indicators from 1 to 5 as follows:

1. Not yet developing
2. Emerging
3. Developing
4. Maturing
5. Thriving

Figure 7: Domains of the System Maturity Matrix

Arweinyddiaeth gref Strong leadership	Iaith gyson Consistent language	Dealltwriaeth o'r cyd-destun lleol Understanding of local context	Ymgysylltiad Ystyrion Meaningful Engagement
Strwythurau Llywodraethu cadarn Robust Governance structures	Cydnabod bod canlyniadau yn cael eu dylanwadu gan y system Recognition that outcomes are influenced by the system	Dysgu a Myfyrio ac adborth Learning and Reflection and feedback	Mentrau wedi'u gwreiddio Initiatives embedded

The self-ratings of different HB regions against the System Maturity Matrix in their 2024 annual reports (shown in Figure 8 below) showed that ‘recognition of system dynamics’, ‘understanding local context’, and ‘strong leadership’ were typically more highly rated than the other domains.

Figure 8: Average (mean) self-rating (1-5) across HB regions' annual reports, using the System Maturity Matrix as a self-reflective tool

System Maturity Matrix domain	Average self-rating
Strong leadership	3
Consistent language	2.3
Understanding of local context	2.7
Meaningful engagement	2.5
Robust governance structures	2.5
Recognition that outcomes are influenced by the system	3.2
Learning and reflection and feedback	2.2
Embedding initiatives within the broader policy	2.3

It is interesting to note that there was a fair degree of similarity across HB regions in which domains were maturing the most. With the exceptions of 'consistent language', 'embedding initiatives within the broader policy', and 'meaningful engagement', most fields received similar self-ratings across the health boards i.e., the highest and lowest scores were only two indices apart from each other.

5 Learning and next steps

5.1 Key messages

- This evaluation was seen as timely, offering a welcome chance to reflect on the successes of the programme to date and challenges for the future. The WSAHW is moving into more of an ‘action phase’ which may require some adjustments and revisions to the current design. The evaluation also found strong support for the principles of a WSA from stakeholders across HB regions and system levels.
- The shift from more traditional ways of working to applying the principles of systems change was welcomed and supported by those involved, who recognised that it is not a straightforward process. Tackling population-level unhealthy weight is notoriously challenging and complex, even more so considering the competing priorities and day-to-day responsibilities of stakeholders, and potential overlaps with existing approaches or programmes, and the role of deeper, non-local factors on body weight.
- Given this context, it is important to be realistic about the degree of ‘system change’ that such a programme can achieve in light of the resources available, the sphere of influence of the Health Boards, and pressures on public sector funding and agendas.
- Moving into action and influencing strategy, stakeholders identified the opportunity to better connect and align local, regional, and national efforts around healthy weight and systems change.
- In response to the findings of this evaluation, some recommendations are provided (Figure 9) for strategic and programme-level changes.

5.2 Overview

A range of lessons and reflections were shared by stakeholders we consulted as part of the evaluation and are discussed below. These were primarily drawn from answers to research questions set in advance but were developed and sense-checked with national and local stakeholders. They inform the recommendations in Section 5.5.

The learning reflects the innovative and ground-breaking nature of the WSAHW and many of the inherent tensions, challenges, and opportunities of systems change (see Section 2), and was welcomed as part of the process of strengthening the programme.

As context to this learning, stakeholders who we consulted supported that the programme provided a mandate to address factors in the ‘system’ that impact healthy weight, even indirectly. The shift from more traditional ways of working to generating systems change was also praised by the stakeholders consulted, who again recognised that this change in approach is not straightforward.

5.3 Clarifying the programme's role in the wider landscape

Overall, there is a strong commitment to taking a systems approach to healthy weight and support for the programme amongst those involved. The WSAHW is also credited with helping to expand appreciation for systems approaches and their relevance to healthy weight across HB regions.

Since the start of the WSAHW, systems approaches are higher on many public sector organisations' agendas, particularly alongside Wales's national strategies such as the Well-being of Future Generations (Wales) Act, which have helped to normalise and support these approaches.

"I certainly feel very lucky to be working on this innovative programme of work in Wales. So, I think it's right that we recognise that and that we celebrate that. [In England] where we have the whole system pilots, they produce the guidance and then the rest of us were told to get on with it. So, you know, to be in this context, we should be celebrating and we should be proud to be working in this innovative space and also, you know, taking that countrywide approach to it. We're all working locally in our health boards, but we are also working collectively as a country as part of that implementation team, including with the national team at PHW."

Local stakeholders identified some confusion around how the WSAHW programme fits into some of the other national initiatives and how effectively this is understood by the various stakeholders it seeks to influence.

The programme was designed to carve out a clear and distinct identity grounded in the principles of systems change to promote healthy weight on a population level and WSA leads' roles were intended to be ringfenced from being drawn into more day-to-day activities around healthy weight such as weight management pathways.

In practice, it has been necessary to engage with the overlap with other efforts such as weight management pathways (particularly as WSA leads sit within HB public health teams) and the more recently launched Shaping Places for Wellbeing in Wales – see Section 4.2.2. WSA leads have felt the desire to better explain to relevant stakeholders how these pieces of work fit together, and differ, to clarify routes of engagement and strengthen the case for action. This, they hope, would demonstrate a cohesive approach to healthy weight strategy across Wales.

Interestingly, Swansea Bay and Hywel Dda UHBs, which began later than other regions and are delivering WSAHW jointly, joined up with Shaping Places for Wellbeing in Wales to align their messaging locally, for example jointly delivering training sessions on systems thinking to PSBs. In these joint discussions with the PSB, WSA leads have explored wider cross-cutting themes that are relevant to both Shaping Places for Wellbeing in Wales and WSAHW, to help effectively engage this key strategic group.

5.3.1 Optimising regional-national alignment

As WSAHW progresses more into action and influencing strategy, stakeholders we consulted highlighted the importance of connecting local, regional, and national efforts around healthy weight and systems change. In particular, they were keen to maximise the potential for strategic alignment with national policy and legislative levers.

Examples include national-level town planning policies that influence fast food takeaway applications and restrictions on advertising of unhealthy foods. Similarly, nation-wide linkages between PSBs and the WSAHW, which national WSA leads have worked to support, could be further emphasised and communicated to help regional WSA leads make in-roads with PSBs at pace.

“... Our stakeholders are always limited to those people we know... are closest to us. A driver of overweight obesity is the commercial sector. They're certainly not in any of our local conversations. They're rarely in the national conversations. I think that's improved recently.”

The programme aims to feed regional lessons up to national decision-makers and inform regional WSA leads about national discussions and developments. Whilst this function has improved somewhat over time, stakeholders at both national and regional levels expressed a desire for greater and more open dialogue to share learning, and to stimulate changes in policy.

“So planning is a perfect example. When we meet with planning teams, they go, ‘Great work that you're doing but a technical advice note, nationally, would be a much stronger lever into the system than you developing 22 supplementary planning guides’. And we're feeding that up, feeding that back. We're maybe not seeing the progress as quickly as we could do within that. Obviously, things like the food environment legislation that's coming in and proposed to be coming in over the next few years will be a big lever into that system as well. And we shouldn't underplay how significant that is.”

5.3.2 The role of systems theory

WSAHW and the 9-step process were developed drawing on theory and learning around systems change at the time and designed to provide a flexible, pragmatic framework for delivery. Guidance around the 9-step process includes some suggested tools and processes but does not stipulate specific language or theory around systems change. This has benefits of allowing WSA leads to experiment with the best approach to engage relevant stakeholders in their region.

However, several local stakeholders suggested that it would be useful to elaborate on systems theory and language for the programme, to:

- **Clarify and unify the programme's position.** In the years since the programme was conceived, systems theory and practice has evolved and there is a greater depth and breadth of practical experience across a range of contexts. There is also a greater use of systems change terminology, often

inconsistently, and so greater alignment across the programme and with national efforts may be useful.

“We never had from the start a stock terminology or stock agreement between us all of what the system wording was. [It was] like, ‘Well, it depends what suits your area better.’ I think from the start we should have had a more clear understanding, that the whole group were on board with.”

“Our director here doesn’t like the term system approach. And partly because [they see] it as referring to the system as professional stakeholders, really, rather than it being inclusive of the community.”

- **Better inform and empower WSA leads.** Incorporating more detail on system change theory/theories within the guidance may empower WSA leads to understand the theory behind the practice better and decide between approaches with more confidence, especially for WSA leads or HB regions with less experience and expertise in systems change.

“I think we needed more coaching and mentoring on systems thinking rather than everything being about the approach. There’s way more approaches out there which I didn’t even know, tools we were introduced to, causal loop mapping, system mapping etcetera. But there are so many things which I put in different parts [of our work] now. Before I was just thinking, well, whole systems approach is only about taking the 9 steps.”

- **Link the theory to the action of delivery**, for example including reflections on the process of correctly ‘pitching’ priority sub-systems or system actions (see Sections 3.4.3 and 4.3.2).

5.3.3 Articulating the programme’s scale and scope

These above challenges – joining-up regional and national action, piecing the WSAHW together with other similar efforts at local and regional levels, better unifying the role of systems theory – build up to a reflection shared by several stakeholders we consulted that, at this point in delivery, it may be useful to revisit and clarify the intended scope of the programme and the type and scale of expected impact.

“I think there’s a real drive from the directors of public health for impact and results and outputs or outcomes. This very long-term piece of work, so that’s quite hard to show. But it does feel quite messy at the moment. And I think where there is a pathway to impact, I don’t feel that’s been adequately articulated.”

“There’s a tension that exists for us in particular around, what’s the job we’re here to do? Are we here to build capacity and capability for systems thinking and working, or are we here to get action within PSBs or wherever?”

One factor is the relationship between the ambitions associated with whole systems approaches and the resourcing of the WSAHW programme. There was some recognition amongst all stakeholder groups that the allocated capacity of both the national and regional leads was somewhat limited for the task in hand, not just for more 'routine' delivery but also broader 'marketing' of the programme at a national government level and integration with other initiatives.

“We have to be realistic about how much work [the team] can do and how fast that work can be done and how impactful it can be [...] There is a massive mismatch between the academic thinking and power that’s being brought to this issue and the gas in the tank to actually deliver the thing.”

“I fear the expectation is that this will resolve the obesity crisis in Wales. In that regard, we’re setting ourselves up to fail. Where that dialogue happens, and how that informs delivery, is a missing bit of the jigsaw.”

Reflecting that many of the driving factors of body weight – particularly the commercial determinants of health – require national-level action, local stakeholders questioned what kind of impact should realistically be expected at regional level. Greater clarity on this point (enabling clearer “branding” of the programme) would support delivery, especially collaboration with system partners.

“When you say ‘Whole Systems Approach’, what does that mean? It needs to be sharper and easier for people to get their head around what the deliverables and our true north are, and turning around and saying ‘it’s complicated’ just doesn’t cut it. If [...] they have to go back to rulebook to understand it, it goes into the ‘too hard box’. There is a need to better articulate the value to audiences to be able to cut through”

As well as better explaining the programme to system partners, this reflection could help WSA leads better know how to ‘bound’ their work given the myriad of factors that influence body weight (and a range of other outcomes). Indeed, setting the boundaries of the programme were seen as a challenge, as some upstream drivers of unhealthy weight also drive other social issues and need to be addressed more broadly, and at a national level.

“I’ve got fundamental issues with the idea that it’s just healthy weight that I’m supposed to be working on. I mean as if you can separate that out from smoking and too much alcohol and having teenage pregnancies, you know, they’re all caused by the same thing. Growing up in a desperately poor neighbourhood.”

“Place-based approaches can make a really significant contribution. Is it going to be the game-changer? No probably not, but sometimes it feels like there’s a mismatch between expectations and resourcing and reality. It’s about turning the vision into a narrowness of what we

can thread the needle of our resource on. We're primarily focussed on public sector agencies."

Indeed, there was a sense that some of the biggest drivers of healthy weight such as, for example, commercial interests, and more distal aspects of the system related to disadvantage, do not easily fit within the scope and resources of the WSAHW. As the programme progresses, however, there is room for discussion on the scope of the *system* in the Whole Systems Approach and how a wider range of actors could be involved.

5.4 Incorporating learning into the WSAHW

As the programme continues to mature, stakeholders who were consulted agreed that it is important to consider the role of reflection and adaptation. For example, evaluation findings could bring value for WSAHW and similar efforts elsewhere. Given the relative recency of applying systems approaches across public services, and the ever-evolving application of system theory, taking stock and reflecting on the work is also important to avoid missing valuable lessons.

Several local stakeholders suggested that the findings could be used to revisit and continually adapt aspects of the programme design and delivery, in line with the principles of adaptive systems change. These tended to focus on the framing and guidance of the 9-step process, the monitoring and learning functions of the programme, and the definition of the programme's place and scale in the landscape of Wales's efforts to tackle healthy weight.

There was a shared appetite across stakeholders to learn from this programme and to protect time for ongoing, shared reflection – indeed, there was a high interest in the findings of the evaluation itself.

5.5 Recommendations

Below are our recommendations based on the evaluation findings which were strengthened through sense-testing discussions with key programme stakeholders. While we recognise that not all stakeholders may agree with all recommendations, these are intended to provide useful actions and discussion points to consider as the programme evolves.

Figure 9: Recommendations

Recommendation	Report section(s)
Strategic-level recommendations	
<p>1. Collectively review the programme's Theory of Change. To optimise the implementation and impact of the WSAHW, it should be discussed and reviewed and refreshed, by those working on and related to it. The Theory of Change for the WSAHW should be further re-evaluated to achieve consensus on the programme's scope and scale and how it is operationalised, by those delivering the work and wider system stakeholders. A revisiting of the Theory of Change would benefit from continuing to involve Welsh Government to bridge the disconnect between HB region-level implementation and national strategies. This would not only join up healthy weight work across the country but also support WSA leads in engaging wider support. This process should be repeated periodically as delivery continues, and more learning is generated.</p>	5.3, 3.4.3, and 4.2.2
<p>2. Revisit and clarify links between the WSAHW and other related initiatives. Particularly in relation to healthy weight pathways and Shaping Places for Wellbeing in Wales, it has not always been clear how the WSAHW complements other initiatives, and improved clarity might help strengthen wider stakeholder engagement. This would help better demonstrate the cohesive national strategy to tackle not just healthy weight but also related factors.</p>	5.3 and 4.2.2
<p>3. Review and strengthen feedback mechanisms between Welsh Government and regional WSA leads. To optimise the WSAHW, it would be useful for WSA to have better insight into the national-level strategic, legislative and policy developments relevant to their work. Mirroring this, national stakeholders could benefit from greater insight into the challenges and opportunities that WSA leads encounter in practice, particularly ones that could be tackled more efficiently at a national level. There is scope for further improving the channels and culture of communication (including timely, strategic information-sharing) in all directions, to strengthen the connection between local, regional, and national levels in Wales.</p>	5.3
<p>4. Consider national-level integration with Public Service Boards. Influencing PSBs has emerged as a key step for regional WSA leads to unlock progress with the programme. Given this consistency across regions and the relative lack of formal levers to secure PSB buy-in, it would be helpful to have national-level direction to encourage PSB involvement in the programme.</p>	4.2.2, 4.2.4, 4.3.4, and 5.3
Programme-level recommendations	
<p>5. Review and update the 9-steps model. In line with an adaptive, systems approach, the model and guidance could be updated based on learning from implementation so far. This could include the following adjustments: consider using alternatives to the nine steps; clarify the underlying systems theory; allow for greater adaptability and flexibility; widen the choice of approaches and tools, as evidence evolves, adding information about what how and has not worked and why; distinguish between core and</p>	3.4.3 and 5.4

Recommendation	Report section(s)
optional/flexible components of the process such as tools, outputs, steps, and chronology; consolidate the intended use and value of outputs (such as narratives, network analysis, and system maps) to help WSA leads and system stakeholders recognise their value and decide when to use them.	
6. Revisit outcomes and monitoring frameworks. A national-level discussion could clarify expectations on what is realistic for a programme of this ambition with the resources available and over which timeframes. As part of this process, it would be useful to explore the benefits and limitations of using the current WSAHW delivery and reflections tools for monitoring.	3.5 and 5.3
7. Embed the learning function of the programme. Given the relatively novel nature of the WSAHW, systematic learning processes would be useful for programme development, progress and future sharing. Although reflection time is built into the programme, it could be strengthened by systematising opportunities to use the learnings for further development and build in more research. The ambition of the programme could have far-reaching implications by creating learning as an outcome and output, recognising a range of perspectives to build a culture of feedback in all directions and at all levels of the system.	3.5 and 5.4
8. Involve all stakeholders in programme development. The findings of this evaluation provide an opportunity for programme-wide discussion to collaboratively sense-test and implement the recommendations. All stakeholders, particularly WSA leads, were invested in the learning emerging from the programme, especially the evaluation findings. An ambitious and innovative programme should adapt to emerging learning, and where appropriate, incorporate co-production with key stakeholders. As ambassadors for the programme, the regional WSA leads' diverse experiences across Wales could strengthen the programme and contribute to their sense of collective ownership of the work. This evaluation provides a timely opportunity to fortify the collective learning and adaptation of the WSAHW and to strengthen the relationship between the various stakeholders, including helping to bring wider local stakeholders on board as ambassadors for the WSA.	3.4.3 and 5.4
Additional learning for future similar programmes	
9. Consider how to 'prime' local systems to generate cohesion with systems change efforts. It would be helpful to identify which stakeholders the programme seeks to influence and how to help regional/local systems to understand and engage with the programme. Recommendation 2 above provides further detail on what clear join-up with other initiatives might involve.	4.2.2, 4.2.4, 4.3.4, and 5.3
10. Develop detailed but flexible delivery guidance ahead of programme implementation. This would be co-produced with key delivery stakeholders at the outset or after an initial piloting period, to feel in collective learning and support shared ownership.	3.4.3

6 Appendix A: Priority themes

Selecting priority sub-systems has been an iterative process involving engaging and collective decision-making with wider system stakeholders as well as feedback and support from national WSA leads. Figure 10 summarises each HB region's priority themes which inform the development of their chosen sub-systems.

Figure 10: Priority sub-system(s) for each HB region

HB region	Priority sub-system(s)
Aneurin Bevan UHB	Early years (0-7 year-olds), specifically access to healthy food; breastfeeding and weaning; and physical activity.
Betsi Cadwaladr UHB	Access to affordable and healthy food; eating well and being active in workplaces; and eating well and being active in schools.
Cardiff & Vale UHB	Healthier advertising
Cwm Taf Morgannwg UHB	Children and young people and neighbourhoods and outdoor spaces, with a particular focus on access to good quality and affordable food in towns and villages, and healthy recreation and travel
Powys THB	Children and families and access to healthy food
Swansea Bay & Hywel Dda UHBs	Accessibility of food, including the affordability and availability of healthy and healthy food

7 Appendix B: Health Board case studies

This Appendix presents one case study for each HB region which has been produced with input from the region's WSA lead. They should be read with the HB regions' respective priority sub-systems in mind (see above Appendix).

7.1 Aneurin Bevan UHB: Case study

7.1.1 What has been achieved

This area has identified a clear focus on the early years (0–7-year-olds) healthy weight sub-system, adapting to local challenges and opportunities to build momentum from the bottom-up.

7.1.2 WSAHW contribution

The team began by mapping relevant people, organisations, partnerships and strategies which influence healthy weight and then used this to identify which stakeholders to engage.¹⁰ They first held a workshop with stakeholders to introduce the WSA and explore potential priority areas.¹¹ In a follow-up session they chose early years as a priority theme to narrow down into a priority sub-system, and identified its associated key stakeholders. During a third workshop they narrowed down the focus to: access to healthy food, breastfeeding and weaning, and physical activity.¹²

The process of using systems thinking with stakeholders, particularly around system mapping, was valuable for illustrating the complexity of causal pathways.

“It showed that there are specific [...] nodes in these causal loop diagrams that have quite high proxy power. If you address this [...] it'll affect a number of other things in that causal loop diagram. So that's how we arrived at the focus on these areas within improving access to healthy food for children and their families.”

This work has – with some gaps in action due to organisational strategy and change and capacity constraints – generated a Framework for Action. The first aim is “To improve access to healthier food in childcare settings” and the second is “To improve access to healthier food in public sector venues visited by families and early years”. Combined with a paper on WSA to the Executive Team of the Health Board, this has helped embed healthy weight into strategy, planning work

¹⁰ ABUHB Final Draft Report (March 2023)

¹¹ ABUHB WSA to Healthy Weight Draft Workshop Report (December 2022)

¹² ABUHB Early Years Stakeholder Workshop (July 2023)

and across the wider public health team, particularly complementing the work of the Best Start in Life team.

WSA leads needed to take a pragmatic, patient approach to developing their systems work in Gwent. Because of competing local priorities in public health and at PSB level, it was not possible initially to set-up a formal governance structure with relevant system leaders. Instead, WSA leads worked on engagement with stakeholders relevant to their chosen themes, building relationships at the managerial or frontline level where more senior engagement was challenging. This networking appears to be building not just relationships across the system but also a shift in recognition of the importance of creating buy-in by generating shared awareness and connections.

7.1.3 Implications for the Whole Systems Approach

A particular feature of the Aneurin Bevan UHB is that it covers five different local authorities across Gwent. This has implications for the implementation of the WSA, because of the number of organisations to engage in the programme, each with their different governance structures and agendas. The WSA lead has, however found the WSA useful as a 'way in' to a range of partners by using it as a springboard for creating a vision for food and early years across Gwent.

Engaging with stakeholders closer to delivery brought to light some blocks in the system that the WSA could tackle to help build momentum and raise the profile of the approach. Stakeholders have collaborated to create a shared vision and a framework for action to inspire action on the ground.

For example, having identified mixed messaging for parents and providers around the value of sensory food play in infants' development and taste/acceptability of healthy food, the WSA has focussed on making guidance and policy clearer and more consistent in early years settings. This is in line with the principles of the 9-step process in that it tackles one area of work, and then cycles back to tackle another, building up over time.

“You can't just go in with a pure...“this is what we're doing and we expect you to sort of do it our way” type thing...It's all about building those relationships and listening to people and then gradually building up the trust and you can then start to introduce some of the systems concepts and start to think really about, you know, how could we increase the impact of what we're doing here.”

This has then extended to discussion with local authorities about influencing the replacement Local Development Plans including issues such as planning applications for fast food outlets, access to greenspace, informal play spaces, or changes to point of sale promotions, and exploring the potential for hot food takeaway exclusion zones.

There is a focus on developing relationships with Planning Teams in the five local authorities with an intention of advocating for and supporting future Supplementary Planning Guidance. The WSA narrative provides backdrop to this, as it includes examples of how planning can support in healthy weight such

as developing safe walking and cycling routes to schools and within communities, restricting new fast-food outlets where school children meet and ensuring accessible play and green space areas in all communities.¹³

7.2 Betsi Cadwaladr UHB: Case study

7.2.1 What has been achieved

The HB has a significantly strengthened network of stakeholders, with more people involved in work on healthy weight and deeper connections between them.

7.2.2 WSAHW contribution

From the start of the WSA programme, a wide range of engagement events and workshops were delivered with a view to strengthening relationships and involving a wide range of stakeholders.

The team has taken a “far and wide” approach to engaging stakeholders, for example presenting at the Health Board but also engaging less immediately obvious partners such as those working in economic regeneration, planning, education, police and fire. This breadth of inclusion was reflected at the launch event for the WSA delivery plan, where several stakeholders reflected that such partners would not previously have come together to discuss healthy weight. The WSA leads are now exploring the impact of this through network analysis and ripple effects mapping.

Activities with stakeholders included training and awareness raising of the WSA, as well as more formal steps such as mapping and agreeing priorities using the Action Scales Model. This focussed on demystifying systems working and explaining what using systems thinking looks like, compared to more traditional notions of partnership working or generic quality improvement. The WSA leads described witnessing “lightbulb” moments when stakeholders see themselves as having a role to play in the healthy weight ‘system’, having previously questioned their involvement. This has seen an increase in key, senior strategic stakeholders prioritising involvement in the WSA work.

WSA leads adapted their approach for different audiences, sometimes not focussing too narrowly on healthy weight but instead framing the work around activity, active travel, neighbourhood planning, the food climate, and food available on high streets. To prepare, they developed briefing papers for how to broach the work with different stakeholders. They also invested time meeting potential stakeholders, using shared systems terminology with them and generating commitment.

Building on this foundation, the WSA lead in Betsi Cadwaladr has put an emphasis on town planning and has developed Public Health Spatial Planning

¹³ ABUHB Final Narrative (October 2022)

Support packs for each local authority to support planning application responses from the public health team.¹⁴ They reflected that this is starting to take effect, with public health priorities being reflected in some conditions attached to planning decisions. This link between public health and planning has now also become a national priority.

7.2.3 Implications for the Whole Systems Approach

The efforts of the WSA team have brought a wide range of organisations together more, with stronger connections and more relevant voices, which helps the programme of work better reflect the local context. One WSA lead reflected: *“We identified 94 causes [of unhealthy weight] in North Wales. We wouldn’t have done that had it just been us individually. That was about those partners coming together.”*

Now the WSA benefits from a robust governance structure including representation from each of the six local authorities, two universities, one voluntary council, Actif North Wales, and the Health Board, with sub-groups and clear delegation of actions. This structure was shared with the Gwynedd and Anglesey Public Service Board¹⁵ to help demonstrate the breadth of commitment across the Health Board footprint,¹⁶ and in response the PSB has created a healthy weight sub-group to support the work.

7.3 Cardiff & Vale UHB: Case study

7.3.1 What has been achieved

This HB has used a whole systems approach to tackle advertising and marketing of unhealthy foods.

7.3.2 WSAHW contribution

Healthy weight leads have built on a longer history of using systems thinking in their area, using their experience to build on key aspects of the 9-step process. ‘Healthier advertising’ emerged as a priority sub-system in their system mapping and is one of the 10 priorities in their 2020-23 plan.¹⁷

They carried out stakeholder engagement events to develop shared understanding and buy-in, and based on that established working groups within Cardiff Council, Vale of Glamorgan and University Health Boards to progress

¹⁴ BCUHB 24-26 Refresh Strategic Delivery Plan

¹⁵ One of the three PSBs in North Wales.

¹⁶ Healthy Weight Whole System Approach Structure Paper (June 2024)

¹⁷ Move More Eat Well Plan (January 2020)

policy development.¹⁸ A range of partners agreed to support a focus on healthy advertising: local authorities, Cardiff Third Sector Council, Digital Communities Wales, Food Cardiff Partnership, Food Vale Partnership, Glamorgan Voluntary Services and PSB organisations.¹⁹ This remains a priority through the more recently developed Good Food and Movement Framework for Cardiff and the Vale of Glamorgan (2024-2030).

“We’ve connected parts of the council where advertising was cutting across, bringing them together, understanding contractual arrangements with other areas that are really complex, mapped advertising assets, trying to understand that. [...] The two local authorities and their bus adverts being the main assets.”

This work was done in the context of the national HWHW strategy, signalling Welsh Government’s strategic commitment to ban advertising/sponsorship and promotion of High Fat Salt and Sugar (HFSS) foods, increase the promotion of healthier alternatives, and work with UK Government to restrict advertising in broadcast/online settings.²⁰

To deepen their understanding of the issue and routes for action, the WSA leads carried out mixed-methods research with support from NIHR PHIRST into healthier advertising. Successfully applying for this research support was viewed as a key accomplishment due to the links it brought with academics to other areas of the UK progressing similar action.²¹ This work explored stakeholders’ perceptions and potential impacts of developing healthier advertising policies.²² It also drew from the asset mapping of all local authority advertising spaces and the extent to which each one focused on HFSS foods, undertaken by the team with Local Authority colleagues and supported by students. The research also gathered the views of young people and adults living in the local area as well as stakeholders. Findings were shared with the Food Strategy Steering Group in February 2023 to help drive action planning.²³

“The team have worked with us for 15 months to do public engagement with young people and also stakeholder engagement all around policy change. [...] and just trying to get perspectives on what people think about advertising, what impact that has on the choices that they may be make, and also what the particular stakeholders

¹⁸ Cardiff and the Vale WSA Delivery Plan 2022-24 (April 2023)

¹⁹ Move More Eat Well Plan (January 2020)

²⁰ Healthier Advertising Event (November 2022)

²¹ Cardiff and Vale End of Year Monitoring 2023-24

²² Healthier Advertising in Cardiff and the Vale Research Briefing (available here: [Healthier advertising short report v3](#))

²³ Healthier Advertising Food Strategy Steering Group (February 2023)

then that are key to policy change. The different perspectives are there as well.”

7.3.3 Implications for the Whole Systems Approach

“It is starting to influence [...] new contracts at the health and the local authorities are considering putting in HFSS restrictions [and looking at] tendering processes for some of those longer-standing contracts.”

This area is starting to see moves towards restricting the advertising of HFSS foods, notably in local authority premises, and are focussing on developing Healthier Advertising policies for the UHB and both local councils to take this further. This progress has stemmed directly from the WSA work which has maintained focus on healthier advertising over several year and tries to exert pressure on all the relevant levers to maximise opportunities. The WSA leads are hopeful that they can continue to bring about incremental shifts as their governance and local commitment further strengthens.

“We’ve got a new leadership and enabling change group for Cardiff with leaders, which will feed directly to the PSB. The focus is about unblocking challenges that are systemic.”

Some of these blocks are the challenges posed by commercial partners and concerns about threat to Local Authority revenue which is noted in monitoring documents.²⁴

“I see the commercial determinants being a real challenge for the future. How do we as a nation tackle that kind of pushback from industry that we’re likely to get? I think that needs to happen at all levels, not just local, not just national, but across the whole piece.”

This work has provided valuable learning not only locally but also in its potential to be shared via the WSA network with other health boards, and then to feed into a national discussion.

“The connection to the systems work and the profile that the systems work is given nationally, has been a real positive...We were part of the delivery plan workshops...and the opportunities that that gives us then to actually raise that we need to be addressing some of this... because you need to create that that change, you know, at a wider system level to enable some of this to happen locally.”

²⁴ Cardiff and Vale End of Year Monitoring 2023-24 (May 2024)

7.4 Cwm Taf Morgannwg UHB: Case study

7.4.1 What has been achieved

The HB has received commitment from a broad range of stakeholders linked to more upstream parts of the system that influence residents' health and wellbeing.

7.4.2 WSAHW contribution

Cwm Taf Morgannwg UHB has emphasised the importance of community consultation to understand residents' perspectives, focussing on issues that affect health in general rather than bounding the conversation specifically to healthy weight. The voice of the community emerged as a key priority for strategic stakeholders during early consultation by WSA leads, that would help them come around to the WSA.

Community insight was gathered via a network of public health professionals who used an appreciative inquiry approach, focusing on understanding residents' views and experiences, making the system more visible to stakeholders.²⁵ The conversations used prompts from the priority sub-system for the area, including active travel, the food environment, and community spaces.

“Adding in that story of what it's actually like to live in Merthyr Tydfil, what it's actually like to live in Treherbert, in Rhondda. [...] More than just telling people to eat better and do more exercise, it's about whether or not they're actually able to do it.”

They then built in their findings into the WSA. Community consultation highlighted the important connections between body weight and other aspects of health, such as littering, substance misuse, nutrition, disposable income, and more structural factors such as transport, housing and education.

“We used those stories to create our causal loops [...] they're a way of visualising the story that we've been hearing from the community.”

Building on this and capitalising on opportunities to collaborate with the Healthy Housing Alliance, the WSA has engaged partners with a role further 'upstream' in influencing factors affecting healthy weight, particularly housing managers. The approach aims to go beyond proximal issues influencing diet and health by investigating underlying factors such as widespread drug use, high levels of poverty, and social exclusion. These kinds of environmental factors made families more afraid to use community assets such as play areas and green spaces which can have a knock-on effect on activity levels.

The process saw three social landlords sign up to taking a systems approach to the issues they are tackling with their tenants to 'shift the relationships between the housing association and the local community'. It involved training to housing

²⁵ CTM Quarterly Form 2024-25

offices in appreciative inquiry and systems thinking which they then put into practice with their communities, supporting initiatives such as community gardens, litter picking, and advocating for improved public transport coverage.

7.4.3 Implications for the Whole Systems Approach

Community consultation, alongside continued engagement with strategic stakeholders, has helped to bring key partners onboard and focus their attention on the impact of environmental factors on healthy weight. Stakeholders report seeing more positive shared language around healthy weight (and recognition of the system that influence it) and are pleased that it is now feeding into structures and strategies, for example: healthy weight mentioned as a priority for Rhondda Cynon Taff council; making progress towards a structure feeding into the Cwm Taf Morgannwg PSB; and feeding into development of a Food Strategy for Rhondda Cynon Taf.

“It has raised a profile of healthy weight, [...] the importance of working together to improve the environment.”

7.5 Powys THB: Case study

7.5.1 What has been achieved

Healthy weight is now identified as a priority in Powys PSB’s Health and Wellbeing Plan.²⁶

7.5.2 WSAHW contribution

From early on in the 9-step process, WSA leads focussed on working towards strategic buy-in and endorsement from either the Public Service Board (PSB) or the Regional Partnership Board (RPB). The PSB was identified as the best fit – helped by the fact that there is one PSB for the Powys Teaching Health Board footprint. The PSB was also in the process of updating the Powys Wellbeing Plan.

The leads therefore focussed on building the PSB’s understanding of the programme and aligning to their goals. However, initial voting by the PSB did not prioritise healthy weight, presenting a significant challenge to the WSA team. This was tackled by the WSA team who gave a presentation not only on the public health importance of tackling healthy weight, but also the proposed 9-step approach to tackling healthy weight as a systems issue.

WSA leads also included the PSB in the multi-stakeholder process of scoping of the WSA, which involved stakeholder mapping and drilling down to identify priority sub-systems. This meant that the PSB ‘bought in’ to the WSA and that

²⁶ <https://en.powys.gov.uk/article/5789/The-Powys-Well-being-Plan>

their priorities were reflected by the time the sub-system of focus was identified: Children, Families and Access to Healthy Food.

One key factor was data flagged during mapping, which showed that childhood obesity in Powys was high but relatively absent from plans and strategies. Other key stakeholders in the mapping process were the RPB, (including the four partnership groups reporting to it: Start Well, Live Well and Mental Health and Age Well and Mental Health), local authority North Powys Wellbeing project, and an umbrella VCS organisation.

At this stage the WSA leads sought to formalise the PSB's buy-in by proposing that it adopt the WSA as a priority and *"provide the strategic leadership across public services in Powys that this work will require if it is to be successful"*.²⁷ The proposal highlighted that the WSA, *"alongside wider local work on implementation of HWHW, has considerable scope for synergy with other proposed PSB priorities"*.

This was approved, and 'Whole Systems Approach to Healthy Weight' was included as one of the three steps to achieving the objectives identified in the Powys Wellbeing Plan. Delivery of WSAHW in the region was made accountable to the PSB, to whom the WSA leads now report progress at each quarterly PSB meeting and contributes to the PSB end of year report.

7.5.3 Implications for the Whole Systems Approach

PSB buy-in – particularly formalised in the HB strategy – has emerged as a key lever for the WSA work across many of the HB regions. By bringing healthy weight into the PSB strategies, it elevates the work 'higher up' the system to the level of system goals. In Powys, a senior stakeholder attributed their success directly to the WSA approach:

"Would it have happened [without the Whole Systems Approach]? No...putting it on the PSB agenda and then aligning the systems approach... it gives it that extra strategic priority... I'm a great advocate of the whole systems work."

For Powys, this may have helped to catalyse engagement in action planning and delivery around breastfeeding, for example with the local authority CEO committing to the support of breastfeeding within Local Authority premises *"following discussions at PSB and follow-up discussions between PTHB DPH and Deputy DPH, LA CEO and senior leads."*

More broadly, stakeholders are noticing more shared language and understanding of systems thinking amongst key stakeholders, for example discussing feedback loops. This demonstrates that a wider range of stakeholders

²⁷ PSB Proposal Healthy Weight (September 2023)

are using systems thinking more, for example to consider how relationships between parts of the system give rise to the whole.

7.6 Swansea Bay & Hywel Dda UHBs: Case study

7.6.1 What has been achieved

This HB has aligned four of five PSBs across a wide region with a commitment to systems approaches to healthy weight and more recently, access to food.

7.6.2 WSAHW contribution

Swansea Bay and Hywel Dda are two HB regions that have come together to deliver a WSA across both their footprints. As such, they cover five PSBs and have focussed on introducing and aligning these PSBs to the goals of a whole systems approach. Due to recruitment challenges, the WSA team was only fully recruited in April 2024 roughly 18 months behind other parts of Wales. They have used learning from other regions who are further along to understand the importance of PSB commitment and buy-in.

They have found particular success with interactive and participatory engagement events which build in elements of system mapping and developing system narratives. They have had to flex their approach and work iteratively to first build engagement as part of set-up and buy-in and then draw diverse stakeholders together around a shared overall goal or direction of travel.

A round of five systems mapping workshops with external facilitation were commissioned for the region prior to the establishment of the team.²⁸ Health partners, local authorities, universities and the third sector were represented amongst participants. These workshops resulted in the production of two overarching causal factor regional maps – one focussed on food and the other on physical activity.

Following the establishment of the full team in April 2024 those maps were further refined and the eight themes within them were shared with PSBs through a second round of five workshops. The aim was to narrow the focus to a manageable and bounded sub-system. The facilitators helped attendees to consider:

- Wider evidence of what has worked well elsewhere in as part of WSAHW in other regions that were further along their journey.
- What issues the PSB are best placed to influence.
- What the relative commitment is from PSBs on different issues.

²⁸ See both Hywel Dda and Swansea Bay Phase 1 reports (September 2023)

- What pieces of work were already underway more widely, which the PSBs could either amplify or do something different from (for example, regarding physical activity, taking note of a new West Wales Sports Partnership).

They wrote in their WSAHW monitoring report: “Whilst the primary aim of the workshop was to agree a sub-system, the participative event also used the ‘three horizons’ systems thinking tool, specifically aimed at starting to develop a vision of a healthy weight environment across our area for 2050, supporting the development of a shared system narrative. The largest part of the 90-minute sessions was then spent considering the eight sub-systems, where the PSB had the greatest influence, and where working together could make the biggest difference.”²⁹

To optimise the chances of the success of the workshops, the WSA leads (1) researched each PSB’s priorities in their wellbeing plans to identify opportunities such as mentions of weight, food or environment, and more broadly active travel and climate change, recognising the diverse perspectives of stakeholders, and (2) ‘primed’ stakeholders beforehand through many one-to-one meetings, to equip them with knowledge of systems thinking and to help build commitment to the process, and (3) made engagement easy by going to PSB meetings and spaces rather than setting up anything external.

“It’s important that we go at their pace and their meetings, otherwise we wouldn’t have the numbers and diversity of people around the table. If we’d run a separate workshop, we’d have had one or two representatives from each PSB, but being in their meetings, by and large, everybody was there. It has helped embed this – they tend to expect you to be in each meeting.”

This process was adaptive and iterative, reflecting the fact that all areas came to the WSA at different starting points.

“At the beginning it was like ‘this is nothing to do with the Public Services Board’. You know, Public Services Boards are here to do the big strategic stuff around inward investment, economy, stuff around environment, climate change. [...] There was a lot of explanation that needed to happen about, actually, this helps you meet. [...] a lot of the objectives around the Well-Being and Future Generations Act [...] this stuff will help you as well in terms of your corporate plan.”

The leads found it key to frame the work differently for different PSBs, at times stepping back from the wording of ‘healthy weight’ where this did not resonate. For example, in some cases they have framed the work around the whole systems principles being used in the wider determinants of health project (Shaping Places for Wellbeing in Wales) to better amplify each other’s

²⁹ WSA Workshop Report Autumn 2024

approaches across these two programmes, to then move towards issues related to healthy weight and beyond, such as food access.

For the PSBs, having a tangible framework and external guidance on how to meet some of their objectives, in the form of the WSA, was appreciated and helped with buy-in, the leads reflected.

7.6.3 Implications for the Whole Systems Approach

“The biggest outcome or impact for us has been that we’ve managed to take those five Public Services Boards who are very different entities really and got them to a point to agree one regional priority around this, which is access to food. And that’s happened over the last six months.”

By actively pursuing PSB ownership, Swansea Bay and Hywel Dda UHBs have had success in showing the PSBs (and diverse stakeholders such as fire or police) how they have a role to play in healthy weight work and how a systems approach can help them meet their objectives.

WSA leads are now working on formalising the PSBs’ buy-in and agreeing a shared vision and goals, through bringing the WSA into PSB delivery plans, progressing onto causal loop mapping alongside PSB stakeholders, and in places joining up with the Shaping Places for Wellbeing in Wales programme to develop a joint approach to PSB engagement to avoid duplication or confusion for stakeholders.³⁰

Alongside this strategic-level engagement, they have begun seeking community input and by identifying the Project Dewi³¹ in Ceredigion (a three-year project focusing on PSB co-production that is part of the co-production network for Wales) and beginning asset mapping with the community in Lampeter and Cardigan.

³⁰ SBHD UHB WSA Delivery Plan 2024-25 (September 2024)

³¹ <https://copronet.wales/what-we-do/project-dewi/>

8 Appendix C: Stakeholders consulted

The evaluation team consulted stakeholders at the regional and national level. Regionally, this included WSA leads and their team members involved in supporting or overseeing WSAHW, including consultants and Directors of Public Health. Nationally, this included key programme stakeholders in Public Health Wales involved in designing, managing, and supporting the programme as national WSA leads, representatives from Welsh Government and wider stakeholders with insight into the programme from an academic as well as practice perspective in Wales.

We then consulted with regional WSA leads and their colleagues most closely involved in supporting their work (a combination of team members and consultants) to sense-test key findings and each HB regions case study. We also sense-checked and developed key findings with national WSA leads at Public Health Wales.

9 Appendix D: Documents reviewed

We carried out a rapid review of national and HB-level documents at the outset of the evaluation. Not only did this help inform the evaluation plan but also provided data which was triangulated alongside other evidence from stakeholder consultation. We identified additional relevant documents and incorporated them into our findings during fieldwork.

Figure 11: Types of documents reviewed

National-level documents reviewed	HB-level documents reviewed
<ul style="list-style-type: none"> • Programme overview including rationale, design, model and theory of change • Strategic vision for WSAHW • Programme guidance including high-level 9-step process guidance and more detailed step-by-step guidance for steps 1-7 • System Maturity Matrix • Timeline of key developments including points of contact with national-level organisations or initiatives 	<ul style="list-style-type: none"> • Priority themes and sub-systems • Monitoring data including a sample of monthly monitoring returns and most recent end-of-year report • System narratives where available • Other documentation used for delivery and reflection such as plans, system maps, ripple effect maps, timelines, governance and outputs for wider system partners such as papers or presentations to executive-level stakeholders • Reflections, learning summaries, and presentations summarising WSAHW progress and findings where available



CordisBright Limited

23/24 Smithfield Street, London EC1A 9LF

Telephone	020 7330 9170
Email	info@cordisbright.co.uk
Internet	www.cordisbright.co.uk