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A realist evaluation of a public health community of improvement advocacy project to restrict outdoor advertising of high fat, salt and sugar foods.

PHIRST South Bank – Final Report (Anonymised)

May 2022

Approvals & Declarations

- NIHR Grant ID: NIHR131568; Award ID: NIHR133204.

- Ethical approval was secured from the School of Health and Social Care Ethics Panel at London South Bank University on 10th February 2021 (Reference: ETH2021-0083).

- The authors declare that they do not have any commercial or financial relationships that may result in a conflict of interest.

- The views expressed represent those of the authors and not necessarily those of affiliated organisations.

Evaluation Contributors

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Local Stakeholders

Undisclosed to protect site confidentiality.

Local PPIE advisory panel:

Undisclosed to protect site confidentiality.

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Glossary of terms

- HFSS products – products high in fat, salt and sugar.
- Policy Advocate – the member of the public health team leading on the advocacy project in each Local Authority.
- Policy Stakeholder - representatives identified by the Policy Advocates as having power and influence over advertising policy.
- Engaged policy stakeholder - stakeholders who have been actively engaged by the Policy Advocates as part of the advocacy process.
- Community of Improvement - the regional Community of Improvement is made up of representatives from [several] Unitary Authorities, [the] County Council and [several] District Councils. As such it represents diverse and complex local governance structures as well as varied demographics.

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Background and evaluation development

PHIRST South Bank

- PHIRST South Bank is one of six public health evaluation centres funded by the NIHR.
- The aim of these Centres is to provide timely and robust evaluations of locally led interventions to both inform future local decision making and contribute to an evidence base that is useful to the wider public health community.
- PHIRST South Bank is led by staff at London South Bank University (LSBU) and brings together an interdisciplinary team that have a wealth of experience of working with Local Authorities across a wide range of public health priorities.
- The Centre is based on a principle of co-production with local stakeholders and it is intended that the joint working between Local Authorities and our academic team will result in greater mutual understanding, learning of new skills and will ensure evaluations are relevant and useful.
- Patient and public involvement is central to the Centre's approach and lay representation is embedded throughout the infrastructure and delivery of our work.

Patient and Public Involvement and Engagement (PPIE)

- PHIRST London is committed to ensuring that the public voice is included in all our evaluation designs and delivery.
- Our PPIE Co-Investigator sits on our Centre Executive Committee and works to ensure the public voice is included in all Centre level decisions and actions.
- We also put in place a local PPIE panel to support each evaluation. This ensures that the evaluation benefits from the views of the communities the intervention is designed to benefit.
- Our Centre level PPIE Co-I at the time, Rowan Munson, attended all the co-production workshops and contributed to the development of the evaluation protocol. A local panel were then recruited via a local Health and Social Care Forum.

The Intervention

- A Healthy Weight and Physical Activity Community of Improvement have been working since June 2020 to lead a public health advocacy project across an English region.
- This aims to deliver a regional approach to the development and implementation of local policies to support the reduction of advertising of products high in fat, salt and sugar (HFSS).
- Each Local Authority has an identified lead working on the project.
- The project received advice and support from Sustain, an alliance of organisations which lobbies for better food and farming systems.
- The project is supported by the regional Association of Directors of Public Health.

Background – what do we already know?

- Following the introduction of a policy to restrict advertising of HFSS products on London Transport, the weekly household purchase of HFSS products was 6.7% lower in intervention householders for confectionary (1,001.0 Kcal) and 19.4% (317.9 Kcal) lower for energy from chocolate [1]
- Little is known about what works in the process of creating as well as implementing policy change to restrict outdoor HFSS advertising across a region comprising different and complex local government structures.
- Research in the related field of nutrition advocacy identifies a series of actions required for the achievement of a policy goal. These actions include intelligence gathering, investing in relationships, developing a clear and unified solution, employing a policy entrepreneur, engaging policy champions, increasing public will, re-framing and amplifying the issue [2, 3, 4, 5, 6].
- The importance of understanding and engaging with stakeholders as part of this process as well as the central role played by policy entrepreneurs or advocates is emphasised across the literature [7, 2, 4, 5].

Designing an evaluation plan

A series of co-production workshops were carried out with the Policy Advocates from the 15 local areas and the Community of Improvement Leads from Public Health England in order to reach a shared understanding of:

- the aims and processes of the intervention;
- a logic model and theory of change underpinning the intervention;
- the existing evidence and gaps in knowledge;
- an evaluation question that was feasible and useful to both the local intervention and the wider public health community;
- an appropriate evaluation design plan.

Evaluation rationale:

- Priorities that were identified by the local stakeholders during these workshops were for evaluation findings that would enable them to understand what works in the delivery of advocacy projects.
- Learning about the advocacy process was prioritised in order to inform the ongoing delivery of this project but also for future planned initiatives for advocacy work to be facilitated at a regional level through communities of practice.
- The project was at a very early stage of delivery and the longer-term outcomes of changes in consumption of HFSS products were not anticipated within the lifetime of the evaluation.
- Of key importance to understand was the relationship between the very different and complex contextual factors influencing each of the local areas as well as the mechanisms used to influence policy change.

Evaluation aims and objectives:

Aim:

To investigate the factors that influence the achievement of advocacy goals to restrict outdoor advertising on council owned spaces of HFSS products in an English region.

Question:

What works, how and in what contexts with regard to public health advocacy to reduce outdoor advertising of high fat, salt and sugar foods in an English region.

Objectives:

- To identify the stakeholders who have an interest in this project, the role they play and the power they hold to influence its outcomes
- To identify the process and procedures involved in the advocacy process
- To identify the barriers and enablers to policy change
- To explore the role of the Community of Improvement
- To examine the skills and traits of Policy Advocates
- To identify the achievement of short-term project goals from a baseline position

Realist evaluation methodology

- Realist evaluation [9,10] is a theory driven model of evaluation based on the assumption that projects and programmes only work under certain conditions and are heavily influenced by the ways in which different stakeholders respond to them and the decisions and actions made along the way.
- It is interested in the interaction of three elements: the mechanisms of change, the context within which programmes operate and the outcomes they achieve.
- The realist methodology achieves this through the development of a theory of change that is then tested and refined in a range of cases that offer different contextual settings or mechanisms for delivery.

Theory of Change

The theory of change informing this evaluation was developed through a series of stakeholder workshops using logic modelling and a scoping of nutrition policy advocacy literature. It draws upon a conceptual model developed by Cullerton et al. [6]

> *Successful advocacy for public health policy change is informed by intelligence gathering, investing in relationships, developing a clear and unified solution, employing policy advocates, engaging policy champions, increasing public will, re-framing and amplifying the issue. This results in a highlighting amongst policy stakeholders of the nature and scale of the problem, offers a feasible policy response and achieves local political support in order to open a policy window resulting in changes to local guidelines and contracts restricting advertising of HFSS foods via council owned outdoor spaces.*

(See project protocol Jun 2021 Page 7, available at: https://fundingawards.nihr.ac.uk/award/NIHR133204)

Evaluation Design:

A mixed methods evaluation was conducted, with data collection comprising:

1. A baseline and summative survey of all areas to establish the current restrictions on advertising and establish the contextual factors.
2. Baseline and summative documentary analysis to evidence changes in local policy and identify the policy context.
3. A summative survey of stakeholders within the case study sites to establish levels and changes in political will towards the restriction of advertising of HFSS products.
4. Baseline, formative and summative interviews with Policy Advocates from case study sites.
5. Summative interviews with Community of Improvement Leads to explore mechanisms, context and outcomes.
6. Summative focus group with Policy Advocates from all areas to establish characteristics and traits applied within the advocacy process.
7. Summative case study stakeholder interviews with selected stakeholders close to the policy centre.

Evaluation findings 1.

The context.

Contextual variation across case study sites

Case site 4: Low level organisational complexity (Met Borough) Labour controlled Pitched within compassionate approach to all policies Dedicated graduate trainee to action (up to 0.5 day a week) Not advanced at beginning of evaluation period	**Case site 6:** Low level organisational complexity (Met Borough) Labour controlled Pitched within whole systems approach to childhood obesity Senior experienced lead but with little capacity and no opportunity for delegating Work begun prior to evaluation period
Case site 7: Low level structural complexity – Unitary Authority Labour controlled Framed in terms of healthy behaviours for obesity but moving to compassionate approach Policy Advocate has changed (up to 0.5 days per week) Work begun prior to evaluation period	**Case site 11:** High level organisational complexity (two-tier authority and under structural review) PH structure also revised Conservative controlled Led by manager new to policy change (up to 0.5 days a week but varied) Not advanced at beginning of evaluation period

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Evaluation findings 2.

Advocacy strategies adopted.

Advocacy strategies used by Policy Advocates

The most dominant strategy informing the work of the Policy Advocates was a **strategic and taggered stakeholder engagement approach:**

- This involves securing support from senior leadership/management teams and sequentially across the council, prior to wider, external engagement.
- During this process wider and open discussion about the work is kept to a minimum.
- Sustain has been influential in this and offers a sounding board for decision making about widening engagement.
- The sequencing and speed of engagement differs across areas.

> *"We are being very careful about who knows about this project at this stage, due to the risk of lobbying by providers of food HFSS"*
>
> **(Policy Advocate, Survey)**

(see slides 23-26 for more detail on this strategy)

Advocacy strategies used by Policy Advocates

Other important strategies include:

- **Identifying policy champions**

  Identifying and securing backing from senior leaders was crucial but often daunting and challenging. Identifying and securing backing was often impeded by organisational complexity or restructuring and lack of experience and confidence.

- **Gathering intelligence**

  This involved understanding local policy position, contracting arrangements and the policy change process. Challenges occurred in acquiring information whist not compromising the staggered stakeholder engagement approach.

- **Building relationships**

  Building and maintaining relationships with those who could influence policy change was mediated by mutual respect and a clear case for change. Challenges occurred in maintaining momentum over a period of time.

- **Reframing the issue**

  This involved pitching the work differently for different audiences with consideration of differing priorities. It also involved pitching the work within an existing wider strategic objective as a vehicle for support.

Advocacy strategies used by Policy Advocates

In order not to compromise the dominant strategy of strategic and staggered stakeholder engagement approach, two typical advocacy strategies were not widely adopted in this project:

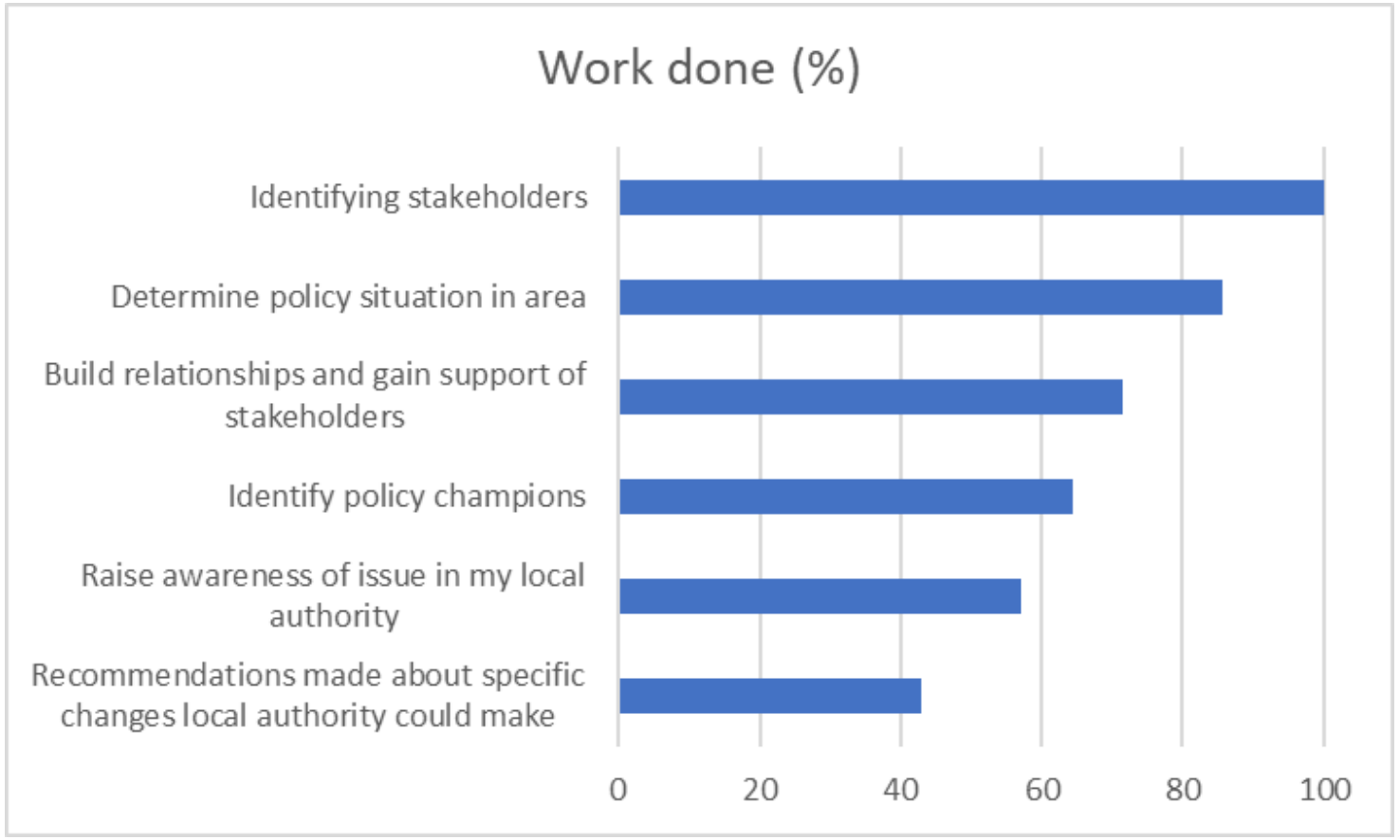
- **Amplifying the issue**

  Widely and openly making the case for change was not widely adopted (though was on occasions used, particularly at the beginning of the project).

- **Increasing public will**

  Consulting and increasing public will was deemed important but was not typically undertaken. This was seen as an activity for later in the advocacy process.

Work undertaken during evaluation period across LA areas



Understanding the strategic and staggered stakeholder engagement approach

Nine out of 14 areas adopted a strategic staggered stakeholder engagement approach.

This was seen by Policy Advocates as both a facilitator and a barrier to progressing policy change.

Drivers behind the approach:

- Manage fear and potential resistance to the policy change
- Ensure a full case was prepared before stakeholders were engaged
- Manage potential risk of lobbying by HFSS industry
- Ensure senior buy in for change.
- Supporting other Local Authorities

Tensions created by the approach:

- Contrary to typical Public Health approaches of open engagement and transparency
- Uncertainty of who to engage and at what point
- Created fear about compromising the work
- Some stakeholders unhappy about not being informed earlier
- Hindered attempts to gather information about local contracts and processes
- Slowed the process down
- Some stakeholders too enthusiastic in taking policy forward quickly
- Issues with staff turnover, handover and capacity
- Lack of confidence and experience progressing work within system
- Assumptions about Public Health having influence in local council teams
- Reliance on certain individuals results in unexpected blockage
- Creates risk of food manufactures approaching politicians first

Strategic and staggered stakeholder engagement – decision making

"Initially engaged those council departments known to hold advertising contracts and discussed with comms and procurement of any others across the authority."

(Policy Advocate, survey)

"Based on recommendations from Public Health Directorate Management Team."

(Policy Advocate, survey)

"Comms & Marketing Team not happy about not being involved from the start."

(Policy Advocate, survey)

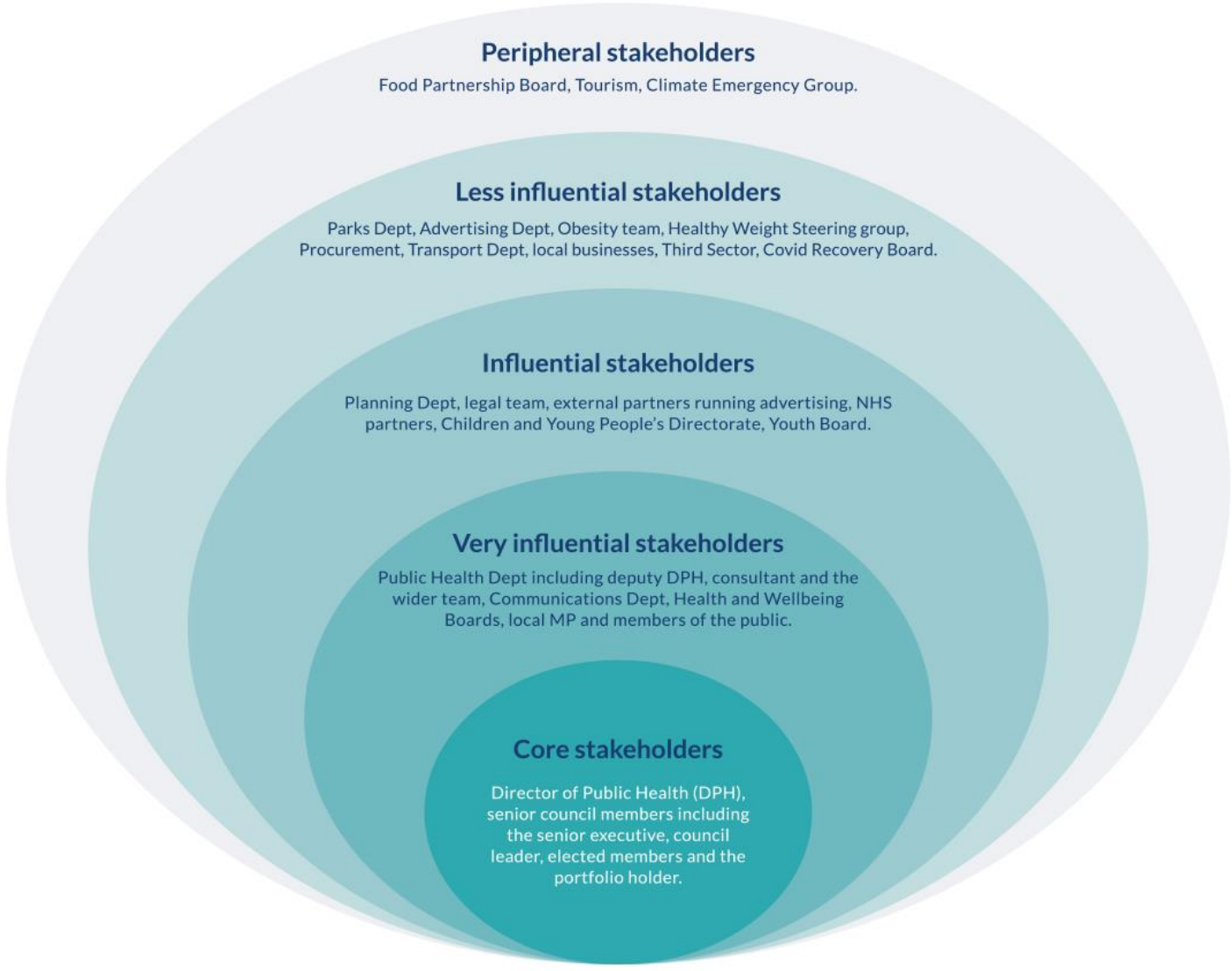
"Focused on getting political and senior management (service manger/ service director/DPH) buy in first. Then moved on to engaging more topic specific stakeholders e.g. communications team, web team, specific PH area leads"

(Policy Advocate, survey)

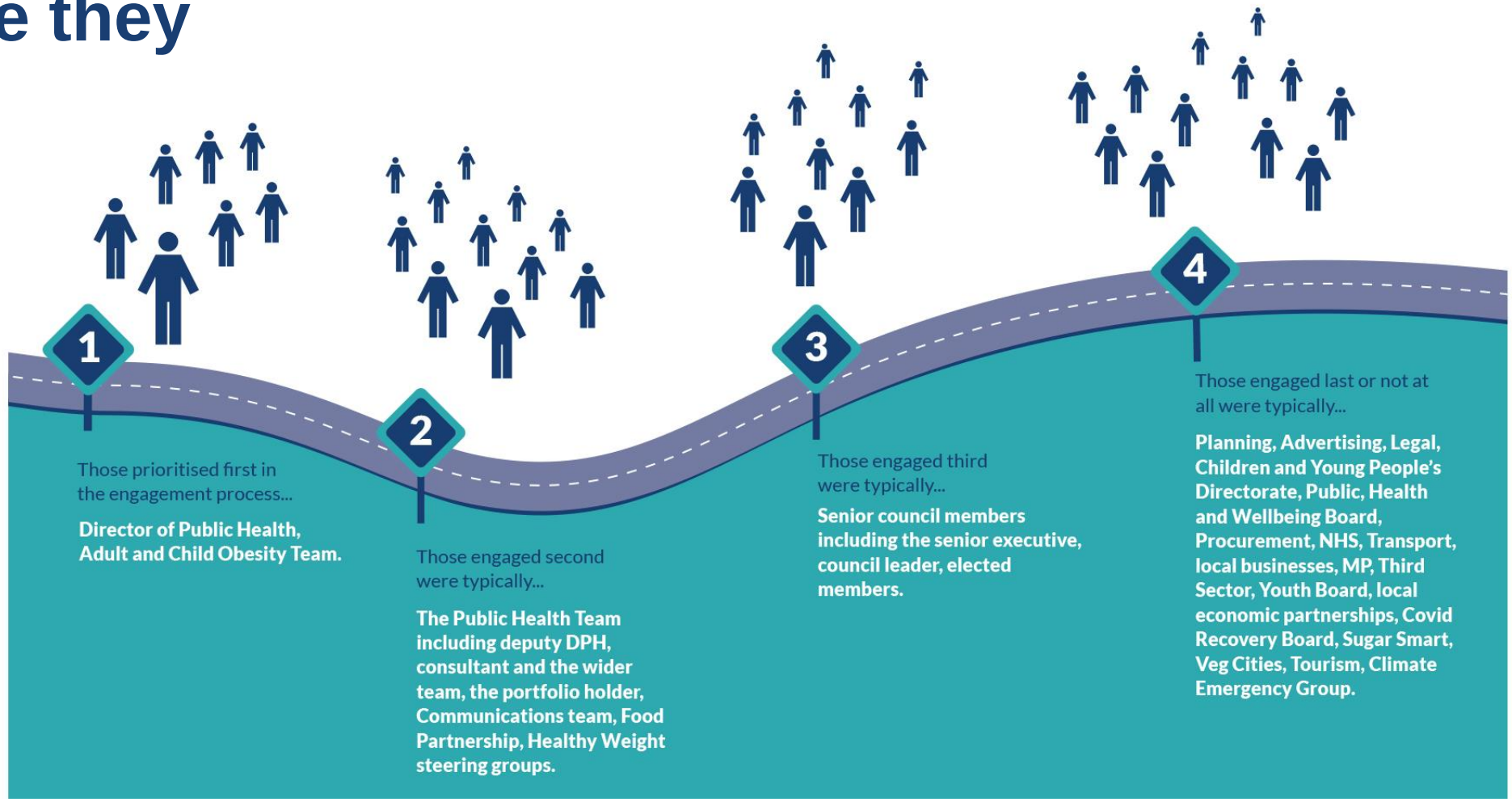
"Confusion about who to approach first - conflicting messages."

(Policy Advocate, survey)

Stakeholder analysis – who are they and who is influential?



Stakeholder analysis – when were they engaged?



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Evaluation findings 3.

Achievement of outcomes.

Achievement of outcomes – policy change

Beginning of evaluation period:

- One area had a written policy prohibiting the advertising of: *'Fast food / sugary drinks companies, distributors and products (manufacturers of food that is considered unhealthy)."* (Policy Advocate survey). No mention of HFSS products or definition of unhealthy.
- One area had a written policy "*poorly written and not publicly available"* (Policy Advocate survey).
- One area had an informal unwritten policy prohibiting advertising of unhealthy foods.
- All other areas had no policy or approved written guidance.

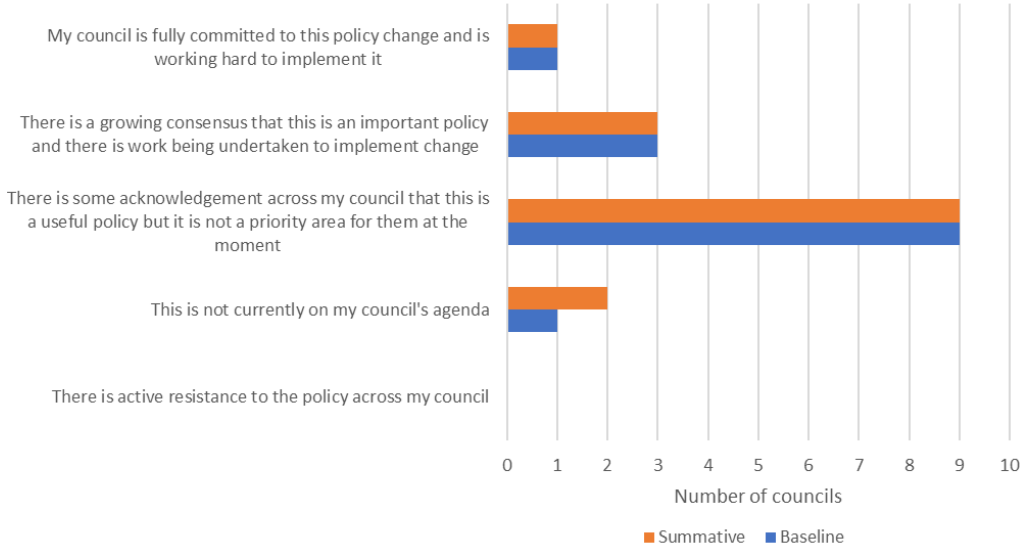
End of Evaluation period:

- No change in the formal policy position of any councils.
- Six areas have produced draft policy guidance.
- Most had secured support from a small number of core stakeholders

Achievement of outcomes: Progress made across areas

Area	Progress
8	Briefing paper written, key stakeholder engagement, clarifying advertising systems
14	Key stakeholder engagement, feasibility study, scoping policy content
15	Policy written and awaiting confirmation of monitoring compliance before sign off.
1	Briefing paper and presentation of policy proposal. Support gained from Council Leadership team, Communications and Marketing, Draft policy guidance note ready for approval
11	Initial discussions within Public Health team
6	Key stakeholder support secured, assessment of current policy position, briefing paper drafted.
4	Support secured from DPH and portfolio holder, assessment of current policy position, Draft guidance document ready for approval.
9	Initial stages of stakeholder engagement
13	Support secured from core stakeholders, options paper produced, clarifying advertising systems
7	Support secured from core stakeholders,
12	Unknown due to staff illness

Achievement of outcomes: changing political will



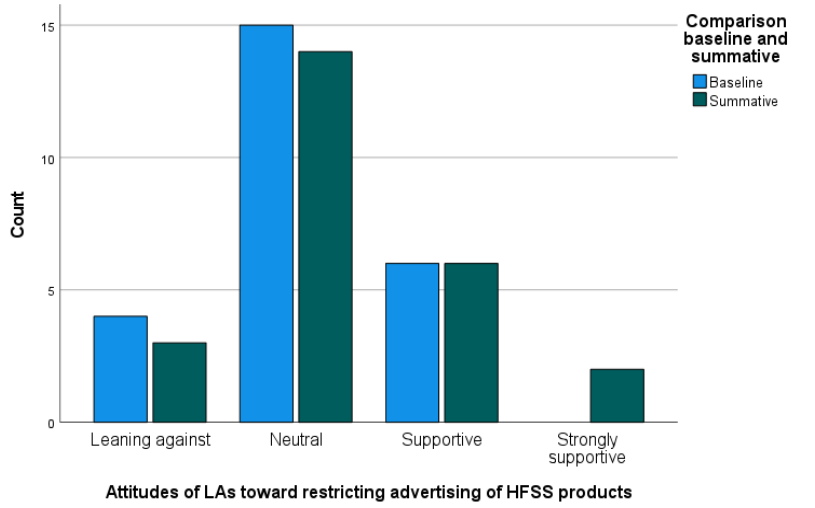
Graph to show the assessment made by Policy Advocates of their LA position on the policy

For the majority of councils, the Policy Advocates felt there was some acknowledgement within the council that this is a useful policy but not necessarily a priority.

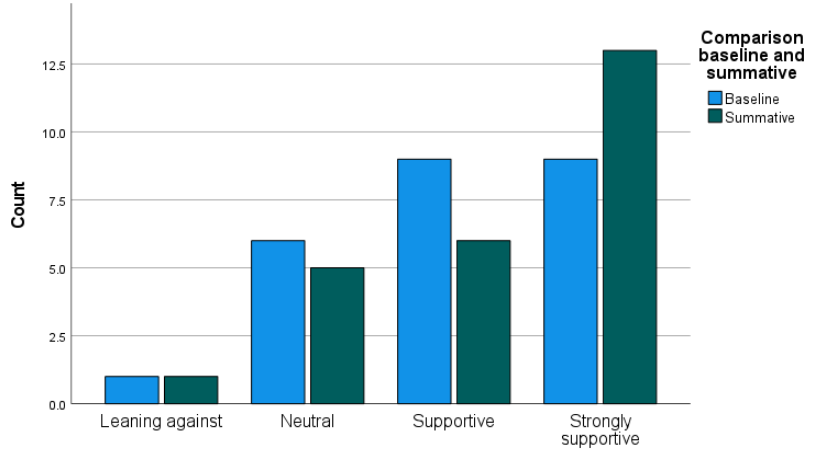
This commitment was not seen as having changed over the evaluation period.

Achievement of outcomes: how LAs and stakeholder views on advertising HFSS products have changed

- Very little movement is seen in LA attitudes (as assessed by wider stakeholders in case study sites) towards the policy to restrict advertising of HFSS products, except a slight increase in those strongly supportive.
- There has been a slight increase in the number of engaged stakeholders who are strongly supportive of the policy.
- Stakeholders were personally supportive but situated themselves separately from their role and the council.



Attitudes of LAs toward restricting advertising of HFSS products



Attitudes of engaged stakeholders restricting advertising of HFSS products

Perceptions of stakeholders

“I’m a planner, so it’s difficult to say, because planning don’t have any kind of regard for what the advertisement says, so it’s difficult from a planning point of view….From a personal opinion I don’t think we should advertise them at all”

(SH11)

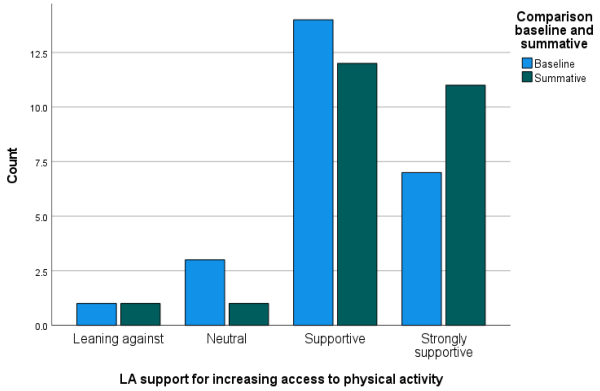
“Absolutely, get rid of it all. It’s evil, it’s destroying our country! That’s on a personal level, that’s not a Whole Food Partnership line but yes”

(SH1)

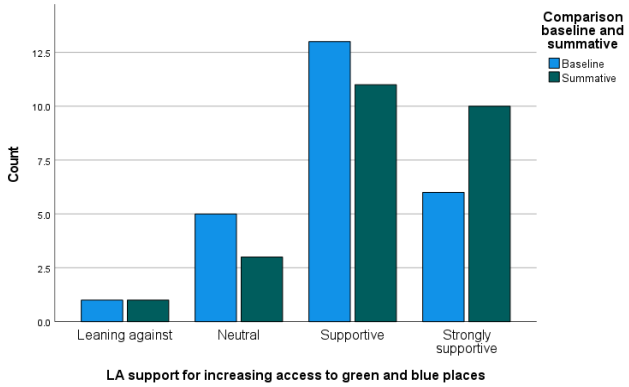
“From a personal opinion I don’t think we should advertise them at all, I think we should advocate that healthy living, healthy lifestyle and the education behind it, and I don’t think, from a personal point of view, the advertisement of those types of foods are good, especially in small communities where they have the biggest impact”

(SH10)

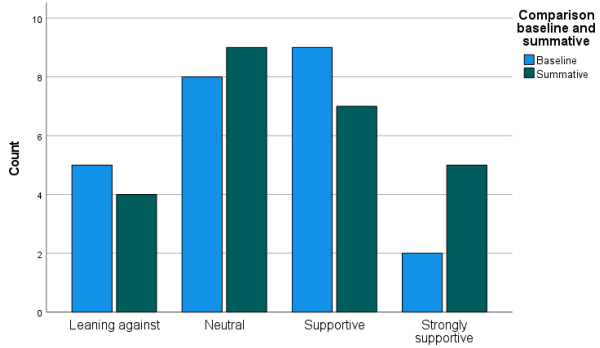
How LAs view other policies to tackle obesity



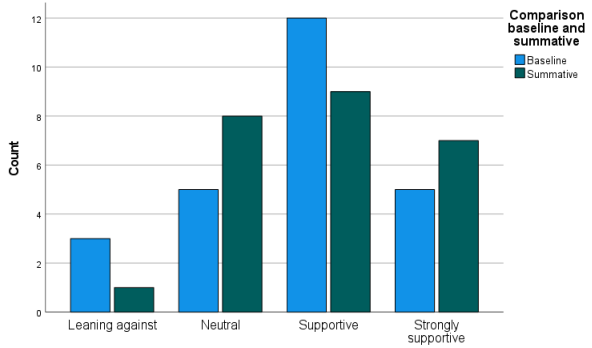
LA support for increasing access to physical activity



LA support for increasing access to green and blue places



LA support for using planning law to restrict take away outlets



LA support for improving cycling infrastructure

Stakeholders think their LAs are typically more strongly supportive of other policies to reduce obesity and that support for these has grown between October 2021 and October 2022.

Other obesity policies explored with stakeholders included:

- Increasing access to physical activity
- Increasing access to green and blue spaces
- Improving cycling infrastructure
- Using planning law to restrict take away outlets

Drivers for change in political will

Stakeholders felt that their political will was shaped by:

- A growing relationship with Public Health (driven by PH move to LA and work during the pandemic)
- Evidence of need for and effectiveness of the policy
- Careful framing of the issue
- Influential policy champions

Similarly, Policy Advocates felt political will was shaped by:

Intelligence gathering, reframing the issue, building relationships, engaging policy champions, use of evidence and high levels of obesity and inequalities to some extent

> *"the rate of childhood obesity is shockingly high for the region"*
>
> ***(PN001)***

> *"you've got to realise that other people have other agendas"*
>
> ***(PN005)***

> *"it's about making a coherent argument and bringing people along with you"*
>
> ***(Focus Group 2)***

> *"It wasn't until Public Health came into Planning, well, came into Local Authorities and started working closely with Public Health and bringing that Health and Planning balance into planning policies for [site 4] that I became aware of lots of impacts"*
>
> **(SH11)**

Drivers for change in political will

Stakeholders and Policy Advocates felt things that negatively impacted on their political will were:

- Fears around financial implications
- Covid-19
- Political narrative and ideology
- Organisational change

> *"It sounds very similar to SITE 10 in that SITE 8 is a very fragmented system. So all that intelligence gathering and building relationships about who owns which contracts around the different advertising platforms has been quite difficult"*
>
> ***(Focus Group 3)***

> *"But I guess the council has to balance bringing an income through business rates and through potentially revenue from advertising space and so on, you know, with the responsibilities they have around population and health as well"*
>
> ***(SH3)***

> *"the elections slowed everything down as well"*
>
> ***(PN001)***

Drivers for change in political will

Strategies that stakeholders and Policy Advocates felt would increase political will but which local leads have not adopted are:

- Increasing Public will
- Amplifying the issue
- Developing a unified solution

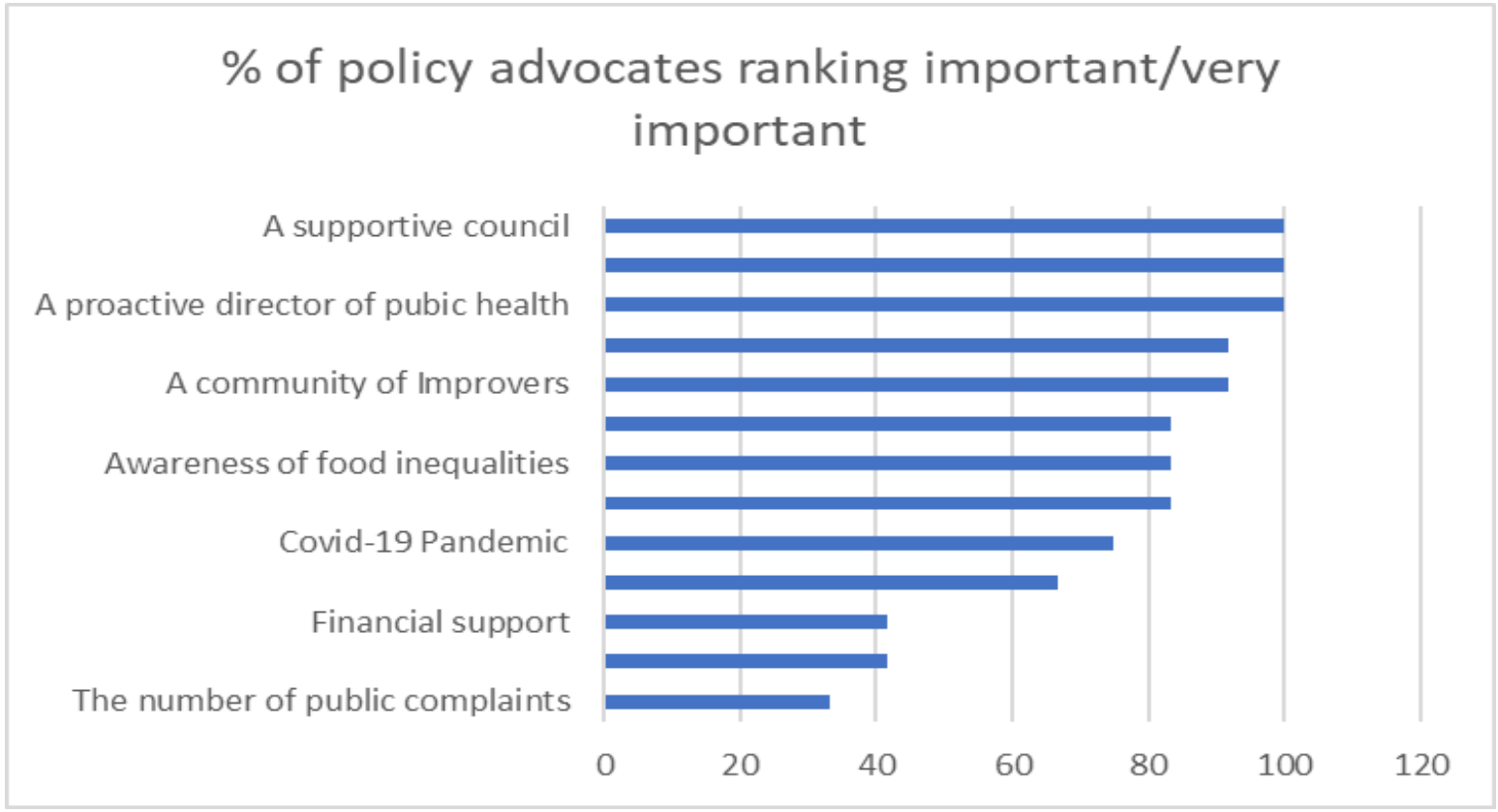
> *"It's about raising awareness and getting people involved"*
>
> ***(SH5)***

> *I would like that as a decision from our leadership team that we can progress with that"*
>
> ***(PN004)***

> *"we haven't necessarily done any policy work locally or regionally, but I definitely think it would help in terms of this piece of work"*
>
> ***(PN001)***

> *"government has not exactly covered itself in glory lately and people are tired of being told how to behave or how to act or have restrictions imposed generally, whether they were the right things or the wrong things, whether people agreed with them, there's just a bit of fatigue around that"*
>
> ***(SH3)***

Facilitators to advocacy - survey data



Facilitators to advocacy – qualitative data

- Having a named and resourced advocacy lead.
- The input of the external agency Sustain who identified strategies for work
- The Community of Improvement who supported work undertaken locally and amplified the issue regionally
- Pandemic: raising profile of Public Health and developing connections
- Local objectives or strategies acting as a vehicle for support
- Ideological position

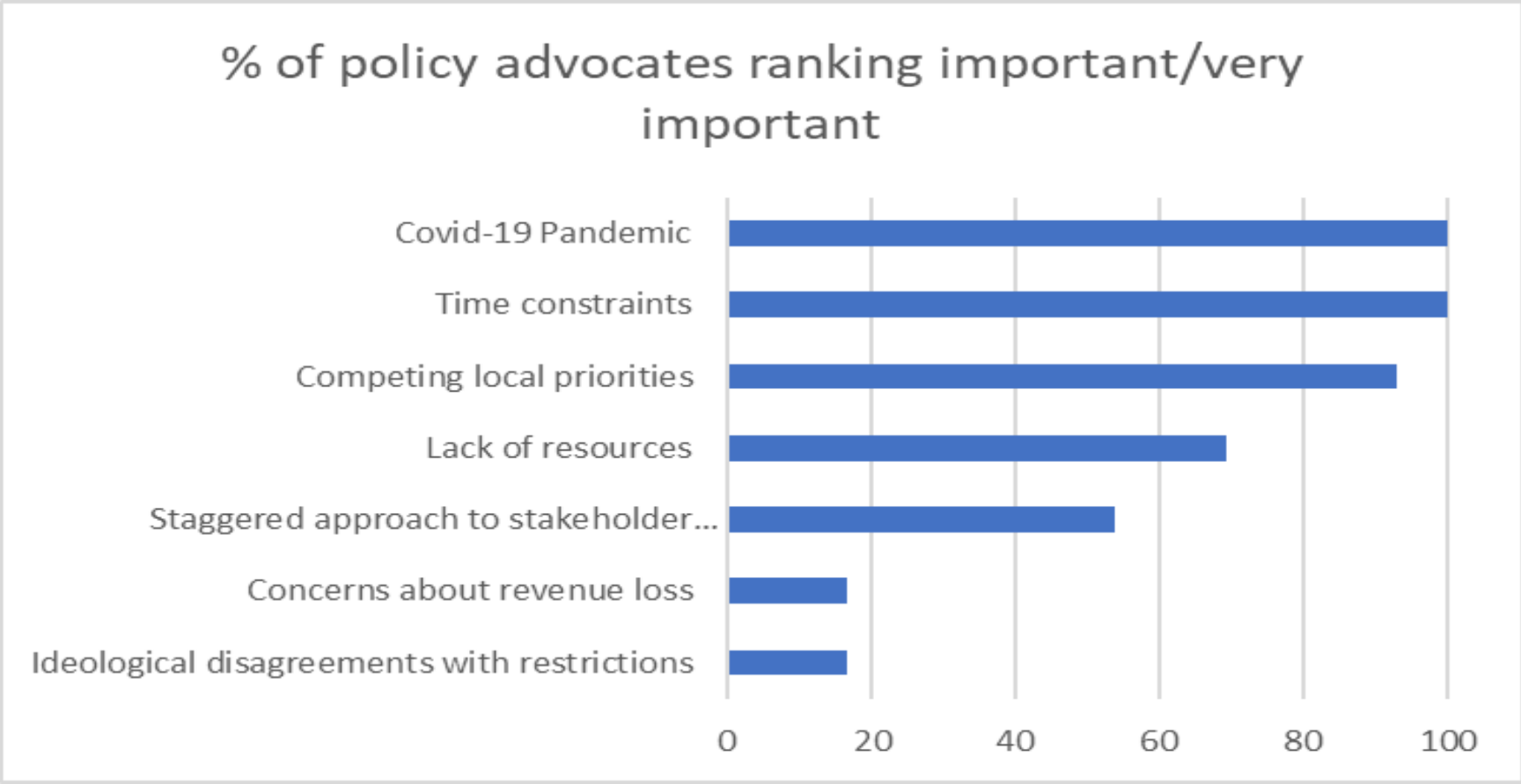
> *"this work forms our strategic objectives within the Healthy Weight, Healthy Lives strategy and it sits really nicely in there. Partners within that strategy can support this work as well"*
> ***(Focus group 3)***

> *"I think the momentum is with this compassionate approach that we've got and we really need to make sure that it sits under them and that will really help…"*
> ***(PN001)***

> *"since Covid's been around, there has been more emphasis on obesity and Local Authorities are more aware of it … we've kind of used that as a lever"*
> ***(PN006)***

> *"where it has worked better is where they've had the Local Authority declaration on healthy weight… they've [Local Authorities] found building their local relationships a lot easier … they already had those relationships in place and that work had been done"*
> ***(PN007)***

Barriers to advocacy – survey data



Barriers to advocacy – qualitative data

- Complex and unfamiliar contracting arrangements
- Complex organisational structures and change
- Pandemic
- Financial implications of contract change
- Lack of a ‘northern exemplar’ of this policy change
- Ideological position
- Local areas had varied but limited capacity and resources to support advocacy and competing priorities.
- Local leads had varied but typically limited experience of advocacy work.

> *“so having that political support is useful, but also recognising that that can work on the contrary as well”*
> ***(PN003)***

> *“The other thing that would help, but I know we haven’t got it, is a regional example or case study that we could use”* ***(PN001)***

> *“higher up leadership in the council…might be more likely to prioritise economy over health, that’s where we tend to face a bit of a barrier”*
> ***(PN008)***

Context Mechanism Outcome statements

Realist evaluation seeks to understand the different outcomes that can be achieved when different mechanisms are adopted in different contexts.

Analysis of our case study sites enables us to state that:

1. In site 4 where a staggered stakeholder approach was adopted and the Policy Advocate identified policy champions, gathered intelligence, amplified and reframed the issue, there was an increase in political will enabling draft guidance to be created.
2. In site 6 where the Policy Advocate identified policy champions, built relationships, drew on professional experience and developed a unified solution there was an increase in political will and work was started on a draft paper.
3. In site 7 where the Policy Advocate gathered intelligence and engaged policy champions there was an increase in political will.
4. In site 11 where the Policy Advocate gathered intelligence, built relationships and reframed the issues there was an increase in political will and a draft business case was produced.

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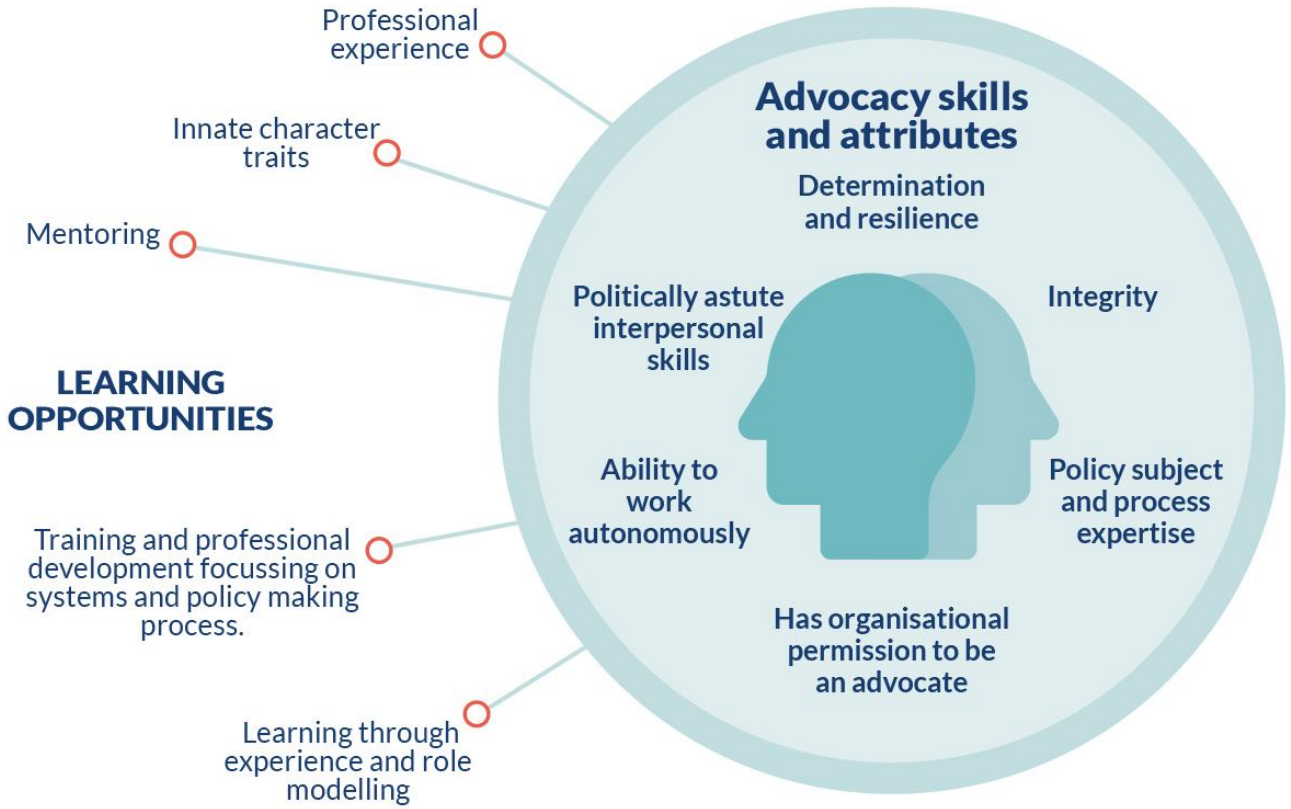
Evaluation findings 4.

Becoming and being a Policy Advocate.

An effective Policy Advocate:



Skills and capabilities of Policy Advocates

- **Politically astute interpersonal skills including:**

  Ability to build and manage complex relationships, influence and build support using diplomacy skills, distil and communicate complex information in a convincing and politically astute way.

- **Policy subject and process expertise:**

  Detailed knowledge of policy subject including evidence and economics; knowledge of policy making process.

> *"It is all about talking to one degree or another because at the end of the day to advocate is to try and influence and change people's opinions, and you're only going to do that through talking to them".*
>
> ***(Focus Group 2)***

> *"I think there's something about understanding the policy process as well from how you get from A with nothing to B with the policy adopted and it's happening"*
>
> ***(Focus Group 1)***

Skills and capabilities of Policy Advocates

- **Determination and resilience:**

  Determination, resilience and patience, belief and passion in the policy; acceptance of slow process and long-term nature of outcomes.

- **Autonomy:**

  Ability to work autonomously and be self-directed drawing on leadership skills.

> *"Someone who is quite self-directed is often quite useful in terms of not only have they got the drive to take ownership of something, but they're happy as well to manage it in their own way"*
>
> ***(Focus Group 2)***

> *"I don't know if they're skills or traits, but a lot of patience, resilience, determination and persistence."*
>
> ***(Focus Group 1)***

Skills and capabilities of Policy Advocates

- **Integrity:**

  Respected and credible as individuals and as part of public health profession.

- **Organisational and professional permission for advocacy:**

  Advocacy different to other PH strategies; requires a resourced and supported named lead; clarification of mandate for lobbying in local government required; lack of political power.

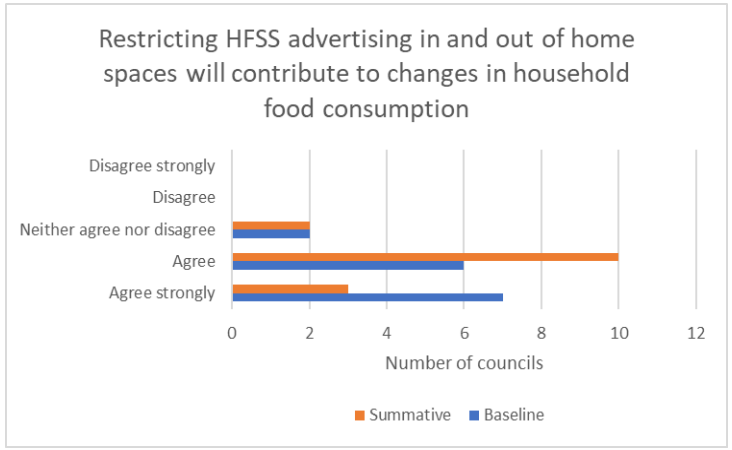
> *"I think it comes back to what we've been discussing before about credibility, someone that's quite well respected or has shown that they've got the knowledge and they've got the skills and they've built those relationships up to be quite well respected"*
>
> ***(Focus Group 2)***

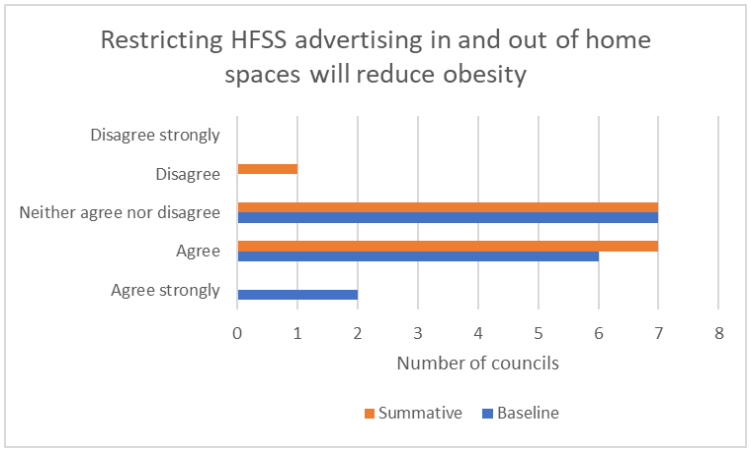
> *"And I think, certainly for our authority, there's work to be done about 'What permissions do we have for advocacy?' And that sounds like quite a strong word, but I suppose that's what it boils down to"*
>
> ***(Focus Group 1)***

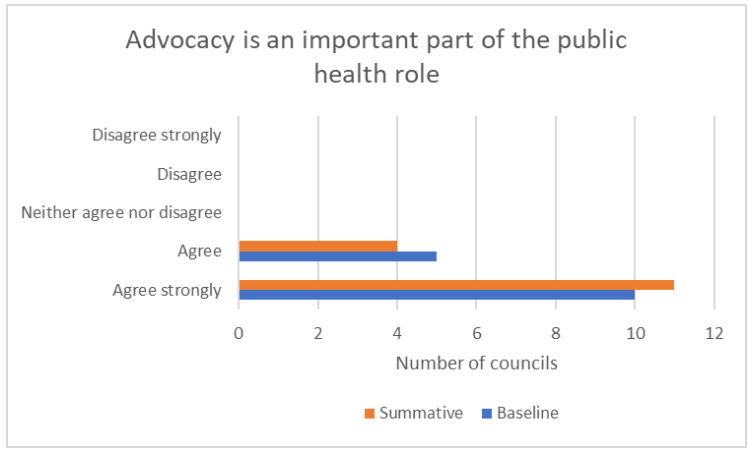
Learning to be a Policy Advocate

- Participants felt strongly that they lacked experience and training in this area which they saw as different to other PH strategies.
- Training and professional development needs to include a focus on the systems of local government, the policy making process and the opportunities to influence policy.
- Many of the skills were seen as innate characteristics.
- Learning through experience was valued over formal training, including learning by example and role modelling.
- Mentoring from those experienced in advocacy and with insight into local policy processes was seen as valuable.

Attitudes of Policy Advocates to restriction of HFSS advertising







- At the end of the evaluation period, there is still agreement amongst Policy Advocates that restricting advertising of HFSS products on council owned spaces will contribute to changes in household food consumption and reduce obesity but agreement is slightly less strong.

- All Policy Advocates continue to agree or strongly agree that advocacy is an important part of Public Health.

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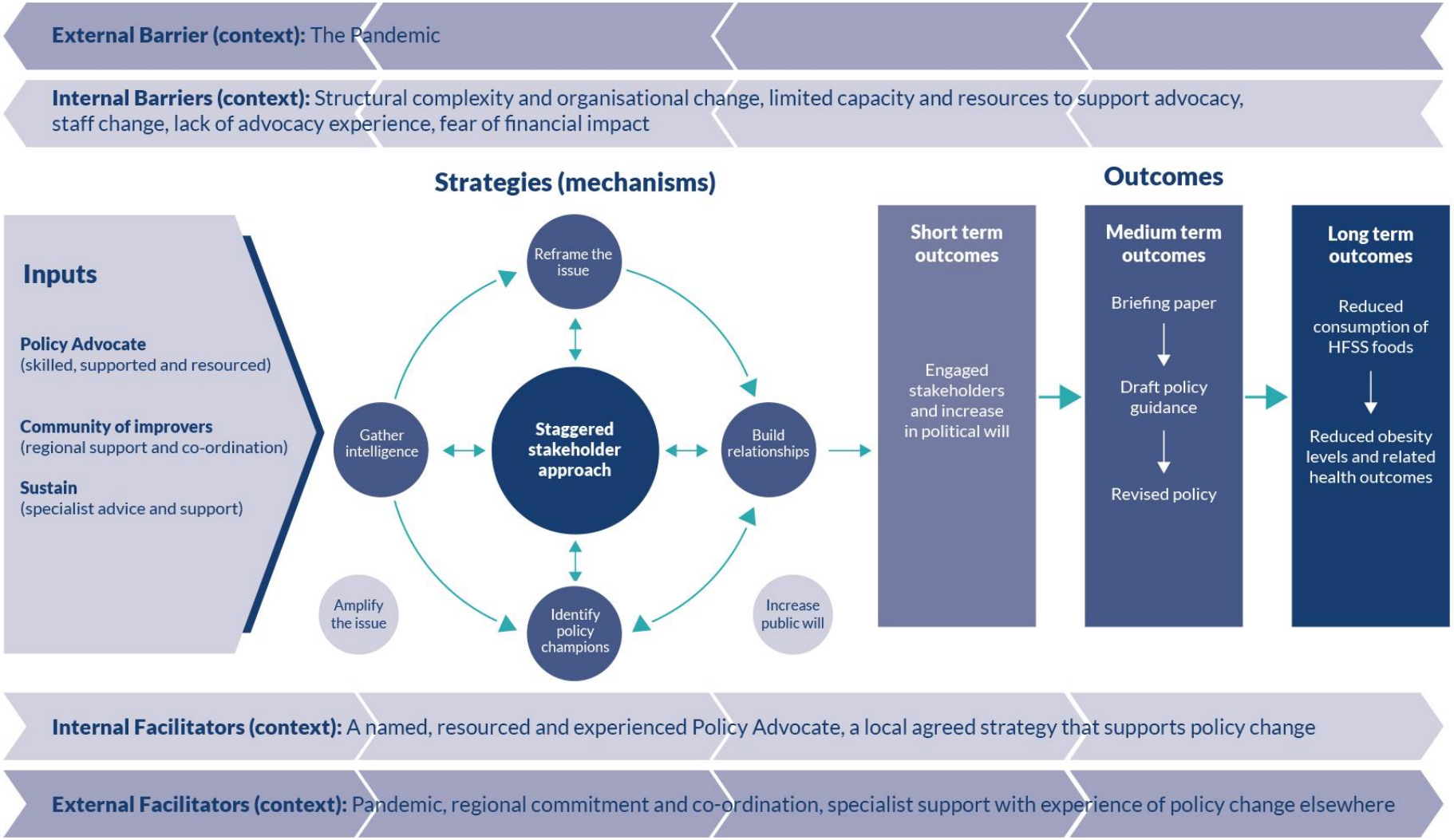
Conclusions and recommendations

Final Logic Model



Conclusions

- No policies restricting the advertising of HFSS products were fully implemented during the evaluation period. Draft policies and guidance have been developed in many areas and there was a high level of confidence that policy change will be implemented across the Local Authorities.
- Progress has been made across areas in securing support from key stakeholders and increasing levels of political will.
- The advocacy process is slow, requires resources, a named lead and an extended timeframe.
- A strategic and staggered stakeholder engagement process has been employed by most areas. This has been central to the advocacy work, with a view to managing fear or resistance and ensuring a robust case could be made, with senior support. This approach impacted on other strategies adopted, created several tensions for Policy Advocates and was associated with slow progress.
- The role of the Policy Advocate is fundamental for success. A complex knowledge and skill set is required for this role and many Policy Advocates did not feel experienced or fully equipped in all areas. Advocacy was seen as an important public health function but differs from other public health strategies which are more familiar to the workforce.
- The regional co-ordination through the Community of Improvement and the specialist support provided by Sustain were seen as important facilitators for change.

Recommendations

- The regional advocacy project should continue to be resourced and supported in order to build on the interim outcomes already achieved and ensure completion of the policy change goals.
- A named Policy Advocate should be in place to lead work. Policy Advocates should have the identified experience, knowledge and skills to undertake this work and be supported or mentored by senior members of staff with a working knowledge of the local policy change process and systems.
- The Community of Improvement should continue to offer regional co-ordination and support. Policy Advocates would benefit from ongoing specialist support from Sustain, particularly through supporting the implementation of a staggered stakeholder approach.
- Local Authorities considering advocacy work in this area should consider working alongside other Local Authorities in their region.

Recommendations

- Implementation of advocacy work should be planned with clear milestones, indicators of success and extended timelines to ensure sufficient resources are allocated to the process and so that competing priorities do not negatively impact on progress.
- More clarity on the advocacy role within public health should be provided, particularly within a Local Authority setting.
- Public health professional development should consider the needs of the workforce to prepare Policy Advocates. Professional development opportunities should be provided that ensure the workforce are equipped with the subject, policy change knowledge and specific skills required in this area.
- Further research should explore the efficacy of the strategic staggered stakeholder engagement approach to be sure that the tensions created by this approach do not outweigh the anticipated benefits. Policy Advocates should be fully supported in navigating and implementing this process.

Limitations

- The evaluation initially planned to include a baseline and summative survey of all identified stakeholders within the case study sites to establish baseline levels of political will and subsequent changes. This was amended to a retrospective survey asking participants to reflect on a range of policy options to tackle obesity. We also reduced the number of stakeholder interviews conducted, only including those stakeholders who had been actively engaged by the Policy Advocate. This was to ensure that the introduction of the staggered stakeholder approach was not compromised.
- A longer evaluation period or perhaps a 12-month follow-up would be required to establish the efficacy of a staggered stakeholder approach and achievement of longer-term outcomes.

Strengths

- This evaluation has collected data from Policy Advocates throughout a 12-month period providing a unique real time insight into the advocacy process.
- This evaluation has explored the advocacy process from the perspective of Local Authorities, the regional Community of Improvement and the external organisation Sustain providing an analysis of both local and regional issues.
- Evaluation demonstrates challenges Local authorities outside London might experience.
- Use of realist evaluation methodology provides a novel lens that enables us to understand the influence of context on achieving outcomes.
- The co-produced approach to this evaluation meant an initial logic model, the discussions during data collection and interim findings provided Policy Advocates with opportunities to reflect and refine their advocacy work.

> *"Because the project has been supported by the evaluation team as well, I think it's helped with my project planning type work, whereby … In reality, sometimes, in Public Health, we work so reactively we never have time to do that really thorough project planning to begin with. And the development of the logic model, for example, is something that I think is really a worthwhile piece of the jigsaw puzzle to take forward when we starting to plan interventions."*
> ***(Focus Group 3)***

> *"thanks for letting us be part of the evaluation, I've really enjoyed the interviews and having the opportunity to reflect, we don't often get that, so it's been really beneficial to be part of it."*
> ***(PN001)***

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