

Motivation room

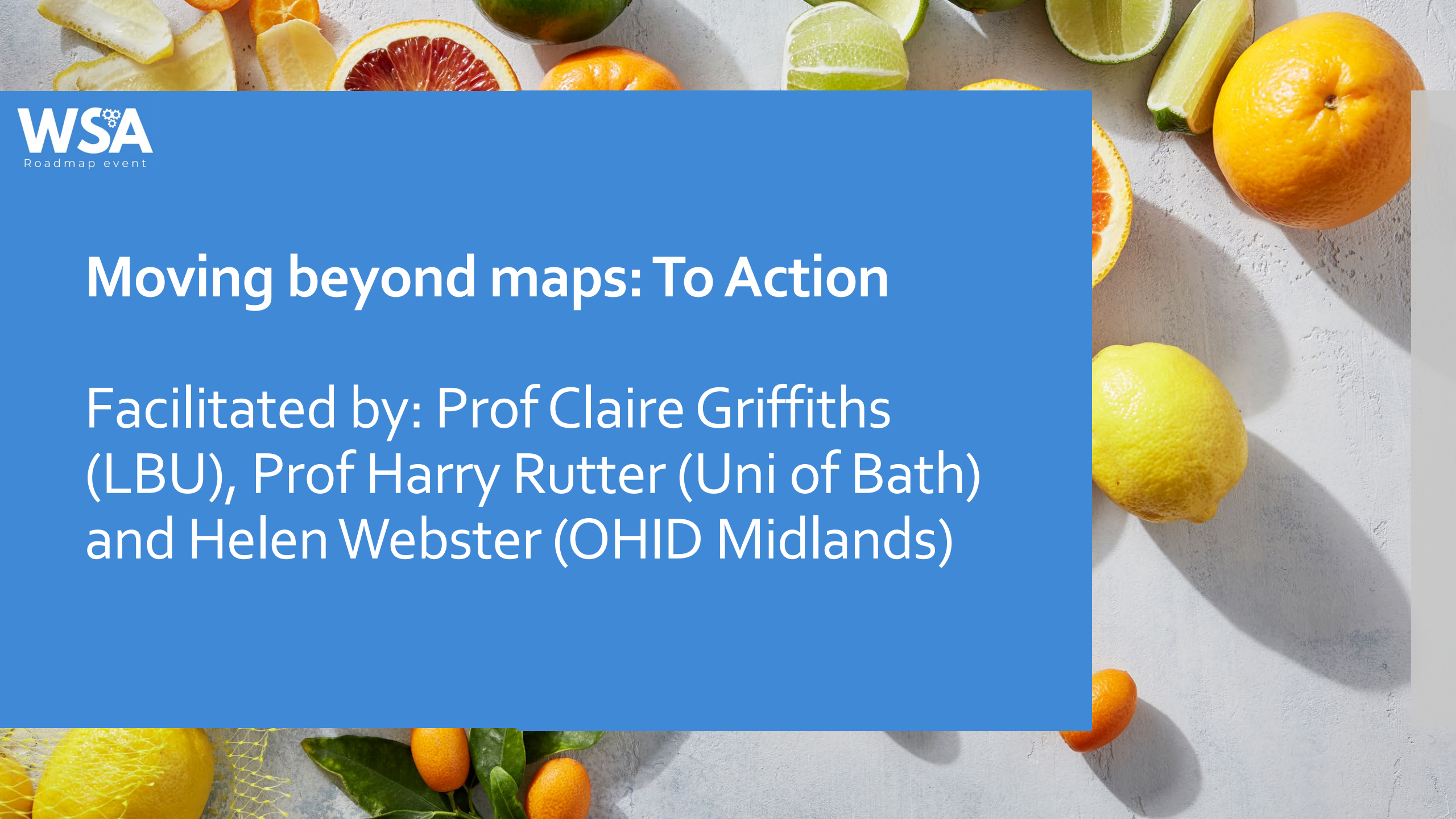
WSA Roadmap event

13th May 2026

10:00-15:45

Parallel Session 1

10.55am-12 noon



Moving beyond maps: To Action

Facilitated by: Prof Claire Griffiths
(LBU), Prof Harry Rutter (Uni of Bath)
and Helen Webster (OHID Midlands)



LEEDS BECKETT UNIVERSITY
OBESITY INSTITUTE

Moving Beyond Maps: To Action.

Professor Claire Griffiths

Co-Director of the Obesity Institute, Leeds Beckett University

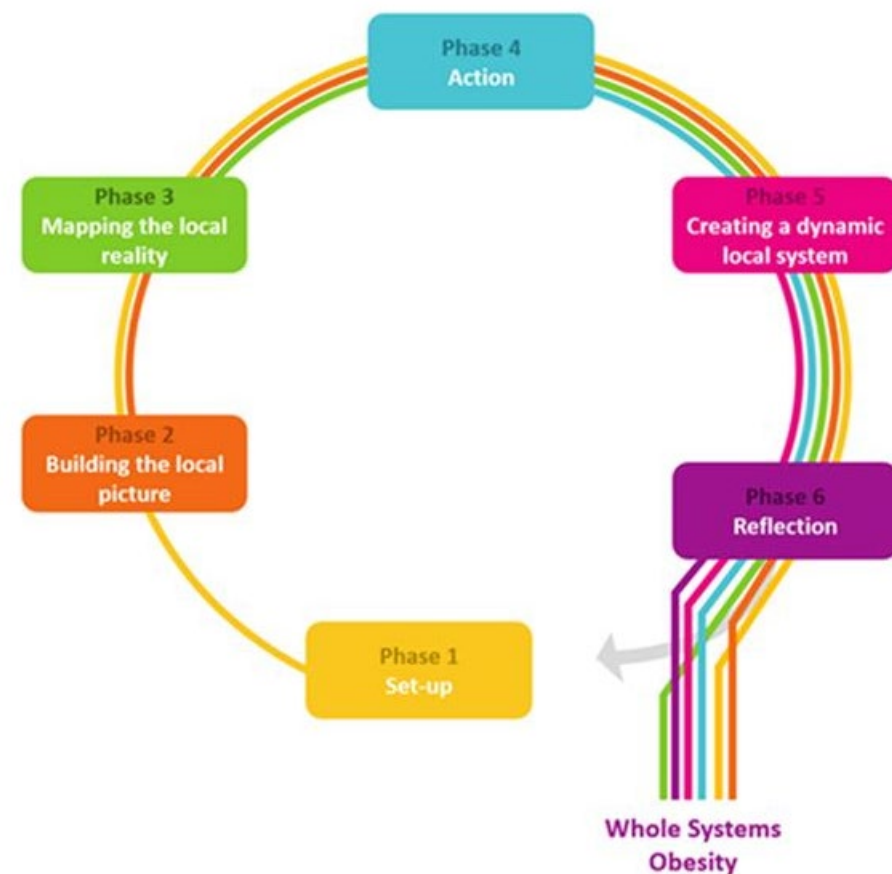
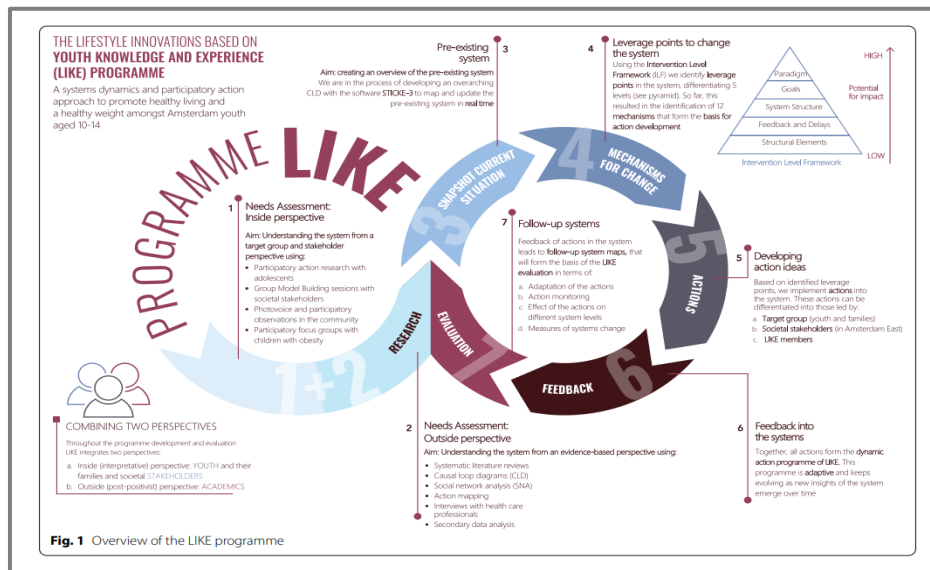
Exam Question(s)



What insights do policy makers need to inform decisions?

Why do we need to move beyond (qualitative) maps?

What challenges do stakeholders face to moving beyond (qualitative) maps?



PLOS ONE

RESEARCH ARTICLE

A Community Based Systems Diagram of Obesity Causes

Steven Allender^{1*}, Brynle Owen¹, Jill Kuhlberg², Janette Lowe³, Phoebe Nagorcka-Smith⁴, Jill Whelan¹, Colin Bell⁵

1 World Health Organization Collaborating Centre for Obesity Prevention, Deakin University, Geelong, Victoria, Australia, **2** George Warren Brown School of Social Work, Washington University in St. Louis, St. Louis, Missouri, United States of America, **3** Southern Grampians Glenelg Primary Care Partnership, Hamilton, Victoria, Australia, **4** Portland District Health, Portland, Victoria, Australia, **5** School of Medicine, Deakin University, Geelong, Victoria, Australia

* steven.allender@deakin.edu.au

CrossMark
click for updates

IMPROVING THE LIVES OF PEOPLE LIVING WITH, OR AT RISK OF OBESITY.



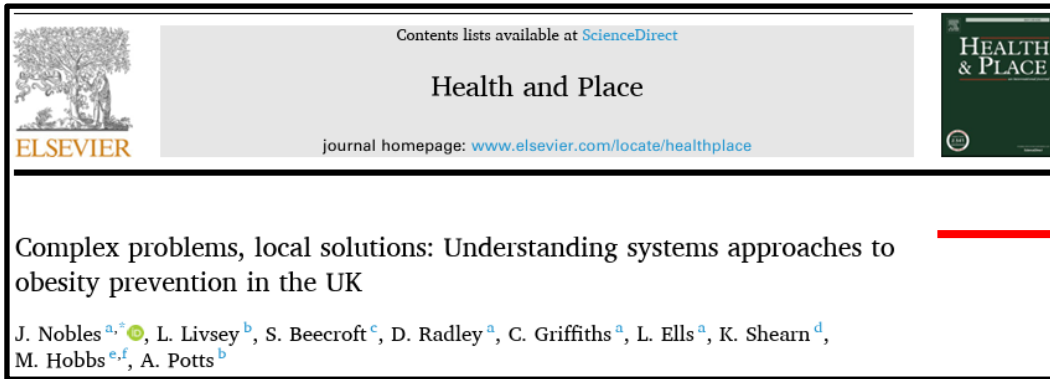
Only three studies (10 publications) met the inclusion criteria
*“studies/programmes that have **comprehensively** applied a systems approach to obesity prevention in intervention development, delivery/ implementation, and evaluation”*

No conclusion of the effectiveness of a systems approach can be drawn



There is limited evidence of the value of a systems-based approaches in public health

At this point it is difficult to draw firm conclusions about the extent to which systems-based approaches add value, and when and how they should be used



Local systems approaches to obesity prevention are emerging across the UK but **implementation is largely in early stages.**

Whilst the complexity of obesity is widely recognised, more **support is required to help local teams intervene within the obesogenic environment.**



Current systems-based approaches are limited to “describing the system”

Applying a “**problem framing system dynamic strategy**” could make approaches better positioned to inform responses

The Challenge.....



Current system approaches predominantly focus on how complex problems are understood, by describing the causes of the problem - e.g., obesity – as a system.

While this has shifted attention away from individuals to the broader system, it offers limited insight into how complex problems evolve over time or how they might be effectively addressed.

The challenge is not in understanding the complexity of obesity – this is well documented – but in how we work with the complexity



Systems approaches to public health action

Harry Rutter
Prof of Global Public Health
Centre for 21st Century Public Health
University of Bath

h.r.rutter@bath.ac.uk





Confronting obesity: Co-creating policy with youth (CO-CREATE)

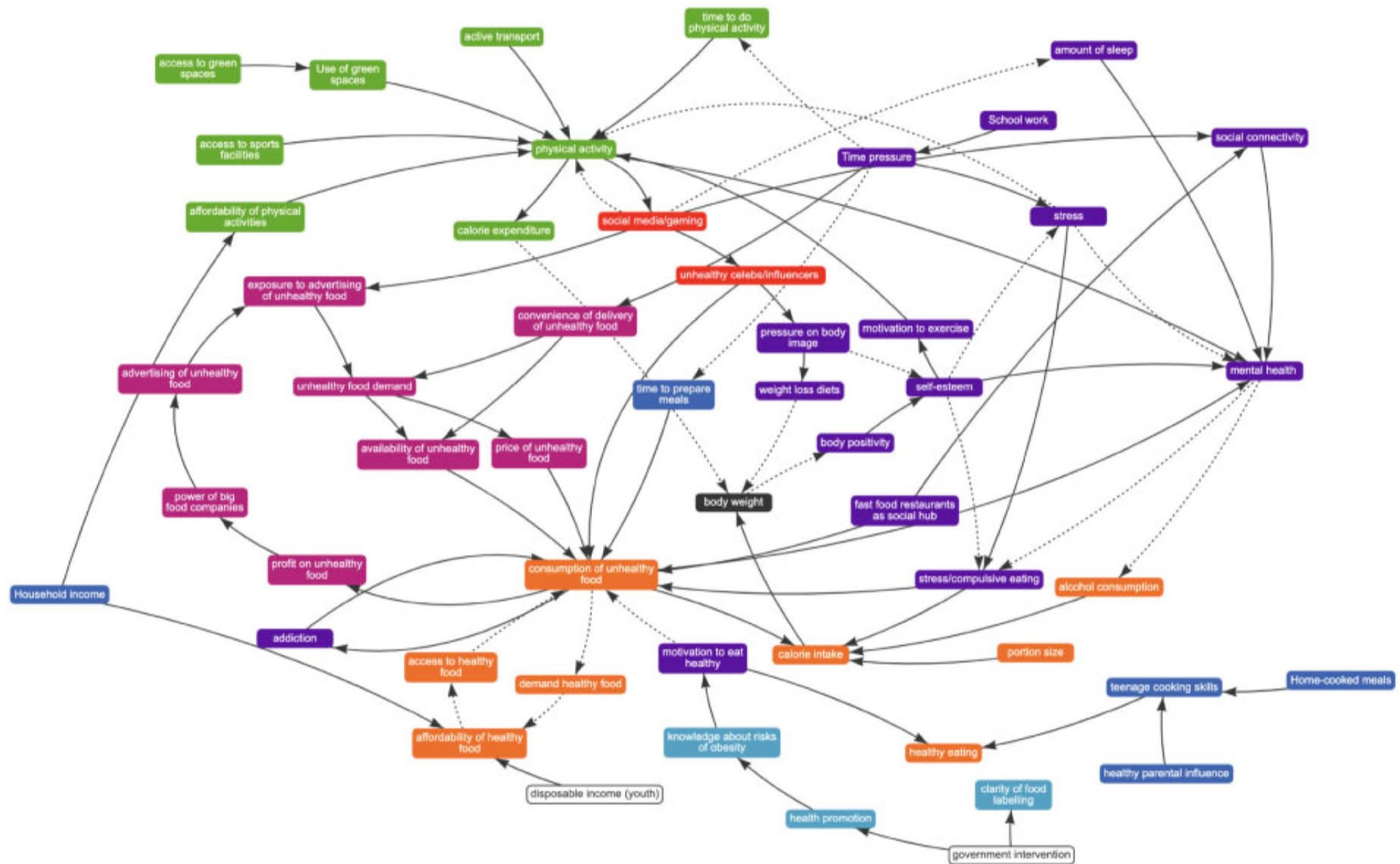


Figure 1 Integrated map representing views of young people in 20 groups in 5 European countries

Savona et al Eur J Public Health. 2021 doi: 10.1093/eurpub/ckaa251.

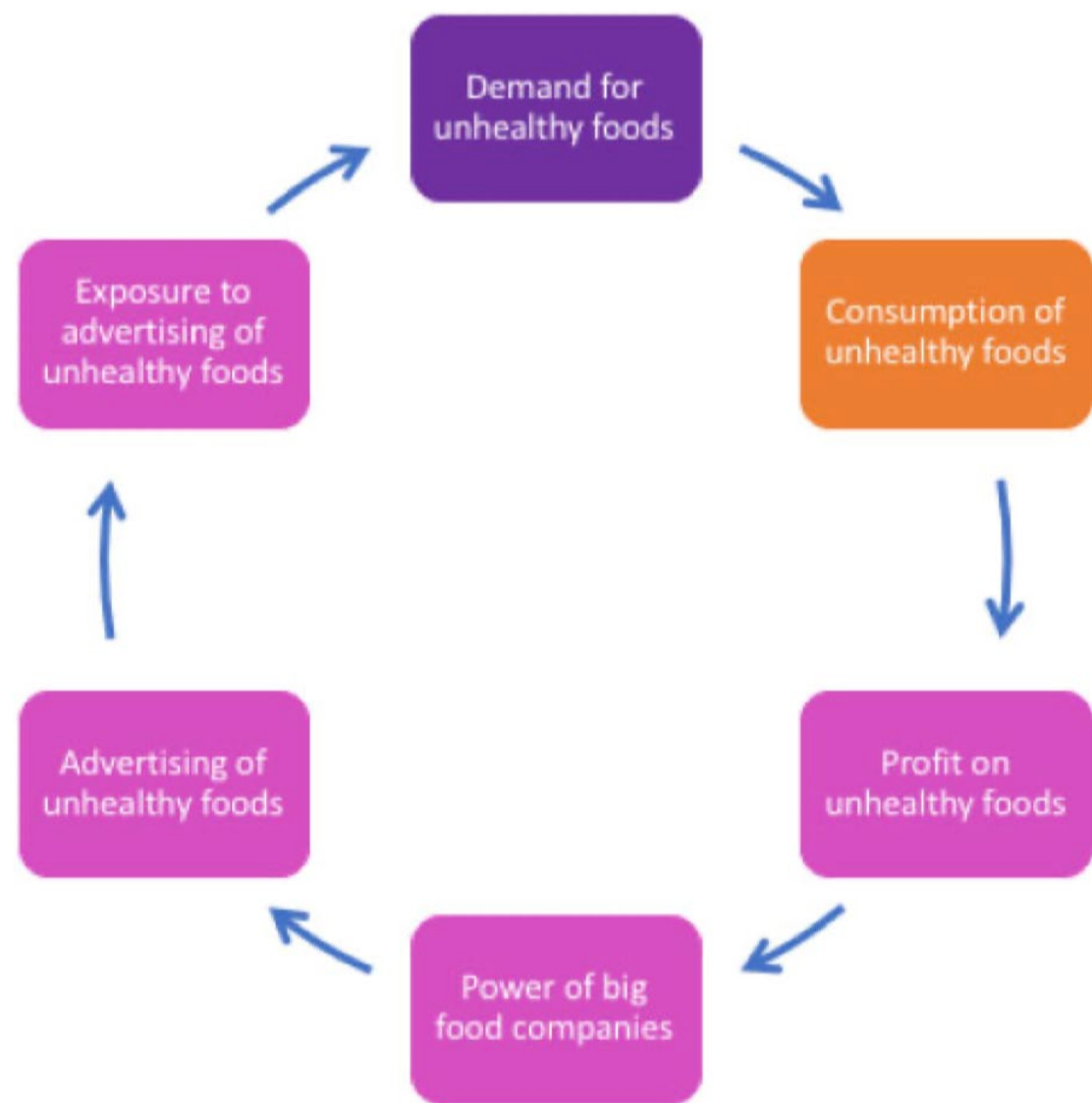


Figure 2 Commercial drivers of adolescents' unhealthy diet

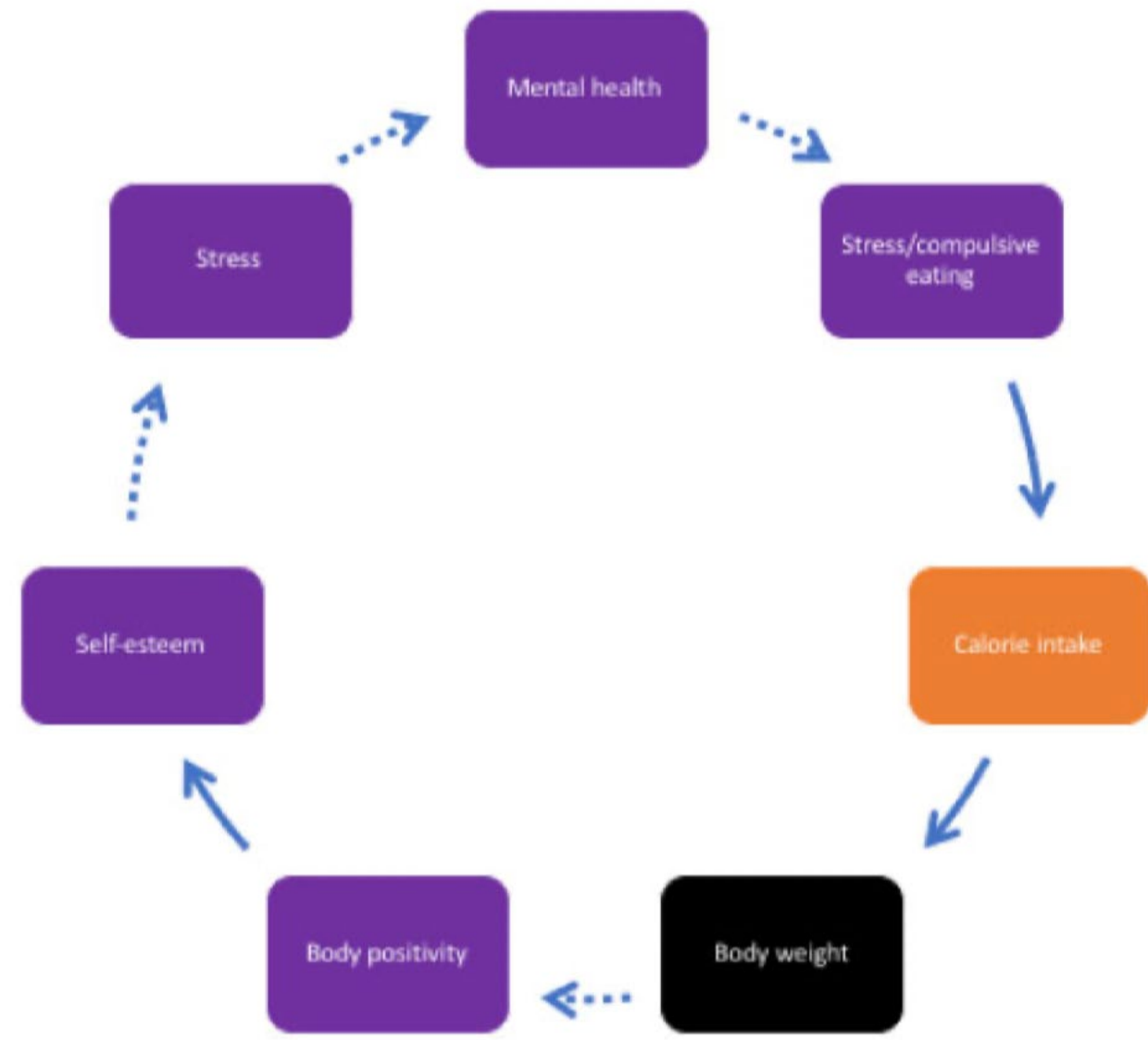
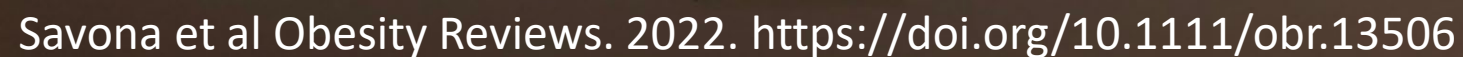
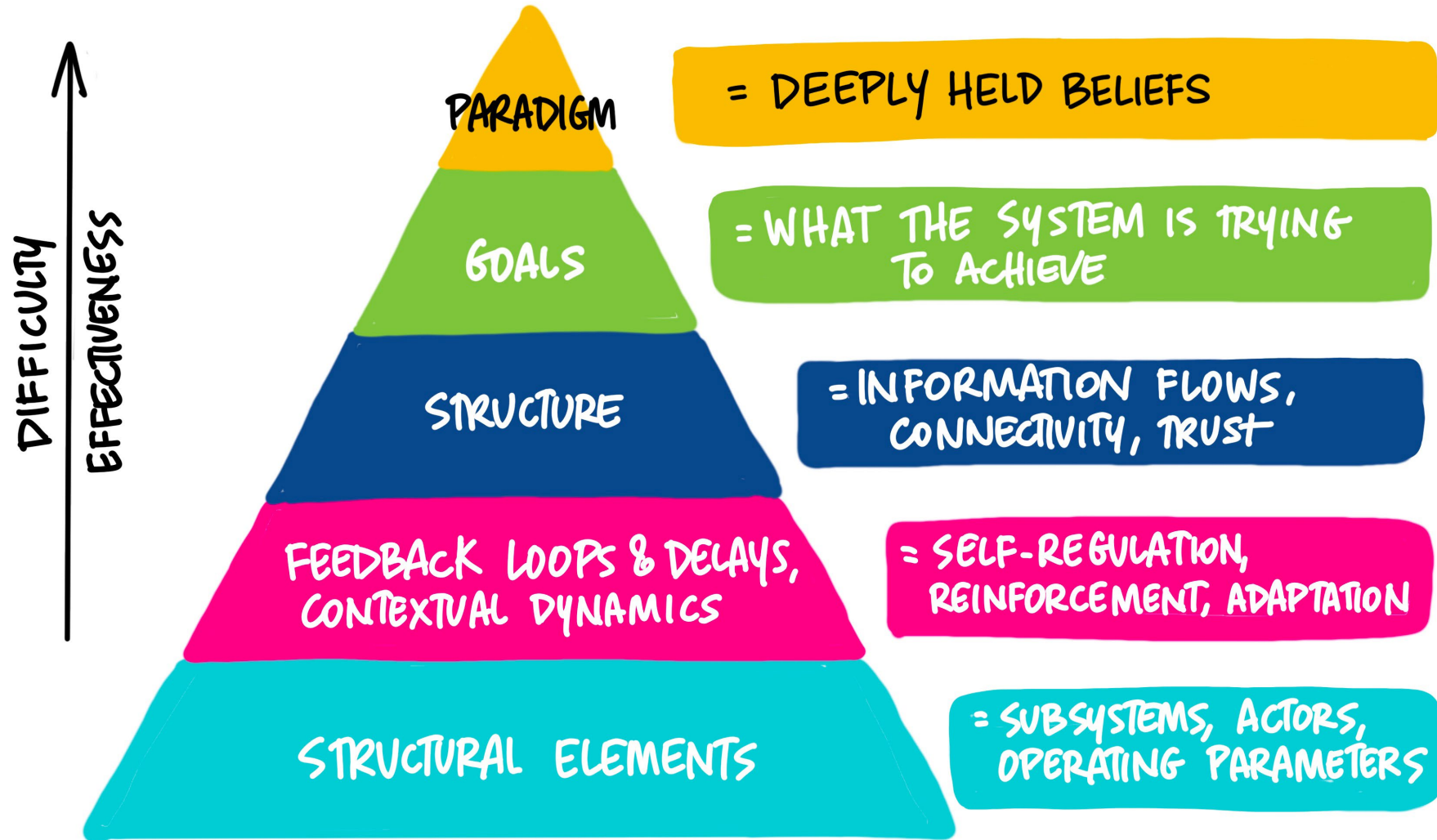
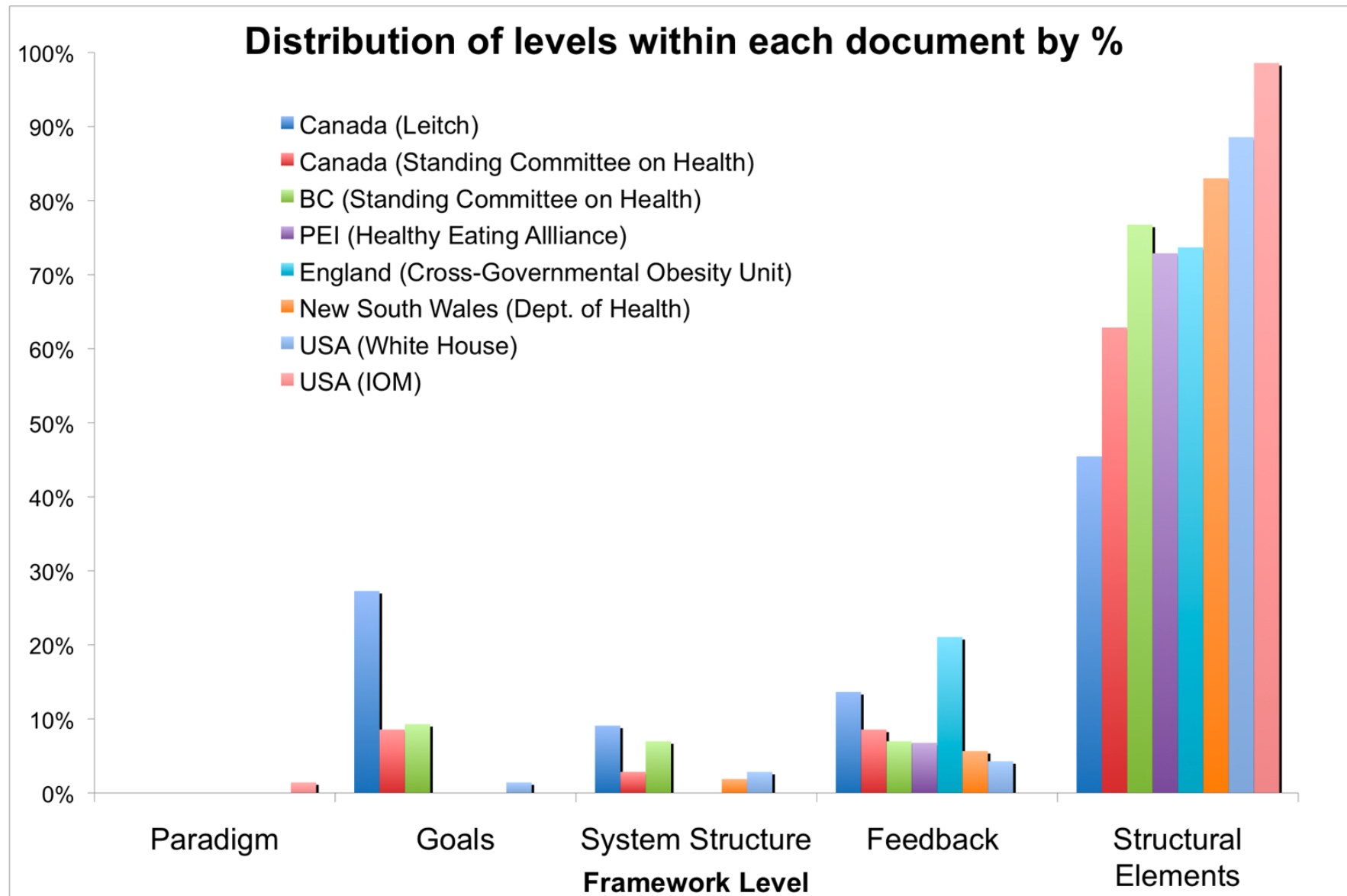


Figure 3 Mental health and unhealthy diet



Intervention Level Framework







PHI | Local Health and
UK | Global Profits

Protecting people, place and equity

Systems approaches to action on commercial determinants of health



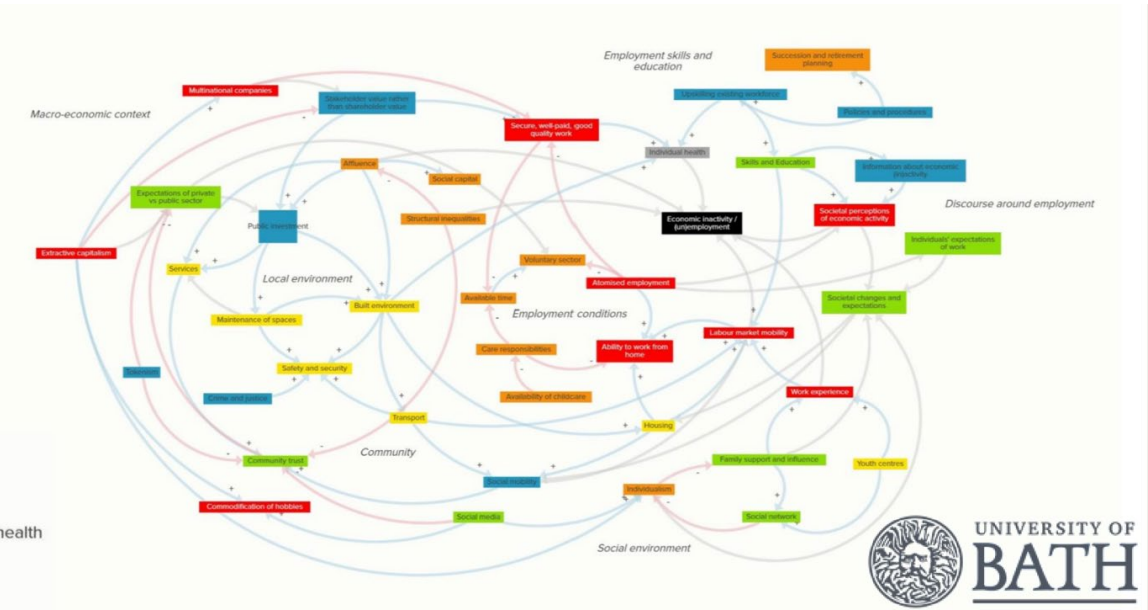
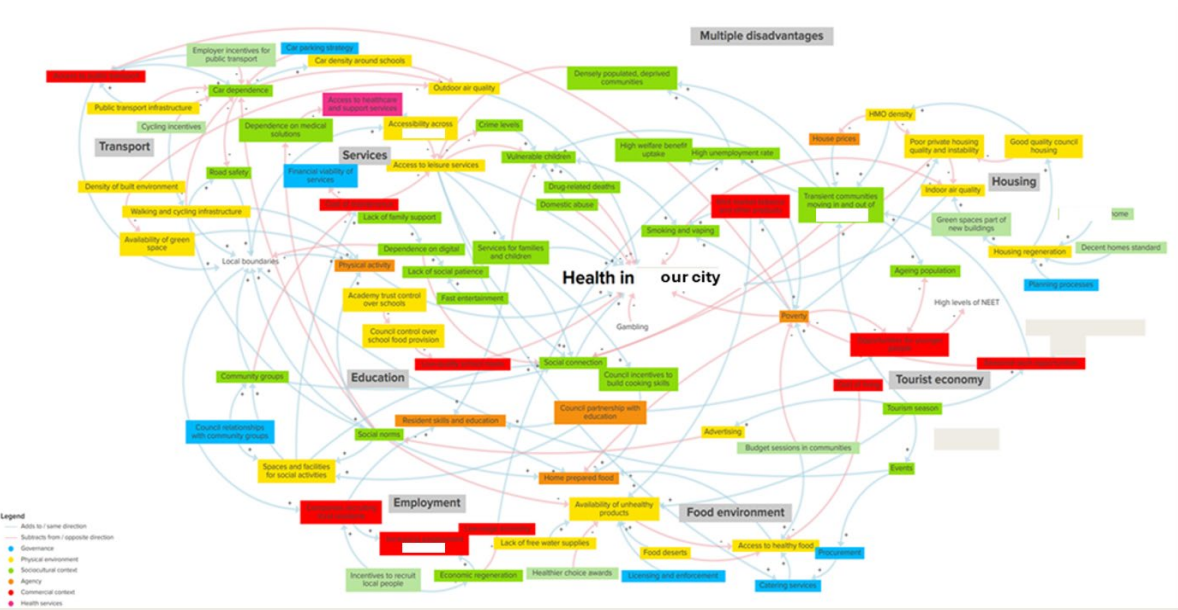
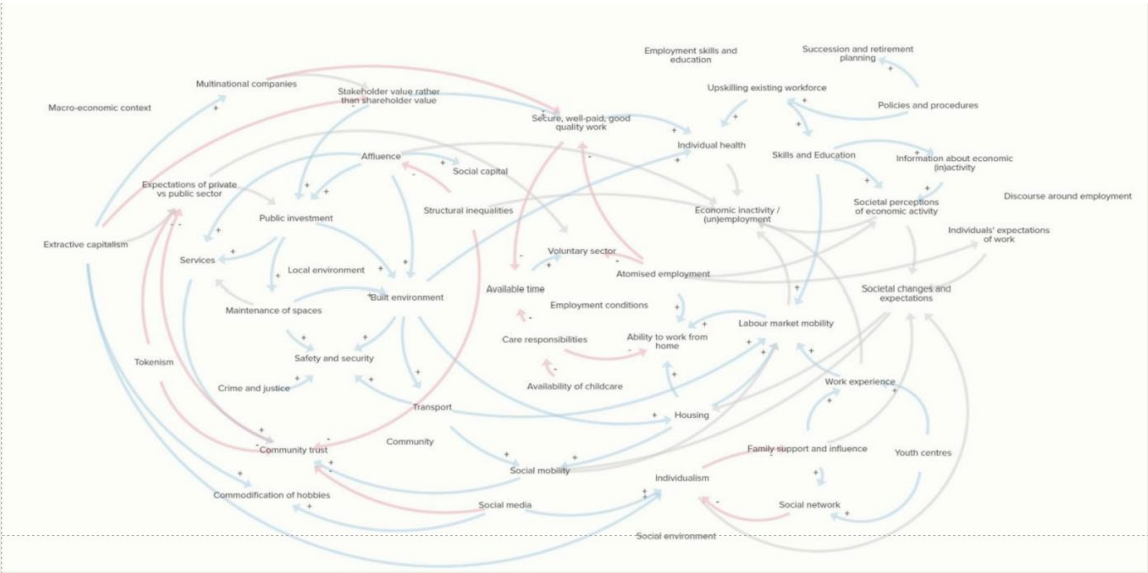
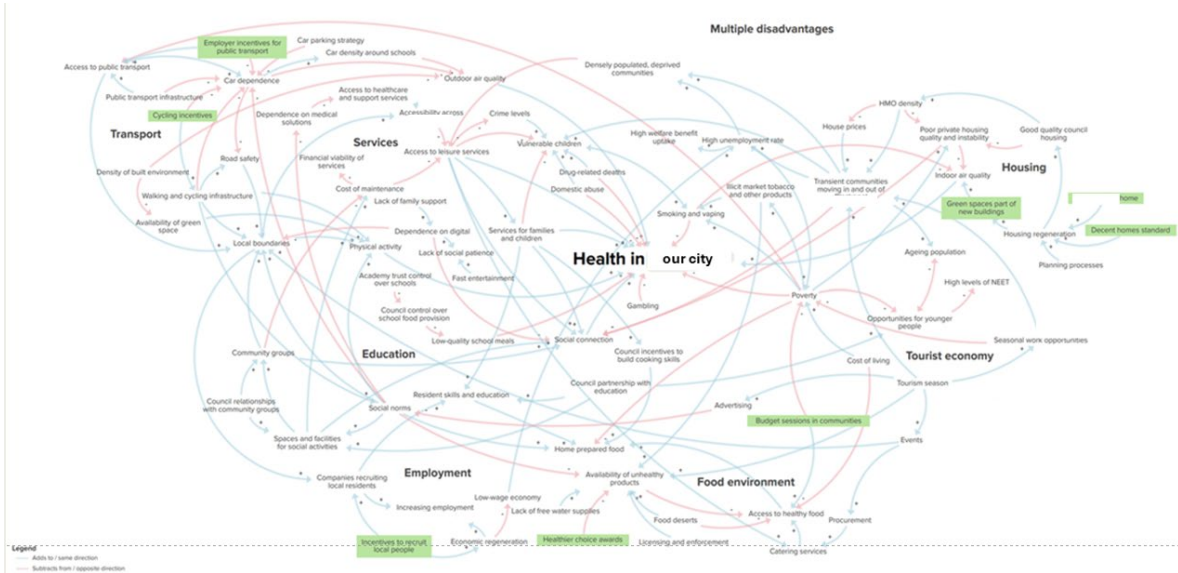
PHI | Population Health
UK | Improvement UK

Local Health Global Profits

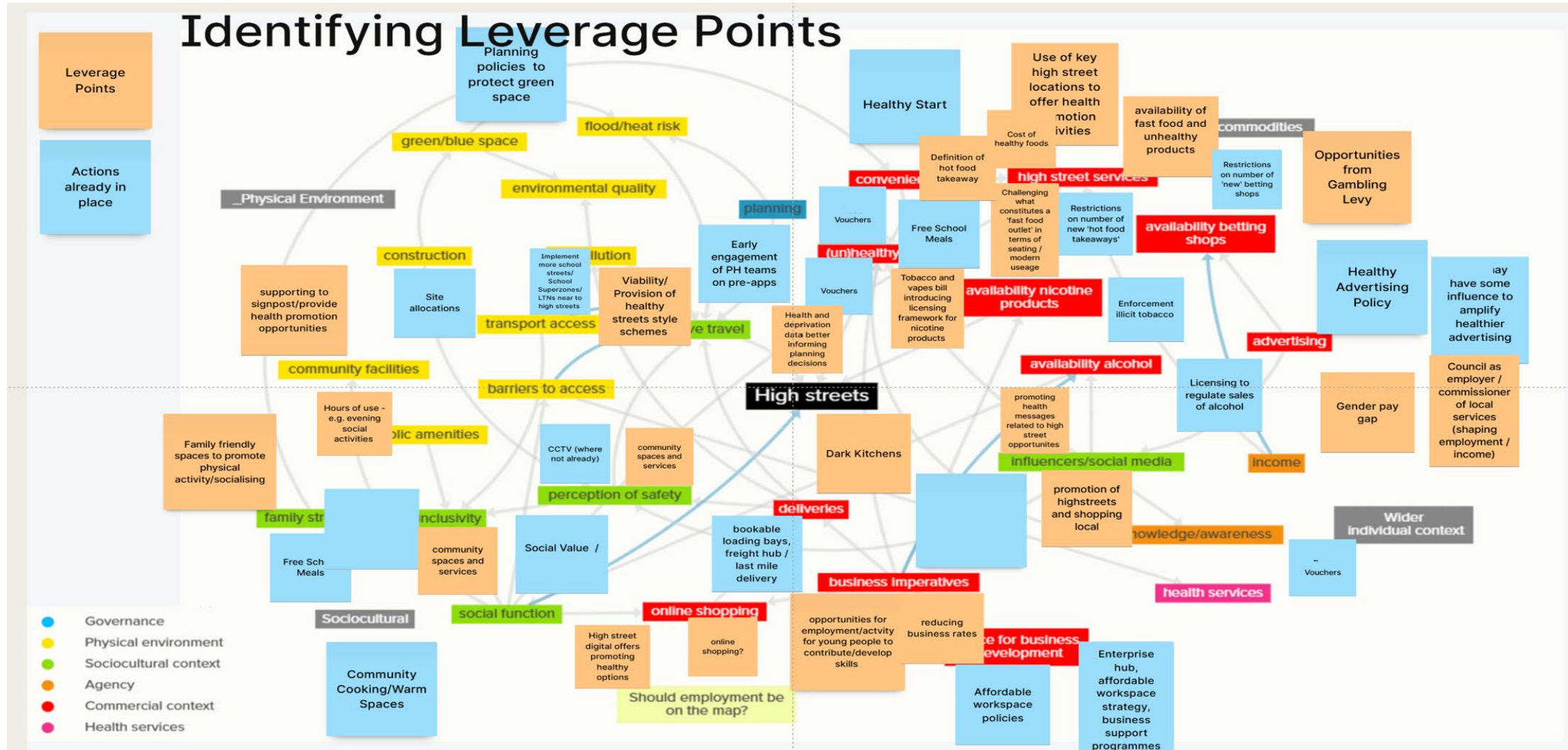
Research objectives

- Use a systems approach to construct conceptual maps on how commercial influences may impact health and interlink with other upstream economic, social and political health determinants
- Prioritise and select plausible actions and resources that can reshape systems towards positive health and equity outcomes

Mapping the system



Action areas and leverage points



Conclusions

- System maps can be useful tools for unpicking the factors and relations shaping systems
- The process of building a map may be at least as important as the map itself
- Maps can and should be used as tools to help drive action – identifying areas of focus and leverage points, and helping to shape how to intervene in the system over time

Moving beyond mapping – practical challenges of the Essex system approach

(or the life of bruised, battered but not broken local obesity practitioners)

Adrian Coggins, Essex County Council Public Health

Emergent evidence and evaluation

NB live procurement process for an evaluation partner. Specification written by **Emma Farrow**, Essex County Council.

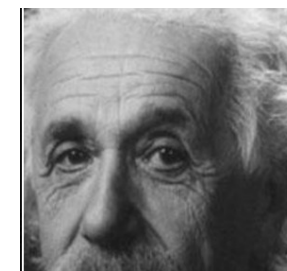
Behaviours and bravery

Happy to discuss with other commissioners separately, provided not a bidder!

Governance and groupwork

Emergent evidence and evaluation

- **Methods needed still emerging in academic literature - let alone established PH practice**
 - Frontier working! **No synthesis of evidence – or methods into a meaningful whole** to inform local popn wide obesity strategy – no blueprint for the **causal lens driven strategy** we want
 - **How methods intersect not tested in real world application** - realist evaluation, systems science, and causal inference
 - Challenge because in absence of blueprint everyone has a view on how to write a strategy –e.g. **life course approach, settings etc.** - **these are not causal based**. NB don't want a pragmatic categorisation of existing work
- **Evaluation is a poorly understood term**
 - not just current activity – **we're reframing obesity to identify the most impactful contribution that each stakeholder can make** using the best methodology available
 - **Broader than current activity** again causal lens – e.g. ECC economic growth directorate contribution to reducing obesity
 - **Collectively define “impact”** – greatest benefit for largest number of people over the longest time period – so more effort deployed on environments than individual behaviour change!



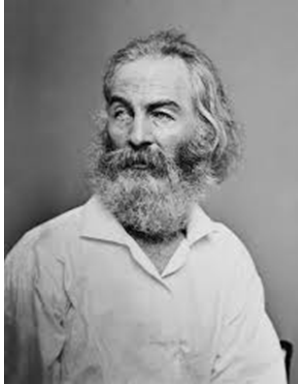
Science can only ascertain what is,
but not what should be, and outside
of its domain value judgements of
all kinds remain necessary.

— Albert Einstein —

Behaviours and bravery

“Listen! I will be honest with you; I do not offer the old smooth prizes, but offer rough new prizes”

Walt Whitman, Song of the Open Road



○ “Carefully managed democracy”

- stakeholder voices not enough to drive impactful strategy, needs **strong professional moderation & skill** to direct effort to most impactful things – v embryonic skill amongst PH practitioners
- There are **right and wrong methods to deploy and sequence is key** to generate impactful work programme - stakeholders v attached to fixed methods/definitive answers - our reality is uncertainty, inference and incremental understanding

○ Embrace the emotional roller coaster & build LEADERSHIP BEHAVIOURS:

- **resilience** - default feeling in transformation is discomfort, for a LONG time, many are VERY attached to the status quo and just want to get on with it rather than reflect or reframe
- **bravery** – to pause and think, to explore appetite to do something or not, for relentless robust methodology, to challenge those who “just want to do things”/quick wins
- **empathy, and role generosity** – develop transdisciplinary teams where people cross professional boundaries/value sets & meet halfway on the bridge of understanding e.g. academics challenge practitioners to use good methods, practitioners challenge academics for real world application research

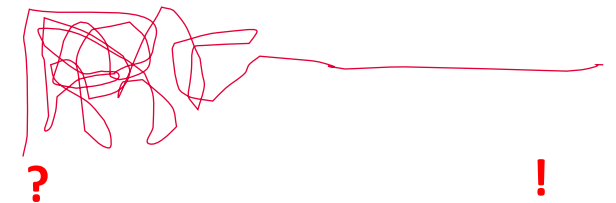
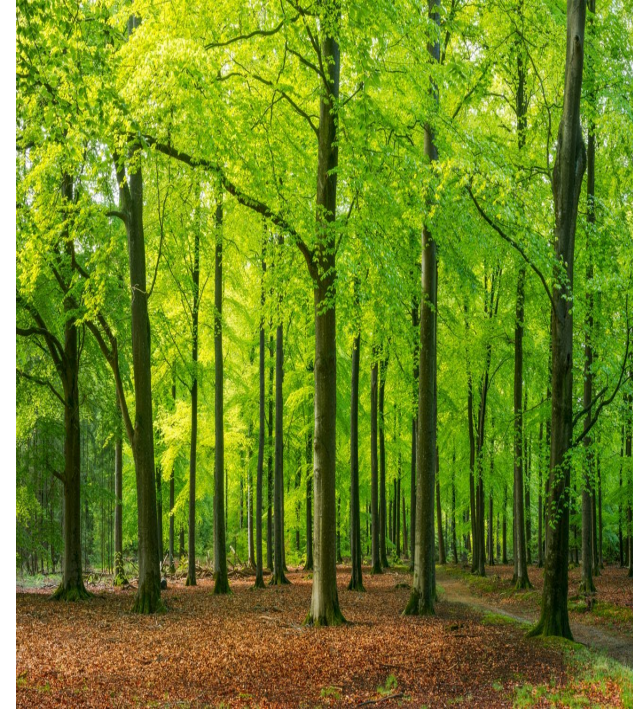
Don't mistake activity for progress



Governance and groupwork

Governance

- **Leave egos and logos at the door – develop better COLLECTIVE place based accountability**
 - essential for complex problems, where **determinants are spread across lots of orgs** & no simple cause & effect relationships
 - **align collective effort around as many determinants as possible** of the thing we're trying to change .
Eg. measures of INCLUSIVE economic growth activity in deprived places, not just higher targets for weight management services in deprived areas (again focus on best IMPACT)
- **Complexity switches many people off – not everyone needs or wants to understand it**
 - **Success depends as much on strong stewardship of resources & methodology as on technical methods**, evaluation must become trusted and systemic whilst it evolves and people learn it
 - **Many want simplicity** and to know what their specific role is when they come to work, this must be an output of our collective discussion/methods/evaluation - I've promised stakeholders!



(edited) Exam Question(s)



What insights do policy makers need to inform decisions?

To what extent are current approaches sufficient for informing action?

Why do we need to move beyond (qualitative) maps?

What additional forms of evidence would strengthen decision-making? What does a QSM not capture?

What challenges do stakeholders face to moving beyond (qualitative) maps?

What is needed to move beyond describing the system?



IMPROVING THE LIVES OF PEOPLE LIVING WITH, OR AT RISK OF OBESITY.

Break and back to Mercian 1



Parallel Session 2

13.35-14.40

Co-production and involving the public

Facilitated by: Prof Katie Newby (PHIRST/UH) and Ishani Kar-Purkayastha (OHID South West)

Co-production and involving the public



Members of the public

People not working professionally in the field, who may be affected by or interested in overweight/obesity.



People with lived experience

People with direct personal experience of overweight/obesity, through their own lives or close relationships.



Communities

Groups of people linked by shared place, identity, and/or experience of overweight/obesity.

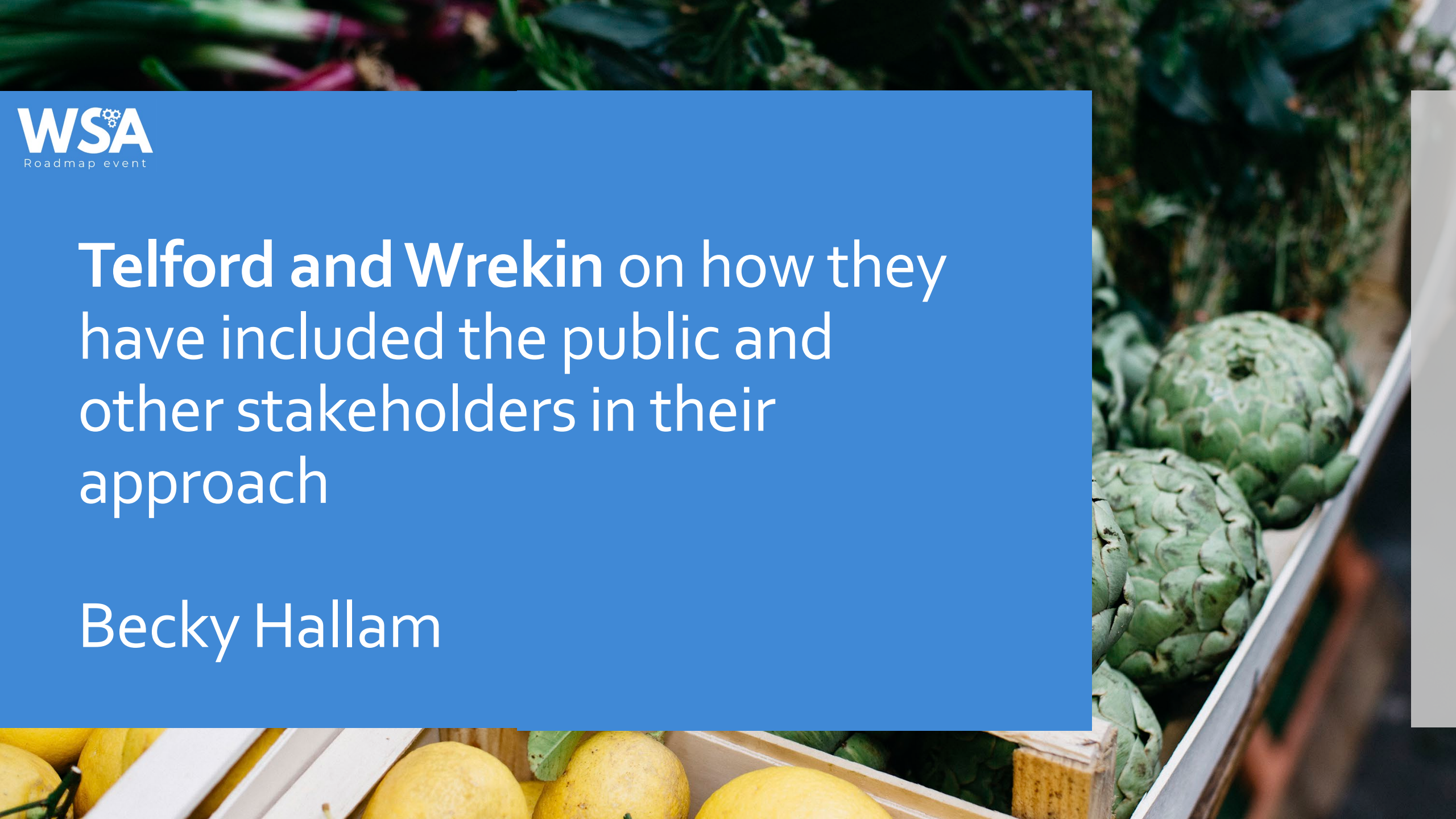
Co-production and involving the public

How have local authorities attempted to engage the public, people with lived experience, or communities in their WSAs?

- What are some of the main challenges faced?
- What lessons have been learned; what has contributed to success?
- What opportunities are there to reach and engage with these individuals/groups?
- What positive ways forward or actions should we take?

Telford and Wrekin on how they have included the public and other stakeholders in their approach

Becky Hallam





Whole systems approach

**Supporting our
children to grow
into a healthy
weight**



**Promoting a
healthier food
environment
including
healthy settings**



**Creating
opportunities
for all**



**Empowering
system
partners**





East Riding of Yorks - on lived experience of unintentional harm/weight stigma

Angela Williams



Plymouth's Compassionate Approach to CYP Health and Weight 2023 -2033: Engagement

Dave Schwartz



"We are always learning"

Transformational

from primarily service thinking
to primarily system thinking



Appreciative Enquiry
with families

Compassionate

Complex

Whole
System

Movement across /connecting sectors (for example, from health into food systems or the built environment) is driven by relationships, need and learning, not by predetermined sequencing. Engagement extends into these domains as opportunities emerge i.e. alongside activity developing.

E.G.

Peer Youth
Allocation
Budget

CYP in the NHS
Complications of
Excessive Weight
Service design a model
where CYP allocate up
to £80 to peers to
support outcomes that
matter to them.

Charitable funding enables all
CYP @ one primary school
(IMD1) to go to blue/green
spaces annually for 3 years,
with rangers, transport, and
staff support. Feedback and
stories from children,
families, and staff(daily logs)
informs year 2 design

Blue /
Green
Trips

Listening
Week

Secondary school attending
routine place-based learning
event agreed to lead a Ward
wide listening week. ~650
conversations in week with CYP
and community members -20
partners supporting. Being
repeated this June. Findings
informing thinking and planning.

Undertaken together with a
child/family/ group this
captures connections made and
the journey made, linked to an
intervention / project etc.

Ripple
Mapping

This is powerful process.
Presented as a graphic map.
Impactive with all including
senior decision makers.

A Focus
on
Learning

Networks
&
Learning
Events

Thank you!