

Design phase

Shaping Places for Well-being in Wales

Proposed framework for activities of Applied Systems Learning Framework

August 2023



Acknowledgements

We are also grateful for the expertise and feedback in the development of the Applied Systems Framework from Professor Harry Rutter (University of Bath) and Dr Nick Cavill (Cordis Bright).

Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh.

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ISBN: 978-1-83766-358-3

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Background

The Shaping Places for Well-being in Wales (SPWW) programme will develop a national resource to support Public Services Boards (PSB) in Wales to apply systems approaches to influencing wider determinants of health (WDoH), to learn from their collective experiences, and to share learning.

This will be achieved through Applied Systems Learning Cohorts (ASLC), involving leaders and technical officers, who will work together to learn and apply systems approaches to selected themes of interest, and bring this learning to their local PSB.

Purpose

This document sets out a framework for ASLC to flexibly explore and apply systems approaches to achieve their aims in influencing WDoH as they implement their well-being plans.

Approach

The approach is to have three ASLC open to all PSB that wish to partake, focussing on applied, shared and reflexive learning. During the set-up phase, three themes with commonality across the well-being plans will be agreed with PSB as the focus for the programme. Each ASLC will take forward one theme.

This document sets out a framework for the application of systems thinking and practice, and will be supported by a 'menu' of more detailed tools and methods, which can be used to support the needs of each particular theme and geographic area. It recognises that PSB are partnerships at different stages in their development and in the application of systems approaches to influencing the WDoH.

The application of the framework will be dependent on groundwork to ensure engaged leadership, time to build trusted relationships, and a clear, shared narrative on systems approaches.

Using a systems approach involves considering context, connections, and multiple perspectives. It helps to:

- look at the state of the drivers of a specific problem of concern
- see how they are connected to each other
- identify potential opportunities for action
- understand the impact of our actions in the context of a broader system
- build a network of organisations /departments/ actors involved

This complements traditional public health approaches to understanding and analysing data and evidence to inform action.

To be effective, establishing the ASLC will involve:

- identifying a broad range of stakeholders with a role to play in affecting each theme
- setting out methodologies, for example:
 - o operational underpinnings based on the principles of Action Research Groups, Action Learning Sets, Collective Impact* or others.

 conceptual underpinnings supported by principles of action research to enhance dialogue, ensure shared power and horizontal decision-making and ensure diverse stakeholder inclusion.

The proposed activities for SPWW are outlined in figure 1, then explained in more detail. The activities are not expected to be entirely linear, and the timescales are indicative and will be dependent on the requirements of PSB. The learning from activities 2-5 will be integrated into the ongoing work of PSB and it is expected that following the review (activity 5) participants in the learning cohorts will go through the cycle again as they further refine the work with their PSB.

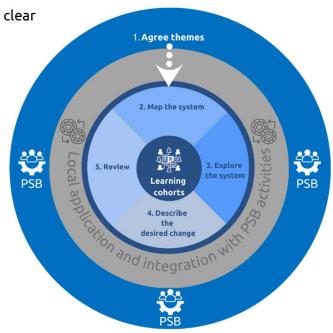
The work of the ALSC will be supported by a learning and evaluation framework including identifying baseline data. This will not only help evaluate SPWW itself but also iteratively drive the learning within the ALSC.

Figure 1: Outline of suggested systems approach

Support by

Engaged leadership, developed relationships, clear narrative on systems approach

Activity	Indicative timescale for activity
1 Agree themes	2 months during set- up phase
2	3 months
3	3 months
4	3 months
5	1 month
Integration	Integration will occur throughout activities 2-5 and could also involve testing aspects of desired change



Activities

1. Agree themes

During the set-up phase, participating PSB members will select three themes for focus, informed by the PSB well-being plans and well-being assessments, by data and intelligence and the involvement of local communities.

Three themes will be selected based on elements of the WDoH from the plans as well as the nature of the challenges faced by PSB in making a difference. Housing and education are examples of potential themes; however, a theme could also be how multiple areas can be integrated for example to improve neighbourhood well-being, or how the PSB partnerships works effectively.

In establishing the ASLC, considerations will be given to existing groups or networks which might incorporate this new work if this makes application simpler for PSB. The relationship between the national ASLC and translation of action and learning into the PSB will also be

discussed and planned in this set-up phase. Additionally, collective decisions will be made on ways of working, including: the structure of the groups; terms of reference; frequency of meetings (probably a minimum of 4 times per year); and a charter or 'learning agreement' for commitment to the process, application into action, taking a reflexive approach and capturing and sharing learning. A high risk for this programme is a lack of sustained and committed contribution to the process. Mitigating factors include coproduction of the entire process so that members can see the value for them in taking part; and designing actions as rolling, continuous activities.

2. Map the system

Systems mapping with relevant stakeholders is a useful, established method for providing a starting point for programme of such work and would provide a strong foundation for the ASLC. For each of the three high-level themes, the specific system(s) of interest will be identified for mapping.

The mapping will be led by experienced facilitators – ideally face-to-face – to produce a system map that acts as a key touchstone for the ongoing activities of each ASLC and can be updated as the work progresses. It is ideally done with a wide range of stakeholders, even those only tangentially related to the topic, to produce – in the first instance – a broad, informative picture of the many factors and actors involved.

The systems mapping session would also act as a useful launch for the ALSC programme, and the process of building the map together will, in itself, be valuable. Stakeholders in mapping sessions will be able to see their role within the system, how they connect to others, who else they could connect with, and how actions they take may have impacts across the system.

3. Explore the system

The systems map will be used to identify potential actions and interventions for transforming the system to reach its goal by:

- Examining connections and identifying feedback loops, areas ripe for change, areas that are particularly problematic, where changes will have multiple benefits and impacts across the system.
- b) Developing responses to these feedback loops to break negative cycles / amplify virtuous cycles in the form of 'action ideas'.

These processes can follow formal, scripted¹ ways of eliciting points for potential action, or can be conducted more informally. The map also provides a stimulus for collaboration opportunities and as a basis for ongoing work.

An important potential use of the systems map is to help identify the 'levels' of the system at which action is already taking place, and where it could be introduced. A way to do this is by examining what is in place within a system-level framework² to see where emphasis is on current interventions i.e.

- elements (requiring 'high-agency' from individuals) or
- whole system (more structural, 'low-agency').

 $^{^1\,}https://en.wikibooks.org/wiki/Scriptapedia/Action_Ideas$

² E.g. Intervention Level Framework (<u>Johnston</u> et al. 2014), Action Scales Model (<u>Nobles</u> et al. 2012).

In some ways, the work identifying the level at which action is happening is the crux of the role of PSB, and thereby, SPWW. Typically, work aiming to reduce health inequalities and much of the evidence on doing so, is found in more individual or 'elemental' level of the system. These kinds of interventions often require high levels of personal agency by people least equipped to prioritise taking action for their well-being, particularly those disadvantaged by deprivation, but the people living in deprived circumstances may be faced with constraints that reduce their agency below that of the general population.

Additionally, there is disproportionately more resource used on *treating* health problems through the healthcare system than on *prevention*, on the systems that can reduce people's risk of needing such care in the first place. Investments in prevention are paramount to reducing health inequalities and reducing spending pressures³.

Applying the learning from this segment of the work of the ASLC is, therefore, where this programme has the most potential to make a difference. By thinking and working in systems, PSB – as represented in these ASLC – could identify and act on higher leverage points in the system. These levers may be harder to shift but are likely to have a greater impact on prevention through addressing WDoH and requiring the least of people living in deprivation. This is not at the expense of engaging communities in shaping and realising change; rather it relies less on individuals having to change their own behaviours, as per individual, low-level interventions.

This is not to say that targeted interventions are not viable, rather they should be complemented by this systems approach. We know that targeting efforts to populations with extreme need can miss more widespread needs. SPWW will therefore combine this systems approach with one founded on proportionate universalism⁴.

A system map also can form the basis of other work that can help consider what change is needed and where this can happen, for example:

Gap map

Creating a 'gap map' to reveal where policy, practice, research evidence, and other forms of knowledge are missing. On the system map, identify:

- a) Where do we have provision that is working well? How? Why? What can we learn?
- b) Where do we have provision that is not working well/ used fully? Why not? What is needed? Who from? Who with?
- c) Where do we not have the provision that we need? What is missing? Why?
- d) What about the linkages between the factors? *Are some missing? Are some not right?*
- e) Where there is existing evidence on practice and where is it lacking?

Network building

The system maps can be used by ASLC members to explore, build, and strengthen a local, PSB-area network of relevant stakeholders. Useful ways of doing this can be triggered by asking:

• Who is responsible for factors on the map?

 $^{^{\}bf 3} \ \underline{\text{https://www.healthscotland.scot/media/1089/economics-of-prevention-mar16.pdf}}$

⁴ https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

- Who could/should be involved who is not already?
- Who is connected to whom? Who should be connected to whom?
- How can we move forward with a shared agenda for success?
- An established tool for such network/partnership working is Collective Impact*5
- Social Network Analysis is another potentially useful tool at this stage.

4. Describe the desired change

Design and implementation of any identified actions/interventions are likely to benefit from their own theory of change to help focus the process.

Drawing on the insights from developing and exploring the system mapping, a circular theory of change can harness the opportunities to use levers of greatest impact, and consider relationships across the system, including risks of unintended consequences.

This a point where the evidence base can be further considered, from well-being assessments, published literature, and insights from communities and partners.

5. Review

The work of SPWW takes an iterative approach; as illustrated in Figure 1, the process is circular, possibly with review and reporting at intervals, but always feeding back into the system work, as in activity 2.

This stage is an opportunity to consider learning in more detail, share experience of practice across PSB and progress on any indicators both for the ASLC and the participating PSB.

Local application and integration with PSB activities

Applying the outputs of the ASLC and integrating learning from activities 2-4 into the PSB ways of working and plans is a fundamental aim of the approach. At each stage, ASLC members will work with relevant stakeholders to integrate evidence, decisions, and findings from the earlier activities into PSB activities.

The flexible approach to integrating this learning will be planned during the set-up phase and developed throughout. For example, members may use the system maps developed for a theme and work with their PSB stakeholders to create a rich local map more specific to that PSB's objectives. They may explore the map in more detail with partners and develop a local understanding of their gaps and networks. They may adapt the ASLC theory of change locally or develop one more be-spoke for their needs.

Any 'deep-dive' at PSB-level is likely to include working with other stakeholders and residents to get their input. For example, the voluntary, community and faith sector may emerge as a key player in any given topic area. As such, incorporating their views, experiences, and ideas for action will be fundamental to success.

Following a review activity (5) it is likely ALSC members will formally go through another cycle of activities 2-5 during the life of the programme to further embed systems thinking and practice in their PSB.

⁵ https://ssir.org/articles/entry/collective impact

*Collective impact comprises five dimensions, involving "long-term commitments by a group of important actors from different sectors to a common agenda for solving a

specific social problem."

Collective Impact characteristics

(i) <u>common agenda</u> – a shared vision for change, a common understanding of the problem and a joint approach to solving it through agreed actions

- (ii) <u>shared measurement systems</u> it is essential to have shared, agreed reporting of changes/success indicators, to ensure continued alignment; also, so participants can hold each other accountable and learn from each other's successes and failures.
- (iii) <u>mutually reinforcing activities</u> encouraging each participant to undertake the specific set of activities at which it excels in a way that supports and is coordinated with the actions of others.
- (iv) <u>continuous communications</u> frequent communications and meetings to build understanding and trust across stakeholders, and recognition of motivations for shared success
- (v) <u>backbone support organisations</u> a separate organisation/team and staff with specific skills to provide infrastructure to the work, to coordinate/plan/manage and support the initiative.