HEALTHY WEIGHT
COMMUNITIES
EVALUATION

FINAL PROJECT REPORT:
DUNDEE
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1 EXECUTIVE SUMMARY

1.1 The Dundee Healthy Weight Community Programme (DHWCP) is a city-wide programme which focuses on three target communities of Strathmartine, Lochee and the North East, which were selected following careful consideration by the Steering Group using a Site Location Matrix against a range of criteria including prevalence of physical activity and healthy lifestyle services available locally.

1.2 The programme has embarked on a programme of community engagement and consultation to understand current perspectives in each of the target areas about healthy living, including issues, barriers and gaps. This will result in a research report outlining clear responsibilities for Dundee City Council, NHS Tayside and Scottish Government.

1.3 DHWCP has achieved good strategic engagement through its Steering Group and reporting structure. The project reports to both Healthy Dundee (the Health and Social Care Strategic Theme Group of Dundee Community Planning Partnership) and the Integrated Children’s Services Strategic Planning Group. Additionally, individual Steering Group members provide links to a range of other health initiatives including Active Dundee, Child and Family Health Forum, Keep Well and Hearty Lives. The project has also been credited with facilitating connections between a range of partners and initiatives which may not otherwise have occurred.

1.4 The project is lead by a core group of two Dundee City Council officers and one NHS Tayside public health consultant, who have adopted an iterative and inclusive approach in terms of involving the Steering Group in all aspects of project development and decision making. The project also benefits from a third student of the Food, Nutrition and Health degree at Abertay University who is currently on placement.

1.5 A number of benefits have arisen from the partnership approach:

- Raised awareness and profile of the healthy weight issue among practitioners working in Dundee’s disadvantaged communities and an appreciation of the role and contribution by non-traditional health agencies
- A multi-agency approach to addressing the healthy weight issue has been established, which has improved partnership working and lead to a commitment to sustain this over the longer term
- A mutually beneficial relationship established with NHS Tayside
- Provision of support to complementary health initiatives, such as Hearty Lives

1.6 The Project Co-ordinator post was regarded as crucial to project delivery but following a prolonged recruitment period during which the project was, ultimately, unable to appoint, progress was delayed. The Steering Group identified alternative options for delivery, refocusing its approach towards community research about the issues, gaps and barriers in relation to healthy weight. A Programme Administrator was appointed to lead on this work.
1.7 DHWCP is awaiting the outcome of its programme of community consultation before making decisions about the work elements that will be taken forward. This includes branding and social marketing, involving local service providers.
2  INTRODUCTION AND CONTEXT

2.1 The Dundee Healthy Weight Community Programme (DHWCP) is a city-wide programme which focuses on three target communities of Strathmartine, Lochee and the North East, all of which experience high levels of social deprivation (SIMD 2009). The City’s Health and Wellbeing Profile (2008) characterises Dundee as an area of significant poverty and deprivation. Male and female life expectancy, mortality (all causes), cancer mortality and childhood obesity in Primary One-age children are all significantly worse than the Scottish average\(^1\).

2.2 The three target communities were selected following careful consideration by the Steering Group using a Site Location Matrix against a range of criteria including:

- Links to local schools, nurseries and community centres
- Prevalence of physical activity and healthy lifestyle services and groups
- Range of local facilities, local management groups and other community forums

2.3 Considerable time was invested by Steering Group members in agreeing the target communities. Initially, the intention was for any of the eight city wards to “bid-in” to become a target DHWCP area. However, following some reflection, the Steering Group felt that while such an application process may encourage commitment from the successful communities, there was a potential risk of alienating those areas which were not selected.

2.4 The original, long-term outcome of the Dundee Healthy Weight Community Programme was to reduce the increasing prevalence of early years’ obesity and to reduce the incidence of obesity-related co-morbidities by increasing the confidence and capability of parents to achieve healthy lifestyles.

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\(^1\) [http://scotpho.org.uk/nmsruntime/saveasdialogue.asp?IID=4316&sID=3671](http://scotpho.org.uk/nmsruntime/saveasdialogue.asp?IID=4316&sID=3671)
3 INITIAL PHASE OF APPROACH

3.1 The Dundee HWC bid was submitted to Scottish Government through a partnership bid involving NHS Tayside and Dundee City Council. The team responsible for bid development and submission, with the exception of one member whose job has changed, have remained members of the Steering Group.

3.2 The project's overarching aims and objectives, as outlined in the original bid, are to:

- Enhance engagement with disadvantaged local communities and enable them to discover their own potential to address obesity by taking ownership of the health and wellbeing of their own neighbourhoods and enabling them to contribute and take control of their own welfare
- Help vulnerable pregnant women, new mothers and their families to overcome the barriers to making healthier food and lifestyle choices (through discussion, practical information and support on food, physical activity and health)
- Make it possible for individuals to improve food choices and eating patterns and increase physical activity levels
- Create connections between multiple health improvement services or initiatives (existing and new) in a range of settings with a clear vision of how this will add value in achieving a shared set of objectives
- Build on existing good practice to improve lifestyles and thereby contribute to improving health and wellbeing
- Enable public and third sector services to work together more than they have and discover that by effective partnership working they can make a real difference to the complex underlying reasons for health inequalities
- Establish essential communication links that presently do not exist between public services.

3.3 The project also outlined a series of intermediate outcomes at the individual, organisational and community level:

Participants
- Better opportunities to access support
- Expand food and nutrition skills
- Develop knowledge and skills about positive parenting
- Increased support to access organised physical activity programmes

Organisations
- Have staff with appropriate knowledge, skills and attitude to support people to make positive healthy eating and lifestyle choices
- Work in partnership with one another to support a single system approach
- Create a culture whereby staff will work together as part of a community to enable its people to develop and sustain positive lifestyle changes
Local community

- Through community centres and other ways, create a focus for the establishment and ongoing promotion of a healthy lifestyle throughout and across the generations
- Provide the necessary focus to ensure that the work is sustained through continued local community action and involvement
- Challenge and alter the obesogenic environment and initiate a new culture of positive lifestyles

3.4 A Delivery Plan with Implementation Plans for nine key action areas, outlined below, was agreed in July 2009.

1. Target area location selection
2. Mapping of pilot sites
3. Desktop research
4. Training and information
   a. Staff
   b. Community
5. Linking existing service delivery
6. Development activity
7. Governance and Accountability
8. Communication and Branding
9. External stakeholders

3.5 The Steering Group has been involved in each step of the process leading to the Delivery and Implementation Plans and agreed that a Project Co-ordinator was required to lead the delivery of the Action Plans. However, two rounds of recruitment for this post were both unsuccessful.

3.6 Consequently, the Steering Group agreed a revised and renewed future direction for Dundee HWC, which is now very much focused on a bottom-up, three-stage approach to understanding the issues to healthy weight. The project has embarked on a programme of community engagement and consultation to understand current perspectives about healthy weight and healthy living, including issues, barriers and gaps. This will result in a research report which will identify clear responsibilities for:

- Scottish Government
- Dundee City Council
- NHS Tayside.

3.7 It is unclear at this stage if this will identify joint responses.

3.8 The three-phase approach is summarised in the diagram below and is supported by an Action Plan (agreed in September 2010) which identifies:

- Tasks, agreed actions and Steering Group member remitted to specific tasks
- Lead partners
- Timescales for delivery
- Costings and targets
3.9 A Programme Administrator was appointed in October 2010 whose key tasks include collating existing research on healthy weight locally and to undertake the community consultation.

**Phase 1:**
- New Community Consultation in Dundee
- Target Group Consultation in Dundee
- New Officer Consultation in Dundee
- Research Results Nationally, what are they telling
- Research into existing consultation on healthy weight in Dundee,

**Phase 2**
- Ideas, thoughts, proposals for Action. How do we join things
- What are the problems stopping positive actions. How we can prevent

**Phase 3**
- Report to Scottish Government
- Report to City Council & NHS Tayside what we can do in Dundee now
- Implementation Plan agreed & actioned
3.10 Responses to the stakeholder scorecard survey undertaken in March 2011 suggest that there is a good understanding of the purpose of the programme and that it has mostly clear aims and objectives. The scores represent a slight decrease from the position last year (May 2010) but this may reflect the delay to project activity and subsequent refocusing of the project due to the unsuccessful attempts to recruit a Project Co-ordinator. Further scorecard analysis is presented in Chapter 4.
4 WHAT DIFFERENCES HAVE BEEN MADE?

4.1 Due to the changed focus of the Dundee HWC programme, the potential to achieve – or make progress towards, in the timeframe available – the programme’s original aims and objectives has been affected. However, it is demonstrating some progress in terms of enhancing community engagement, creating connections between health improvement initiatives and in establishing communication links between public services.

4.2 The reach of DHWCP has been mainly at the strategic level, through its Steering Group and the reporting structures which have been established. The project reports to both Healthy Dundee (the Health and Social Care Strategic Theme Group of Dundee Community Planning Partnership) and the Integrated Children’s Services Strategic Planning Group. In addition, individual members of the Steering Group provide links to a range of other health initiatives operating across the city, which have proven beneficial to the project’s progress towards key aims. Membership of the Steering Group and the links this provides is outlined in the table below.

<table>
<thead>
<tr>
<th>Steering Group member</th>
<th>Role</th>
<th>Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merrill Smith</td>
<td>Head of Business Development and Support Services, Leisure and Communities</td>
<td>Council Committees</td>
</tr>
<tr>
<td>Kath Hutchison</td>
<td>Family Support Team Manager, Social Work</td>
<td></td>
</tr>
<tr>
<td>Jamie Kelly</td>
<td>Sports Development Officer, Leisure and Communities</td>
<td></td>
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<tr>
<td>John Hosie</td>
<td>Community Regeneration and Health Manager, Leisure and Communities</td>
<td></td>
</tr>
<tr>
<td>Doug Rennie (replaced Billy Gartley)</td>
<td>Manager (Centres and Projects), Leisure and Communities</td>
<td>Network of local community centres and facilities</td>
</tr>
<tr>
<td>Carole Robertson</td>
<td>Public Health Improvement Officer, Corporate Planning</td>
<td></td>
</tr>
<tr>
<td>Joyce Thompson</td>
<td>Dietetic Consultant in Public Health Nutrition, Directorate of Public Health, NHS Tayside</td>
<td></td>
</tr>
<tr>
<td>Mary Colvin</td>
<td>Health Promotion Programmes Manager, NHS Tayside</td>
<td>Active Dundee</td>
</tr>
<tr>
<td>Charlotte MacCrimmon</td>
<td>Early Years and Childcare Manager, Education</td>
<td>Healthy Dundee Children’s Services Strategic Planning Group Early Years Framework Steering Group</td>
</tr>
<tr>
<td>Shona Hyman</td>
<td>Keep Well and Hearty Lives Dundee Project Co-ordinator, Dundee CHP, NHS Tayside</td>
<td>Keep Well Hearty Lives</td>
</tr>
</tbody>
</table>
4.3 The Steering Group is well established and membership has remained fairly stable over the project’s lifetime.

4.4 Several stakeholders commented that although much partnership work happens in Dundee, the specific focus of the project in relation to addressing childhood obesity has facilitated connections between a wide range of partners and initiatives which may not previously have been linked. The voluntary sector and private sector have been identified as potential gaps but it is also recognised that, until the results of the community consultation are known, it may not yet be appropriate to have these sectors round the table.

4.5 All stakeholders agree that the profile of childhood obesity and healthy weight has been significantly raised in Dundee and there appears to be multi-agency commitment to addressing this issue. This is supported by the results of the scorecard which identifies that respondents agree that there is a clear focus on working together to make a difference to the coherence and impact of services and activities.

4.6 The project’s progress in achieving its original aims and objectives is outlined below.

4.6.1 Enhancing engagement with disadvantaged local communities and enable them to discover their own potential to address obesity by taking ownership of the health and wellbeing of their own neighbourhoods and enabling them to contribute and take control of their own welfare.

4.6.2 Residents in the three target communities – with a focus on the parents of children under the age of 5 who attend existing groups or services – have been consulted to understand individuals’ knowledge of, issues and barriers to healthy weight and to establish what is needed to have a greater impact on achieving and maintaining healthy weight. It is intended that the evidence gathered will identify gaps in service provision and opportunities for service realignment or joint provision to enable residents make healthier food and lifestyle choices.

4.6.3 At the individual level, DHWCP is unlikely to have had any influence over attitudes or behaviour but, through its consultation work, may have begun to raise awareness of the healthy weight issue. Approximately 120 individuals in the three target communities and in a city-centre location have been
interviewed, access to whom was facilitated through Steering Group members’ services, existing groups and contacts at the local level.

4.6.4 Identification of the issues which exist at the individual and community level will inform what the NHS Tayside and Dundee City Council responses need to be.

4.6.5 *Create connections between multiple health improvement services or initiatives (existing and new) in a range of settings with a clear vision of how this will add value in achieving a shared set of objectives.*

4.6.6 Strong connections have been established, as a result of Steering Group membership, between a range of council departments and between Dundee City Council and NHS Tayside. While this has not yet lead to joint service provision or alignment in a range of settings, commitment for this to happen, if appropriate, exists.

4.6.7 *Enable public and third sector services to work together more than they have and discover that by effective partnership working they can make a real difference to the complex underlying reasons for health inequalities.*

4.6.8 There is one specific example of enhanced public and third sector delivery and evidence that the relationships which have been established through the Steering Group have influenced service delivery. Hearty Lives is an existing, joint British Heart Foundation and NHS Tayside programme to improve the heart health of people living in Dundee by providing a range of home and community-based services.

4.6.9 The Active Families strand of the Hearty Lives programme has a number of natural overlaps with the overarching aim of the Healthy Weight Communities programme, i.e. addressing childhood obesity and supporting children and parents to lead healthier lives, but predominantly through increased physical activity. The DHWCP has provided funding for an Active Families Nutrition Co-ordinator to work alongside the physical activity co-ordinator, which will provide a more coherent approach to achieving family heart health.

4.6.10 *Establish essential communication links that presently do not exist between public services.*

4.6.11 Steering Group members regard the project to have positively impacted on the way in which Dundee City Council and NHS Tayside communicate with each other.

4.6.12 The Steering Group meetings provide the formal communication mechanism and the strength of the personal relationships developed through this forum has led to considerably more informal, i.e. telephone and electronic, and frequent, communication than previously.

4.7 It is the opinion of Steering Group members that the project “isn’t actually delivering anything” but this is not meant in a negative way; rather it indicates acceptance with the different direction the project has embarked on,
compared to that which was originally intended. Instead, the community consultation is regarded as the first step on the ladder which will inform partners about what needs to be done and enable them to work with the community to achieve it. This approach is perceived to be potentially more successful as it will have been informed by the community.

4.8 While the expectation of some Steering Group members that new programmes and services might evolve and which should be promoted to service users has not yet been met, this is recognised as being due to the “new direction of the project”. Steering Group members are also very clear that they will use the evidence from the community consultation to influence the development of new or existing provision within their own services.

4.9 In addition to the expertise of the Steering Group members, which includes public health practitioners, nutrition and early years specialists, the project is benefitting from having on placement a third year student of the Food, Nutrition and Health degree at Abertay University. The expertise of partners and additional academic knowledge is considered to be real asset.

4.10 As part of the evaluation of the Healthy Weight Communities Programme, Rocket Science designed a short scorecard survey to explore the perceptions of key stakeholders (i.e. Steering Group members) involved in the development and delivery of the Dundee Healthy Weight Community Programme.

4.11 The scorecard explored the clarity of the aims and objectives of the local programme, as well as views on progress against some key features of the Healthy Weight Communities approach, based on the original criteria set out by the Scottish Government. The initial scorecard was completed by stakeholders in May 2010 and again in March 2011. The scorecard analysis is attached as Appendix 1.

4.12 Overall, there have been some interesting changes in stakeholders’ responses. The results indicate that there has been good progress made in joining-up services and activities in terms of creating connections between existing services and activities, involvement of services in the project in some way, and in cross-sector partnership working.

4.13 Respondents also indicated that there had been progress and positive changes to the project’s management and leadership and community engagement. The following topics all recorded higher scores in March 2011 than the previous year:

- Clearly defined roles and responsibilities of staff involved in the management and co-ordination of the programme. This was reinforced in stakeholder interviews where the leadership provided by Merrill Smith (and, to a lesser extent but supported by, the core management team of Carole Robertson and Joyce Thompson) was held in high regard, as was the benefit brought to the project of having an Administrator in post with a clearly defined role and programme of work.
• Developed a fit-for-purpose structure for managing and delivering the programme
• Developed strong leadership
• Identified and defined target groups
• Understanding of the current behaviours, attitudes, beliefs and perceptions of the target groups towards healthy eating and physical activity and has put plans in place to influence these

4.14 In April 2010 low scores were recorded for outcomes and impact. Improvements to these scores were recorded in 2011 in terms of having a shared, clear vision for improving healthy weight outcomes, the contribution of DHWCP to guiding the way services are delivered and in adding value to existing services.

4.15 However, other areas have decreased. These are:

• Extent to which stakeholders have a clear, comprehensive understanding of the programme and its aims and objectives
• Identification of services and activities in the local community which can support healthy eating and physical activity
• Respondents feel a sense of ownership for the programme and understand their role and contribution
• Achieving a high level leadership and championing which clearly benefits the programme.

4.16 These lower scores are likely to reflect the issues faced by the project when it was unable to appoint a Co-ordinator and the subsequent delays and refocusing of project activity.
5 WHAT CAN WE LEARN ABOUT EFFECTIVE LEADERSHIP?

5.1 Merrill Smith, Head of Business Development and Support Services (Dundee City Council) manages the project but works very closely with Carole Robertson, Health Improvement Officer (DCC) in a joint management role. This core team has been enhanced by the increased involvement of Joyce Thompson, NHS Tayside Consultant in Public Health Nutrition. Together, this team has been responsible for developing much of the project’s strategic overview and management.

5.2 Stakeholders regard this “core group” of Merrill, Carole and Joyce to be responsible for the project’s vision, direction and momentum and there is a clear sense of “stability” in that Carole has been involved since the outset.

5.3 As chair of the Steering Group, Merrill is highly regarded by its members for her drive, commitment and inclusive approach in terms of involving the Steering Group at each stage of the project’s development, in seeking contributions from members and in decision-making. As a result, the Steering Group appears to work as a strong team and is committed, motivated and empowered.

5.4 That the project was unable to deliver what it originally intended, but looked for and embarked upon a different approach, is testament to the commitment of the Steering Group to address the healthy weight issue in Dundee.

5.5 The Steering Group is primarily a mix of local authority and NHS partners who are represented at both the strategic and operational levels but who are all regarded as decision makers. This has contributed to a sense that the Group has “worked”. While it is regarded as a “strong multi-agency team” by some members, others have indicated that neither the voluntary sector or private sector have been fully engaged (either formally, i.e. represented on the Group, or more informally engaged in dialogue about the project) but this is not perceived to be too significant an issue at this stage of the project.

5.6 Membership of the Steering Group has remained fairly stable. Two members have left due to changes to their job or remit and have been replaced.

5.7 The Steering Group has not formally identified roles or responsibilities and, while there does not appear to be any clear need for this – it works well and effectively – this scorecard topic received a lower score this time round. Individual members articulate their role as:

- Bringing specialist topic knowledge or expertise
- Providing steer on what could be or needs to be done within a particular healthy weight topic area
- Feeding in local and national policy or practice perspectives
- Contributing to decisions about project direction and delivery
- Supporting the delivery of the project
- Supporting the Programme Administrator
- Undertaking particular work elements, if appropriate
5.8 This is at some odds to the scorecard responses, where ownership and contribution scored 3.7 and 3.8 respectively (compared to scores of 4.3 and 4.6 during the first scorecard exercise in May 2010). This translates as stakeholders feeling some sense of ownership and responsibility for the success of the programme and being reasonably clear about their expected role and contribution.

5.9 Commenting on the management and structure of the programme, however, scorecard respondents perceive the structure for managing and delivering the programme to be fit-for-purpose and the key staff involved to have clear roles and responsibilities.

5.10 A well-established Steering Group and opinion among members that the “formalised approach and real justification” for multi-agency representatives coming together with a shared remit brought by the HWC programme has been the most significant contribution made by the project so far.

5.11 Currently, the project has not gained significant political support but there is confidence within the Steering Group that, when the community consultation is completed, councillors’ interest and involvement will be captured due to the “messages being generated by the people themselves”.

“Higher level, political leadership will come when the project is clear on the issues, when we have the results of the community consultation”

5.12 Regarding higher level leadership, the project is “on the radar” of high level and strategic structures. For example, council committees and senior officers have been kept updated about project plans and activity through requests for approval for early actions. However, this should not necessarily be regarded as “leadership”. Steering Group members perceive the seniority of key people, including Merrill Smith and Joyce Thompson, to be sufficient to ensure key messages travel upwards to, for example, Council Committees and NHS Tayside Board. It is likely that its ultimate success, i.e. to implement the recommendations of the community consultation, will depend on the extent to which these structures have been kept informed about, and therefore interested in, project activity on a regular basis.

5.13 The partnership has raised awareness and changed perceptions of how to “get things done”. For example, NHS personnel have indicated that local authority-led community research has been a real benefit, as it was possible to deliver this with less bureaucracy and more speed than traditional NHS approaches.

5.14 Generally, the relationship between NHS and local authority works well and there is a commitment from both agencies to take the research evidence to their respective Boards. However, this does not automatically mean solutions will be taken forward jointly – “if there’s an added benefit we will”.
5.15 Scorecard results reinforce much of this. Positive scores were received for management, structure and local leadership, each of which has increased since the scorecard round last May. Stakeholders perceive the roles and responsibilities of staff involved in the management of the programme to be clear, that the management and delivery structure is fit-for-purpose and there is good leadership at the local level. Since the initial scorecard round, however, stakeholders’ perceive the extent to which high-level leadership and championing to have decreased.
6 WHAT DOES ‘JOINING UP’ MEAN IN PRACTICE

6.1 The establishment of the Steering Group is regarded as a key achievement of the project so far, as is its success in creating connections between existing health initiatives and services. There is both a perception that, and an aspiration for, the connections and networking which have been facilitated to continue in the longer term.

6.2 There is some evidence of joint working within the Steering Group although the extent to which this has been formally planned is unclear. What this suggests, however, is that the Steering Group is light footed and responsive to any opportunities which emerge.

“Things have sprung up that we can do together”

6.3 It is clear that Dundee Healthy Weight Community Programme is committed to complementing existing health initiatives and to reducing potential overlap by ensuring representation on the Steering Group from representatives of a range of initiatives, including CEL 36, Keep Well and Hearty Lives. The Healthy Weight Communities Programme ran alongside Dundee Travel Active, which was part of the Scottish Government’s Smarter Choices Smarter Places initiative to encourage increased walking and cycling through improved local facilities, promotion and information campaigns. There would have been some natural affiliations between these two programmes and the HWC lead officers met the Dundee Travel Active officer to explore these. It became apparent at this stage that a joint approach would have been impractical due to the initiatives being at different stages in their development and having a slightly different geographic focus.

6.4 A number of benefits have arisen from the joining up which has occurred through the Steering Group:

- Raised awareness and profile of the healthy weight issue among practitioners working in Dundee’s disadvantaged communities
- Multi-agency commitment to addressing the issue in the city – “there’s a diverse range of topic specialists coming together to address this health issue”
- Connection with, contribution and involvement of NHS “to this extent”
- Provided support to complementary health initiatives, such as the partnership with the Active Families strand of the Hearty Lives programme.
- Commitment to sustaining, in the long-term, the relationships which have been developed
- Improved partnership working – “I believe it’s excellent, everyone is motivated”

6.5 From a public health perspective, there is now an organised and supported approach to obesity in Dundee, even if it is still in the early stages.

6.6 NHS Tayside is particularly appreciative of the partnership approach which has been established and it values the multi-agency focus which is required to address obesity. Within NHS Tayside, multi-agency groups exist in Perth and
Tayside in relation to obesity, but not in Dundee. DHWCP Steering Group is perceived to fill this gap and provide a focus for the obesity prevention agenda.

“It’s provided a forum to drive this agenda through as, up to this point, there was nothing like it”

6.7 There also appears to be a growing awareness and appreciation of the role of and progress that can be made in relation to this health issue by agencies other than the NHS. And there is suggestion of eagerness from within the NHS to establish or nurture the relationships which have been developed through the project in order to contribute to the agendas particular individuals are responsible for leading.

6.8 Stakeholders articulate the benefits achieved so far to include increased knowledge of other services/departments but believe the real benefits “will come when we implement services to address the gaps” identified through the community consultation. Benefits will also include the ability to influence, through the evidence from community consultation of demands and needs, existing and new service provision.

Role and significance of the co-ordinator

6.9 The post of Project Co-ordinator was regarded as central to project delivery and progress was severely hampered during the prolonged recruitment period.

6.10 However, DHWCP was unable to appoint a Project Co-ordinator after two rounds of recruitment. Following a subsequent period of reflection and refocusing of project activity, it was decided that a post at administrator level, which was supported by the skills and experience from within the Steering Group, would enable the project to proceed. A Programme Administrator was appointed following an internal recruitment advert.

6.11 Stakeholders are of the opinion that the post has made a real difference to the progress of Dundee Healthy Weight Community Programme in terms of delivering certain work elements (most notably the community consultation, mapping service provision and pulling together existing research on healthy weight) and undertaking the administration of the Steering Group.

“The project couldn’t have, wouldn’t work without this post”

6.12 The post holder has a background in community work and this is perceived to have been beneficial. Her communication (with stakeholders and community members) and organisation skills have been credited.
7 COMMUNITY ENGAGEMENT

7.1 Community engagement is central to the revised direction and focus of Dundee Healthy Weight Community Programme.

7.2 Although the scorecard responses suggest an identity and brand has been developed but not widely promoted, this was not reinforced during stakeholder interviews where the common perception was that no brand had been agreed as it was not perceived to be appropriate within the current programme. It was suggested that this “would come next”, i.e. following consultation with the community, but might simply be a common message (or set of messages) that is jointly promoted by all partners.

7.3 The project has not reached any decision about the role of social marketing or the extent to which this will form a significant part of future project activity. Should social marketing happen, however, it will most likely be delivered in-house, drawing on existing Council expertise.

7.4 The project staff are learning about what works well and less well in terms of engaging the community in discussions on the healthy weight issue. Certain lines of questioning and methods of engaging community members were found to work better than others. For example, asking individuals directly what they thought represented a healthy weight did not successfully elicit responses and, in fact, disengaged some individuals from the consultation process. Engagement was facilitated via existing local groups and initiatives, e.g. Family Support Centres, and this was regarded as incredibly helpful.

7.5 The project is committed to continuing community consultation and intends to undertake an on-street survey using a market research company to test out some of the emerging themes from the consultation thus far. It will also increase the reach of the consultation to a larger sample of residents, contributing to more robust research findings.

7.6 The project has arranged a workshop for stakeholders in order to present the results of the consultation, to identify the implications of this and to begin to work up potential actions. However, in terms of fostering community commitment and ownership it may wish to consider how it feeds back this information to community members and, in particular, those who participated in the consultation.
8 THE ROLE OF CENTRAL GOVERNMENT

8.1 Stakeholders of Dundee Healthy Weight Community Programme were less keen – or able – to provide insights on the role of central government, preferring to wait until the results and actions required to take forward the healthy weight community approach which emerged from the community consultation were agreed.

8.2 Indeed, one of the outputs from the community consultation will be a specific report to Scottish Government outlining its role and responsibilities.

8.3 It took Dundee considerable time to interpret and agree their approach and it has been suggested that clearer guidance about what a Healthy Weight Community is, what the Scottish Government “wanted out of it” and what is possible under the auspices of being a HWC pilot community, in terms of freedoms to flex, innovate or experiment with different approaches, would have benefited Dundee.

8.4 An early networking event for all communities to attend would have been helpful in order to learn what others areas were doing, the possibilities for innovation and experimentation and to share knowledge. Continuous sharing of learning from the eight communities is also important.

8.5 Finally, stakeholders considered a potential role of central government to be a commitment to funding, especially if the pilot approaches prove to be successful. This may be reflective of the fact that Dundee has not yet identified what solutions or approaches are required to address healthy weight and which of these will be able to proceed within existing resources or require additional monies.
9 CONCLUSIONS AND RECOMMENDATIONS

9.1 Dundee Healthy Weight Community Programme has embarked on a community consultation exercise which will result in a research report outlining actions for NHS, Dundee City Council and the Scottish Government in relation to addressing the healthy weight issue locally.

9.2 Although this represents a change of direction to what was originally intended and the project has been beset by delays (relating to recruitment of a Project Co-ordinator), there is a high level of support, commitment and agreement within the Steering Group for the approach and what the project has achieved.

9.3 The experience of attempting to recruit a Project Co-ordinator suggests that the whole recruitment process, from agreeing a job description, advertising the post, and going through the selection and interview process, takes considerable time. This is often a luxury which is not afforded to fixed- or short-term pilots such as the HWC programme and reduces the potential duration and impact of the project.

9.4 The recruitment experience also suggests that successfully appointing the right person is dependent not only on the job description and salary scale but on the availability of candidates with the relevant skills, experience and willingness to leave permanent posts or relocate for a short-term position.

9.5 Although it delayed project activity, it was important for the project to go through the recruitment process as it identified the range of skills available within the Steering Group to support project delivery.

9.6 The process also reinforces the extent to which the iterative approach adopted by Dundee is important to the success of pilots such as this. Rather than accept defeat, the Steering Group embarked on a period of discussion to identify alternative options and solutions for delivering its approach without the staff member it envisaged.

9.7 The project has started to demonstrate some progress towards several of its original aims and objectives and the trick for Dundee will be to maximise the evidence gained through community consultation to ensure it can achieve the remainder.

9.8 DWHCP is a carefully-thought through, iterative approach and process, seeking approval at every stage from Steering Group members and relevant Council committees. The approval process has, at times, resulted in some delay to project activity but, ultimately, this has proved to be insignificant in the grander scheme of things as there was no Project Co-ordinator in post to undertake project activity. It did, however, ensure that senior council officers remained aware of the project.

9.9 The Steering Group is working effectively and the approach of the project lead has been credited with this success. There is a real sense that partnership trust and working relationships have been developed at quite a strategic level and, although this should continue formally (i.e. through regular Steering...
Group meetings) until the project officially ends in March 2012, there was some uncertainty about whether this would happen or not. Much seemed to rest on the outcome and recommendations of the community consultation research report. Additionally, the project should use the consultation findings to consider ways in which relevant local service providers can be involved in project activity; it may wish to establish an operational group (or groups, in each of the three target communities) to ensure a balance with the strategic partnership and to drive local solutions on the ground.

9.10 The Steering Group is an asset to the project and has the potential to continue to deliver real benefit. Therefore, ways in which the Group itself and the relationships established could be sustained, either formally and informally, over the remainder of the project’s life – and beyond – should be considered.

9.11 Although there is a disconnect between the scorecard response and the insights offered by stakeholders in interviews in relation to particular issues such as clarity of role and contribution to the programme, the Steering Group is very committed to the healthy weight issue and working to address it.

9.12 The project has harnessed a range of skills, experience and abilities around the partnership table and it should not underestimate these resources that it has available or the potential of this group to drive joint approaches to deliver project success.

9.13 There is one specific example of joint public sector delivery but it may wish to explore further opportunities for this at the local level alongside opportunities to implement joint public sector, i.e. local authority and health board, solutions.

9.14 The results of the community consultation and partnership approach to identifying the implications and actions should provide a better emphasis to clarify roles and responsibilities. The DHWCP might also want to consider refreshing the purpose of the Steering Group in light of the research report and its associated implications and actions to ensure it continues to have the right mix of skills and experience and that members understand their role and responsibilities for the remainder of the project’s duration.

9.15 Although Dundee Active Travel has officially ended, there may be some lessons or learning in terms of marketing and promoting healthy weight messages which could benefit future DHWC activities. These lessons, including branding, joint promotion of key messages and social marketing approaches should be incorporated into any future plans. It is recommended that the Project Manager engages with the Dundee City Council team responsible for the Dundee Active Travel initiative.

9.16 A key issue for Dundee is not to let the momentum and partnership approach which has been developed so far go in the final year but to ensure it grasps the results of the community consultation and translates these into actions.
APPENDIX 1

Scorecard results

Understanding of the programme
Clarity of aims and objectives
Identification of services
Involvement of services
Focus on working together
Creating connections
Ownership
Contribution
Cross-sector partnership working
Management
Structure
High-level leadership and championing
Local leadership
Identifying target groups
Understanding target groups
Influencing target groups
Identity and brand
Shared vision
Influencing service delivery
Added value
Impact
Evaluation

Dundee 2010, 4.3
Dundee 2011, 4.2
Dundee 2010, 4.7
Dundee 2011, 4.5
Dundee 2010, 3.8
Dundee 2011, 3.5
Dundee 2010, 3.8
Dundee 2011, 4.0
Dundee 2010, 4.3
Dundee 2011, 4.3
Dundee 2010, 3.3
Dundee 2011, 4.8
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Dundee 2011, 3.2
Dundee 2010, 2.7
Dundee 2011, 3.6
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Dundee 2011, 3.3
Dundee 2010, 3.2
Dundee 2011, 3.6
Dundee 2010, 2.8
Dundee 2011, 2.8
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Dundee 2011, 3.3
Dundee 2010, 1.2
Dundee 2011, 3.2
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