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Inter-sectoral transfer of the food for life settings framework in England

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ABSTRACT

Organisational settings such as schools, workplaces and hospitals are well recognised as key environments for health promotion. Whilst there is extensive literature on specific types of settings, little empirical research has investigated the transfer of frameworks between sectors. This study analyses Food for Life, an England-wide healthy and sustainable food programme that evolved in schools and is being adapted for children's centres, universities, care homes, and hospital settings. Following a case study design, we interviewed 85 stakeholders in nine settings.

Food for Life's systemic framework of 'food education, skills and experience' 'food and catering quality', 'community and partnerships' and 'leadership' carried salience in all types of settings. These were perceived to act both as principles and operational priorities for driving systemic change. However, each setting type differed in terms of the mix of facilitating factors and appropriate indicators for change. Barriers in common included the level of culture-shift required, cost perceptions and organisational complexity.

For settings based health promotion practice, this study points to the importance of 'frame-working' (the systematic activity of scoping and categorising the field of change) alongside the development and application of benchmarks to stimulate change. These processes are critical in the transfer of learning from between sectors in a form that balances commonality with sufficient flexibility to adapt to specific settings. Synergy between types of settings is an under-recognised, but critical, part of action to address complex issues such as those emerging from the intersection between food, health and sustainability.

INTRODUCTION

Workplaces, schools and hospitals are well recognised as key organisational settings for health promotion activity (Whitelaw et al., 2001), not least for initiatives seeking to improve public health nutrition and wider food-related practices. These settings, and the sectors they represent, have a major role in shaping our relationship to food. In England, adults consume at least a third of their daily calorie intake while at places of work (NHS, 2015) and there are similar estimates for children attending school (Kaphingst and French, 2006). Thirteen percent of all meals eaten out of home are provided in healthcare environments (WRAP, 2014). National figures point to the importance of food in other settings. In England, almost 2 million students attend 133 higher education institutions (HESA, 2014), 4.7 million children aged 0-5 years attend 82,000 registered childcare providers (DfE, 2014), and more than a quarter of a million people aged 65 and over are living in one of over 15,000 care homes in England and Wales (ONS, 2014). The significance of these settings becomes amplified when put into a life-course and ecological perspective: actors move in time and space through multiple settings and settings themselves can interact, especially when in spatial proximity to one another.

Whilst there is extensive literature on specific types of settings, little research has investigated the transfer of frameworks between settings in health promotion programmes. There are a variety of reasons why this form of enquiry is important for health promotion. Such research can provide insights into what programme elements work, why they do so and in which contexts. Analysis of the transfer of ideas and practices between types of settings can tease out significant commonalities and differences and identify common solutions to problems. Action across multiple settings may itself lead to synergies, for example in the form of new communities of practice and coalitions advocating for health promotion goals. With a focus on one national healthy and sustainable food programme, the aim of this paper is therefore to examine

the transferability of practice and learning between settings and, in particular, tease out the role of whole system frameworks for stimulating change.

THE SETTINGS APPROACH IN HEALTH PROMOTION

A huge diversity of contexts can be considered as 'settings' from a health promotion perspective. This is clearly conveyed in the WHO's definition of settings for heath:

> The place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing. A setting is also where people actively use and shape the environment and thus create or solve problems relating to health. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure (WHO, 1998: 19).

In this paper, our settings focus is on institutions with formal organisational structures, such as hospitals and children's centres, as opposed to settings such as neighbourhoods that are primarily defined in terms of spatial boundaries and informal social networks. In health promotion theory, Dooris's (2005: 59) leading conceptualisation draws attention to the following features of a settings approach with organisations:

1) An ecological model, which recognizes that health is determined by environmental, organisational and personal factors which interact in complex ways.
2) A recognition that settings are dynamic as inputs, throughputs, outputs and impacts interact in complex ways.
3) A focus on introducing change across a whole organisation or system.

This approach emphasises holistic thinking and multiple forms of action integrating health promotion into daily life (Dooris, 2004).

There is a significant body of research into healthy settings programmes delivered in the context of schools (Langford *et al.,* 2014). Other settings have received less attention, despite the positive potential for large institutions like hospitals and universities to lever change through the scale of their population reach and purchasing power (Dooris and Doherty, 2010; Weisz *et al.*, 2011). As institutions with a public service dimension, health, education and social care organisations have a significant responsibility for society's most vulnerable are well placed to address social and health disparities. For settings research, Dooris (2004) recognises that there is a need for better evidence of what works, how it works and in what conditions. One difficulty has been that. although theoretical models present the possibility of a systems approach to settings based health promotion, practice is often focused in smaller scale projects from which it is not possible to ascertain the feasibility of transferring learning from one setting to another. Application remains isolated to project examples rather than systemic initiatives, consequently there continues to be a lack of understanding of how to achieve healthy sustainable settings (Poland and Dooris, 2010).

As with the comparative literature Dooris (2004) warns that what works in one type of setting will not necessarily transfer to others and therefore it is crucial to understand differences between them as part of attempts to implement change across different settings and sectors (Dooris, 2004: 53). This leads Poland *et al.* (2009) to propose an analytic framework for assessing and comparing contexts. They suggest that analysis of settings can identify what is likely to be successful, so improving the transferability of good practice. Poland *et al.* do not articulate the desirability of transferring practice between settings, and offer a purely theoretical perspective which has not been applied empirically. Having obtained an understanding of what principles and activities might transfer from one setting to another, a further challenge is concerned with measuring performance or, in other words, defining what good practice looks like. Recently there has been growing attention to the role of benchmarks in both defining and stimulating organisational change in areas such as action on obesity (Swinburn et al., 2013).This is exemplified in a case study addressing the prevention of lifestyle diseases in a Danish municipality, the researchers describe the 'supersetting' approach maintaining that:

> health promotion is most effective 'through integrated efforts and long-lasting partnerships involving a diverse range of actors in public institutions, private enterprises, non-governmental organisations and civil society'(Bloch et al.2014:1).

However, subsequently there has been little empirical research conducted on the transfer of benchmarking criteria from one setting to another.

Transferability and the potential for cross-settings approaches are of interest because a truly systemic model for health promotion requires links between settings to establish local connectivity:

> Bridges must be built between work in different settings. Quite apart from the fact that one setting can learn a lot from another, it is clear that in relation to specific health-related topics, an issue impacting on health in one setting has its origin or solution in another (Dooris, 2004: 58).

Such integration and learning is under-researched, and there is a lack of empirically focused studies analysing learning across and between settings. This paper addresses the lack of attention to learning across settings and presents an empirical example of work to translate success in one setting to other contexts. It uses cross-sector comparison to identify

processes which facilitate implementation of a whole settings framework. The research focuses on a settings programme centred on food; this provides a focus which brings together important social, economic and environmental benefits and connects issues of health and sustainability (Fairchild and Collins, 2011). As a common feature across multiple settings, food offers a key focus for developing connections between settings and opportunities for developing comprehensive and innovative approaches.

CONTEXT: FOOD FOR LIFE AND THE NEW SETTINGS PROGRAMME

The Food for Life Partnership (FFLP) is a coalition in England of national charities led by the Soil Association, working with Garden Organic, Focus on Food, the Health Education Trust and the Royal Society for Public Health. (Food for Life Scotland is a similar programme, but with a different partnership structure). The partnership's overall mission is to promote 'good food culture' (FFLP 2015a) and, after piloting, launched in 2007 as a whole school approach. The programme is a settings based approach that extends beyond nutritional and dietary education to encompass wider aspects of the health, social and environmental dimensions of food. These include the procurement of environmentally sustainable school food ingredients, higher animal welfare standards, food waste reduction, cooking and food growing skills, understanding of farming and food production, and the importance of a positive dining culture and food celebrations in the school community life. FFLP whole settings framework for schools is organised under the elements of food education, skills and experience; food and catering quality; community and partnerships; and leadership.

Research linked FFLP's systemic activities found evidence of better pupil diets in primary schools (Jones et al., 2012) and subsequently the programme has been identified as a promising approach in education policy (DfE, 2013). By 2014, 5500 schools had registered online with the scheme and 21 local authorities had commissioned FFLP as an area-based schools programme with supplementary training and support for educational and catering staff. FFLP is closely linked to the Food for Life Catering Mark (FFLCM) led by the Soil Association. The UK-wide mark involves an independent audit of caterers, offering accreditation for raising food standards. This accreditation demonstrates that an organisation meets the food quality requirements of FFLP's framework. Organisations in varied sectors have gained FFLCM accreditation (e.g. defence and hospitals), including large catering contractors working across settings. By 2014, FFL Catering Mark meals were being served in over 25% schools in England, 20% universities, over 300 nurseries and over 100 care homes and hospitals (Soil Association, 2014).

With support from the Big Lottery Fund in 2013, FFLP built upon work with caterers and local authorities to develop whole settings frameworks in:
- early years
- universities
- hospitals
- care homes for older people.

Hospitals and early years settings had both received public attention for inadequate food provision (APFNEY, 2010; Age UK, 2010; Sustain, 2013). In addition, hospitals and care homes were prioritised as organisations caring for the nutritionally vulnerable, where food is closely related to care, treatment and recovery from illness (Francis, 2013; Russell and Elia, 2014).

For each new setting FFLP worked with stakeholders to design and pilot a suitable whole setting approach to health promotion focused on food. This entailed co-developing a framework which drew on key components, criteria and award scheme set out in the schools programme.

RESEARCH METHODS

The research used a key stakeholder case study design (Yin 2013), focusing on all nine organisations piloting the FFLP new settings frameworks (three early years providers, one university, three hospital trusts and two care home groups). It followed a 'theory of change' approach to evaluation to examine lead informants' interpretation of the programme operation and context (Connell and Kubisch, 1998). Data was collected primarily using semi-structured interviews, by four interviewers, with stakeholders who were involved in the design or implementation of the frameworks. Interviewees were: FFLP staff involved in piloting FFLP in settings (n=54); a FFLP manager overseeing the programme (n=1); FFLCM staff supporting pilots (n=4); catering contractors supplying settings pilots (n=5); and lead agency staff and representatives in the pilot organisations (n=21, with 2-3 per organisation). For the early years settings this included parents. Interview questions focused on the characteristics of the organisational setting; the relevance and applicability of the overall FFLP approach and framework elements; the process of establishing an FFLP whole settings framework; perceptions of barriers and facilitators for implementing an FFLP framework; and perceptions of transferability of the FFLP framework between settings. Additional data was collected from programme documents on the piloting and development of programme in different settings.

The interviews were audio-recorded and transcribed. Following Connell and Kubisch (1998) we sought to identify participants' explanations of how and why characteristics of the FFLP programme could (or could not) be applied to the settings of interest. Using the data analysis approach set out by Braun and Clarke (2006), each interviewer organised data according to initial themes emerging from the transcripts. The interview team then compared these results to compile dominant themes. One member of the team, who was involved in interviews in all settings, arbitrated in cases where interviewers identified very different categories. This approach allowed movement from interview topics and raw data to

abstraction in the analytical process, without losing the 'voice' of participants (Ritchie & Spencer, 2003) and their explanations or 'theories of change'. Ethical approval for the study was given by the UWE, Bristol Ethics Committee.

FINDINGS

The findings summarise the main themes arising from across the case studies. In the context of the article, these are necessarily selective and represent one area of focus in a larger evaluation. It starts with an overview of how the FFL model was framed for each setting and draws attention to commonalities and differences. The findings are then concerned with the views of study participants on the implementation of the programme, and in particular, their explanations of the role of whole settings frameworks. Finally, findings are presented on the themes concerned with participant perspectives on the transfer of framework elements between different organisational settings.

Framing the FFL model for each setting

Over the course of the development process, all settings retained core elements mirroring FFLP's school framework. Interviewees in each setting perceived a number of positive outcomes arising from piloting the FFLP framework:

> **Hospitals**: better quality patient food being served and receiving positive feedback; healthier choices for staff and visitor dining and working towards this for vending; developing nutritional support for patients at discharge; trialling innovative food-focused measures such as ward dining for patients; better coordination of food related activity; improved understanding across the organisation of the role food plays in patient care and recovery.
> **Care homes**: better quality food being served to residents with the result that more is eaten and residents enjoy mealtime; signs of reduced constipation amongst residents; catering staff satisfaction through external recognition and more rewarding work; better understanding of food purchasing systems; closer links between resident wellbeing and food.
> **Early years**: better quality food being served to children and more children receiving freshly cooked hot meals; more opportunities for children to engage in cooking and food growing activities; staff enthusiasm and confidence for food education; increased parental engagement; external recognition for food standards.
> **Universities**: excellence in catering for staff, students and visitors; more coordinated and increased awareness of food activity across campus.

The role of FFLP in supporting external communication with stakeholders was an important one, as perception of food provision played a significant role in shaping both public perception of services and in some instances commercial advantage in terms of negotiating better food:

> Trying to put what we were trying to do within a set framework, of what was easily understandable and recognizable within the external world was what FFLP brought to it (University manager).

> It was particularly helpful in providing external support and challenge around the FFLCM with the contractors for staff food: FFLP has brought us together on a common goal; there is so much going on when you put it altogether on paper, it makes sense (Hospital manager).

These perceived outcomes were felt to be interdependent: it was widely agreed that one value of a whole settings framework was that coordinated action across multiple areascould produce systemic change. Whilst the schools framework had many elements of application in alternative settings, in two of the new settings a fifth element emerged. This was concerned with the well-being of staff, given that employees as well as service users were clearly potential beneficiaries in these settings. The emergence of staff well-being as an element that needed to be included in the overall framework also showed how dialogue amongst stakeholders in different settings produced additional dimensions to the programme that were felt to be important in driving organisational change.

When framing the FFLP model across different settings, it was important to consider the relevant policy drivers, and how these shaped the articulation of the model to key stakeholders. The ability to use appropriate terminology within the setting may appear simplistic but staff involved in piloting this work reported the significance of terminology in enabling them to 'read across' and transfer learning between settings.

Implementing FFLP's setting approach

To devise settings approaches for new settings, FFLP staff sought to apply their learning from school settings:

> what we wanted to[…]was to create a framework that would give a clear direction of travel to institutions that wanted to take a whole setting approach to food with the different areas of focus and with a set of criteria they might work towards […] because, I think if you have the framework and criteria in place, it gives an opportunity for all sorts of innovation within particular settings, but that national consistent framework which allows for the sharing of good practice and a sense of benchmarking which is really motivating to a setting if they want to know how they can compare with other settings (FFLP manager).

The case studies reported that this benchmarking role was useful; all those involved had paid some attention to food prior to engagement with FFLP but it was agreed that bringing in an external perspective drove their ambition and enabled them to measure progress. A majority of participants described the frameworks as valuable for integrating and coordinating activities, whilst alerting them to gaps or additional opportunities. A university interviewee described these wider ambitions:

> the framework makes us think more widely about what we are doing on food… including things like wellbeing and that sort of stuff in it makes us think wider about how we look after staff here (Member of university carbon environment management team).

The use of frameworks in this way can be termed 'frame-working' as they were used to communicate the initiative to others, helping to secure commitment across an organisation. It enables the establishment of core principles and priorities in organisational settings with sufficient flexibility to adapt to specific contexts. One hospital representative said it provided "a co-ordinated and focused approach to food in a way that people understand".

FFLP's frameworks were perceived to 'pull together' activity across an organisation by:
- encouraging coordinated effort,
- stimulating dialogue across an institution,
- identifying gaps in existing activity, and
- supporting communication.

This was complemented by 'pushing out' their perspective by:
- promoting reflection on practice,
- providing opportunities to learn from others,
- sharing good practice,
- offering a framework to guide progress, and
- lending impetus to the process.

Through pulling together and pushing out, organisations became more ambitious about what they might achieve around food and took a more systematic approach. Table 1 outlines a comparison of facilitating factors for a whole setting approach across new settings.

Although case study organisations recognised the value of the frameworks, not all had implemented activity across all elements. One care home group did not feel workplace wellbeing to be a priority; and although hospitals recognised potential for food activities (e.g. food growing) on site this was not a priority and was difficult to deliver. Terminology was revised to suit each context, for example referencing 'student education' in universities and 'patient experience' in hospitals were characterised under the food education, skills and experience element.

FFLP's whole school approach centred on embedding food in school life including the curriculum facilitated by senior manager commitment, pupil involvement, and steering groups involving a variety of stakeholders. A key task for the FFLP team was to mirror this in new settings:

> One of the key aspects emerging from the schools work is that you need the leadership to be in place. So when it came to hospitals and care settings and the universities in particular, they are very large institutions. If you want to do anything meaningful then you have to be engaging at a board, senior decision maker level, making sure we had access to the management structures we need to take a whole setting approach (FFLP manager).

This is highlighted by the contrasts between the three hospital case-studies: only two have established multi-disciplinary steering groups involving senior staff from key functions. In these cases FFLP staff noted the groups helped "bridge that divide between catering and clinical and nursing staff around food". Hospital staff agreed the groups prompted collaboration and a more strategic, holistic approach to food. The hospital without a multi-disciplinary steering group was identified as having slow progress and limited engagement beyond their catering teams.

Transfer between settings

With the move from schools into new settings, FFLP worked to adapt to different contexts. This approach entailed being flexible to respond to each sector whilst retaining commitment to core principles. Interviewees agreed that following adjustments guided by their input the final FFLP frameworks were appropriate for their settings. This was important for care homes and hospitals where staff highlighted that food cultures and practices were particular to client's needs. Examples included the need to provide pureed food in care homes, and the dietary needs of those recovering from illness: "What you eat when you're well is not what you eat when you're unwell" (a member of hospital staff). A caterer with experience of schools and hospitals noted that FFLP's focus on lower calorie meals for pupils was not appropriate for all patients. Care home staff gave the example of needing to offer foods familiar to older residents.

Some interviewees were aware that FFLP began as a school focused programme, and felt that initially there had been an over-emphasis on drawing experience from this context. A hospital facilities manager noted two sides to this: she emphasised that catering in schools is much smaller and less complex than in hospitals so lessons do not always transfer.

While at the same time hospitals could be too "inward looking" and should seek to learn more from others including FFLP who provided the opportunity to be more outward looking.

Another feature of FFLP's approach to new settings was facilitating exchange of good practice between similar organisations. A group of leaders for hospital food was convened which staff appreciated as opportunities to gain inspiration, and learn how to tackle common problems. In other cases, FFLP staff and public health staff acted as links between settings, and drew on experience from one context when working in another. Large catering companies supplying the case study organisations also worked across settings.

Certain features limited the potential to implement FFLP's model fully in each setting. FFLP encouraged involvement of everyone affected by food, hence the significance of pupil voice in schools. But in other contexts it had not been feasible to consult beneficiaries. One care home cook explained the difficulty of gaining feedback on menu changes from residents with dementia: "I don't know if it's made any difference to our residents, mainly because we can't ask them so we don't know."

Another difficulty was diverse forms of organisation within each sector. The early years case studies represented very distinct operations: a large private nursery group with multiple sites nationwide dominated by fee paying parents, and a small charitable provider operating with a high proportion of attendees receiving free childcare through government support. The care home case studies similarly showed contrasting experiences between a large, national business and a regional not-for-profit group. Both large groups felt that their operational models were challenging for FFLP to work with, and that the scale of their business made it difficult to drive change through the whole institution. For charitable organisations the process was challenging for different reasons, particularly due to costs incurred:

> Sourcing, it's a step too far for a lot of people; if you look at our meat bill now it's horrendous! [...] A lot of settings it will wipe them out (Early years manager).

This manager was concerned that an accreditation fee would be prohibitive for small organisations. In contrast, the large nursery group saw investment in FFLP's priorities as good business as providing better meals attracts parents: food "was recognised in the deciding factor of choosing them or going somewhere else". FFLP staff acknowledged the difficulty of developing an early years programme which can accommodate these differences: "it has to fit such a diversity of systems, it is really, really hard".

A prominent challenge across the case studies was the nature of hospital catering systems and infrastructure. Whilst hospital staff were enthusiastic about cooking more fresh food on site, they lacked suitable kitchens or staff. FFLP's emphasis on local produce was challenging due to the scale of hospital purchasing which necessitates large suppliers. Certain catering changes were precluded by the nature of contracts lasting a decade or more, tying a hospital to a mode of meal provision or specific sub-contractors. The logistics of altering these was indicative of the over-arching challenge of driving change within hospitals:

> Just the size and pace of a hospital environment, and the fact that food's not always the most important thing, competing priorities (Hospital staff).

DISCUSSION

This cross setting research has provided new insights into the transferability of a school focused national healthy and sustainable food programme across five new diverse complex settings. To differing degrees, the FFL pilot was successful in facilitating organisations to become more ambitious about what they might achieve around food through the adoption of this systemic framework approach. In particular, it focused organisations on how to introduce change at a systems level, through attention to the framework elements of leadership; community and partnerships; food and catering quality; food education, skills and experience - and the additional element of workplace wellbeing. It increased organisational understanding of the complex interactions needed to support a healthy and sustainable food system and ultimately public health improvement (Dooris, 2005; Orme and Dooris, 2010).

The case studies illustrate varying forms of adoption in new settings of a national programme originally developed with schools and catering organisations. The overall elements employed in the programme framework carried salience across types of setting, although specific elements resonated to different degrees. The research identified some cross-cutting barriers to implementing a whole setting approach to promotion of healthy and sustainable food issues. These included:

- The scale of culture-shift required from marginalised and cost- driven catering services.
- Perceptions of affordability linked to investment in staff time, accreditation and changes in food procurement practices.
- Logistical and infrastructural limits in complex organisations with dispersed operations.

A number of factors facilitated engagement, these are summarised in Table 1 in terms of the internal and external drivers, the team approach and the capacity and resources typical for each organisational setting. Some factors identified are similar to those identified by Poland et al's work (2009) on generic issues involved in changing settings in health promotion planning, although our work illustrates specific food-related issues.

Overall, organisations found the clearest engagement in relation to the 'food quality and catering' element. In settings where food was directly linked to the core business of providing care and health recovery (hospitals, care homes) catering was an obvious focus. For early years providers concern with food quality represented an opportunity either to gain a

market advantage or improve service user outcomes. To promote activity beyond food quality it was important to identify how a settings approach contributed to core business as expressed, for example, in quality management systems of hospitals (Röthlin et al., 2015; Weisz et al., 2011). For universities there were opportunities to connect food quality to the sector's priorities including student experience and education for sustainable development (Dooris and Doherty, 2010).

Whilst some organisations piloted activity under additional framework elements this was not universal. Adoption of a whole setting approach depended ultimately on high-level commitment. The care home group whose board and Chief executive agreed to make food a priority authorised a wider range of activities than in one where top-down support was weak. Interviewees suggested that, had higher-level support within the university been more widespread, co-ordinated progress would be possible. Within a hospital, high-level commitment was boosted through the personal interest of a senior executive. As with FFLP's work in schools (Orme et al., 2011), it was clear that leadership is vital to making progress. But this had to be combined with bottom-up participation across an organisation (Dooris, 2004; Dooris and Doherty, 2010). This was evident in the value of steering groups drawing in people from multiple teams and functions, particularly in large complex organisations.

Dooris (2005) has drawn attention to the need to create links between parts when applying a systems approach. Participants reported that the programme model offered a useful basis for 'pushing out' and 'pulling together' coordinated action across their organisations. However, there remained gaps in practice, for example the university case study showed signs of activity across all elements, but limited evidence of integrated activity or recognition of interrelationships between elements. One process that appeared to help plan and develop whole settings work could be described as 'frame-working'. Frame-working, in this context, can be defined as a structured process of scoping and categorising principles and priorities in the field of change. This was a step further than that of general 'framing' because it led to the identification, naming and grouping of actions needed to create whole system change. In the case of FFLP, frame-working was an active process that involved lesson drawing between settings and dialogue between programme and organisation staff to agree meaningful categories and points of reference. This process helped stakeholders look beyond initial areas of focus, communicate connections between food-related activities, and identify appropriate indicators for change.

There are a number of limitations to this study. The focus on the work was on the early stage – or pilot - implementation of inter-sectoral transfer, and did not have the opportunity to track this process over a longer duration. Although we obtained the perspectives of a range of practitioners, it was beyond the scope of the study to explore the views of key stakeholders such as students, patients and care home residents. It is plausible that the learning to arise from the research is applicable in a range of health promotion settings, however some aspects, for example connected to catering procurement, may be specific to food-related practices. The concept of settings is widely applied in health promotion and this study was concerned with organisational settings, rather than those framed in relation to communities and residential populations.

CONCLUSION

This research has found that it is possible for a whole setting approach to transfer between types of setting, and to develop interventions applicable in more than one sector. The example of Food for Life Partnership suggests that the transfer of whole settings frameworks is feasible and can act as a basis for scaling out interventions. This was apparent as the programme embedded and mainstreamed its multi-setting approach over the course of our research. It shows that working across settings is desirable for making use of learning from one context to inform design of an intervention applicable elsewhere. There is potential public health efficiency to work across settings, and to share staff and materials. For commissioners there is value in working with approaches they are familiar with, and which can build into connected multi-settings work across an area. Cross-sector work also fits a real world context where large contractors, for example in catering, are delivering across multiple organisations. There is also value for wider circles of policy actors: attention given to whole settings frameworks and their transferability offers granularity and substance for those charged with coordinating strategic action with multiple organisational partners and sectors of activity.

The study helps develop a methodology for practical and coordinated health promotion action across multiple settings (Poland et al., 2009). This analysis draws attention to 'frame-working' as key process for establishing core thematic principles and priorities in organisational settings - a process that must be balanced with sufficient flexibility to adapt to specific contexts. A linked process is one of developing criteria for change that are meaningful and appropriate to the setting, but which also offer the prospect of coordinating work between settings. Evaluative researchers have a valuable role to play in frame-working activities because their enquiries can 'surface' the theories of change - or underlying explanations – that might be implicit or weakly articulated in a programme's framework. Evaluations can then test out the role of these underlying processes in leveraging change in different types of setting and inform a more nuanced understanding about what, why and how framework elements do or do not travel.

Comparison of different setting types suggests that to transfer between settings an intervention must be able to be linked directly to the key internal and external drivers of each setting. This research demonstrates that applying an intervention like FFLP in diverse settings does not result in inappropriate homogenisation providing it is tailored to suit. Ensuring this achieves positive outcomes depends on close collaboration between those in the target setting and those designing the intervention, with a culture of mutual learning. A whole setting approach should be regarded as a live, constantly evolving model, allowing each new setting to adapt it to their needs and ways of working.

By turning attention to cross-sector learning and delivery this paper develops the field of enquiry within settings research. It provides an empirically focused analysis to complement Poland et al.'s theoretical framework for considering

transferability between settings (2009). The research points to certain challenges facing the healthy settings agenda. Firstly, it suggests that organisations can emphasise the elements of a settings approach rather than the links between them (Dooris, 2005). Secondly, there has not yet been full consideration of how to link action between settings and to develop coordinated action across multiple sectors. This is a crucial next step to secure synergy and scaling up in health improvement (Dooris, 2005; Poland and Dooris, 2010), particularly for complex issues such as those born out in the intersection between food, health and sustainability.

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Table 1: Comparison of facilitating factors for a whole setting approach in new settings

Facilitating Factor	Early Years	Care homes	Hospitals	Universities
Internal drivers	- brand advantage of award status (profit-making organisation) - commitment of a 'champion' (non-profit making organisation)	- Significance of food's contribution to resident care and wellbeing - commitment of a 'champion'	- Significance of food's contribution to patient care and rehabilitation - commitment of a 'champion'	- Food's contribution to student experience - commitment of a 'champion'
External drivers	- Statutory Early Years Foundation Framework promoting health education	- Dignity in Care agenda - CQC monitoring of food provision	- Statutory requirement for NHS food and drink strategies - Statutory requirement for a Sustainable Development plan - Required reporting of patient assessments of food quality	- Voluntary Healthy Universities programme - Voluntary People & Planet University League
Team approach	- Award criteria require staff engagement and a cross-setting approach	- cross-setting food group - cross-setting food action plan	- cross-setting food groups with all key actors engaged - cross-setting food action plans	- cross-setting steering group which lacked certain key actors
Capacity & resources	- Constrained in charitable organisations by lack of funding	- Limited by pressures on budgets and staff time - Some external funding for staff training	- External financial support through CQUIN payments, CCG and public health - Internal financial support via food's inclusion as an organisational priority - Scale of catering operations allows efficiency savings to balance costs incurred through catering changes	- External funding through National Union of Students - Internal funding through links to estate's priorities - Scale of catering operations allows efficiency savings to balance costs incurred through catering changes