SUMMARY

1. This paper presents a proposal to work collaboratively with schools and the Local Authority to support evidence based childhood obesity prevention programmes within five school cluster areas across Leeds West.

2. Leeds West CCG and Leeds City Council’s Public Health and Education departments have developed a service specification which aims to deliver these programmes in the classroom and take a whole-school approach.

3. The programmes will target 35 primary schools (based on evidence of need) across the selected five cluster areas which will be delivered to 10,509 pupils. The total amount of non-recurrent funding being sought is approximately £441,378 over two years. This will be subject to a full procurement exercise.

4. Comments and approval have been sought from the Clinical Commissioning Committee on the 20th August 2014 and it is now being presented for final approval.

BACKGROUND

5. Obesity is one of the ten priority areas for children identified for development within Leeds West CCG.

6. The National Child Measurement Programme has identified that there are areas of Leeds West where there are pockets of significantly higher than average prevalence of obesity. These primary school clusters include Open XS (Little London), Bramley and Armley. In contrast there are areas where although the prevalence figures are not above the national average they are increasing alongside an increasing population of children. These additional cluster areas include Morley, Ardsley and Tingley.

PROPOSAL
7. This business case has been developed to secure funding which will introduce evidence based obesity prevention programmes to these school cluster areas which will drive quantifiable and sustainable behaviour changes in eating habits and will complement and support physical activity programmes. This work will also complement existing obesity treatment programmes and statutory requirements.

8. The success of this programme will be measured by a number of outcomes (detailed on pages 10 and 11).
In addition to programme acceptance by the clusters, the primary outcomes by which the success of the programme will be measured are:

<table>
<thead>
<tr>
<th></th>
<th>By March 2015</th>
<th>By March 2016</th>
<th>By March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustained increased</td>
<td>80% of children eat at least one portion of fruit</td>
<td>66% of children eat at least two additional</td>
<td>66% of children continue to eat at least two</td>
</tr>
<tr>
<td>consumption of fruit</td>
<td>per day</td>
<td>portions of fruit and vegetables per day</td>
<td>additional portions of fruit and vegetables per</td>
</tr>
<tr>
<td>and vegetables</td>
<td>80% of children eat more vegetables</td>
<td></td>
<td>day</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased consumption</td>
<td>30% decrease in children eating unhealthy snacks</td>
<td>20% of children show sustained decrease in eating</td>
<td>20% of children continue to show sustained</td>
</tr>
<tr>
<td>of sweet and fatty</td>
<td></td>
<td>unhealthy snacks to one or less per day</td>
<td>decrease in eating unhealthy snacks to one or</td>
</tr>
<tr>
<td>foods</td>
<td></td>
<td></td>
<td>less per day</td>
</tr>
</tbody>
</table>

9. See attached business case for full details.

FINANCIAL IMPLICATIONS AND RISK

10. This proposal is not a net cost savings proposal.

11. The programme will be delivered over 2 years and the cost modelling contained within the business case is based on information gathered from a market testing exercise and is based on ‘cost per pupil’ from a provider of a similar service.

12. The risk of Leeds West CCG being seen to pick up Local Authority funding gaps has been discussed and is not considered an ongoing risk as this business case is to complement ongoing obesity treatment work across the city.

13. See attached business case for full details.

COMMUNICATIONS AND INVOLVEMENT

14. With guidance from colleagues in Public Health, this proposal has been developed to target school cluster areas within Leeds West CCG where obesity is most prevalent. This is based on evidence based initiatives which take a partnership approach to obesity prevention. This proposal has been developed to support and complement current initiatives.
15. A multi-agency stakeholder reference group has been established to support the development of this work including Primary Care, Education (Leeds City Council) and Public Health (Leeds City Council). The group will continue (subject to approval of this proposal) and act as a steering group for this work.

16. The service specification includes the requirement for the successful provider to develop a process for participation and engagement with children and their families which will have an ongoing influence to this work.

17. See attached business case for full details.

EQUALITY IMPACT ASSESSMENT

18. A full Equality Impact Assessment (EIA) has been completed in advance of the development of this proposal. No adverse actions have been identified in relation to the implementation of this work. The EIA will be updated and reviewed as part of the project implementation and notably the provider will be required to capture demographic data to provide ongoing monitoring data to this work. This data will allow the steering group to review prevalence of specialist groups within clusters and target/amend any initiatives as appropriate.

RECOMMENDATION

19. The Governing Body is asked to:
   (a) Approve this business case for a ‘Childhood obesity – Primary School prevention programme’.

FULL BUSINESS CASE TEMPLATE
Leeds West CCG Business case for Non Recurrent Funding request.

**Proposal Title:** Childhood obesity – Primary School prevention programme

**LWCCG Strategic Objective and / or Priority Health Goal**
- NHS Leeds West CCG Strategic Objective: To work with members and collaborative partners to tackle the biggest health challenges in West Leeds, reducing health inequalities.
- NHS Leeds West CCG Priority Health Goal: Promoting healthy living to tackle the wider determinants of health.

**Accountable Lead Officer/ Lead Director:**
Susan Robins, Director of Commissioning, Strategy & Performance

**Lead Clinician:**
Dr Hilary Devitt, Clinical Lead for Children and Maternity Services

**Lead Finance Officer:**
Judith Williams, Senior Finance Manager

**Theme:**
Reducing health inequalities, promoting healthy living

**Approval Group:**
Clinical Commissioning Committee

**Business case Author:**
Jayne Bathgate, Commissioning and Development Manager

**Description of Proposal**

**Statement of current position and why investment is required** - what exactly are you proposing to do/change?

This paper presents a proposal to introduce evidence based childhood obesity prevention programmes within five school cluster areas across Leeds West.

Based on evidence collected at an information gathering session (carried out with six potential providers), Leeds West CCG and Leeds City Council’s Public Health and Education departments have developed a service specification which aims to deliver these programmes in the classroom and take a whole-school approach. These programmes will take a universal approach (i.e. not target obese children) and will have a sustainable impact on the eating behaviour of children and their parents.

Robust evidence leads us to believe that this will have a long term impact on obesity levels which in turn will improve the health and wellbeing of our population including the reduction of weight-related illnesses including diabetes, heart disease and cancer.

The success of this programme will be measured by a number of outcomes (detailed on pages 10 and 11) but notably this programme will be viewed as a success if 20% of those children (i.e. 2100 children) undertaking the programme show a sustained decrease in eating unhealthy snacks to consume one or less unhealthy snacks per day two years on from the end of the programme.

Initially these programmes will provide children with intensive exposure to fruit and vegetables (repeated tasting of fruit and vegetables) through the use of positive marketing and rewarding of positive behaviour change. This will be followed by a phase of sustained availability of fruit and vegetables to the children at all presenting opportunities.

It is proposed that this will result in not only sustained change in the child’s eating activity but also sustained change in the schools, caterers, retailers and parents attitudes and behaviour.

This proposal is presented in response to the fact that public health and prevention, in particular obesity, is one of the ten priority areas for children identified for development within Leeds West CCG. Obesity has major impacts upon the health and life chances of individuals, and has a devastating effect upon national and community healthcare costs.

Furthermore, within the new citywide Leeds five year Strategy, the CCGs have committed to reducing potential years of life lost (PYLL) which is a key indicator from the CCG outcomes indicators set. The
indicators to measure this have been aligned to the Leeds Health and Wellbeing strategy and excess weight in 10-11 year olds is one of the indicators that has been identified to measure improvement. The Leeds Joint Strategic Needs Assessment (JSNA) 2012 notes that the role of the Clinical Commissioning Group is to lead on preventing people dying prematurely. The role of Leeds City Council is to lead on minimising the impact of the wider factors. Our commissioning responsibilities as a CCG are therefore to lead together with Public Health on health improvement programmes to reduce unhealthy behaviours such as obesity.

Public Health currently fund a number of treatment programmes across the city. We wish to complement this work by introducing evidence based prevention programmes to drive quantifiable and sustainable behaviour changes in eating habits which will also accompany and support physical activity programmes.

We have the opportunity to be pioneers as a CCG within Leeds to develop these programmes which will be evaluated to provide evidence to influence future commissioning proposals both by the CCGs (across Leeds) and by Public Health.

The National Child Measurement Programme has identified that there are areas of Leeds West where there are pockets of significantly higher than average prevalence of obesity. The primary school clusters which have been identified as areas with significantly higher than average prevalence of obesity include Open XS, Bramley and Armley (see Appendix 1 for cluster details). In contrast there are areas where although the prevalence figures are not above the national average they are increasing alongside an increasing population of children. These are Morley, Ardsley and Tingley. In addition, these areas also differ in terms of the catering companies who supply the food to the primary schools and the availability of fruit and vegetables from retailers.

These programmes will be delivered through a universal approach but will be targeted to these five cluster areas.

A full procurement exercise will be carried out and the successful provider of the programmes will be required to demonstrate findings and associated recommendations regarding uptake or success of the programme across the different cluster areas at the end of the two year programme which in turn will inform future commissioning proposals.

Following evidence and feedback obtained from the information gathering session, it is intended that this project will form the first phase of a programme of work focused on the prevention of childhood obesity.

We are hopeful to develop further stages of this work (which are currently outside the remit of this proposal):

1. Maternal obesity reduction
2. Obesity prevention in high school children
3. Obesity prevention in children with special needs

There is strong evidence that childhood obesity is related to whole family issues. As young children have little control over their eating and activity levels the issue can only be addressed by engaging the whole family (Rudolf M 2009). The provider will therefore work with the whole primary school community to:

- Increase acceptance of healthy foods – notably fruit and vegetables
- Ensure portion sizes are appropriate for age
- Encourage positive family mealtimes
- Encourage parents and carers to model a healthy lifestyle
- Encourage active play/increase physical activity

There is acknowledgement that there are already significant areas of work across the city relating to obesity treatment and this work will complement these existing programmes. This work will also complement statutory requirements including the School Food Plan and Cooking in the Curriculum.

Rationale for Proposal
How will it achieve the aims of the theme, transform services & reduce whole system activity & costs?
include any benchmarking information, evidence or data here

To include:

- what is the population need (discuss with Public Health)
- what is the evidence (NICE etc, discuss with Public Health)
What is the expected impact on outcomes (discuss with Public Health)
How will this contribute to reducing health inequalities (discuss with Public Health)

Childhood obesity has multi-factorial causes (Foresight 2007) and there is clear evidence that today’s children are engaged in lower levels of activity and are eating more poorly than their predecessors (DH 2008 Healthy Weight Healthy Lives: Consumer Insight).

The potential cost of the increasing levels of childhood obesity when these children become adults is unquestionably high. In Leeds just less than one in ten children in Reception is obese (9.3%, 794) and just less than one in five children in Year 6 is obese (19.7%, 1,374 children).

Nationally, 19.2 per cent of year six children are obese, compared to 19.7 per cent in Leeds; these figures have changed slightly from 2011 (19.0 per cent nationally; 19.9 per cent in Leeds), and Leeds has seen a slight drop over the last three years.

The Leeds JSNA 2012 identifies that a strong positive relationship exists between obesity and deprivation. The prevalence of obese children is higher in Reception and Year 6 in deprived areas of Leeds. This is echoed by National Child Measurement Programme (NCMP 2011-12) data which shows that children in deprived areas of Leeds are more likely to be obese than children in non-deprived areas.

Based on Public Health statistics, figures of obesity in these areas are:
Open XS 32.2% (13%)
Armley 21.2% (10.6%)
Bramley 21.8% (12.4%)
Morley 16% (8.1%)
Ardsley and Tingley 14.3% (7.1%)
(*Figures relate to the 2012/13 obesity rates for children in year 6 and those in brackets are for children in reception based on the 2011/12 obesity rates as the 2012/13 figures for these children are not yet available).

Through the delivery of these classroom based programmes (in primary schools) the primary outcomes which will be measured have been divided into three -
1. Programme acceptance
2. Sustained increased consumption of fruit and vegetables
3. Decreased consumption of sweet and fatty foods

Progress will be monitored on a quarterly basis but will be specifically measured within defined time periods.
In order to reduce health inequalities this work will take a universal approach after considering one of the messages stemming from the Marmot report “Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010” (February 2010). This specifies that ‘focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage’.

Intended Benefits:
Analysis of benefits highlighting relevant aspects from list below.

- Contribution towards CCG transformation priorities
- Compliance with any statutory requirements or compliance
- Support for JSNA priorities
- Contribution to QIPP and/or Corporate Savings targets (describe the cost benefits)
- Income generation / cost sharing opportunities
- Development of Primary Care
- Workforce development
- Quality initiative

The project supports the implementation of the Leeds Health and Wellbeing Strategy with a particular
focus on:
People will live longer and have healthier lives: ensure everyone will have the best start in life (notably
the indicator to target excess weight in 10-11 year olds).

Contribution to LWCCG strategic objectives
This project specifically contributes to the strategic objective:
To work with members and collaborative partners to tackle the biggest health challenges in West
Leeds, reducing health inequalities.

This project also contributes to:
NHS Leeds West CCG Priority Health Goals
Promoting healthy living to tackle the wider determinants of health.

Leeds Children’s Trust Board Children and Young People’s Plan Outcomes
Children and Young People choose healthy lifestyles – encourage activity and healthy eating.

Compliance with JSNA priorities
The Leeds JSNA 2012 confirms that both the Clinical Commissioning Group and Leeds City Council
will lead together on health improvement programmes to reduce unhealthy behaviours such as obesity.
The prevalence of obesity across Leeds has risen slightly overall in the past two years. With the
highest prevalence being within the most deprived fifth of the population.
The JSNA also notes that the prevalence of obese children is higher in Reception and Year 6 in
deprived areas of Leeds.

Key Functions/Stakeholders affected
and how they will need to operate differently to succeed. Detail how patients/ members will be engaged

- Patient and public involvement in development of the proposal
- Membership involvement and role of practices in the proposal
- Partner/key stakeholder engagement in development of the proposal
- Has this case been considered by the PAG?

Partner key/stakeholder engagement
With guidance from colleagues in Public Health, we have developed this proposal to target school
cluster areas within Leeds West CCG where obesity is most prevalent.
This is based on evidence based initiatives which take a partnership approach to obesity prevention.
We have developed this proposal to support and complement current initiatives.
A multi-agency stakeholder reference group has been established to support the development of this
work.
Stakeholders represented:
Primary Care
Education (Leeds City Council)
Public Health (Leeds City Council)
The group will continue (subject to approval of this proposal) and act as a steering group for this work.

Community consultation
The survey ‘My School, My Health’ (which is an annual survey that can be done at any point in the
school year) is led by the Health and Wellbeing Service.
The survey results will be used as the evidence base for this work and the provider will be expected to
detail in their tender submission how they will use this alongside other data collection measures that
they may already have in place.

Membership involvement
This proposal has been presented to members as part of the priorities for Children and Maternity
Services in Leeds West at the Members event on 20\textsuperscript{th} March 2014 and was very well received by both
GPs and Practice Nurses.
In addition the Clinical Management Committee has been presented with this as a priority being
developed at their meeting on the 19\textsuperscript{th} February 2014.
To support our member practices a communication plan is being developed to launch this work. This
will also promote the complementary treatment/services available to children in their localities. A briefing paper to members has been circulated to inform members and seek input from any interested parties.

Patient Assurance Group
This proposal has been presented to the PAG on the 6th August 2014. The PAG are in agreement with this proposal and particularly noted the requirement to ensure this programme complements the other areas of work already underway across the city relating to obesity treatment and physical activity.

It was also requested that the successful provider ensures that a communication plan is developed that is sympathetic to the potentially sensitive nature of the subject and that messages are promoted in a positive manner.

In addition PAG requested that the provider works closely with partners to tackle factors that cause an obesogenic environment in the communities. All of these additional points are reflected within the service specification.

Subject to approval of this proposal, further work will be undertaken on the Patient and Public Involvement Plan and the PAG will be consulted within this process.

The service specification includes the requirement for the provider to develop a process for participation and engagement with children and their families which will have an ongoing influence to this work.

Equality and Diversity
A full Equality Impact Assessment has been completed in advance of the development of this proposal. No adverse actions have been identified in relation to the implementation of this work.

The EIA will be updated and reviewed as part of the project implementation and notably the provider will be required to capture demographic data to provide ongoing monitoring data to this work. This data will allow the steering group to review prevalence of specialist groups within clusters and target/amend any initiatives as appropriate.

Finance
Key investment requirements where and what type of investment/extra cost is required to deliver the changes required

This proposal is not a net cost savings proposal

The programme will be delivered over 2 years:

- In year 1 the intensive programme will be delivered to the entire school.
- In year 2 the intensive programme will be delivered to the new reception pupils and the remaining children will sustain and extend the gains they have already made.

The cost modelling below is based on information gathered through our market testing exercise and are based on costs ‘per pupil’ from a provider of a similar service.

Costs provided are shown excluding Fruit and Vegetables. This project is not responsible for the provision of fruit and vegetables. This will continue to be the responsibility of Leeds City Council and Catering. This work will however have the opportunity to significantly influence the provision made available to the schools involved. Evidence suggests that where produce is provided by school catering it supports the Catering team’s engagement in the whole programme and costs are reduced. Leeds City Council and Catering Leeds are supportive of this approach and have provided assurance that they will work with both Leeds West CCG and the successful provider to support the development and uptake of these programmes.
(*All prices are exclusive of VAT)

**Table 1**

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>100% uptake</strong></td>
<td></td>
</tr>
<tr>
<td>35 primary schools</td>
<td>35 primary schools</td>
</tr>
<tr>
<td>10,509 pupils</td>
<td>10,509 pupils</td>
</tr>
<tr>
<td><strong>Approximate Cost Per Pupil</strong></td>
<td></td>
</tr>
<tr>
<td>£27.00</td>
<td>£15.00</td>
</tr>
<tr>
<td><strong>TOTAL per year</strong></td>
<td></td>
</tr>
<tr>
<td>£283,743</td>
<td>£157,635</td>
</tr>
<tr>
<td><strong>TOTAL overall</strong></td>
<td></td>
</tr>
<tr>
<td>£441,378</td>
<td></td>
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</tbody>
</table>

**Table 2**

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>66% uptake</strong></td>
<td></td>
</tr>
<tr>
<td>23 primary schools</td>
<td>23 primary schools</td>
</tr>
<tr>
<td>6936 pupils</td>
<td>6936 pupils</td>
</tr>
<tr>
<td><strong>Approximate Cost Per Pupil</strong></td>
<td></td>
</tr>
<tr>
<td>£27.00</td>
<td>£15.00</td>
</tr>
<tr>
<td><strong>TOTAL per year</strong></td>
<td></td>
</tr>
<tr>
<td>£187,272</td>
<td>£104,040</td>
</tr>
<tr>
<td><strong>TOTAL overall</strong></td>
<td></td>
</tr>
<tr>
<td>£291,312</td>
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</table>

Please note that costs are approximate (dated January 2014) and will be confirmed following conclusion of the procurement exercise. It is envisaged that the procurement process will allow for more competitive costings. Based on evidence collected it is suggested that uptake of the programme will be 66% across the cluster areas, therefore figures may be reduced to those in table 2. However it is recommended that the full amount is made available (allocated) in the instance that the programme is taken up by all schools.

The ‘cost per pupil’ figure above includes the following elements and a further breakdown will be requested during the procurement process:

- Staff costs
- Materials/Rewards/Training Materials
- Communications
- Account Management
- Evaluation

Leeds West CCG Finance team will provide support to this process to scrutinise the costs presented.
Outcomes and Outputs

Impact of Proposal – Activity/ Service/ Quality benefits
What reductions in relevant activity will the proposal have expressed as numbers of people / % of current activity levels?, what impacts on quality are expected?

The programme will work with 35 primary schools and approximately 10,509 pupils (based on a 100% uptake).

Similar programmes have been implemented in areas across the UK, including Bolton, Bradford, West Midlands, London and Grampian. This proposal is based on evidence from these programmes and the following outcomes have been developed from this evidence.

N.B the changes below will be measured against the baseline defined at the start of the programme.

1. Programme acceptance
3 month follow up:
- 66% acceptability of the programme across cluster schools
- 100% of schools implementing the programme are undertaking associated activities
One year follow up:
- 100% of schools implementing the programme have fruit readily available
At the end of the programme:
- Provider to develop a plan in partnership with stakeholders (schools, caterers, etc) to guarantee ongoing sustainability of the approach following end of Provider input.
- Provider to demonstrate findings and associated recommendations regarding uptake or success of programme across cluster areas.

2. Sustained increased consumption of fruit and vegetables
3 month follow up:
- 80% increase in children eating at least one portion of fruit per day
- 80% more children eating vegetables
One year follow up:
- Parents provide 66% more fruit and vegetables to their children
- Children consume 66% more fruit and vegetables
At the end of the programme:
- 66% of children eat two additional portions of fruit and vegetables per day
- 66% of parents eat two additional portions of fruit and vegetables per day
Two years after the programme:
- 66% of children continue to eat two additional portions of fruit and veg every day

3. Decreased consumption of sweet and fatty foods
3 month follow up:
- 30% decrease in children eating unhealthy snacks
One year follow up:
- 20% of children show sustained decrease in eating unhealthy snacks to one or less per day
At the end of the programme:
- 20% of children show sustained decrease in eating unhealthy snacks to consume one or less unhealthy snacks per day
Two years after the programme:
- 20% of children show sustained decrease in eating unhealthy snacks to consume one or less unhealthy snacks per day

Secondary outcome measures
Based on robust evidence it is envisaged that a number of secondary outcomes will be realised as a consequence of the implementation of these obesity prevention programmes.
For Primary school children -
- Increased uptake of free school meals.
- Increased uptake of school meals.
- Reduction in obesity rates.
- Encourage active play.
- Improved school attainment.
- Improved school attendance.

For all -
- Increased uptake of treatment programmes (where appropriate).
- Increased local provision of fruit and vegetables (increased benefit to the local economy).
- Increased healthy eating in whole family, education staff and catering staff.

**Metrics**

*for modelling impact of proposals on reductions of relevant activity / cost*

The impact on the reduction of activity on NHS services will be evidenced in the longer term. We are not expecting the demand on services to change during the life of this project although evidence suggests that there would be an increase in the uptake of treatment programmes.

**Impact of Proposal – Cost Benefits**

*Where and how much cost would you expect to save from this proposal. eg based upon the reductions in activity levels assumed?*

This proposal is not a net cost savings proposal
This proposal should be viewed as an investment for improved care. Evidence suggests that a decrease in obesity levels could be viewed as a longer term cost saving.

**Key Risks – to success of the proposal**

*include risks to other parts of the health and social care system*

Risks to the proposal include:
- Non-engagement within the selected schools
- Non-engagement with Caterers
- Non-engagement with the children
- Non-engagement with the parents/carers
- The programmes must complement other established healthy living programmes to avoid any duplication of effort across the selected school cluster areas
- Limited (or no) availability of fruit and vegetables within the local area.
- Co-ordinator employed may have limited experience in programme delivery and would require extensive training which may result in potential loss of momentum or a failure to engage head teachers.

**Mitigation against Risks**

*What actions will be taken to reduce or mitigate those risks?*

The multi-agency steering group has overall responsibility for ensuring engagement across organisations.
The programme will be subject to robust evaluation including ongoing monitoring of the outcome measures detailed above.
Within the service specification it will be detailed that the provider will be required to secure a co-ordinator who has previous experience and a successful track record in delivering improved outcomes within evidence based programmes.
In addition progress will be monitored through the use of quality standards as defined by NICE guidelines on Obesity [http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf](http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf)
Leeds Health and Wellbeing Service are in support of this proposal and wish to support the integrated approach which will prevent schools being overwhelmed by both this programme and the introduction of the statutory compliance to the new school food policy.
If benefits fail to be realised, these will be reported at key evaluation points and plans for correcting or mitigating circumstances highlighted.
A risk register will be managed by programme management and will be reviewed with the Steering group on a quarterly basis.
Options appraisal

detail alternate options - impact of do nothing / alternative schemes considered

It is proposed that the programme should work across the selected school cluster areas as this would provide rich evidence to compare and contrast the programme across areas of varying demography.

Option 1: Delivered by provider Coordinator

The successful organisation would provide a coordinator to deliver this programme across the whole school community. The benefits of this are that the provider’s co-ordinator will be experienced in behaviour change and in the desired approach. We would therefore be purchasing expertise and would be able to reap the most benefit in the short term.

The provider’s coordinator would however be expected to support the development of local coordinators to ensure ongoing sustainability and to develop a team and ethos centred around sustainable behaviour change.

Option 2: Do nothing and (based on evidence) obesity rates will continue to rise in turn increasing the health inequalities faced by those in need across Leeds West.

Recommended option:

Option1: Delivered by provider Coordinator

The benefits of this option are that we would be purchasing expertise and would be able to reap the most benefit in the short term. They will also support the development of local coordinators to ensure ongoing sustainability and to develop a team and ethos centred on sustainable behaviour change (which is evidence based).

Procurement

detail any procurement issues or whether a formal procurement exercise is relevant

Support and guidance to this proposal has been provided by the CSU’s Procurement Service. A ‘Market assessment day’ was held on the 25th April 2014 with six potential providers, Public Health, Primary Care and Procurement. The output of this event has shaped this proposal.

If this proposal is accepted a formal procurement exercise will be undertaken.

The intention is to publish the ‘Invitation to tender’ in September with a view to the Provider being ready to commence in January 2015.

Input from Education colleagues at Leeds City Council have indicated that this would be an appropriate time to commence due to the launch of the Free School Meal campaign in September 2014 which would have an impact on capacity within Schools should the childhood obesity – Primary School prevention programme be launched at the same time.

Workforce

workforce requirements to deliver the proposal - highlight recruitment that would be required - and consider in risk section, also role changes

This proposal provides a truly integrated approach in its delivery. Catering, supervisory, and teaching staff will all play a key role in developing the conditions that shape eating habits and are crucial to the success of this scheme. Member practices will be supported by a robust communication plan which will highlight the work which is being undertaken and how it complements and support the treatments/services available for the children in their localities.

In the selected schools, staff will act as role-models and sources of encouragement to the children. The staff will support children’s healthy choices in school meals and in packed lunches, and offer small rewards for their special efforts.

The successful Provider will provide support and training to school staff to become agents for behaviour change and for the creation of a new and exciting approach to healthy eating. Opportunities for development will be available to those who are trained as school co-ordinators.

Evaluation plans

evaluation of outcomes, outputs and risks - detail the criteria you will use

The successful Provider will be required to participate in a formative evaluation of service delivery as identified by Leeds West CCG and ensure all recording systems are established to meet identified requirements to support agreed evaluation methods.
The successful Provider will link in with existing evaluation methods e.g. the ‘My School, My Health’ annual school survey. The successful Provider will evidence achievement of short term outcomes by the end of March 2015, forming the basis of an interim report to the steering group and Leeds West CCG. The successful Provider will ensure that safety assurance and good governance are built into the service delivery model. The successful Provider will adhere to quarterly monitoring requirements as determined by Leeds West CCG.

### Exit Strategy

*For non-recurrent cases, give clear details of how and when the work will be completed, In line with the funding requested*

The programme will be subject to rigorous monitoring and evaluation. The successful Provider will be expected to evidence quantifiable and sustainable behaviour changes in eating habits. The success of the programme will be measured on the outcomes detailed within this business case. The successful Provider will be required to evaluate their effectiveness to inform future Public Health services. By the end of the programme the successful Provider will have developed a plan in partnership with stakeholders (schools, caterers, etc) to guarantee ongoing sustainability of the approach following end of their input. In addition, the successful Provider will be required to demonstrate findings and associated recommendations regarding uptake or success of the programme across cluster areas which will inform future commissioning.
### Appendix 1

**Children Leeds**

Primary Schools by cluster.

#### Open XS (WNW) - JCC
- Blenheim Primary
- Brudenell Primary School
- Little London Community Primary
- Quarry Mount Primary School
- Rosebank Primary

#### ACES (Armley) (WNW) - Informal Partnership
- Armley Primary School
- Castleton Primary School
- Five Lanes Primary School
- Whingate Primary School
- Christ Church C/E Primary School
- St. Bartholomews CofE Primary
- Holy Family RC Primary

#### Bramley (WNW) - Informal Partnership
- Bramley Primary School
- Raynville Primary School
- Stanningley Primary
- Summerfield Primary
- Whitecote Primary
- Bramley St Peter's CofE (VC)
- Christ the King RC Primary School
- Hollybush Primary
- Valley View Community Primary

#### Ardsley & Tingley (SE) - JCC
- Hill Top Primary School
- Westerton Primary School
- East Ardsley Primary
- Blackgates Primary

#### Morley (SE) - Informal Partnership
- Churwell School
- Seven Hills Primary
- Morley Newlands Primary
- Gildersome Primary School
- Birchfield Primary
- Morley Victoria Primary
- Asquith Primary School
- St Francis Catholic Primary School
- Drighlinton Primary
- Fountain Primary