

Childhood Obesity Trailblazer Programme

TRAILBLAZER PLAN FOR 3 YEAR PROGRAMME

Council Name	Blackburn with Darwen Borough Council
Project Name	Healthy Place Healthy Future (HPHF)

Please read the Trailblazer Application Guidance before completing this template

Note the following requirements

- Complete the answer boxes
- Adhere to the word limits when provided
- The large boxes should not be expanded
- For the theory of change/logic model [section b, iv] you can add boxes in the space provided and the font within should be Arial 10 point.
- In the tables provided please also use Arial font size 10.

This document should be submitted as a PDF alongside the Discovery Phase Review by **4pm** on **30 April 2019**

a) Trailblazer Vision [10%]

- i. Summarise what you aim to achieve over the three-year programme and why, with specific reference to the local inequalities profile and your targeted beneficiaries.
500 words max

Pennine Lancashire (PL) covers seven councils; Blackburn with Darwen, Burnley, Hyndburn, Pendle, Ribble Valley Rossendale and Lancashire. The area is both young (21% aged 0-19 vs 19% nationally) and diverse (10% of South Asian heritage, with 25% in Blackburn with Darwen (BwD)).

There are clear inequalities in **Child Poverty and Obesity in Reception/Year 6** across PL and some of England's highest levels of fast-food outlets per head, which demonstrate embedded local inequalities. Analysis confirms that children and young people (CYP) obesity is correlated with the number of neighbourhood fast-food outlets.

Our vision for 'Healthy Place Healthy Future' (HPHF) is a coordinated approach to childhood obesity, linking four levers for change to achieve the best outcomes:

1. Local Planning/Policy Impact

- Explore innovative approaches to strengthen BwD's Planning for Health Supplementary Planning Document (PfHSPD) with a framework for Districts to embed health in planning policies and support them to adopt a PfHSPD.
- Develop positive policies to encourage healthier options for A3/A5 outlets and restrict/regulate where establishments do not comply.

2. System Leadership

- Develop a network of informed and empowered Elected Members (EM) to advocate for healthy weight locally and influence Primary Care Neighbourhoods (PCNs) to ensure a whole system approach
- Develop an embedded support programme, with a network of EM Champions aware of the impact of wider determinants of obesity and empowered to challenge the system.
- Work with 'Food Power' to adapt and embed #Darwengetshangry in localities, led by PL's Youth MPs/Deputies/school councils to raise the profile of food for health, support food establishments engaged with Recipe 4 Health (R4H) and drive demand for healthy affordable food.

3. Business Growth and Development Programme

- Support existing A3/A5 businesses to provide healthier, affordable food and recognise with a closely scrutinised award
- Work with A3/A5 establishments to develop incentives for healthier food, including discretionary appropriate business rate relief, procurement, advertising, menu development, inter-borough mentoring/sharing good practice, masterclasses with a local celebrity chef and links to local producers.
- Develop consistent business support.

4. Social Movements for a Healthier Food Offer

- Build upon the Discovery Phase findings by supporting communities to drive demand for healthier takeaway food.
- Link communities with existing/developing social movements including 'Keep XXX Tidy' 'Breast Intentions' and #darwengetshangry to support this drive for healthier food.

We will take a population and targeted approach. Using the 'hard' planning regulation lever, this will change fast-food infrastructure and positively affect families across the area. Developing a system leader network will involve an intra-District 'test and learn' approach with learning applied across PL. Phase one will focus on supporting and developing EMs from the most deprived wards.

In prioritising wards for the business programme we will prototype innovation and solutions. We will target high deprivation wards with concentrations of fast-food establishments and childhood obesity. During Years 1-2, this will help reduce childhood obesity in the most deprived areas. Learning from this will then be rolled out across PL in Year 3.

Community engagement and development will underpin programme delivery, driving social movements for health and enabling grassroots change.

**ii. Summarise your longer-term vision beyond the end of the programme and why, with specific reference to the local inequalities profile and your targeted beneficiaries.
500 words max**

To support the Trailblazer, we will engage with the PL Integrated Health and Care Partnership (ICP), during and after the 3 years, to develop a local approach in supporting children and families in deprived areas to drive demand for healthy sustainable food locally. We will continue to develop links between sustainability, climate change and the local food environment to maintain engagement in wider agendas.

Planning policy will be aligned across PL and there will be a commitment to regular reviews, ensuring SPDs are current as new evidence and intelligence emerges locally and nationally. There is a long-term aim to embed SPDs into all Local Plans. Achieving this ambition across all Districts will signify health as a fundamental LA priority.

The adoption of Planning for Health SPDs across PL will see an increasing trend of new healthier A3/A5 establishments attracted by the business support package. Our programme learning will support central government lobbying to address the relaxation of planning regulations for A3s diluting the ability of councils to restrict the new trend for dessert bars and to reduce the associated health risks for our BME population.

We will have embedded EM development and mandatory training to ensure Districts are prioritising the health/wellbeing of CYP with particular reference to obesity. As an ambition beyond the lifetime of the programme we will aim to further improve the perceived disconnect between District and county council around agendas that are primarily the responsibility of an upper tier authority we will identify and embed EM Children's Champions across the Districts to support the county council. As with the development of Health Champions we will draw on support from BwD's EM for Children and Lancashire County Councils (LCC) Cabinet Member for Children.

We will champion the Local Government Healthy Weight Declarations (HWD) stressing that healthy weight for all is everyone's business. Beyond the Trailblazer we will continue the work to address wider determinants of healthy weight and child poverty, including fuel poverty and holiday hunger with EM Champion support.

The development of EMs will see them fully integrated with, and participating in, Primary Care Neighbourhoods (PCNs). In their empowered role they will ensure that PCNs are driving locality childhood obesity prevention.

We will have a network of knowledgeable and empowered Young MPs and School Councils who will challenge food provision in their areas. They will drive change in local businesses and challenge councils to support healthier and more affordable food. We will have embedded the movement through the Districts in partnership with local Voluntary Community and Faith Sector (VCFS) organisations to ensure the voice of the young people continues to be heard, and new Champions are recruited and developed.

We will develop the links between the food system and sustainability locally and develop links between the environment, healthy and sustainable food and food packaging. This will be done by linking in with the wider sustainability and transformation programme of work across Lancashire and South Cumbria, accessing additional funding and sharing good practice.

b) Actions and Outcomes [25%]:

- i.** Describe the actions you plan to take to address the targeted driver(s) of childhood obesity and associated inequalities. Please detail:
- the specific powers and levers you plan to utilise (i.e. planning powers, fiscal levers)
 - whether they are untapped powers or utilised to some extent already in your local area
 - how you plan to test their limits and go beyond existing practice to demonstrate innovative practice
 - how your proposed actions will form part of your whole systems approach to tackling obesity

1000 words max

Planning Policy:

Since the introduction of the 2016 BwD SPD, five A5 applications have been refused. While A5 applications have remained static, A3 applications increased marginally, with most being approved. Policy is needed to address this increase in establishments which could encourage negative health outcomes e.g. dessert bars.

The ambition is for complementary planning policy across Districts by developing District Planning for Health SPDs. Using this approach across the complex landscape of tiered authorities will allow Districts to individualise the tools. Chosen tools will vary with local issues with A3/A5s – e.g. BwD has an issue with dessert bars which is rare in Ribble Valley. To address childhood obesity through planning we will produce an agreed Memorandum of Understanding (MoU) for all Boroughs

We will monitor planning appeals, identifying trends in decision-making to inform District policy. We will develop a robust District-level evidence base using breastfeeding initiation – as a predictor of childhood obesity – and NCMP data mapped against A3/A5 establishments, lobbying nationally for localised data.

We will revise BwD's PfHSPD developing policy tools to test new applications, using this process to inform the development of District SPDs. The ambition is to develop positive planning regimes, which will innovate to allow 'personal planning permissions' (rather than location) for proposed A3/A5s that demonstrate healthier offers, defined by the type and location of establishment and by using the PHE 'Encouraging Healthier Out of Home Food Provision' guidance.

We plan to combine this positive policy with modification of the current restrictive policies, basing decisions on NCMP ward-level data, clustering and removal of town centre boundaries for restrictions.

System Leaders

EMs are a powerful and largely untapped lever for local change, established in the Discovery Phase as under-utilised for tackling childhood obesity. EMs require support to enable them to challenge practice, influence decision-making and encourage a system approach to tackling unhealthy weight.

From the Discovery Phase we learnt that EMs are largely supportive of planning restrictions for A3/A5s but feel less confident addressing the issue of community obesity.

Our ambition is for engaged, informed and empowered EMs across every PL ward; visible community leaders locally and within Councils; embedding this culture change ensuring new EMs are automatically made aware of roles and responsibilities.

Within this culture change we will:

- Review, develop and test District EM induction process to prioritise healthy weight with induction required to serve on committees/scrutiny panels.
- Ensure that information provided to inform and empower is localised and relevant to communities to support EMs in their role within PCNs with a particular focus on CYP.
- Support District adoption of the HWD and challenge EMs to be involved in the development and delivery of local commitments.
- Support EMs to advocate for a whole system approach to tackling obesity using the Whole System Approach to Obesity Route Map.
- Prototype and test EM engagement packages to foster intra-Council (between political parties) and inter-Council 'competition' for a tool to support EMs as community role models and identify EM Healthy Weight Champions in each Borough.
- Test peer-to-peer EM support as identified as useful during the Discovery Phase. Pairing up EMs with similar challenges in their wards to share learning
- Work with the local 'Food Power' programme to adapt and embed the #Darwengetshangry campaign for each locality to be led by Youth MPs/Deputies raising the profile of food from a health and sustainability angle whilst linking to local food poverty.
- Encourage Youth MPs to empower them to challenge Government in their drive to devolve responsibility to councils without adequate support.

Business

Recipe for Health (R4H) will provide free support, including business development training, mentoring, nutritional advice and guidance for menu-planning with specific support for toddler, pre-school and child-friendly portions sizes; bi-annual masterclass events, delivered by local celebrity chefs and a policy forum on topics such as food safety, planning restrictions, waste, health and sustainability. R4H is an existing programme which will be expanded across PL with limits will be identified by exploring a range of innovations. The R4H forum will encourage engagement and provide a vital source of inspiration for innovation.

Further powers will be explored to support R4H:

Waste Services – Free bulky waste removal in exchange for responsible waste management/ recycling; currently an untapped lever.

Procurement – Opportunity to apply as a preferred supplier for council procured food services; including events and food festivals; subsidised costs for promotional leaflets and sustainable packaging, linking procurement to R4H.

Communications – Explore free advertising in council-managed digital/print media and subsidised outdoor advertising (untapped).

Growth and Development – Utilise food halls at the markets in BwD and Burnley to host healthier businesses, developing a 'healthy food hub'. This is an untapped lever in the context of food establishments and will test both the R4H and the powers of growth and development to monitor/track compliance.

Social responsibility – Support R4H members to procure fruit and vegetables from local food growers (an untapped lever) and local markets, driving local health and wealth.

Social movement

Both parents and CYP recognise that childhood obesity is an issue and are aware of the impact of takeaway food. Communities are voicing their concerns and requesting change. We will develop this to facilitate social movements to drive grassroots change and empower people to demand healthier options supported by VCFS/Community links.

We will support and develop social movements with 'The Great Big Food Debate' to provide structure for community/grassroots advocacy, and will help to develop innovative campaigns and champions.

The influence of 'The Great Big Food Debate' campaign will be continually reviewed and the campaign extended PL-wide by the end of year 2 and once established, expanded across Lancashire/South Cumbria in year 3.

We believe that by pulling these levers we can affect change across PL to construct a system approach to tackling childhood obesity across a complex political and geographical landscape with strategic leadership from the ICP. System leader support from EMs to advocate for the adoption of a HWD and to lead and influence their communities and businesses will drive change from the bottom up and from the top down.

ii. Describe the barriers you expect to encounter in relation to the specific powers and levers and how you plan to address them *500 words max*

From the Discovery Phase we have identified several barriers which we expect to encounter and have described how we aim to address them:

Barrier

Lack of public support for the levers identified in the Trailblazer programme (e.g. perception of councils perpetuating the 'Nanny State').

Action

The Discovery Phase community engagement identified that many people are supportive of regulation of A3/A5 outlets for healthier food. With this encouraging feedback and by developing the social movement aspect of the Trailblazer, we hope to bring along those who may be sceptical by offering something new whilst not removing choice. By supporting participating businesses to advertise their healthier menu offers we will be able to demonstrate that the Trailblazer is geared towards positive community action.

Barrier

Takeaway food is cheap and filling for hungry children in families where money is tight.

Action

The Trailblazer will work with businesses to develop healthier choices that are quick to produce, affordable and just as appealing for children as traditional takeaway food. Working with children and families, local celebrity chefs with peer-to-peer support across Boroughs we can test what works, can be scaled-up across PL and marketed to families the regularly use A5s.

Barrier

High turnover of EMs with the risk of losing continuity in system leadership.

Action

Ensure a robust mandatory EM induction programme across PL including healthy weight as a priority delivered in a number of formats. Support adoption of HWD which commits to developing EMs and highlighting their responsibility to promote this environment.

Barrier

Lack of EM engagement because health is not seen as a District responsibility but lies with NHS and upper tier authority. Resistance to engage in the Trailblazer programme due to personal circumstances/perceptions

Action

We will work with LCC Public Health to support District adoption of the HWD and to develop EM confidence and knowledge around healthy weight and its wider determinants.

Barrier

Each District is at a different point in Local Plan development

Action

We will work outside the Local Plan timeframes to develop Planning for Health SPDs which have a wider remit for health than obesity.

Barrier

Relaxation of A3 planning permissions as a directive from national government to have a wider variety of use. Full planning permission may not always be required and could see a potential increase in A3 establishments which would not comply with a healthier menu).

Action

Monitor and evaluate the impact of this directive across all Boroughs on the numbers of A3s and formulate a response to central government regarding this impact.

Barrier

Resistance from businesses to participate and difficulty in engagement.

Action

Discovery Phase identified that some businesses were difficult to engage and further work will be required to gain trust to encourage businesses to participate. We will develop and promote free support and incentives to participate, to improve business models and margins.

Barrier

Resistance from CYP to menu changes

Action

Engagement via social movement and campaign including in schools/colleges

iii. Outline the expected outcomes/benefits of your planned action with specific reference to your local inequalities profile and how you plan to measure impact. detail the expected timeline for outcomes over the three-year programme and in the longer term **500 words max**

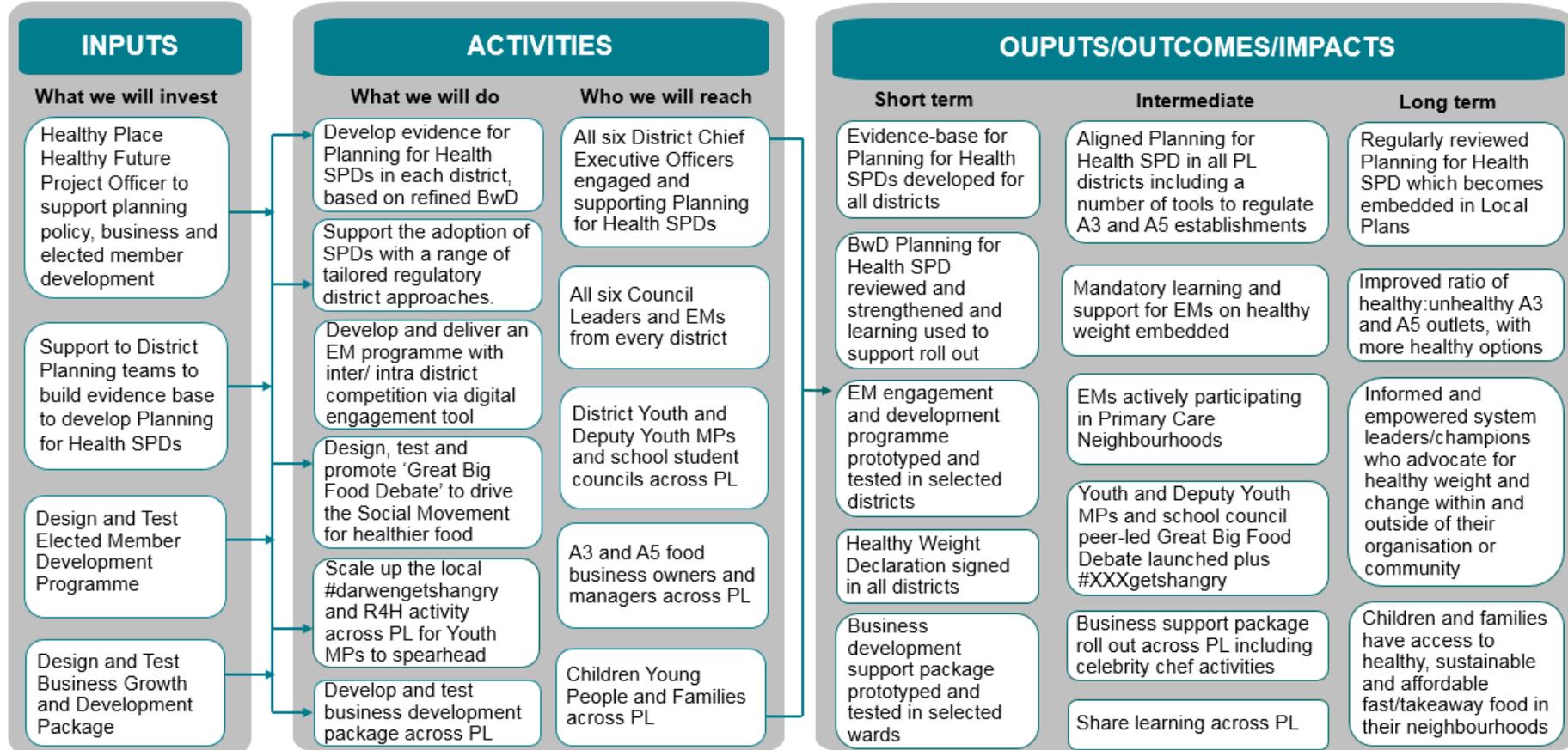
It is acknowledged that the overarching aim of reducing childhood obesity in Pennine Lancashire will not manifest until after the lifetime of the Trailblazer programme.

Outcome/Benefit	How impact will be measured	Timeline
<p>Planning</p> <ul style="list-style-type: none"> • Positive planning and regulation embedded in PfH SPDs to promote a new market of healthier A3 and A5 offers across PL • Increased number of tools within SPDs against which to assess applications • Balance shifted towards more A3 and A5 outlets offering healthier food and improved access • Robust monitoring to identify areas for action when reviewing policy • Prevention of boundary hopping • Wider determinants of obesity addressed via SPD • Working together to embed obesity prevention in planning policy and share learning across PL 	<ul style="list-style-type: none"> • All Districts adopted a PfHSPD • Increase in the number of 'healthier' A5 outlets as a proportion of the total number • No of A3 and A5 applications granted with 'personal permission' • MoU agreed and signed by all Councils • Case study for adoption of revised SPD in BwD produced to share learning across PL and wider • PfHSPDs embedded into Local Plans 	<p>Year 2</p> <p>Annually starting 12 months post SPD adoptions</p> <p>Year 1</p> <p>Year 2</p> <p>On review of each Boroughs Local Plan</p>
<p>System Leaders</p> <ul style="list-style-type: none"> • Informed and Empowered EMs who are confident to challenge the norm • Mandatory training as part of induction package • Advocate for adoption of Health Weight Declaration • EMs supported with local evidence for action and national publications • Informed and Empowered Youth MPs/school councils advocating for change in the local food system and challenging their peers to drive the demand for healthy affordable food 	<ul style="list-style-type: none"> • HWD Evaluations • EMs active in all PCNs • Number of District Public Health Champions identified and active • Number of #XXXXhangry campaigns across PL • Number of Youth MPs/students engaged in food campaigns • Number of District EMs actively supporting the #XXXhangry food campaigns 	<p>Annually Year 2</p> <p>Annually from Year 2</p> <p>Year 2</p> <p>Year 1</p> <p>Year 2</p>
<p>Business Growth & Development Programme</p>	<ul style="list-style-type: none"> • Number of businesses signed up 	<p>Annually</p>

<ul style="list-style-type: none"> • A network of socially responsible businesses across PL seeking to support for community health improvement • Affordable, healthier and more sustainable food offer from participating outlets • Develop and promote viable business model for healthy eating appropriate for local demographics • Support a network of profitable food outlets sharing good practice across Districts • Support businesses to promote healthier food and environment sustainability • Businesses recognition and awards for those engaged 	<p>to the R4H programme</p> <ul style="list-style-type: none"> • Number of business 'advisors' identified from each sector • Number of businesses using the CYP portion size guidance • Number of Celebrity Chefs recruited • Annual R4H awards delivered 	<p>Annually</p> <p>Annually</p> <p>Annually</p> <p>Annually from Year 2</p>
<p>Social Movement</p> <ul style="list-style-type: none"> • Initial focus on most deprived wards • Empower deprived communities to drive demand for affordable healthier food • Educate communities through networks about food sustainability and environment impact • Encourage communities to support R4H businesses • Understand the need for and support the adoption of Planning for Health SPDs 	<ul style="list-style-type: none"> • Inequality analysis • Number of 'Great Big Food Debate' activities across PL • Number of Community Champions/Groups driving the Social Movement • Case studies of community driven change • Case studies of families 	<p>Annually</p> <p>Annually</p> <p>Annually</p> <p>Annually</p>

iv. Illustrate how the proposed actions are expected to lead to desired outcomes through a theory of change/logic model with inputs, activities, outputs, outcomes and impacts.

Healthy Place, Healthy Future Programme: *Reducing childhood obesity levels in Pennine Lancashire with a focus on the most deprived wards*



ASSUMPTIONS: Elected members have little knowledge about the causes of obesity; Children and families do not have enough access to healthy and affordable fast food

EXTERNAL FACTORS: Success depends on community driven demand for health fast food; income generation vs. health

c) Programme Plan and Risks [15%]:

i. Set out your key milestones and planned activity for year 1 including your plans for testing, learning and engaging beneficiaries and stakeholders.

Milestone Description	Key actions to deliver milestone	By whom	By when
1 Review, strengthen and adoption of updated Planning for Health SPD in BwD	Update and develop evidence base for the SPD based on up to date NCMP, A3 and A5 data	HPHF Project team	Sept 2019
	Develop revised Planning for Health SPD draft including a range of tools to address new A3 and A5 applications and other tolls to address unhealthy weight e.g. improved access to green space	BwD Planning Policy Lead	Dec 2019
	Consultation and engagement period with system leaders, stakeholders and public	BwD Planning	March 2020
	Planning for Health SPD finalised and submitted to Executive Board for recommendation to adopt	BwD Planning	May 2020
	Develop learning and recommendations to share with Districts and also Councils nationally to support a smooth adoption process	HPHF Project Officer	May 2020
	Develop a robust method to monitor application and effectiveness of the SPD and feedback to relevant stakeholders – including sharing learning nationally	HPHF Project officer and BwD Planning	May 2020
2 Develop evidence base for Districts Planning for Health SPD using learning from process in BwD and commence development of draft Planning for Health SPDs based on BwD's	Obesity and Planning Control Memorandum of Understanding between Boroughs agreed and signed	District Planning teams	Sept 2019
	Conduct a deep dive into planning appeals across PL to identify any trends and identify grounds for refusal/overturn of decisions and whether there would have been opportunities to refuse an A5 application primarily on health grounds and also wider determinants	HPHF project team District Planning teams	Jan 2020
	Develop evidence base for the 5 Districts based on most recent NCMP data and current A3 and A5 and regional and national policy adoption	HPHF Project team	Dec 2019
	Develop draft SPDs for consultation for Rossendale and Pendle Districts	District Planning teams	April 2020
	Consultation and engagement period with system leaders, stakeholders and public in each District	District Planning teams	May 2020

3	Develop a network of Informed and empowered Elected Members as system leaders	Support all Districts to develop local commitments and adopt Healthy Weight Declaration	HPHF project team District Policy teams LCC PH team	May 2020
		Develop inter and intra District EM engagement programme using digital technology as the primary tool to test effectiveness	HPHF project team Flexi Digital	March 2020
		Peer to Peer programme developed in consultation with EMS and tested in two Boroughs	HPHF project team District Policy leads	May 2020
		Identify Health Champions in Districts with no current portfolio holder and support them to develop their knowledge and skills	HPHF project team LCC PH team	Dec 2019
		Review develop and test EM induction process in three Districts to prioritise healthy weight	HPHF project team District Policy teams	May 2020
4	Develop and test A3 and A5 Business Development Package	Link with District communications, waste, procurement and environmental health teams to develop and test R4H business offer in Discovery Phase engagement areas – Nelson, Bacup and Oswaldtwistle Town Centres	HPHF project team LCC Trading Standards District Environmental Health teams	May 2020
		Business 'advisors' identified for each sector of food outlet e.g. Indian, Chinese etc. to support menu and business development	HPHF project team	Oct 2019
		CYP Portion size guidance for businesses developed and tested focussing on toddlers, children and young people	HPHF project team BwD and EL Baby Friendly teams BwD and EL 0-19 Family Health teams	Oct 2019
		Celebrity Chefs identified and recruited to support the menu development element of the R4H offer	HPHF Project team	Sept 2019
5	Social Movement	Co-produce the content of 'The Big Food Debate' programme with the community groups involved in the Discovery Phase	HPHF Project team	Dec 2019
		'Great Big Food Debate' established and tested in BwD, Pendle and Ribble Valley	HPHF Project team	May 2020
		Identify and engage with secondary schools across PL to develop the Youth Councils to become advocates for the R4H programme	HPHF Project team	Dec 2019

		Community Champions/Groups identified and empowered to drive the Social Movement	HPHF Project team	Dec 2019
		Work with Food Power to begin developing the #hangry campaign in towns across PL	HPHF Project team Food Power BwD Food Alliance	May 2020
6	Ongoing monitoring and process evaluation of the levers to enable effective test and learn with strategic overview embedded across the project	Process evaluation framework developed with a reporting template in place to monitor progress against outcomes	HPHF Project team HPHF Steering Board	July 2020
		Steering Board meetings held quarterly	HPHF Project team HPHF Steering Board	June 2019 Sept 2019 Dec 2019 March 2020
		Expert Advisory Panel session biannually with ad hoc advice where required	HPHF Project team Expert Advisory Panel	June 2019 Dec 2019
		Annual report draft produced for agreement at June 2020 Steering Board meeting	HPFH Project team	May 2020
		Commission Independent Evaluation	HPFH Project team	Dec 2019

ii. Provide an overview of planned milestones and planned activity for years 2 and 3 and describe how you may adapt your approach based on learning throughout
500 words max

Year 2

Planning

- Burnley, Hyndburn, Ribble Valley Districts PfHSPDs adopted
- Evaluation of the impact of BwD's revised PfHSPD
- Sharing of learning across Lancashire and South Cumbria system and wider

System Leaders

- Facilitate the link between EM and PCN and support them to be active and champion healthy weight for CYP
- Develop localised and meaningful information for EMs to support their work in wards and PCNs
- Roll out learning from test and learn induction process for EMs across remaining three Districts to prioritise healthy weight
- Hold 1st annual EMs networking event
- Link EMs to local #XXXXhangry campaigns

Business Support

- Identify and engage with local food growers and link to local businesses and wider procurement opportunities
- Develop the menu offer with chefs, local business leaders
- Develop peer to peer business support
- Hold 1st Annual Pennine Lancashire R4H awards

Social Movement

- Recruit Champions and Groups from the remaining Districts
- Refine 'Great Big Food Debate' and roll out into other 3 Districts
- Develop School Councils and other Young Leaders to support the #XXXXhangry campaigns

Monitoring and Evaluation

- Quarterly HPHF Steering Board meetings to review project progress against monitoring framework
- Biannual Expert Advisory Panel session
- Regular HPHF Project team meetings to review progress and adjust approach as necessary
- Annual report produced
- Commissioned independent process and impact learning evaluation

Year 3

At this stage planned work will develop largely from the work carried out in Years 1 and 2. There are a few high level milestones to note:

Planning

- Monitoring of impact of PfHSPD across PL

System Leaders

- Develop Children's Champions to complement the Health Champions

Business Support

- Roll out the R4H programme into the remaining Districts in PL

- Sourcing ongoing funding to support the role

Social Movement

- Extend the 'membership' of the 'Great Big Food Debate' and seek opportunities to share good practice and to raise the profile of the Champions

Monitoring and Evaluation

- As above plus:
- Final HPHF Report produced

We will adapt our programme offer throughout process by:

- Prototyping offers and testing on a small scale in identified wards and taking any learning and adapting the offer/programme and retesting. Once refined the product can then be scaled up and rolled out across PL
- Continuing to consult with communities, community leaders, business and system leaders to ensure the offers are fit for purpose for the target beneficiaries and effective in achieving their aims and objectives.
- Continuing to work with our process evaluation framework and reviewing in regular HPHF project team meetings and with overview from the HPHF Steering Board.
- Biannual expert advisory panel review session with ad hoc support from individuals on the panel as required
- HPHF Project team meetings will be held regularly to review what works and what does not and to discuss amendments and changes in approach where necessary.

iii. Provide a project risk log with top three risks and mitigation					
Risk description	Risk owner	a. Likelihood	b. Impact	c. Severity	Description of mitigation
		1 Unlikely to 4 Likely		a. x b.	
Lack of engagement from Elected Members as key system leaders and potential high turnover at election time.	HPHF Project team District Council Policy Leads	2	3	6	We will continually develop an engaging e-learning and face to face package for EMs in consultation with them to ensure it is fit for purpose. We will work with Districts to develop their mandatory EM induction programme to ensure childhood obesity is a priority area for learning to engage with all new EMs.
Planning for Health Supplementary Planning Documents are not achieved across all Districts in the 3 year timeframe of the Trailblazer programme	HPHF Project Team District Planning Policy Leads	1	3	3	Discovery Phase Planners consultation event has identified that all Districts are engaged and are keen to explore the mechanisms that will work in their Districts. Via the Discovery Phase we know that Policy leads and EMs are also engaged and supportive. BwD will lead the way by testing the development of a revised SPD and share learning to

					support the roll out
Lack of engagement from A3 and A5 businesses with the Recipe 4 Health business support offer.	HPHF Project team	1	3	3	From the Discovery Phase consultation and engagement, we have identified a range of businesses to test a new R4H offer and then learn and develop the offer. The package will offer a range of incentives and support as described earlier with no risk to the business as it will be free to participate. The R4H programme will be marketed as a business growth and development package. It has also been identified that businesses are keen to see a decline in 'junk food takeaways' to raise the profile of the businesses selling quality fast food.

d) Programme Governance [10%]:

i. Outline how you will ensure momentum and engagement in the project throughout the three-year programme **500 words max**

The strategic drive for the Trailblazer will stem from strong governance and deeply-embedded vision and strategy to improve health and wellbeing across PL. Together strong governance, vision and embedded strategy will provide momentum and drive engagement.

Governance Drive

The leadership and accountability for this Childhood Obesity Trailblazer has been established, through the Pennine Lancashire Integrated Health and Care Partnership (ICP) a collaboration between East Lancashire Hospitals Trust and Lancashire Care Foundation Trust, including District Councils, VCFS, and local GPs. The **Pennine Leaders' Forum** (PLF) is the senior executive body to provide strategic management for the Transformation Programme for health, care and wellbeing. It has enabled us to build on extensive learning of across multi-organisational/system working to cement mature relationships, drive key ambitions and achieve the best outcomes for our population.

Strategic Drive

We have strong shared vision and principles supported by clear strategy across PL which provides clear direction for our ambition to address Childhood Obesity:

- The draft Pennine Plan, Healthy CYP priority provides a focus for nutrition, physical activity, obesity and unhealthy weight.
- Our current review of the HWD, will strengthen commitment from partners across the ICP.
- We will work closely with Together an Active Future, one of Sport England's 12 pilot areas with strong links into nutrition, physical inactivity and obesity.

HPHF Steering Board

To drive involvement, we established the HPHF Steering Board ensuring involvement and engagement of partners and ensure linkage to decision-making processes:

- PL Integrated Health and Care Partnership
- Local Authority Chief Executive Representatives
- EMs – BwD Health and Adult Social Care lead, LCC Member for Health & Wellbeing, District EM lead for Regeneration
- Director for Public Health & Wellbeing
- Chief Executive Families Health & Wellbeing Consortium (representing the VCFS)
- Business
- Youth MP

Expert Advisory Panel

Additional drive, inspiration and innovation will come from an independent advisory panel of industry experts which will meet twice a year. Initial panel membership includes:

- Robin Ireland - Research Director (Honorary) Health Equalities Group
- Professor Corinna Hawkes - Director, Centre for Food Policy, City, University of London; London Child Obesity Taskforce
- Professor Simon Capewell - Chair of Clinical Epidemiology, University of Liverpool
- Dr Brendan Collins, Public Health Economist, University of Liverpool
- Barbara Crowther, Campaign Co-ordinator, Children's Food Campaign
- Lucy Antal - Project Manager, Regional Food Economy North West
- Dr Thomas Burgoine – Post Doctoral Research Associate, UKCRC Centre for Diet and Activity Research, University of Cambridge

Also invited: Chief Executive of East Lancashire Chamber of Commerce; national planning expert.

Programme Drive

Our expert Programme Manager will provide the single point of contact for the programme, ensuring involvement and participation of partners, business and communities.

Communications Strategy – Our comprehensive communications strategy working jointly with communications resources from Together an Active Future will link partners' communications departments ensuring continuing engagement with Hospital Trusts, CCGs, Councils and communities, with regular bulletins for stakeholders and communities.

Promotion – we will develop R4H and establish social media and an annual award event for PL Healthy Food. We will establish Great Big Food Debate across the region with radio, town and community debates.

- ii. Set out your multidisciplinary project group, including roles, senior leadership involvement and indicate the resource commitment to the programme in terms of staff time (against individual project group members where possible) **500 words max**

Multidisciplinary Project Group:

HPHF Project Manager - 0.2FTE

- Responsible for the overall monitoring of the programme against the milestone
- Link to the Steering Board and the Expert Advisory Panel

HPHF Project Officer – 1 FTE

- Lead the day to day HPHF programme activity
- Support the District policy teams to develop localised EM package
- Support to the District planning teams in Planning for Health SPD evidence base development
- Develop the Recipe 4 Health programme package
- Liaise with businesses who are testing the R4H package
- Liaise with Youth MPs and School Councils

Public Health Nutritionist 0.3FTE (year 2 0.4FTE to review for Yr3)

- Support and advise businesses in the development of a healthier menu
- Work with Celebrity Chefs to develop healthy, affordable, scalable menus for businesses to trial

District Policy Lead (0.1FTE in kind support)

- Advise and support on the local policy and EM development process
- Support the EM development package

Strategic Planners (0.1FTE x 3 Yr1 and Yr2 via stipend)

- 1 per District to advise and support the Planning for Health SPD development in Year 1 & 2

Recipe 4 Health business (minimum 2 from across PL – in kind support and first to trial and benefit from the R4H offer)

- Work with HPHFPO to develop package based on Discovery Phase community and business findings and test and learn in Year 1 & 2
- Advise on progress against milestones from a business perspective

Together an Active Future (TaAF) Communications & Marketing Support (ad hoc support)

- Support the development of communications and marketing strategy for the programme to be aligned with TaAF programme

The HPHF Project Team will be supported by the HPHF steering board and who will report to the Pennine Leaders Forum. Expert advice and support will also be provided to the HPHF Project team by the Expert Advisory Panel

Evaluation - We will commission an independent evaluation of the programme which will give clear consideration to Impacts, successes, challenges and learning. In addition, we will develop a formative learning evaluation which will feedback regularly into the development of the Trailblazer to improve the shape of the programme and ensure dissemination of learning local, nationally and more widely.

e) Programme Spend [not scored] Provide a breakdown of how funding will be spent in year 1 and overview for years 2 and 3.		
i. Year 1		
Spend description	Amount (£)	When spent in year
Project management including process evaluation and annual report – 1 day per week, 50 weeks @ £175	8,750	In 2 instalments June and Dec 2019
FTE Project support officer (Grade G + on costs) – to support planning policy development, business support development, EM programme and Youth MP campaign development	35,000	Annual salary payment
Support to develop planning policy stipend to 3 Districts @ £3k per District	9,000	At beginning of project
Business development prototyping support package including PH nutritionist – 1.5days/wk @£140 per day for 45 weeks Celebrity Chef and menu development support Comms & Marketing	13,750 (9,450) (2,500) (2,300)	Monthly payment from Aug Mid way through year Sept 2019
EM development programme – digital tech support – wearable tech, hubs and data support for 2 Boroughs test and learn	5,000	Sept 2019
External Evaluation (higher cost than Yr 2 due to set up of framework)	3,000	May 2020
ii. Year 2		
Area of spend	Approximate amount (£)	
Project Management	8,750	
FTE Project support officer (Grade G + on costs) – to support planning policy development, business support development, EM programme and Youth MP campaign development	35,000	
Business support – continued prototyping & developing business awards programme PH nutritionist 2 days/wk @£140per day x 45 weeks (inc costing as R4H business numbers increase) Chef support Comms & Marketing & Award development	16,100 (12,600) (1,500) (2,000)	
Support to develop planning policy stipend to remaining 3 Districts @ £3k per District	9,000	
EM development Digital tech to roll out across Boroughs – if successful after test and learn Yr1- if not spend will be reallocated to other test and learn activity	4,000	

Evaluation (less external evaluation required Yr 2 – process evaluation being done by PM)	2,150
iii. Year 3	
Area of spend	Approximate amount (£)
PM	9,000
FTE Project support officer (Grade G + on costs) – to increase focus on business support development and embedding EM programme	36,000
Business support – continued prototyping & developing business awards programme	24,000
PH nutritionist	(15,000)
Chef support	(2,000)
Business Awards	(5,000)
Comms & Marketing	(2,000)
EM package support to maintain digital support programme via data hub	1,000
Evaluation	5,000