

A FITTER FUTURE FOR ALL

**Framework for Preventing and
Addressing Overweight and Obesity
2012–2022**

**Progress Report on 2015–19 short-term
outcomes
(June 2017– June 2018)**



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

CONTENTS

EXECUTIVE SUMMARY	3
BACKGROUND	3
AIM	3
TARGET	3
LONG-TERM OBJECTIVES	4
TARGETS AND INDICATORS	4
THE OUTCOMES.....	8
OUTCOMES 2015–2019.....	9
PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019	9
CHILDREN AND YOUNG PEOPLE	15
LIFE-COURSE / ADULTS AND THE GENERAL POPULATION	25
DATA AND RESEARCH	37
ANNEX A.....	40
UPDATE ON INDICATORS	40
ANNEX B	48
ACRONYMS.....	48
ANNEX C	50
PROGRAMMES, PROJECTS AND INITIATIVES	50

EXECUTIVE SUMMARY

This annual report outlines the progress (June 2017 to June 2018) made under the current implementationⁱ of the ten year obesity prevention framework *A Fitter Future for All 2012–2022*ⁱⁱ.

BACKGROUND

In 1998, the World Health Organisation (WHO) highlighted that obesity was becoming one of the most important factors contributing to ill–health, with increases in prevalence of obesity across the globe. Furthermore, in 2012 WHO stated that ‘Obesity has reached epidemic proportions globally, with at least 2.8 million people dying each year as a result of being overweight or obese. Once associated with high–income countries, obesity is now also prevalent in low– and middle–income countriesⁱⁱⁱ’.

Epidemiological research has indicated that being obese can increase the risk of a range of health conditions such as Type II diabetes, some cancers and heart disease. The financial costs of obesity are high and rising, as the prevalence of obesity increases and its impacts are felt across the Life-course. Preventing the rise of obesity will have a positive impact on the health of our communities in the future.

A Fitter Future for All acknowledged that change will not come overnight, but that by working together and recognising the impact this will have on future generations, we can collectively make a difference. The document therefore sets a target of reducing levels of obesity over its ten year life span – this is more challenging than previous targets which sought to halt the rise in levels of obesity.

AIM

The overall aim of the framework is to:

Empower the population of Northern Ireland to make healthy choices, reduce the risk of overweight and obesity related diseases and improve health and well–being, by creating an environment that supports a physically active lifestyle and a healthy diet.

TARGET

In addition, the following overarching targets have been set:

- **Adults** – To reduce the level of obesity by 4% and overweight and obesity by 3% by 2022.
- **Children** – A 3% reduction of obesity and 2% reduction of overweight and obesity by 2022.

The targets are in two parts; the proportion that are obese and the proportion that are overweight and obese. These targets were established based on the Health Survey Northern Ireland (HSNI) 2010/11 results which reported that:

- 59% of adults aged 16 and over were either overweight (36%) or obese (23%), and
- 27% of children aged 2–15 years of age were overweight (19%) or obese (8%) – based on the *International Obesity Task Force* (IOTF) cut–off points of the BMI percentiles.

For information: the target is to reduce the figure of adults aged 16 and over who are overweight or obese from 59% to 56% and those who are obese from 23% to 19%. For children aged 2–15 years the target is to reduce the

figure of overweight and obese children from 27% to 25% and obese children from 8% to 5%. This is shown diagrammatically in the charts below.

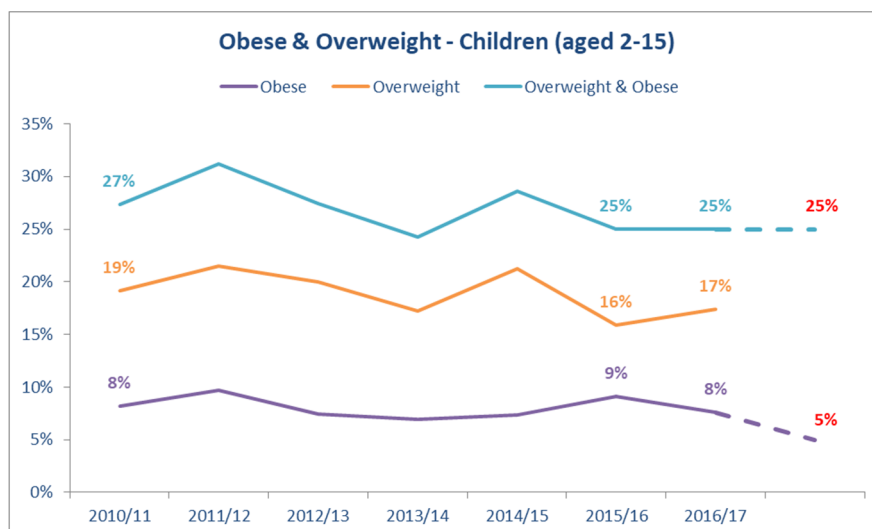
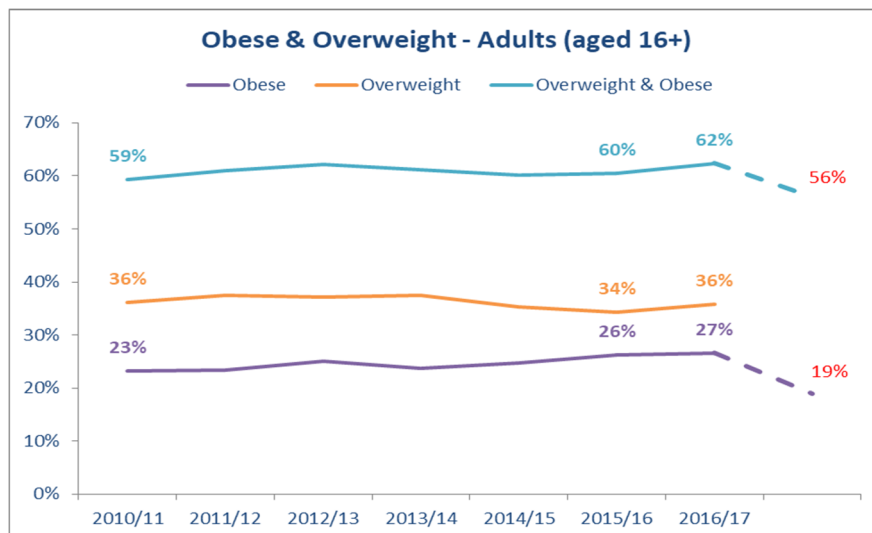
LONG-TERM OBJECTIVES

There are two overarching objectives within the Framework which address two main areas. These are to:

- increase the percentage of people eating a healthy, nutritionally balanced diet; and
- increase the percentage of the population meeting the CMO guidelines on physical activity.

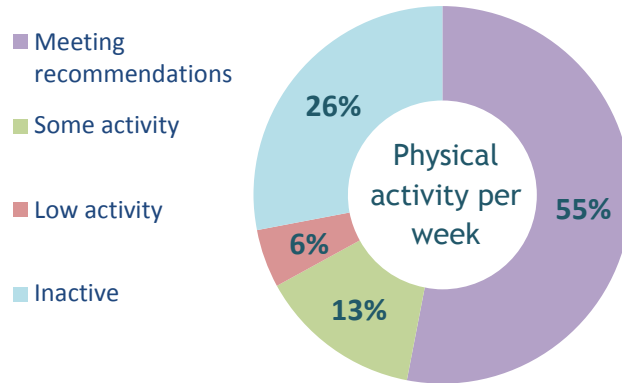
TARGETS AND INDICATORS

The Framework committed the Department to monitoring and overseeing a range of related statistics and indicators – recent figures from the Health Survey (HSNI) 2016-2017 (the most recent available within the reporting parameters) can be accessed at <https://www.health-ni.gov.uk/news/health-survey-ni-201617>, are summarised in Annex A and are illustrated below (the red figures indicate the target and the dotted line indicates what direction and degree is required to achieve it).

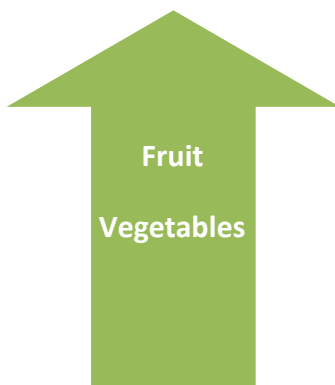


Physical Activity

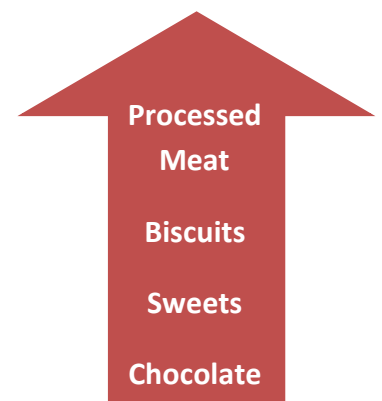
Since 2011 when the revised CMO Physical Activity Guidelines were launched, the 2012/13, 2013/14 and 2016/17 health surveys have included a physical activity module. The Northern Ireland Health Survey for 2016/2017 reported the following data:



Food and Nutrition

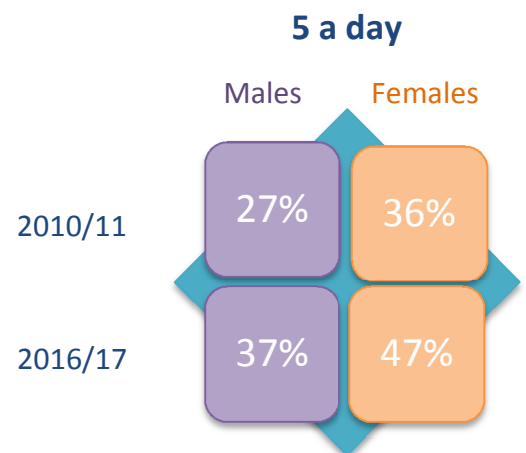


Since 2010/11 the proportion of people eating fruit and vegetables on most days of the week has increased. There has also been an increase in the proportion of people eating processed meat, biscuits, sweets and chocolate.



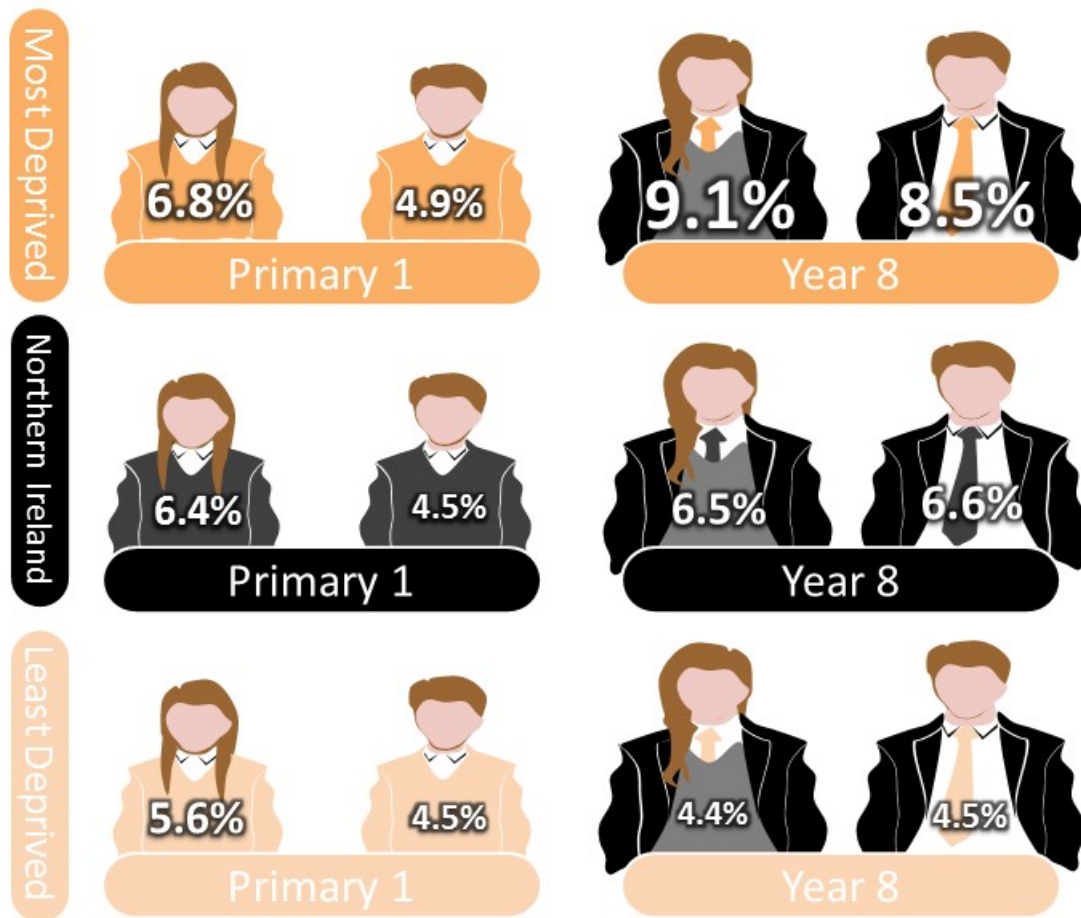
In 2016/2017 43% reported that they ate the recommended five portions of fruit and vegetables a day, an increase from 33% in 2010/11

2010/11	2011/12	2013/14	2014/15	2015/16	2016/17
33%	32%	33%	36%	37%	43%



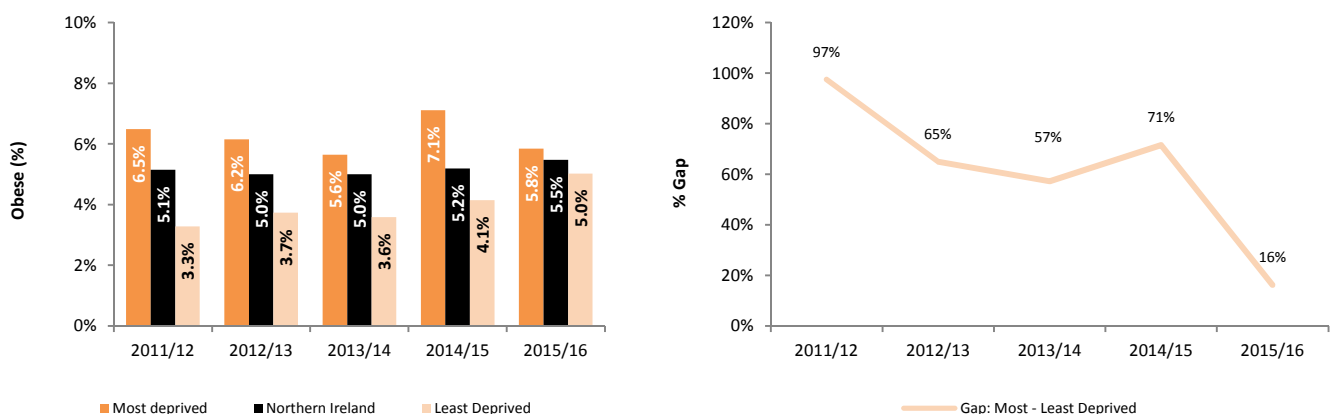
Health Inequalities

Deprivation analysis of Primary 1 and Year 8 Obesity by Gender, 2015/16:^{iv}

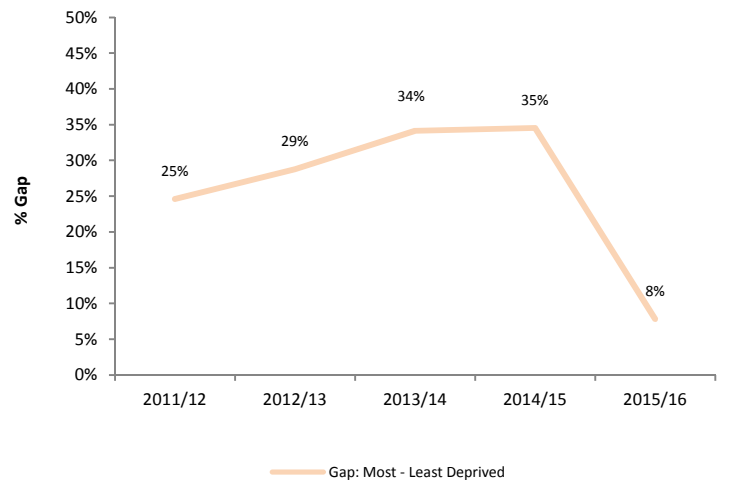
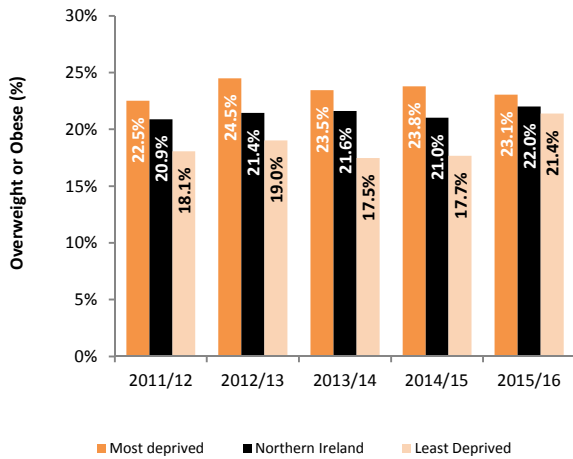


The inequality gap for Primary 1 obesity (males and females combined) narrowed over the last five years due to an improvement in the most deprived areas, however obesity levels increased in the least deprived areas and at the overall NI level. The Year 8 obesity inequality gap widened over the same period due to an improvement in the least deprived areas while there was no notable change in rates within the most deprived areas or Northern Ireland overall.

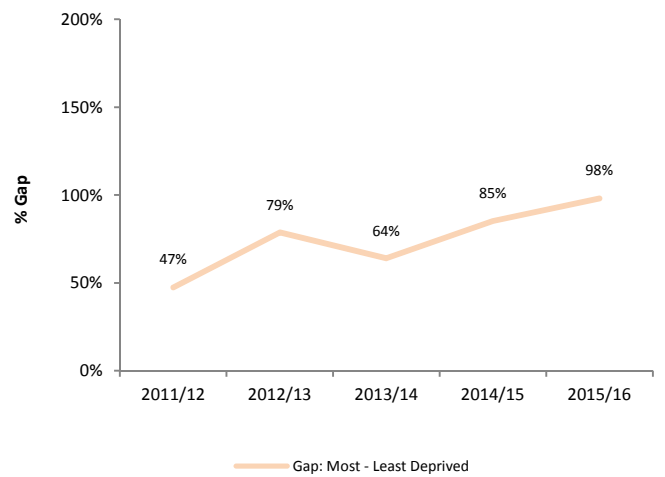
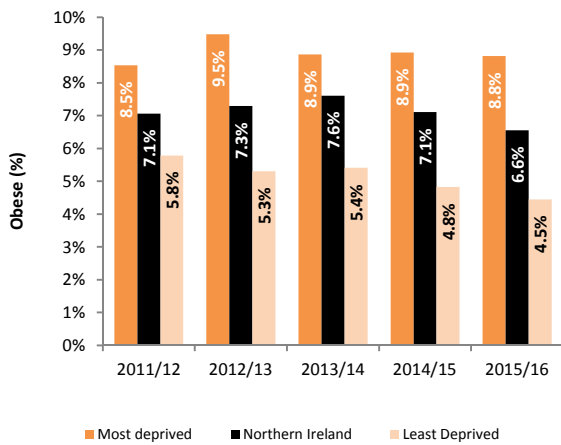
Primary 1 BMI - Obese



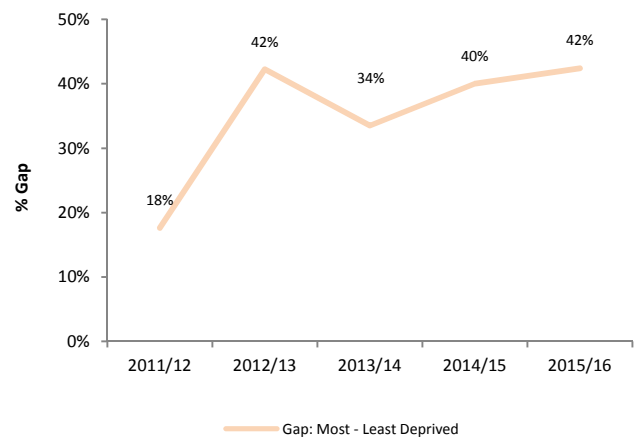
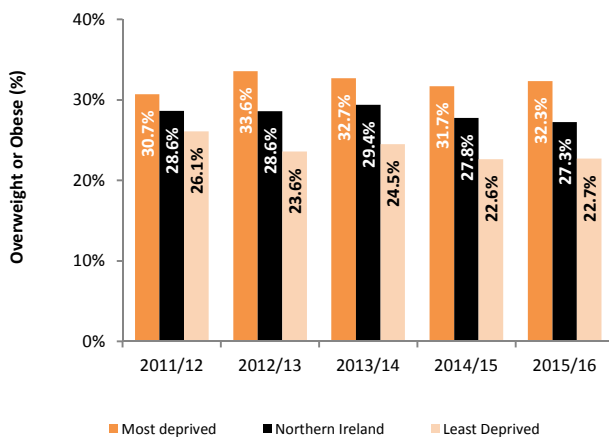
Primary 1 BMI – Overweight or Obese



Year 8 BMI – Obese



Year 8 BMI – Overweight or Obese



THE OUTCOMES

A range of outcomes were defined at the launch of *A Fitter Future for All* in 2012, to deliver the long-term aims of the Framework. Following the logic model approach, the long-term outcomes were supported by the subsequent development of a number of short-term outcomes and outputs. These provide the focus for activities and future work and have been reviewed every three years. The current set of short-term outcomes cover the period 2015-2019.

The outcomes were structured in a manner that not only demonstrated their sequential nature, but also their relationship with the themes, long-term aims and objectives.

The outcomes were grouped within three life-course stages:

- Pre-conception, Antenatal, Maternal and Early Years;
- Children and Young People; and
- Adults and the General Population.

The PHA leads on the implementation of actions to deliver the majority of non-Departmental outcomes. The Food Standards Agency (FSA) is the lead delivery partner for outcomes involving food manufacturers/retailers and food labelling.

The table below summarises progress made in the year June 2017 to June 2018 against the short-term outcomes set for 2015 – 2019.

Quick identification of progress against the outcomes is indicated via a Red, Amber, and Green (RAG) status:

(% of 50 outcomes – rounded)		
Green	On track for achievement / achieved	84%
Amber	On track for achievement but with some delay	14%
Red	Not on track for achievement	2%

Outcomes 2015–2019

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019				
Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
1. People trying to conceive and expectant parents continue to receive information and guidance on nutrition and recommended levels of physical activity.		HSC safefood FSA Com/Vol	<p>PHA – All pregnant women continue to receive the pregnancy book which is updated on an annual basis and contains information on healthy eating and physical activity. Information on nutrition for those trying to conceive and in pregnancy is available online at http://www.enjoyhealthyeating.info. Specific resources on folic acid and Vitamin D supplements in pregnancy, and for those trying to conceive, continue to be disseminated through HSC services. Women participating in the Weigh to a Healthy Pregnancy programme (WTHP) are provided with information and signposted to web-based information specifically for pregnant women with a high BMI.</p> <p>safefood – Ran two digital campaigns on Folic Acid – ‘Babies Know the Facts about Folic’ (3 burst of advertising in 2015-16) and ‘Stella’ (one burst of advertising in 2017). A digital hub of information on folic acid for women of childbearing age has been developed https://bit.ly/2M34y91 safefood also funded a research project establishing the folate status and folic acid supplement use among women presenting for their first antenatal visit during pregnancy https://bit.ly/2vEGsXQ - this research informed the most recent campaign.</p>	Lower prevalence of overweight and obesity in pregnant women.
2. Pregnant women who are overweight or obese have access to evidence based weight management interventions during their pregnancy and into the post-natal period.		HSC Councils Vol/Com	<p>PHA – From April 2018, the WTHP programme offered to all pregnant women with a BMI of 38 and above. This is an expansion from the existing programme which previously targeted women with a BMI of 40 and above. After the withdrawal of the Connected Health service in September 2017, PHA is securing an alternative solution involving provision of Blue-tooth scales and a hub.</p>	

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
3. Information published for employers and employees to promote the provision of supportive environments for breastfeeding.		HSC DoH Private Sector	PHA - The Breastfeeding Welcome Here scheme has now increased membership to over 600 members and a new interactive map has been added to www.breastfeeding.org PHA publications for women combining breastfeeding with returning to work and for employers have been reprinted. A Workplace Sample Policy can be downloaded from: http://www.publichealth.hscni.net/publications/sample-policy-supporting-breastfeeding-employees-0	The majority of mothers breastfeed and delay weaning until 6 months.
4. Public consultation informs the proposed introduction of legislation to support mother's breastfeeding their children in public places.		DoH Councils	DoH – This is not progressing due to the absence of Ministers. Any decision will be for an incoming Minister to make. PHA –The <i>NotSorryMums</i> campaign was launched in February 2018, focusing on the importance of women feeling comfortable breastfeeding in a public environment.	

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
<p>5. Regulations developed by 2015 on foods for specific groups including foods intended for infants and young children.</p>		<p>FSA</p>	<p>FSA – Regulation (EU) No 609/2013 on food intended for infants and young children, food for special medical purposes, and total diet replacement for weight control ('Food for Specific Groups') has applied since July 2016. It aims to protect specific vulnerable groups of consumers (infants and young children, people with specific medical conditions and people undertaking energy-restricted diets to lose weight) by regulating the content and marketing of food products specifically created for and marketed to them. It also aims to increase legal clarity for business and to facilitate correct application of the rules. It set general compositional and labelling rules and required the Commission to adopt, through delegated acts, specific compositional and labelling rules for:</p> <ul style="list-style-type: none"> • Infant and follow-on formula; • Processed-cereal based food and other baby food; • Food for special medical purposes; • Total diet replacement for weight control. <p>It simplified the regulatory framework, eliminating unnecessary and contradictory rules and by replacing those with a new Framework which takes into account the developments on the market and in EU food law. Enforcement for this in NI is provided for by the Food Safety (Information and Compositional Requirements) Regulations (NI) 2016.</p>	<p>The majority of mothers breastfeed and delay weaning until 6 months.</p>
<p>6. Child care facilities' compliance with <i>Nutrition Matters for the Early Years</i> monitored by Early Years teams.</p>		<p>HSC EYPs</p>	<p>PHA – Review of Nutrition Matters for the Early Years training materials was undertaken by the Public Health Dietitians Group. PHA is working with NICMA to encourage uptake of the training by childminders.</p> <p>Early Years Teams distribute the document on their inspections and encourage settings to adhere to these guidelines. However, as they are not mandatory, they do not monitor compliance. Child Care settings are monitored against the Childminding and Daycare Minimum Standards which contain standards on food and drink.</p>	<p>Consistent approach to healthy food within Early Years settings</p>

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
7. Child carers' attendance at <i>Nutrition Matters for the Early Years</i> training a requirement for registration.		HSC EYPs	PHA – Training is offered to all childcare providers across all Trust areas and will continue to be rolled out as needed. PHA is working with NICMA to encourage uptake of the training by childminders. However, training is not a mandatory requirement for registration. Child care workers are, however, monitored against the Childminding and Daycare Minimum Standards which document the minimum level of service that has to be provided in order to be registered with a HSC Trust and meet the inspection standards.	Consistent approach to healthy food within Early Years settings
8. Evaluated programmes in place to increase practical food skills, awareness and knowledge of parents/carers to enable them and young children to make healthy choices.		HSC EYPs Vol/Com Councils	<p>PHA – A suite of courses is delivered in all Trust areas, including <i>Cook It, I Can Cook It, Food Values</i> and the <i>Good Food Toolkit</i>. PHA is also working with a range of partners to develop an early years obesity prevention programme which will include healthy eating as a core component.</p> <p>Early Years – Family Health Initiative Prevention Facilitator Training developed and delivered to 12 facilitators in the SHSCT Delivery of Family Health Initiative programmes - 12 prevention, 4 management & 1 Pilot Whole school approach in SHSCT. 1 Pilot Whole school approach in NHSCT</p>	

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
<p>9. All early years settings provide a supportive environment for young children to achieve the CMO recommended levels of physical activity.</p>		<p>HSC EYPs, DE Vol/Com Councils Playboard</p>	<p>PHA – Delivery of Early Movers and Start to Play training is ongoing across all Trust areas. This training will continue for as long as a need is identified.</p> <p>DE – Currently 92% of all children aged 3-4 benefit from a funded pre-school education experience. Physical development and movement is one of six key areas of learning within the pre-school curricular guidance under which children’s progress in learning is considered during the pre-school year. Good quality play and learning experiences, including within an outside environment where possible, forms one of the core elements of the Department of Education’s Sure Start programme which provides support to over 39,000 children through 39 Sure Start projects across Northern Ireland. In 2017/18 there are 502 (64%) pre-school settings engaged in the GRtL project, and of these 226 settings are delivering on the Happy Healthy Kids theme. GRtL outcomes to date include a 20% increase in parents who have a good understanding of both the importance of physical activity for their child’s development and how to improve physical activity levels, positive changes in children’s participation in physical activity (34% of children participating in physical activity 5-6 times a week compared to 20% before the programme) and a significant increase (from 69% to 84%) in the number of parents now ensuring no more than 2 hours screen time per day. DE/HSCB/Playboard – Monitoring, verification and support of play based childcare provision in approximately 94 settings funded under the Bright Start School Age Childcare Grant Scheme. Happy Healthy Kids’ is one of 4 programmes within the Getting Ready To Learn (GRtL) project (part of the Early Intervention Transformation Programme). ‘Happy Healthy Kids’ seeks to encourage parents to increase the amount of time children spend on physical exercise and reduce screen time at home.</p>	<p align="center">Physical Activity levels of children are increased.</p>

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015-2019

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
10. Training delivered to support the interpretation of the early years section of <i>Start Active, Stay Active</i> guidelines for those who work in these Settings, particularly through <i>Early Movers</i> and <i>Start to Play</i> training.		HSC Vol/Com DE	PHA – Delivery of Early Movers and Start to Play training is ongoing across all Trust areas. This training will continue for as long as a need is identified.	Physical Activity levels of children are increased.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
11. Children who are obese, or at risk of obesity, identified and their families signposted to appropriate, evidence based interventions.	Green	HSC Vol/Com Councils	<p>PHA – A range of programmes are currently delivered linked to local need. A new regionally consistent, evidence-Childhood Obesity Prevention programme is being developed. The programme will target families of children aged 0-5 through Sure Starts and the Health Visiting Service.</p> <p>Early Years - The organisation for young children: Family Health Initiative Prevention Facilitator Training developed and delivered to 12 facilitators in the SHSCT Delivery of Family Health Initiative programmes - 12 prevention, 4 management & 1 Pilot Whole school approach in SHSCT. 1 Pilot Whole school approach in NHSCT</p>	Early identification of children who are obese or are at risk of obesity.
12. Support and training provided to health professionals on how to constructively discuss the issue of childhood overweight with parents and children.	Yellow	safefood HSC (via HSCB) RCGP	<p>Safefood - an online blended learning pack is live and available to GPs - the BMA have agreed to host the blended learning pack on their web site. A new communication plan is being developed to promote the resource to general practice teams through the Royal College of General Practitioners (RCGP) and the Health and Social Care (HSC) Group.</p> <p>PHA – Training for health professionals will be a core component of the new Childhood Obesity Prevention programme referred to at no 11.</p>	
13. Campaign delivered to raise public awareness of healthy eating; physical activity and weight management aimed at parents of children aged 2 to 12.	Green	safefood HSC	<p>safefood – <i>Let's Take on Childhood Obesity</i> Campaign ran for a three year period 2013-2016. It communicated practical solutions that parents could take on in order to tackle the everyday habits associated with excess weight in childhood. An evaluation of the campaign is available at https://bit.ly/2ngRDSL. The learning from this campaign and from focus groups with parents (living in areas of social deprivation) have been informed the development of the START public awareness campaign (www.makeastart.org). This 5 year campaign was launched in November 2017.</p>	Children and young people make healthy food and physical activity choices.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
14. Programmes and resources in place which promote healthy lifestyles including healthy eating, developing practical food skills and physical activity in education and 'out-of-school' settings (e.g. youth clubs) with a particular emphasis on those who are NEET.		<p>FSA QUB, UU Colleges HSC, DfE <i>safe</i>food Councils</p>	<p>FSA/safefood – <i>safe</i>food and FSA having updated the <i>Eatright</i> resource (eatright.eu is an all-island food skills website designed for trainers and teachers working with Early School Leavers) last year to reflect the new Eatwell guide, and to include information on high sugar/high caffeine drinks, have recently updated again to include a section on food hypersensitivities and allergens. With each update, stakeholders are informed of the changes, ensuring the resource continues to be promoted in the appropriate sector. https://www.food.gov.uk/northern-ireland/nutritionni/niyoungpeople/eatright and https://www.safefood.eu/Education/Out-of-school-Early-school-leavers/eatright.aspx The resource will be promoted to teachers and other educators in September 2018.</p> <p>QUB & UU – Continue to work with their respective Students' Unions to campaign to improve wellbeing, including fitness and general health checks, particularly during key points in the academic year. Wellness initiatives include promoting healthy eating via catering outlets, cooking classes offered through Residential Life teams and sporting centres providing physical activity programmes.</p> <p>DfE – Further Education colleges carry out a range of activities designed to promote healthy eating and physical wellbeing on an ongoing basis. These include health clinics, health promotion tutorials, online apps, eating disorder seminars, and engagement with college catering providers and the students.</p> <p>NICHS – Voluntary and Community Organisations also deliver programmes and resources to promote healthy lifestyles for children and their families.</p>	Children and young people make healthy food and physical activity choices.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
15. Continue to implement and monitor the Food in Schools Policy across all schools so as to educate and support children and young people to make healthy food choices and seek opportunities to resolve the legislation gap on 'other food and drinks' in school.		DE, EA DoH, HSC FSA safefood CCEA	<p>DE – The implementation of the Food in Schools policy continued to be monitored through the Food in Schools Forum, led by DE and comprising health and education partners. The Forum agreed an action plan for 2017/18 which included a number of routine and priority actions. The Review of nutritional standards and the Review of catering for special diets are ongoing and remain the top priorities for the Forum.</p> <p>PHA – Co-funds with DE a Food in Schools Co-ordinator who supports schools to implement the Food in Schools Policy, and chairs the Food in Schools Management Group to ensure the action plan is being delivered.</p>	Children and young people are making healthy food choices.
16. Evaluation of the <i>Healthy Breaks Scheme</i> completed and further developed as appropriate.		HSC DE	<p>PHA – Evaluation of the regional healthy breaks scheme for all nursery and primary schools was completed in February 2017 and has been published on the PHA website. The findings have influenced the development of the revised Nutritional Standards for School Meals and will be used to influence roll out of schemes promoting healthy breaks and healthy lunchboxes.</p>	
17. Support provided for further restrictions of advertising products with high fat, salt, sugar and alcohol to children and young people.		UK-wide	<p>DoH – This is a reserved matter – the Department continues to advocate for appropriate advertising for children.</p>	

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
18. Youth sector settings have healthy food policies in place.		DE, HSC EA Councils	<p>DE – Joint Youth Services Group – The EA implemented a Healthy Eating Policy (01/09/2017). Controlled Provision – Each unit Controlled Delivery Agreement for 2018/19 will contain a target to ensure that a healthy eating policy is implemented – progress is reviewed quarterly.</p> <p>Voluntary Provision – (local units and Regional Voluntary Youth Organisations) – Each unit Service Level Agreement for 2018/19 will contain a target to ensure that a healthy eating plan is implemented – progress is reviewed quarterly. Within youth work programmes and interventions – healthy eating programmes delivered at a regional and local level will be reviewed and models of good practice shared.</p>	Children and young people are making healthy food choices.
19. Young people in or leaving care, provided with opportunities to develop knowledge and practical food skills through appropriate nutrition skills programmes.		HSC Vol/Com Councils	<p>Councils – A number of council areas continue to deliver CookIt! And Weigh to Health programmes, and nutrition information sessions to youth groups. The SHSCT in conjunction with the MUDC deliver 'Kids in Care' which has a focus on physical activity for those in or leaving care.</p>	

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
20. Councils supported to have a play and leisure policy and action plans in place.		Councils Playboard DE	<p>DE – The Children’s Services Co-operation Act 2015 includes the “enjoyment of play and leisure” as one of 8 aspects of well-being. The Act places a duty on the Executive to introduce a Strategy to promote well-being and requires a range of statutory bodies to work together to deliver on the Strategy. The draft Children and Young People’s Strategy includes “all children and young people enjoy place and leisure” as one of 8 population level outcomes. DE is currently finalising the Strategy before considering the key actions to be taken to deliver upon outcomes, such as play and leisure. In addition, DE is currently taking forward a play and leisure project entitled Play Matters, funded by the Early Intervention Transformation Programme. Play Matters aims to ensure policy makers, practitioners and parents understand that play is a vital part of childhood and necessary for healthy development. One aspect of the project is a Play Shaper Programme which will deliver training and guidance for a range of stakeholders so support professional play development. This will be aimed at those who influence play such as policy makers, Councils, Departments, service deliverers, PSNI, community representatives etc.</p> <p>PlayBoard – 6 councils have been supported to develop a strategic context for play. A number of councils have launched their play strategy and action plans aligned with assigned a significant financial investment.</p>	A greater proportion of children and young people are achieving recommended levels of physical activity.

CHILDREN AND YOUNG PEOPLE

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
<p>21. Every child over the age of 8 provided with the opportunity to participate in at least 2 hours per week of extra-curricular sport, physical recreation or play.</p>		<p>DfC, DE, EA, HSC Sport NI Councils Playboard DoH</p>	<p>NICHS – NICHS is calling for all primary school children to have access to 2hrs Physical Education per week as part of the curricular programme, with only 8% of primary schools supplying PE compared to 98% schools in Scotland.</p> <p>DfC and Sport NI – Everybody Active 2020 Report 2017-18 - A total of 84,864 individuals participated in the programme during the 2017-18 reporting year (61% female, 17% participants with a disability, 27% from areas of greatest need (i.e. within top 25%) & 30% sustained participants (i.e. participated at least 11 times during the year). In terms of age, 40% were aged from 0-10 and 22% aged 11-13.</p> <p><u>Participant Surveys:</u> Surveys were conducted with 4,950 participants across the 11 council areas. They were categorised as children (aged 4-11 years), young people (aged 12-17 years), and adults (aged 18+). 2,109 children (aged 4-11) completed the survey - Just over two thirds of respondents to the survey took part in just four main sports or physical activities; football (25.6%); multi skills (22.6%), netball (13.9%), and gymnastics (9.7%). The remainder took part in a wide range of other activities. 1,035 Young people (aged 12-17 years) completed the survey - Around two thirds (65.6%) of respondents took part in five main sports or physical activities; football (17.9%), hockey (14.0%), multi skills (13.1%), dance (10.5%), and athletics (10.0%). The remaining 34.4% took part in a wide range of other activities.</p> <p>Membership of a sports club or team:</p> <ul style="list-style-type: none"> • Before taking part in EBA, 52.4% of young people were members of a sports club or team at school, while 53.8% were members of one away from school; • Since taking part in the EBA programme, 50.8% have become members of a sports club or team away from school (some of these are new club members some are the same young people joining a different club/group); • 11.5% became involved through Active Clubs or the EBA Small Grants programme (other Sport NI funded programmes) • 63.1% of those who have not joined a club would like to. 	<p>A greater proportion of children and young people are achieving recommended levels of physical activity.</p>

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
21 continued			<p>DfC and Sport NI continued</p> <p>The Girls Active programme is designed to increase participation and develop leadership skills delivered in 17 post primary schools. During 2017-18, 2138 girls engaged with the programme. 129 Girls Leadership and Marketing Squad girls trained as role models within their own schools. 28 teachers trained to adapt the way they teach PE and provide extracurricular opportunities to better engage all girls, not just the sporty few.</p> <p>During 2017-18, 2138 girls engaged with the programme including the following initiatives:</p> <ul style="list-style-type: none"> • Completing the pre-intervention survey • Consultation by the Girls Active Leaders • Attendance at the Girls Active Inspiration Day • Engaging with new activities in PE designed to engage the least active girls who normally do not participate e.g. glow sports, boxercise, zumba, pilates, girls rugby, girls soccer, Fitness Freddie • Participating in new lunch time and extra-curricular activities designed and delivered by the Girls Active Leaders e.g. bums & tums, circuits, pilates, girls rugby, girls soccer, multi-sports clubs, volleyball • Girls Active activity days e.g. Colour Run, Fitness Freddie, Inspiration Day • Leading transition projects with feeder primary schools <p>129 Girls Leadership and Marketing Squad girls trained as role models within their own schools. 28 teachers trained to adapt the way they teach PE and provide extracurricular opportunities to better engage all girls, not just the sporty few.</p>	A greater proportion of children and young people are achieving recommended levels of physical activity.
22. Subject to DE budget allocations, continued delivery of the Curriculum Sports Programme (CSP).		DE	<p>DE – Continued to fund the Curriculum Sports Programme in 2017/18. During the year, coaches from the IFA and GAA aim to deliver nearly 45,000 coaching sessions for pupils in Years 1-4 reaching approximately 35,000 primary school pupils.</p>	

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
23. Increased awareness of the CMO's recommended levels of physical activity amongst children and young people.		HSC, DoH Sport NI DE, DfC safefood Playboard	<p>PHA – The CMO guidelines for children are promoted through initiatives and programmes e.g. Active School Travel Programme, Obesity Prevention Initiatives for Children, Council supported programmes and Trust funded training initiatives. Guidelines are promoted to partners through representation by PHA on a variety of fora at regional and local level. PHA continues to promote the guidelines through a range of media opportunities. Infographics of the CMO guidelines have been distributed to health professionals including GP practices. A new resource for parents of children with a disability was developed in 2017/18.</p> <p>safefood – Physical activity guidelines for children and young people have been promoted as part of public awareness campaigns 'Lets take on Childhood Obesity' (2013-2016) and 'START' (2017- 2022) campaigns.</p> <p>PlayBoard – Continue to roll out their TOPs (Taking Outdoor Play Seriously in Schools) programme – 10 schools have achieved the quality award which incorporates CMO's physical activity guidelines compliance.</p>	A greater proportion of children and young people are achieving recommended levels of physical activity.

CHILDREN AND YOUNG PEOPLE

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
<p>24. Increase opportunities for participation in play and physical activity for children and young people particularly in areas of deprivation.</p>		<p>DfC, HSC Councils Playboard DE</p>	<p>DfC – The latest available statistical indication (YPBAS2017) shows that almost all young people in NI (99%) have taken part in sport or physical activity in the year prior to being surveyed. 9 in every ten (96%) have been involved in sport within the week prior to survey. Young people who were entitled to free school meals were slightly less likely than those not entitled to free school meals to have participated over the previous year (98% and 99% respectively) and in the last week (95% and 97% respectively). 85% of young people described the extent of their participation of being 60 minutes or more per day with boys (86%) more likely to state this than girls (84%). Every Body Active 2020 Year 2 report (2017-18) - A total of 84,864 individuals participated in the programme during the 2017-18 reporting year (61% female, 17% participants with a disability, 27% from areas of greatest need (i.e. within top 25%) & 30% sustained participants (i.e. participated at least 11 times during the year). In terms of age, 40% were aged from 0-10 and 22% aged 11-13.”</p> <p>PHA – The PHA as part of Active School Travel, is promoting the Daily Mile in participating schools. It is working with DoH, DE and EA to promote the scheme more widely.</p> <p>DE – DE/TBUC The Camps programme is a headline action described in the Together: Building a United Community (T:BUC) strategy which was announced by the Northern Ireland Executive during 2013. There were 101 camps in 2015/16, 103 camps in 2016/17. In 2017/18 115 Camps were supported, funded and evaluated.</p> <p>PlayBoard – Working in partnership with DE, PlayBoard is operationally taking forward a play and leisure project entitled Play Matters, funded by the Early Intervention Transformation Programme. Play Matters has three delivery strands – PlayBoard are the delivery partner for two of the strands Play Shaper and Play for Parents both elements are geared toward increasing opportunities for participation in play for hard to reach children and families and in areas of deprivation.</p>	<p>A greater proportion of children and young people are achieving recommended levels of physical activity.</p>

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
25. Increased participation in active travel to and from school through the Active School Travel programme and other initiatives.		DfI, DE HSC	<p>DfI/PHA – Active School Travel Programme continues and 60 new level 1 schools joined the scheme in 2017- 2018. A total of 289 schools participated during the school year. The 2017-18 evaluation report showed that at participating schools there was a 10 percentage points increase in children actively travelling to schools (walking and cycling) from 34% to44%. The percentage of children who normally travelled to school by car fell from 58% to 47%.</p> <p>DE - DfI/PHA continue to fund Sustrans for the delivery of the Active School Travel (AST) Programme. Due to competing priorities within the available capital budget, DE has not installed cycle shelters in any AST schools in 2017-18. However Sustrans has completed an infrastructure audit and DE will consider making capital funding available in the future for schools who participate in the programme and who require infrastructure improvements to encourage increased levels of cycling/scooting to school; this will be assessed against competing priorities within the available capital budget.</p>	A greater proportion of children and young people are achieving recommended levels of physical activity.

LIFE-COURSE / ADULTS AND THE GENERAL POPULATION

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
<p>26. An integrated regional campaign to raise public awareness of healthy eating, physical activity and weight management delivered based on evidence and evaluation.</p>		<p>HSC FSA <i>safefood</i> Com/Vol</p>	<p>PHA – At the Department’s request, the Choose to Live Better Campaign did not run during this period. However, PHA made use of social media to present information to the public.</p> <p>FSA – The FSA launched the Know Your Calories Campaign on 26 February, a regional integrated campaign to raise awareness of calories in NI so that people can make informed decisions about the food they eat. The four-week campaign focused on the recommended daily calorie intake for men and women and where to find calorie information on food labels and on menus when eating out. The campaign was targeted at the working poor - C2 & D with some drifting into C1 – as our research showed unhealthy diets were more prevalent in deprived areas across NI.</p> <p>The initial outputs indicate the campaign has been well received. We secured coverage of the campaign across print (regional and local), online and broadcast media. The percentage of people who watched our campaign videos in full was 30% (compared to a KPI of 5%). 3000+ people clicked through to our website from related social media posts. Commercial partners (e.g.: Co-Op and Subway) displayed our campaign assets in-store and online. We also implemented a successful cross-government partnership with the Public Health Agency, sharing healthy eating messages and assets to enhance the campaign. A full evaluation will be completed using the GCS evaluation framework. https://www.food.gov.uk/news-updates/campaigns/know-your-calories</p> <p>safefood – See outcome 13.</p>	<p align="center">Levels of overweight and obesity in the general population reduced.</p>
<p>27. Co–ordinated pilots developed, delivered and evaluated, which specifically deal with improving the obesogenic environment.</p>		<p>Councils HSC, DoH Vol/Com private sector</p>	<p>FSA – Innovation Lab - In May 2018 the FSA, PHA, <i>safefood</i>, DoH and SEHSCT began working in partnership with the Innovation Lab team (DoF) on a project to apply behavioural insights to the application of the minimum nutritional standards for catering in HSC settings. The project will apply psychological and social science insights to the implementation of the standards with the specific aim of changing or influencing people’s behaviour.</p>	

LIFE-COURSE / ADULTS AND THE GENERAL POPULATION

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
28. Evidence based weight management interventions available in a range of settings.	█	HSC Councils	PHA – A community based ‘Choose to Lose’ 12 week weight management programme has been delivered in all five Trust areas. It is currently being evaluated.	Levels of overweight and obesity in the general population reduced.
29. Development, dissemination and evaluation of a self-led weight loss programme for individuals providing tools to help people to lose weight in a healthy and sustainable way.		safefood HSC	safefood – safefood have developed a number of digital resources including a BMI calculator and weight loss app: https://www.safefood.eu/Healthy-Eating/Weight-Loss.aspx	
30. Work undertaken with the food and retail industry to ensure provision of appropriate portion sizes in public, restaurant and catering settings.		FSA Councils safefood Food Industry	FSA – The FSA is leading on a 4-5 year programme called Eating well Choosing Better. One of the three approaches for industry to achieve sugar and calorie reduction is reduction in portion size, in addition to reduction in sugar and/or calories content per 100g of the product or a shift in product portfolio towards lower sugar options. The FSA programme and action plan aligns with Public Health England Childhood Obesity Plan. Industry engagement has focussed on all three approaches. In addition there has been enhanced promotion of the MenuCal energy calculation tool through sixteen joint FSA and District Council workshops and further targeted Council activity. The tool requires caterers to consider and create uniform portions to ensure accurate energy information. https://www.food.gov.uk/northern-ireland/nutritionni/menucal	A greater proportion of adults eat a healthy diet.

LIFE-COURSE / ADULTS AND THE GENERAL POPULATION

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
31. Support provided for calorie labelling of alcoholic beverages.		FSA, DoH UK-wide Alcohol Industry	FSA – In March last year (2017) the European Commission adopted a report on the mandatory labelling of the list of ingredients and the nutrition declaration for alcoholic beverages. Following the conclusions of the report, the Commission decided to invite the alcoholic beverages' industry to develop, within a year, a self-regulatory proposal aiming to provide information on ingredients and nutrition of all alcoholic beverages. A joint self-regulatory proposal from the European alcoholic beverages sectors was submitted to the Commission on 12 March 2018. This proposal is currently being assessed by the Commission.	A greater proportion of adults eat a healthy diet.

LIFE-COURSE / ADULTS AND THE GENERAL POPULATION

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
<p>32. Following a rapid evidence assessment of current research, findings on insights specific to Northern Ireland, including identifying the cost of a healthy food basket, action plan developed on practical actions/further research to address food poverty issues.</p>		<p>safefood FSA HSC UU & QUB Vol/Com</p>	<p>safefood – Details on the membership and minutes of the All-island Food Poverty Network are available online: https://www.safefood.eu/Professional/Nutrition/Food-Poverty/All-island-Food-Poverty-Network.aspx The network is now in its 10th year and has grown every year. In November 2017 <i>safefood</i> coordinated the launch of biannual newsletter to share information across the island of Ireland on Food Poverty. <i>safefood</i> continue to coordinate the cost of a healthy food basket every two years. It was last updated in 2016 and will be updated later in 2018. <i>safefood</i> continue to fund Community Food Initiatives as part of a three year programme across the island of Ireland. The current CFI 2016-18 programme (3rd such programme) supports a network of 13 CFIs in socially disadvantaged communities to promote healthy eating. Since 2015 the evaluation of the 2013-15 programme has been published in <i>safefood</i>'s website and the current programme is being evaluated.</p> <p>FSA – The FSA and <i>safefood</i> continue to co-chair the all island Food poverty Network. A Network with increasing numbers of members from other Government departments, non-Government departments, District Councils and charities with the aim of supporting a co-ordinated and strategic approach to tackling food poverty. Action plan has included conference highlighting the voice of children through holiday hunger with pilot initiative with children NI. A secondary analysis from the FSA Food and You survey consumer attitude survey is being carried out on food security and healthy eating in Northern Ireland. Final paper will be published at end of April/ May. https://www.food.gov.uk/northern-ireland/nutritionni/ninutritionhomeless</p>	<p>Healthier food options are available and accessible to the whole population.</p>

LIFE-COURSE / ADULTS AND THE GENERAL POPULATION

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
<p>33. Nutritional standards in place for staff and visitors in HSC settings and across local government including guidance on procurement and provision, and appropriate vending in HSC settings.</p>		<p>HSC DoH HSCB Councils FSA</p>	<p>FSA – The PHA, FSA and <i>safe</i>food officials jointly produced minimum Nutritional Standards in Health and Social Care in Northern Ireland which were launched in June 2017. The standards cover food and drink served in all catering and retail outlets for staff and visitors across Trust sites including vending and have been modelled on the Eatwell Guide and based on, with kind permission of, Public Health England’s publication ‘Healthier and More Sustainable Catering: A toolkit for serving food to adults’. An action plan with objectives and outcomes has been developed for the next phase of the project, and implementation of the standards is due to start across all HSC settings which serve food to staff and visitors. The three organisations have recruited a procurement dietitian/nutritionist, employed by SEHSCT to implement the standards and a steering group has been established to monitor implementation. The vision for these standards is that they will be rolled out across local government services and the wider public sector^v.</p> <p>Innovation Lab - In May 2018 the FSA, PHA, <i>safe</i>food, DoH and SEHSCT began working in partnership with the Innovation Lab team (DoF) on a project to apply behavioural insights to the application of the minimum nutritional standards for catering in HSC settings. The project will apply psychological and social science insights to the implementation of the standards with the specific aim of changing or influencing people’s behaviour. An important part of this work will be to use randomised control trials to test the effectiveness of the chosen intervention. A project plan has been created dividing the work into five phases and a project board established to oversee the project with representation from all partner organisations. In October 2017 a workshop was held with key stakeholders to identify where best to roll out a behaviour change initiative along the process of implementation of the standards. The project team are currently conducting a review of the evidence about changing behaviour in relation to food choices in workplace restaurants with a literature review report produced in May 2018. The team are also conducting a scoping exercise of HSC catering outlets to inform the design of the trial.</p>	<p>Healthier food options are available and accessible to the whole population.</p>

LIFE-COURSE / ADULTS AND THE GENERAL POPULATION

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
<p>34. Key foodstuffs in the marketplace, with the highest contribution of saturated fat, fat, sugars, energy and salt in consumers' diet, identified and a programme of action developed to address this.</p>		<p>FSA CAFRE Councils Food Industry</p>	<p>FSA – The FSA is working with local NI food manufacturers and retailers in addition to out of home sector (restaurants, pubs, take-aways, cafés) on a 4-5 year programme called Eating well Choosing Better. The FSA is supporting local SME's with food product improvement in NI, as well as improving the availability of small and or reduced portion sizes to make the healthy choice easy for the NI consumer. The FSA programme and action plan does align with Public Health England Childhood Obesity Plan. Industry engagement continues including biannual retailer updates to share and receive feedback on the programme and a further sector specific workshop in partnership with CAFRE, for ice cream manufacturers was held on 3rd May. CAFRE is leading on reformulating ice cream with a proposed further workshop in autumn of 2018. District Councils and FSA are focussing interventions with the bakery sector initially with a sampling programme of scones and production of a report of nutritional quality A further workshop and technical guidance is being proposed with one of NI knowledge providers. https://www.food.gov.uk/northern-ireland/nutritionni/food-product-improvement-within-northern-ireland/food-product-improvement-within-northern-ireland</p>	<p>Healthier food options are available and accessible to the whole population.</p>
<p>35. Pre-packed foods are labelled with revised mandatory nutrition declaration of energy, fat, saturated fat, sugars, and salt by Dec 2016.</p>		<p>FSA Councils Food Industry</p>	<p>FSA – Mandatory nutrition information on prepacked foods was introduced in December 2016 for majority of foodstuffs. The FSA and District Councils provided support and guidance to Northern Ireland businesses including industry workshops and additional guidance on exemptions to the mandatory requirement. Business leaflet: https://www.food.gov.uk/sites/default/files/nutritionlabellinginformationleaflet.pdf Q&A on the nutrition requirements: https://www.food.gov.uk/sites/default/files/qandanutritionalrequirements11692011.pdf#overlay-context=enforcement/regulation/fir/labelling</p>	

LIFE-COURSE / ADULTS AND THE GENERAL POPULATION

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
36. Manufacturers / retailers supported to provide voluntarily, the repetition of key nutrients on front of pack, to allow customers at a glance to make an informed choice.		FSA Food Industry Councils	FSA – Manufacturers and majority of UK retailers operating in Northern Ireland provide one consistent front of pack traffic light label that are compliant with the UK Health Minister’s Recommendation on the use of colour coding as an additional form of expression and with EU Regulation No. 1169/2011 on the provision of food information to consumers (EU FIC). There is continued engagement and support provided to NI manufacturers. https://www.food.gov.uk/northern-ireland/nutritionni/fop-ni	Healthier food options are available and accessible to the whole population.
37. On completion of specific research (to Northern Ireland), work will be undertaken with retailers to increase consumer accessibility to healthier food products sold on promotion.		FSA CCNI Food Industry	FSA – The Eating Well Choosing Better programme aligns with the three industry approaches to sugar and calorie reduction by Public Health England. Reduction per 100g of the product, Reduction in portion size and shift in product portfolio towards lower sugar and calorie varieties. Reductions and monitoring of the 20% ambition for reduction is through sales weighted averages. To meet this ambition through sales weighted averages businesses are required to reduce sales and content per 100g in products with largest impact. Kantar purchasing data will monitor progress in Northern Ireland. Biannual retail updates do share updates and receive feedback on such reductions and case studies identified. Research is currently underway to explore consumer perception of reformulated and reduced portion products to inform future phases of the programme. The report is due to be published in November 2018.	
38. Food retailers encouraged and enabled to consider reducing point of sale placement of foods which are high in fat, salt, sugar and increasing exposure to healthier foods.		FSA HSC Councils Invest NI Safefood Food Industry	FSA - The approaches by Public Health England highlighted in outcome 37 impact on promotion and sales of food high in fat, salt, sugar and calories. Safefood/FSA – In April 2018, as part of the START campaign, Safefood and FSA NI indirectly encouraged retailers to reduce point of sale placement of foods by highlighting (through local and national media) the spend of families with children on fruit and veg versus treat foods.	

LIFE-COURSE / ADULTS AND THE GENERAL POPULATION

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
39. Caloriewise campaign rolled out in Northern Ireland and improved display of calorie content on menus through the promotion of the 'MenuCal' calculator.		FSA Councils Food Industry	FSA – The Calorie Wise scheme was launched in October 2017 and is awarded to businesses who provide energy information at point of choice according to 4 Key Principles detailed in the Technical Guidance document. This scheme is being taken forward in NI by the FSA in partnership with the 11 District Councils as a key strand of the Eating Well Choosing Better programme under the draft NI Programme for Government. Sixteen joint FSA/District Council workshops targeting business have taken place with approximately 150 businesses represented. A number of large multinational food chains, contract caterers, health trusts and local businesses have indicated their support to the scheme and are planning to roll the scheme out across their other outlets. https://www.food.gov.uk/northern-ireland/nutritionni/caloriewise	Healthier food options are available and accessible to the whole population.
40. Active Travel Plan for Belfast implemented and evaluated and consideration given to the wider roll-out of this model.		DfI Councils HSC	DfI - A consultation report on the draft Belfast Bicycle Network was published in February 2018 and a stakeholder workshop held in April 2018. A revision of the draft Network is currently underway. Four enhanced bicycle routes have been built in Belfast city centre (Alfred Street, Durham Street / College Square North, Queen Street and Middlepath Street) and work continues on the design of one other scheme (High Street). Further proposals are also being developed and will be taken forward in parallel with the rolling out of the draft Belfast Bicycle Network when it is agreed. PHA – the PHA continues to support and promote active travel in three key settings: schools (Active School Travel programme), workplaces (Leading the Way with Active Travel – key workplaces in Belfast and the Western area), and communities (Community Active Travel programme in 12 disadvantaged communities in Belfast).	A greater proportion of adults achieving the recommended levels of physical activity.

LIFE-COURSE / ADULTS AND THE GENERAL POPULATION

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
41. Active Travel to / from workplaces further supported and work undertaken with employers on workplace physical activity schemes.		DfI, DfE DAERA Invest NI DoH HSC	<p>DfI - through organised events and the Share the Road to Zero website, Facebook and Twitter accounts the Department has continued to engage with a range of sectors to promote the benefits of cycling and walking as a travel option. In addition we have addressed road safety concerns which is seen by the public as a barrier to choosing walking or cycling as a travel option. Actions includes Bike Week and Bike to Work Day and the Cycle to Work Scheme. We are currently investigating ways of encouraging more people to consider choosing walking or cycling as a travel option particularly for shorter journeys. DfI also engaged with the Active Travel Challenge 2018 and staff were actively encouraged to get involved.</p> <p>PHA – A Leading the Way programme to promote active travel has continued to be delivered in Belfast, with four major employers (PHA, Belfast City Council, Belfast HSC Trust and RQIA) and in the Western area with three key employers (PHA, DCSDC, and Western Trust). These programmes are delivered by Sustrans and involve cycle training, lunchtime walks and cycles, champion training and information and events. PHA is exploring the potential to expand into other Trust areas. PHA also funds three Workplace Health and Well-being service providers across NI who are targeting support towards SME's with employees at risk including sedentary workers and transport workers.</p>	A greater proportion of adults achieving the recommended levels of physical activity.

LIFE-COURSE / ADULTS AND THE GENERAL POPULATION

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
42. The Bicycle Strategy for Northern Ireland published and supporting Delivery Plan developed.		DfI	<p>DfI – As part of the Bicycle Strategy, a draft Belfast Bicycle Network Plan was consulted on in early 2017. This network will guide the development and operation of bicycle infrastructure in the city for the next 10 years. A final draft of the network is underway. Following Belfast, work on the other urban networks will begin.</p> <p>Another element of the Bicycle Strategy relates to the development of Greenway schemes across Northern Ireland. The Department published ‘Exercise – Explore – Enjoy: a Strategic Plan for Greenways’ in November 2016 with proposals to help Councils deliver a 1,000 kilometre greenway network across Northern Ireland. The Department provided Council with £160k to develop 20 feasibility studies along routes included in the plan. Eleven of the top quality studies were selected to receive an additional £25k each to develop the study into a full detailed design. In addition, the Department is developing a Capital Grants Programme to support the construction of the greenways.</p>	A greater proportion of adults achieving the recommended levels of physical activity.

LIFE-COURSE / ADULTS AND THE GENERAL POPULATION

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
43. Improved awareness and achievement of the CMO's guidelines for physical activity, including older people.		HSC DoH	PHA – The roll-out of the Moving More Often training programme is continuing across the Trusts to support increased physical activity in older people. A range of initiatives are supported through HSC Trusts, Councils and local partnerships to promote and encourage physical activity (e.g. C25K, Parkrun, walking groups, cycling initiatives, etc.). The physical activity guidelines are promoted regularly via PR/media opportunities, training programmes provided by HSC physical activity coordinators and a range of initiatives and programmes supported by the PHA. Step challenges continue to be promoted through contracts with a range of organisations as a follow on from the PHA public information campaign launched in June 2016. An evaluation of the community step challenges has recently been completed. The 'Walking for Health' programme encourages people, particularly those who take little exercise, to undertake short regular 'health' walks primarily in their communities. The PHA funds physical activity co-ordinators in local H&SC Trusts who have a key role in overseeing and developing the "Walking for Health" programme in local areas. This includes the provision of training, insurance and support for walk leaders. In April 2017 the PHA insured 1732 Walk Leaders who are leading walking for health initiatives throughout Northern Ireland. PHA commissions five community gardens and allotment programmes from the Conservation Volunteers and Groundwork NI. These programmes help people to become more physically active as well as growing healthy, nutritious food.	A greater proportion of adults achieving the recommended levels of physical activity.
44. Increased promotion of physical activity within health and social care settings through development of physical activity referral pathways.		HSC Councils	PHA – A standardised regional model for Physical Activity Referral Schemes (PARS) is under development and will be piloted during 2018/19.	

LIFE-COURSE / ADULTS AND THE GENERAL POPULATION

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
45. Sports facility Strategy developed for Northern Ireland subject to evaluation of the 11 District Council reports on existing sporting facilities.		Sport NI Councils	DfC – Sport Matters will continue through 2019 however there is currently in development a new planned Sports and Physical Activity Strategy from 2020.	A greater proportion of adults achieving the recommended levels of physical activity.

DATA AND RESEARCH

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
46. Robust monitoring and evaluation measures in place for every short term outcome.		All	PHA – The PHA continues to evaluate the impact of all new programmes or initiatives to inform future services and add to the evidence base. The Choose to Lose pilot is currently being evaluated, and an evaluation framework is being developed for the new Early Years Obesity Prevention Programme. This work is supported by the PHA Health Intelligence team. All PHA contracts with service providers are subject to quarterly monitoring.	Obesity strategy, policy, research and practice supported by a robust knowledge / evidence base.
47. AFFFA update report published annually.		DoH	DoH - The 2016-2017 report was published online in February 2018 – there was some delay due to the absence of Ministers (as this is a Ministerial Framework) however progress reports for the lifetime of the framework (2022) may continue to be published online without actual Ministerial approval.	

DATA AND RESEARCH

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
<p>48. Obesity, physical activity and food and nutrition prioritised in appropriate research calls.</p>		<p>FSA, UU HSC QUB, DoH <i>safefood</i></p>	<p>QUB - Relevant ongoing research at QUB includes in particular: A feasibility study of a pedometer based intervention for patients with Myeloproliferative; Oral health and the tax on sugar sweetened beverages in Northern Ireland; and a pilot randomised controlled trial examining the impact of Tailored dietary interventions combined with oral rehabilitation in older patients.</p> <p>Recently completed research at QUB also includes: Tailored dietary interventions combined with oral rehabilitation in older patients; A randomised controlled trial of a pedometer competition to encourage physical activity in schools; Physical activity loyalty card implementation in the Lisburn City Council Area; and a woman centred tailored SMS intervention for weight loss and maintenance in the post-partum period.</p> <p>QUB also awarded a substantial CHITIN grant (Cross-border healthcare intervention trials in Ireland network) to implement a pilot randomised controlled trial of a brief diet and lifestyle weight management intervention for pregnant women across 4 partner sites in NI and ROI.</p> <p>NICHs – NICHs’s Scientific Research Committee awarded funding in March Prof Marie Murphy and Professor Alison Gallagher, Ulster University for the following PhD Study ‘Reducing sedentary behaviour and promoting physical activity in children aged 8-9 years: developing, feasibility and pilot testing a low-cost, multi component, school-based classroom intervention’.</p> <p>safefood – annual research calls. The Evaluation of the Community Food Initiative Programme 2013–2015 was published in August 2017. Other projects funded, completed and due for publication in 2018/19 include:</p> <ul style="list-style-type: none"> • Weaning practices on the island of Ireland • Nutrition and health claims – consumer understanding and behaviour • Why parent’s give treat foods • What’s on a child’s plate – portions and proportions <p>Projects underway include:</p> <ul style="list-style-type: none"> • Social spaces – food available for children. 	<p align="center">Obesity strategy, policy, research and practice supported by a robust knowledge / evidence base.</p>

DATA AND RESEARCH

Short Term Outcomes	RAG	Delivery Partners	Update	Long Term Outcome
49. Obesity related research widely disseminated as appropriate		safefood IPH, All Stakeholders	<p>Association for the Study of Obesity (ASO) - Regional NI event held on 24th Jan 2018 – with eminent speakers covering the topic of ‘Weight management before, during and after pregnancy’ at QUB. Over 40 delegates attended and feedback from the event very positive and desire to create a network of interested stakeholders working/researching in this area.</p> <p>safefood – coordinate the All-island Obesity Action Forum which hosts two forum meetings and two conferences per year. A newsletter is published every month. Details are of membership, workshops and newsletter are available at https://bit.ly/2Ojut9P</p>	Obesity strategy, policy, research and practice supported by a robust knowledge / evidence base.
50. Targets and indicators within this framework monitored via appropriate surveys.		DoH , All Stakeholders.	DoH - The framework continues to be monitored on an annual basis and revised accordingly. Revised outcomes are currently being developed for the last three years of the Framework - 2019-2022.	

Additional Research – SPORT NI: In September 2017, Sport NI in partnership with ARK published ‘Exploring attitudes to and experiences of sport and physical activity among children and young people in Northern Ireland’. Funded by Sport Northern Ireland (Sport NI), in 2015 ARK’s Young Life and Times (YLT) and Kids Life and Times (KLT) surveys included a comprehensive module of questions that asked children and young people about their experiences of and participation in sport and physical activities. The results of this study were published in a report by Sport NI (2016). The aim of this follow up piece of research is to contribute to evidence-based decision making in the area of sport and physical activity. Sport NI commissioned ARK to repeat some of the 2015 survey questions in the 2016 KLT and YLT surveys, and in addition, to explore children’s and young people’s experiences and attitudes in more depth. To this end interactive group discussions were conducted with P7 children and YLT respondents. A copy of the report is available:

<http://www.sportni.net/sportni/wp-content/uploads/2017/03/Exploring-attitudes-to-and-experiences-of-sport-and-physical-activity-among-children-and-young-people-in-Northern-Ireland.pdf>

UPDATE ON INDICATORS

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
% of overweight/obese expectant mothers.	NI Maternity System (NIMATs)	2010/11 - 48% at the time of booking considered pre-obese (overweight) – based on BMI.	NIMATs 2015/16 – 20.4% of mothers giving birth during 2015/16 were measured as obese at time of booking appointment. This proportion has increased year on year since 2010/11. 50.6% of all mothers at the time of booking, are considered pre-obese (overweight) or obese.
% mothers breastfeeding at: <ul style="list-style-type: none"> • Birth; • Discharge from hospital; • 10–14 days; • 6 weeks; • 3 months; • 6 months. 	Health and Social Care Inequalities Monitoring System (HSCIMS) https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/health-inequalities-statistics	HSCIMS 2012 – 42% of women in NI breastfeeding on discharge.	HSCIMS 2017 Report – 45.8% of women in NI breastfeeding on discharge (2015).
% of infants introduced to weaning foods at six months.	Infant Feeding Survey (IFS) http://data.gov.uk/dataset/infant-feeding-survey-2010	IFS 2010 – 35% of mothers in NI had given their baby solid food by 4 months.	IFS was due to run in 2015 but did not go ahead.
% of young children eating appropriate portions of fruit/veg per day.	Infant Feeding Survey (IFS)	IFS 2010	IFS was due to run in 2015 but did not go ahead.
Prevalence of diet associated risk factors diagnosed in children and young people.	National Diet & Nutrition Survey (NDNS) https://www.gov.uk/government/collections/national-diet-and-nutrition-survey	See additional information under Programmes, Projects and Initiatives at Annex C. The next available data from the NDNS will be available in February 2019.	This indicator is under review. Consideration will be given to monitoring marker foods through the NDNS for the revised short term outcomes in 2019-2022.

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
<p>% of overweight and obese children in P1.</p>	<p>Health Inequalities Regional Report (HSCIMS) https://www.health-ni.gov.uk/articles/regional-health-inequalities-statistics</p>	<p>2010/11 - 5.7% of children in P1 were classed as obese and 22.7% were classed as overweight or obese.</p>	<p>2018 - 5.8% of children in P1 were classed as obese and 22% were classed as overweight or obese (2015/16).</p> <p>NIMATs 2015/16 – 21.9% of children measured in Primary 1 were considered overweight or obese. (26% girls and 17.9% boys) 25% of children living in the most deprived areas of Northern Ireland were measured as overweight / obese, compared to 19.4% of children from least deprived areas.</p>
<p>% of screen time spent by children and young people.</p>	<p>Young Persons' Behaviour and Attitudes Survey (YPBAS) – 11-16 years old https://www.nisra.gov.uk/publications/ypbas-publications</p>	<p>YPBAS 2010 – the percentage of pupils who spent 10 or more hours during the last week on each 'screen-based' activity is shown below:</p> <ul style="list-style-type: none"> • Playing computer / console games – 27% • Watching TV, videos & DVDs – 27% • Doing school homework – 27% 	<p>YPBAS 2016 – the percentage of pupils who spent 10 or more hours during the last week on each 'screen-based' activity is shown below:</p> <ul style="list-style-type: none"> • Playing computer / console games – 21% • Watching TV, videos & DVDs – 23% • On social media – 43% • Doing School Homework – 31%.

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
% Uptake of free school meals (by entitled pupils).	School Meals Census https://www.education-ni.gov.uk/articles/school-meals-statistical-bulletins	2010/11 - The uptake level for free school meals by entitled pupils was 78.8%	2016/17 - The uptake level for free school meals by entitled pupils was 82.2%.
% of children with dental decay.	Child Dental Survey (CDS) http://content.digital.nhs.uk/catalogue/PUB17137/CDHS2013-Northern-Ireland-Report.pdf	2003 - 56% of 5 year olds had obvious decay experience the primary teeth. 71% of 8 year olds had obvious decay experience in the primary teeth.	2013 - 48% of 5 year olds had clinical decay in primary teeth and 51% had clinical decay experience. 19% were affected by severe or extensive decay. 56% of 8 year olds had clinical decay in primary teeth and 64% had clinical decay experience. March 2016 – BDA - 72% of 15 year olds in NI have tooth decay compared to 44% in England and 63% in Wales.
% of children and young people making healthier food choices consuming 5 or more portions of fruit/veg per day.	YPBAS https://www.nisra.gov.uk/publications/ypbas-publications	YPBAS 2010 - 13% indicated they ate the recommended 5 or more portions of fruit or vegetables each day. FSA NDNS 2008-2012 - 96% of children aged 11 to 18 years in Northern Ireland did not meet the five-a-day recommendation.	YPBAS 2016 – 17% indicated they ate the recommended 5 or more portions of fruit and vegetables a day. 77% were aware of the 5-A-Day recommendations.

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
Level of exposure of children and young people to advertising of high salt, sugar, fat products or alcohol.	OFCOM	Newcastle University (Institute of Health and Society) 2012 - 6.1% of adverts seen by children were about junk food. OFCOM 2007-2011 published 2013 - In 2011, alcohol advertising accounted for 1.4% of all television advertising seen by children aged 4-15 and 2.2% of all advertising seen by 16-24 year olds.	Public Health England is planning UK-wide consultation before the end of 2019, on introducing a 9pm watershed on TV advertising of HFSS products and similar protection for children viewing adverts online, with the aim of limiting children's exposure to HFSS advertising and driving further reformulation https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf
% of children (11–16 years) who are members of a club or team not connected with their school that involved them taking part in sport and physical activity.	YPBAS https://www.nisra.gov.uk/publications/ypbas-publications	YPBAS 2010 – ages 11–16 59% are a member of other clubs or teams not connected with their school that involves taking part in sport and physical activity.	YPBAS 2016 – ages 11-16 64% are members of other clubs or teams not connected with their school that involves taking part in sport and physical activity.

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
% of children (11–16 years) who played any sport, exercise, or played actively that made them out of breath or hot and sweaty.	YPBAS https://www.nisra.gov.uk/publications/ypbas-publications	YPBAS 2010 – ages 11–16 90% pupils played sport, exercised or played actively that made them out of breath or sweaty in the week prior to the survey. 87% pupils played sport, did physical activity or played actively that made them out of breath or hot and sweaty for a total of at least 60 minutes each day.	YPBAS 2016 – ages 11-16 92% pupils played sport or participated in physical activity or played actively that made them out of breath or hot and sweaty for a total of at least 60 minutes each day.
% of children (11–16years) who spent two hours or more per week doing PE or games at school.	YPBAS https://www.nisra.gov.uk/publications/ypbas-publications	YPBAS 2010 – ages 11–16 49% pupils normally spend at least 2hrs a week doing PE or playing for a school team.	YPBAS 2016 – ages 11-16 66% of pupils normally spend at least 2 hours a week doing PE or games lessons at school.
Prevalence of overweight and obesity in adults.	HSNI (16+) https://www.health-ni.gov.uk/topics/doh-statistics-and-research/health-survey-northern-ireland	HSNI 2010 23% obese 36% overweight 59% overweight and obese	HSNI 2016/17 27% obese. 36% overweight. 62% overweight and obese.
Occurrences of obesity related diseases.	Hospital Inpatient System (HIS)	HIS 2011/12 – 1145 individuals were admitted to NI hospitals with a diagnosis of Obesity.	HIS 2013/14 –1748 individuals were admitted to NI hospitals with a diagnosis of obesity.
Awareness of ‘5–a–day’ healthy eating.	HSNI (aged 16+) https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland	HSNI 2010/11 - 86% were aware of the guidelines.	HSNI 2016/17 - 85% were aware of the guidelines

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
% of adults adopting the 5-a-day guidelines.	<p>HSNI (aged 16+) https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland</p>	<p>HSNI 2010/11 - 33% reported meeting the guidelines.</p>	<p>HSNI 2016/17 – 43% reported meeting the guidelines</p>
% of adults experiencing food poverty.	<p>HSNI (aged 16+) https://www.health-ni.gov.uk/topics/doh-statistics-and-research/health-survey-northern-ireland Food security questions were asked prior to 2013/14 however these were slightly different.</p>	<p>HSNI 2013/14 – 7% of households reported that there had been at least one day when they had not eaten a substantial meal in the last fortnight due to a lack of money, while 1% stated they had ever cut the size of a child’s meal because they did not have enough money for food.</p>	<p>HSNI 2016/17 – 4% of households reported that there had been at least one day when they had not eaten a substantial meal in the last fortnight due to a lack of money, while 2% stated they had ever cut the size of a child’s meal because they did not have enough money for food. A short food security modules ran in HSNI 2016/17, finding that 5% of households reported that there had been a day when they did not have a substantial meal due to lack of money.</p>
% of food manufacturers currently reformulating.	The Food Standards Agency	FSA	Consideration being given to the tracking of high level reformulation for NI food and drink purchased moving forward.

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
% of adults who are sedentary.	<p>HSNI (aged 16+) https://www.health-ni.gov.uk/topics/doh-statistics-and-research/health-survey-northern-ireland</p>	<p>HSNI 2010/11 – aged 16+ 25% were classed as sedentary. It is not appropriate to compare 2010/11 findings with those from 2012/13 and 2016/17 as the questions changed significantly. HSNI 2012/13 – aged 19+ 45% reported being sedentary (4hrs+per day) on weekdays and 55% reported being sedentary on weekends.</p>	<p>HSNI 2016/17 – aged 19+ 44% reported being sedentary (4hrs+per day) on weekdays and 54% reported being sedentary for over four hours per day on weekends. NB these figures do not include sitting at work.</p>
% of adults aware of the physical activity recommended by the Chief Medical Officer.	<p>HSNI (aged 16+) https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland</p>		<p>HSNI 2016/17 – Questions were not asked - HSNI do not capture awareness of physical activity guidelines (since the new guidelines were introduced). Alternative indicators are being considered for the revised outcomes.</p>
% of adults (19+) meeting the levels of physical activity recommended by the Chief Medical Officer.	<p>HSNI (aged 19+) from 2010 https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland</p>	<p>HSNI 2010/11 - 38% met the recommendations – It is not appropriate to compare 2010/11 findings with those from 2012/13 and 2016/17 as the questions changed significantly. HSNI 2012/13 – aged 19+ 52% met the recommendations.</p>	<p>HSNI 2016/17 – aged 19+ 55% met the recommendations.</p>

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
<p>% of women (19+) meeting the levels of physical activity recommended by the Chief Medical Officer.</p>	<p>HSWB 2005–06 http://www.csu.nisra.gov.uk/survey.asp153.htm</p> <p>HSNI (aged 19+) from 2010 https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland</p>	<p>HSWB 2005/6 - 28% met the recommendations.</p> <p>HSNI 2010/11 – aged 19+ - 35% met the recommendations - It is not appropriate to compare 2005/06 & 2010/11 findings with those from 2012/13 and 2016/17 as the questions changed significantly.</p> <p>HSNI 2012/13 – aged 19+ 49% met the recommendations.</p>	<p>HSNI 2016/17 – aged 19+ 51% met the recommendations.</p>
<p>% of adults (19+) meeting the levels of physical activity recommended by the Chief Medical Officer through ‘getting about’ (which includes walking and cycling).</p>	<p>HSNI (aged 19+) from 2010 https://www.health-ni.gov.uk/topics/doh-statistics-and-research/health-survey-northern-ireland</p>	<p>HSNI 2010 – no result</p>	<p>HSNI - 2016/17 - no physical activity questions specific to ‘getting about’ were asked in this survey.</p>

ACRONYMS

ACBCBC	Armagh City, Banbridge and Craigavon Borough Council
ANBC	Antrim and Newtownabbey Borough Council
BCC	Belfast City Council
BDA	British Dietetic Association
BITC	Business in the Community
BMC	Belfast Metropolitan College
BME	Black and Minority Ethnic
BMI	Body Mass Index
CAFRE	College of Agriculture, Food and Rural Enterprise
CCEA	Councils for the Curriculum, Examinations and Assessment
CCNI	Consumer Council for Northern Ireland
CCP	Child Care Partnerships
CDHN	Community Development Health Network
CDNEP	Community Diet and Nutrition Education Programme
CDS	Child Dental Survey
CIEH	Chartered Institute of Environmental Health
CMO	Chief Medical Officer
CYPSP	Children and Young People Strategic Partnership
DAERA	Department of Agriculture, Environment & Rural Affairs (DAERA)
DE	Department of Education (DE)
DfC	Department for Communities (DfC)
DfE	Department for the Economy (DfE)
DfI	Department for Infrastructure (DfI)
DSTBC	Dungannon and South Tyrone Borough Council
DoF	Department of Finance (DoF)
DoH	Department of Health (DoH)
DoJ	Department of Justice (DOJ)
EA	Education Authority
EH	Environmental Health
EITP	Early Intervention Transformation Programme
EYPs	Early Years Providers
EYTs	Early Years Teams
FODC	Fermanagh and Omagh District Council
FSA	Food Standards Agency
HFfA	Healthy Food for All
HSC/HSCTs	Health and Social Care/Health and Social Care Trusts
HSCIMS	Health and Social Care Inequalities Monitoring System
HSE	Health and Safety Executive
HSNI	Health Survey Northern Ireland
IFS	Infant Feeding System
IOTF	International Obesity Task Force
IPH	Institute of Public Health Ireland
MUDC	Mid-Ulster District Council

NDNS	National Diet and Nutrition Survey
NEET	Not in Education, Employment or Training
NICE	National Institute for Health and Clinical Excellence
NICVA	Northern Ireland Council for Voluntary Action
NIEA	Northern Ireland Environment Agency
NIHF	Northern Ireland Hotels Federation
NIMATs	Northern Ireland Maternity Information System
NOO	National Obesity Observatory
OPSG	Obesity Prevention Steering Group
ORNI	Outdoor Recreation Northern Ireland
PANI (Tool)	Physical Activity and Nutrition Intervention (Tool)
PHA	Public Health Agency
PHE	Public Health England
PHN	Public Health Nutrition
QUB	Queens University Belfast
RCGP	Royal College of General Practitioners
ROPIG	Regional Obesity Prevention Implementation Group
RQIA	Regulation and Quality Improvement Authority
SACN	Scientific Advisory Committee on Nutrition
SIF	Social Investment Fund
SLA	Service Level Agreement
SStHC	Small Steps to Healthier Choices
TBUC	Together Building a United Community
TEO	The Executive Office
UU	Ulster University
VOL/COM	Voluntary / Community
WTHP	Weigh To a Health Pregnancy
WHO	World Health Organisation
YCNi	Youth Council Northern Ireland
YPBAS	Young Persons Behaviour and Attitude Survey

PROGRAMMES, PROJECTS AND INITIATIVES

Active8 Eatwell – FSA and Sport NI

One of the strands within the Sport NI Active8 programme and designed to enable primary school children to lead active and healthy lifestyles by developing their awareness, understanding and appreciation of the relationship between physical activity and healthy eating.

Active Communities Programme – Sport NI

A lottery funded initiative that aims to increase participation in sport and physical recreation in Northern Ireland.

‘Active Living – No Limits’

Action Plan for Disability Sport. This Action plan is a partnership initiative between government and the disability sector and aims to drive the development of disability sport across Northern Ireland and will encourage access and support for people with disabilities who wish to become involved in sport, either competitively or purely for recreational purposes.

Active Schools Travel – DFI/PHA

This programme encourages pupils to adopt walking and cycling as their main mode of transport to and from school.

Baby Feeding Law Group Ireland

Aims to protect breastfeeding by ensuring that infant feeding choices are as free as possible from commercial interests, and that compliance with the International Code of Marketing of Breast Milk Substitutes is progressed.

Best Beginnings

Set up in 2006 and became a registered charity in July 2007 with breastfeeding as its primary focus for the first two years. From autumn 2008 to November 2010 every pregnant woman in the UK received a copy of the free Best Beginnings DVD *From Bump to Breastfeeding*. Their work also includes the Small Wonders project for sick and premature babies and the Preparing for Parenthood project, both of which aim to reduce the health gap that exists for so many young children in the UK.

Children and Young People’s Strategy

‘Enjoyment of play and leisure’ was identified in the Children’s Services Co-operation Act (Northern Ireland) 2015 as one of eight general parameters used to explain the term well-being in relation to children and young people. This has enabled a specific outcome relating to enjoyment of play and leisure to be developed as part of the Executive’s new Children and Young People’s Strategy. The strategy will consider how all relevant bodies will work together to improve the well-being of children and young people and secure positive outcomes in areas such as health, education, play etc. In terms of play and leisure, it will be important to consider how play could be embedded within existing relevant policies, programmes or strategies.

Choose to Live Better

This public information campaign was launched in January 2013. Supporting material, including leaflets and posters have been distributed to Trusts, GPs and pharmacies across the north.

Closing the Gap

Locally trained health champions are created/developed to train the trainer programmes which aim to increase community capacity and resources. These programmes, focusing on areas of deprivation, promote healthy lifestyles including healthy eating, developing practical food skills and physical activity in education to a range of settings.

Community Diet and Nutrition Education Programme

This is an ongoing initiative designed to increase nutrition knowledge and practical know-how on how to eat more healthily. It uses visuals, interactive activities and tailored talks and has been implemented across a wide range of community groups, organisations, primary schools, and secondary schools.

Community Food Initiative

The new Community Food Initiative Programme 2016–2018 was launched in May 2016. Thirteen projects on the island are receiving funding including four in the north.

Cook It!!

This community-based nutrition education programme aims to increase knowledge and understanding of healthy eating and good food hygiene, and to increase cooking skills. It was developed specifically for use with people living in disadvantaged circumstances.

Curriculum Sports Programme

Delivered by coaches from the GAA and IFA on behalf of the Department of Education, this programme aims to develop the physical literacy skills of our youngest pupils (Years 1–4) and to support teachers in developing their confidence in delivering the PE curriculum.

Early Movers – British Heart Foundation

The *Early Movers* guide was produced to help and support plans and organisation of developmentally appropriate physically active play environments for children under five. It aims to help build on existing practices by supporting the adoption of a whole setting approach to physical activity and providing ideas to extend physical activity provision.

Eat, Taste and Grow

Eat, Taste and Grow aims to increase awareness among primary school children in the north of the origins of their food and local produce, and the role this plays in healthy eating.

Eatright.eu – safefood and FSA

This online resource, eatright.eu, was designed for trainers and teachers working with Early School Leavers (14–16-year olds, not in fulltime employment, education or training (NEET)). The resource aims to meet the needs of early school leavers in a non-traditional learning environment using a blended learning approach to make learning. The resource complements nutrition related curriculum in a way that meets the specific nutrition needs of the Early School Leavers group. It develops practical skills that can be transferred into young people's lives outside of the centres and provides content in a format and style that is tailored to suit this group's needs.

The Eatwell Guide

The Eatwell Guide is a visual representation of how different foods contribute towards a healthy balance diet and includes Eating at least 5 portions of a variety of fruit and vegetables every day. This was revised in 2016:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/528193/Eatwell_guide_colour.pdf

Every Body Active 2020

Every Body Active 2020 policy centres upon increasing sustained participation in sport and physical activity amongst under-represented groups and has the overarching aim to “increase quality opportunities for targeted groups to develop and sustain participation in sport across key life course transitions”.

Strand 1 of the policy, Every Body Active 2020: Opportunities invests £6.2m of National Lottery funding through Sport NI into the 11 District Councils to deliver:

- Increased participation in sport and physical activity among women and girls;
- Increased participation in sport among people with a disability;
- Increased participation in sport among socio-economically disadvantaged groups in areas of greatest need; and
- Increased sustained participation in sport and physical activity.

Flames

Flames: Lighting the Way is a physical activity and health programme which aims to inspire, motivate and enthuse children and young people to be more active. The focal point of the programme is on the coaching of young leaders to deliver a programme of physical activity to primary aged children. Training, tools and resources are provided which can be embedded into a young leader's learning to help them gain the knowledge, skills and confidence to deliver health related activities.

Front of Pack (FoP) Labelling

The colour coding on fat, saturated fat, sugars and salt can be used, at a glance, to determine the healthiness of a food, to compare it to other similar products and to consider the overall balance of a basket of food. Combining this, ‘at a glance’ information with the % of the daily reference intake per portion, will enable consumers to understand the contribution, per eating occasion/portion, which the food makes to their diet.

FoP – Guidance

Cross-government guidance is available to assist manufacturers and retailers in the review of their labels. This guidance gives step by step assistance to ensure all labels developed meet the requirements and criteria for the new UK scheme and the guidance includes advice produced by British Retail Consortium on the design, presentation and positioning of the FoP label. The aim of the guidance is to provide consumers with a consistent, recognisable label scheme, wherever they choose to shop.

FSA Eat Well Calendar

FSA produced and distributed our annual Eat Well Calendar for 2016. The calendar combines key FSA messages in relation to dietary health, food labelling and hygiene with healthy balanced recipes to help inform and educate consumers. The calendar was supplied to 60,000 consumers throughout Northern Ireland both directly and through health and social care trusts, charities, schools and community organisations.

FSA Understanding NI Consumer Needs Around Food

(July 2016) following research with local consumers about their understanding and use of retail food labelling information, how this influences their behaviour, and their concerns and priorities

around labelling information. The research involved a combination of eight focus group discussions; eight accompanied shops and a survey using the FSA online panel.

Key findings

Overall, participant attention to labelling information appeared to be driven by a particular need, for example, if participants were following a specific diet or had specific dietary or allergen requirements. Outside of these circumstances, participants tended only to use labels to check the “use by” or “best before” dates and occasionally checked labels when buying new or unfamiliar products.

Reasons for not checking labelling information included participants routinely buying familiar products and therefore not considering it necessary to check product information. A further barrier related to comprehension and interpretation of current labels, with people perceiving them to be overly numerical or requiring complex calculations.

In spite of these barriers, there was a general overall appetite for increased provision of labelling information, especially nutrition information and portion size as a consequence of current social trends towards maintaining a healthier diet. Participants expressed a need for greater visualisation and simplification of data which could encourage more informed, habitual usage of labelling information going forward.

https://www.food.gov.uk/sites/default/files/consumer-needs-around-food-labelling_0.pdf

Give it a Go!

This was a healthy living initiative in the Southern area designed to encourage everyone to get active, eat well and ultimately feel good! ‘Give it a Go!’ operated across the four Councils with various activities taking place.

Green gyms

The Belfast PHA office commissions CVNI to provide people in Belfast with opportunities to be involved in the Green Gym programme which improves the environment as well as improving positive mental health, physical activity, personal development, horticultural skills and nutrition. The Green Gym programme targets individuals and groups experiencing health inequalities, with a minimum of 200 participants per year.

Healthy Food for Healthy Outcomes – Food in Schools policy – (DE/DoH) Published in September 2013.

The Food in Schools policy is an overarching policy advocating a ‘whole-school approach’ to all food provided and consumed in schools and developing knowledge and skills in relation to healthy eating and lifestyles. It comprises mandatory and discretionary elements and applies to all grant-aided schools. A supporting framework to oversee implementation of the policy is led by the Food in Schools Forum and supported by a regional Food in Schools Coordinator.

<https://www.education-ni.gov.uk/articles/food-schools-policy>

Healthy Start

UK-wide statutory scheme which aims to improve the health of low-income and vulnerable families. Healthy Start vouchers can be exchanged for cow’s milk, infant formula milk, fresh or plain frozen fruit and vegetables. Healthy Start beneficiaries are also entitled to free vitamin supplements.

The Health Well – IPH

The Obesity Hub / The Health Well website hosts a number of obesity-related websites: Association for the Study of Obesity in Ireland (ASOI), Weigh to a Healthy Pregnancy Webgroup, HSCT PHA Regional Physical Activity Coordinators Group, South Eastern Physical Activity Partnership and Northern Ireland Public Health Research Network (which contains a number of obesity-related Special Interest Groups). **safefood**

Happy Healthy Kids

'Happy Healthy Kids' is one of 4 programmes within the Getting Ready To Learn (GRtL) project (part of the Early Intervention Transformation Programme). 'Happy Healthy Kids' seeks to encourage parents to increase the amount of time children spend on physical exercise and reduce screen time at home.

Hearty Lives – BHF

This programme aims to reduce inequalities in heart disease through working in partnership with local authorities, the NHS and non-profit organisations to improve the health of people at greatest risk of CHD.

Inspiring Communities to Get Active Together – Councils (Western)

The programme has focused on the potential of physical activity to achieve well-being impacts across a broad range of social domains including antisocial behaviour, tourism/access to the countryside, motivation in the workplace, addressing long term unemployment, environmental sustainability, community cohesion & social inclusion, urban rural planning & educational achievement/attendance.

Let's take on childhood obesity' campaign – safefood

A 3 year all-island public awareness campaign targeted at parents of children aged 2–12 years. It encourages parents to make practical changes to everyday lifestyle habits such as portion sizes, drinks and screen time, to make a big difference to the health and wellbeing of children – www.safefood.eu. The campaign is run in partnership with Choose to Live Better.

Little Steps

Developed by *safefood* and the HSE in collaboration with the PHA. The resource offers families practical advice and support in trying to make little changes to their diet and physical activity. Promotion of this page is currently via web/social media. <http://www.littlesteps.eu/>

Make a Change

Part of the Joint Working Arrangements Action Plan between Cookstown, Dungannon and Magherafelt Councils, Northern and Southern HSCTs and the PHA. It is aimed at people aged 18 years or over, who are not currently in paid work and who would like to make a small change in their lifestyle for the benefit of their health.

MARA (Maximising Access to Services, Grants and Benefits in Rural Areas)

The MARA project seeks to improve the health and social well-being of people living in rural areas in the north. It is funded by DAERA and delivered by the PHA. The aim of MARA is to increase awareness of, or help households/individuals access local services, grant or benefits thus supporting those rural dwellers living in or at risk of poverty and social exclusion.

MenuCal / Calorie Wise (FSA)

MenuCal is a free online tool to help food businesses manage allergen information and calculate calories in the food they serve. It supports the government strategy to create 'A Fitter

Future for All', tackling overweight and obesity issues in Northern Ireland.

<https://www.food.gov.uk/northern-ireland/nutritionni/menual>

Minimum Care Standards

This standard is based on the guidance set out by PHA in "Nutrition Matters for the Early Years". It includes detailed guidance on nutrition for the under 5s, including meals, snack, drinks; information on special dietary requirements such as for allergies, religious dietary practices, e.g. for Muslim, vegetarian children; information on how to deal with fussy eaters; Menu checklist to assess adherence with dietary guidelines; information on oral health and physical activity; and contact details for Early Years teams in Trusts.

National Diet and Nutrition Survey

FSA, *saferfood* and DoH, bought a boost for Northern Ireland within the UK-wide NDNS. Three years were purchased (200 respondents per year). Year 4 was then negotiated with the departments deciding not to purchase Year 5. The composite Northern Ireland report for Years 1 to 4 of NDNS (2008–2012) was published in 2015.

- The AFFFA Strategy identifies “marker foods” (fruit and vegetables; sugary, fizzy drinks and squashes; confectionery; chips and other fried foods; and meat products). The purpose of the “marker foods” is to monitor those food categories which are of public health interest.
- Overall, mean consumption of Northern Ireland “marker foods”, other than fruit and vegetables, (sugar, fizzy drinks and squashes; confectionery; chips and other fried foods; and meat products) tended to be higher in Northern Ireland compared to the UK.
- With the exception of confectionery, consumption of the Northern Ireland ‘marker foods’ (sugary, fizzy drinks and squashes, chips and fried foods and meat products) tended to be higher in the lower income/most deprived tertiles.
- Mean fruit and vegetable consumption expressed in grams and as “5-A-Day” portions showed clear differences between tertile 1 and tertile 3 when split by equivalised income and by NIMDM, with some age groups showing a pattern of increasing intake from tertile 1 to tertile 3. However, mean consumption in all tertiles was below the recommendation of “5-A-Day”. No clear pattern for total meat, red meat, total fish or oily fish consumption was observed in any age group. With the exception of fruit and vegetables, consumption of the Northern Ireland “marker foods” tended to be higher in the lower/most deprived tertiles.

<https://www.gov.uk/government/collections/national-diet-and-nutrition-survey>

Play and Leisure Implementation Plan

The aim of the policy is to establish play within a policy framework that will place high value on play and leisure as an essential element in the development of children's lives, families, communities and society. <https://www.executiveoffice-ni.gov.uk/publications/play-and-leisure-plan-statement-and-implementation-plan>

Small Grants Programmes

These provide a means of engaging with and providing small sums of money to community organisations, to support health improvement programmes, many of which focus on healthier eating and are located in disadvantaged areas.

Sport and Physical Activity Survey 2010

A large-scale adult participation survey which provides baseline data for participation rates that is cognisant of the recommendations of the Chief Medical Officers in the UK. In addition the research provides baseline information for many of the targets identified within Sport Matters.

Sport Matters Strategy

The Strategy for Sport and Physical Recreation, 2009 – 2019 – Sport Matters was developed by DfC, in partnership with Sport NI, and approved by the Executive in December 2009. Through Sport Matters DfC aspires to secure:

- A world class start and lifelong involvement in sport and physical recreation for all people.
- World class performances by teams and individuals.
- A sustainable sporting and physical recreation culture that contributes to broader Government objectives.

Sport Matters: Community Capital Programme

This is a capital grants programme managed and administered by Sport NI. It aims to support the outcomes of Sport Matters and increase participation in sport for those who have not previously been engaged in sport and physical recreation. An overarching imperative for the programme is that facilities developed as a result of awards made should be open to all sections of the community for the encouragement of a wide range of sports.

Start to Play

Early Years programme to engage young children (0–5 years) in physical activity and play.

Stop the Spread

This *saferood* campaign encourages people to measure their waist and reflect on their own weight as individual recognition of body weight status is one of the main barriers to tackling overweight and obesity on the island. The campaign comprised of television, radio, social and digital media.

SureStart

The Sure Start programme is funded by DE and works closely with DoH to give children in areas of greatest disadvantage the best possible start in life. Sure Start offers a broad range of services focusing on Early Years Care and Education, Family Health and Improved Well Being Programmes to children aged 4 and under and their families.

Take Away My Way

saferood in association with St. Angela's College, Sligo have launched 'Take Away My Way', a cookery competition which challenges post primary students in the north and the south of Ireland to take on their takeaway by cooking a healthier version of their favourite takeaway dish.

Top Marks

This programme recognises the important role of schools in contributing to childhood nutrition and the development of the knowledge and skills necessary to make healthier food choices. As part of this programme there has been a range of resources and training provided to schools and key staff groups to support the implementation of the nutritional standards for school food and encourage schools to adopt healthier food choices.

Travelwise

Travelwise is an initiative to encourage the use of sustainable transport options such as walking, cycling, public transport or car sharing.

Weigh to a Healthy Pregnancy

All eligible women with a BMI of 40 or more at booking (around 500 women per year) are being recruited to the intervention which will last throughout pregnancy and until 6 weeks post-natally.

The PHA is also supporting a post–pregnancy intervention study to improve healthy eating and physical activity for women with gestational diabetes.

Weigh2Live

This is an online resource which provides free, independent advice for losing weight (and keeping it off) in a healthy, sustained way. It's practical and contains interactive tools.

http://weigh2live.safefood.eu/?ga_source=www.weigh2live.ie

'What's on a label?'

Developed jointly by *safefood* and the FSA, this is endorsed by the Council for the Curriculum, Examinations and Assessment (CCEA). This resource is designed to assist Home Economics teachers to deliver the food labelling content of the GCSE and GCE Home Economics specifications. It has been created to be engaging and provides many practical examples to assist students to learn in an interactive way.

UP4IT!

The UP4IT! Healthy lifestyle programme aims to address childhood obesity by providing community–based, family–centred programmes. UP4IT! works with parents of under 5's, or those with an overweight child aged 8–11 years.

Youth Sport Trust

Youth Sport Trust - Sport NI invests in the Youth Sport Trust as part of the Active, Fit & Sporty project. Youth Sport Trust delivers the 'Girls Active' Programme in partnership with Armagh, Banbridge & Craigavon District Council and Lisburn City & Castlereagh Borough Council.

ⁱ <https://www.health-ni.gov.uk/sites/default/files/publications/DoH/obesity-fitter-future-framework-ni-2012-22.pdf>

ⁱⁱ <https://www.health-ni.gov.uk/sites/default/files/publications/DoH/obesity-fitter-future-outcome-framework-2015-19.pdf>

ⁱⁱⁱ <http://www.who.int/features/factfiles/obesity/en/>

^{iv} <https://www.health-ni.gov.uk/publications/health-inequalities-regional-report-2016> Health Inequalities Biennial Report.

^v <https://www.food.gov.uk/northern-ireland/news-updates/news/2017/16246/new-standards-for-food-served-to-staff-and-visitors-in-health-and-social-care-announced>