Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Healthy Futures

A Strategic Framework to Prevent the Harm caused by Obesity, and Improve Diets and Levels of Physical Activity in Northern Ireland

A Consultation Document

November 2023

MAKING LIFE BETTER

Foreword By Permanent Secretary

Supporting and enabling people to improve their health and wellbeing is a key priority for the Department of Health as this will help to make the population of Northern Ireland healthier, reduce the demand on our health and social care services, make us economically more productive, improve wellbeing and help make our population more resilient to future crises, such as pandemics.

The harms related to living with overweight and obesity, poor diets and not being physically active are among the most significant global health challenges we face, estimated to be the fourth most common risk factor for non-communicable diseases. It is therefore vital that we take action, across government and across society, to address this issue.

Work began on the development of a new strategic framework on obesity, to replace the existing 'A Fitter Future for All' commenced in 2021. The then Minister, Robin Swan, agreed to the establishment of an expert project board to develop this consultation. Importantly, membership of the Board included people with lived experience, Academics, Government Departments, Health Professionals and the Voluntary and Community Sector. The project board also hosted a range of workshops and seminars to get input from a wide variety of stakeholders and those with an interest in the issue. These engagement sessions were central to the development of this consultation document, and I would like to thank everyone who took part for their involvement, commitment, and the expertise they contributed.

The draft vision statement for the new strategy is 'to create the conditions in Northern Ireland which enable and support people to improve their diet and participate in more physical activity, and reduce the risk of related harm for those living with overweight and obesity'. In addition, thematic areas have been developed which include Healthy Policies, Healthy Places and Settings, Healthy People and, Making it Happen: Collaboration and a Whole System Approach.

The proposed new strategic framework seeks to take a whole system approach to addressing obesity and supporting people to achieve healthy weight, recognising the wider environment. It will be health-led but not solely health owned because there are contributing factors and mitigations that lie outside the scope of the health and social care system. It also acknowledges the alignment with other policy areas which impact on obesity and seeks to add value to these existing frameworks. This will help to address factors in the food and physical environment and also will help to better join up services and interventions for those suffering multiple needs and provide better patient centred care.

This consultation seeks views on a range of proposals to enhance health and wellbeing in Northern Ireland by focusing on improving diets, increasing participation in physical activity, addressing the obesogenic environment, and preventing the harm cause by overweight and obesity. Any new strategy will need to be agreed by Ministers when they are in place, but through this consultation we are keen to hear a wide range of views and ideas to make our new strategy, and proposed interventions, even better targeted at the factors that will make the most positive difference.

Please send us your thoughts, comments and suggestions by Friday 16 February 2024 and help us make the final strategy as effective as it can be to address this important issue.

Peter May
Permanent Secretary, Department of Health

23 November 2023

Contents:

1. THIS CONSULTATION AND HOW TO RESPOND

Topic of this consultation:

1.1 This consultation seeks views on the development of a new strategy to enhance health and wellbeing in Northern Ireland by focusing on improving diets, increasing participation in physical activity, addressing the obesogenic environment, and preventing the harm cause by overweight and obesity.

Scope of this consultation:

1.2 We are keen to hear the views of all those with an interest in addressing the harm related to obesity, poor diets or lack of physical activity including:

- members of the public;
- community and voluntary sector organisations;
- service users and those with lived or living experience of overweight and obesity;
- health bodies;
- health professionals;
- those who work in schools, early years and education settings;
- local government;
- business and industry bodies;
- academics; and
- other Government Departments and agencies.

Geographical Scope:

1.3 The strategy falls within the scope of the devolved administration of Northern Ireland. However, we will continue to work closely with UK Government, Scotland, Wales, and the Government in the Republic of Ireland on these proposals.

Body/Bodies Responsible for the consultation:

1.4 This consultation is being undertaken by the Health Development Policy Branch in the Department of Health.

Duration:

1.5 The consultation will run for 12 weeks from **23 November 2023 to 16 February 2024**.

Enquiries:

1.6 For any enquiries about the consultation, please email the Department at: HDPB@health-ni.gov.uk or write to:

Healthy Futures – A Strategic Framework to Prevent the
Harm caused by Obesity, and Improve Diets and Levels of
Physical Activity in Northern Ireland
Health Development Policy Branch
Department of Health
Room C4.22, Castle Buildings
BELFAST BT4 3SQ
Tel: (028) 9052 0540

How to Respond:

1.7 Online: You can respond online by accessing the consultation documents on the 'Citizen Space' web service and completing the online survey there. The online version can be accessed at https://consultations2.nidirect.gov.uk/doh-1/healthy-futures-consultation-2023-2032/.

1.8 Alternatively you can respond via the email or office address above, however we would much prefer responses by Citizen Space.

1.9 When you reply, it would be very useful if you could confirm whether you are replying as an individual or submitting an official response on behalf of an organisation. If you are replying on behalf of an organisation, please include:

- your name;
- your position (if applicable);
- the name of your organisation;
- an address (including postcode); and
- an e-mail address.

Consultation Response:

1.10 We will consider the responses received and publish a report summarising the consultation findings on the Department's website.

Accessibility:

1.11 Alternative formats of this consultation document and the questionnaire (such as other languages, large type, Braille, easy read and audio cassette) may be made available on request. Please contact the Department to discuss your requirements.

Consultation Principles:

1.12 This consultation is being conducted in line with the Fresh Start Agreement – (Appendix F6 – Eight Steps to Good Practice in Public Consultation-Engagement)[1]. These eight steps give clear guidance to Northern Ireland departments on conducting consultations.

Feedback on the Consultation Process:

1.13 We value your feedback on how well we consult. If you have any comments about the consultation process (as opposed to comments about the issues which are the subject of the consultation), including if you feel that the consultation does not adhere to the values expressed in the Eight Steps to Good Practice in Public Consultation Engagement or that the process could be improved, please address them to:

Health Development Policy Branch
Department of Health
Room C4.22, Castle Buildings
Stormont Estate
BELFAST BT4 3SQ
E-mail: HDPB@health-ni.gov.uk

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/479116/A_Fresh_Start_-_The_Stormont_Agreement_and_Implementation_Plan_-_Final_Version_20_Nov_2015_for_PDF.pdf

Equality and Rural Screening:

1.14 As per the Department of Health's Equality Scheme[2] and in order to comply with the Rural Needs Act (Northern Ireland) 2016[3], this policy has been screened for both Equality/Good Relations and Rural Needs impacts. These screening documents are both available at: https://www.health-ni.gov.uk/publications/obesity-strategy-2023-2033-rnia-and-eqia-0.

1.15 These screenings have indicated that there is no significant negative impact from this strategy in terms of Equality of Opportunity, Good Relations or Rural Needs and thus no need for further Equality or Rural Impact Assessments. As part of this consultation, we welcome comments on these screening documents or inputs on areas where those responding may feel we should take further information into consideration in any future screening.

CONSULTATION QUESTION 1 – SCREENING: **Have you any comments on either the Equality/Good Relations or Rural screening documents?**

CONSULTATION QUESTION 2 – SCREENING: **Are there any areas or issues you feel we should be considering in future Equality/Good Relations or Rural screenings?**

[2] https://www.health-ni.gov.uk/doh-equality#toc-0
[3] https://www.legislation.gov.uk/nia/2016/19/contents

Privacy, Confidentiality and Access to Consultation Responses:

1.16 For this consultation, we may publish all responses except for those where the respondent indicates that they are an individual acting in a private capacity (e.g. a member of the public). All responses from organisations and individuals responding in a professional capacity may be published. When doing so, we will remove email addresses and telephone numbers from these responses; but apart from this, we may publish them in full. For more information about what we do with personal data please see the link to our consultation privacy notice at paragraph 1.19.

1.17 Your response, and all other responses to this consultation, may also be disclosed on request in accordance with the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations 2004 (EIR); however all disclosures will be in line with the requirements of the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR) (EU) 2016/679.

1.18 If you want the information that you provide to be treated as confidential it would be helpful if you could explain to us why, so that this may be considered if the Department should receive a request for the information under the FOIA or EIR.

1.19 DoH is the data controller in respect of any personal data that you provide, and DoH's Privacy Notice, which gives details of your rights in respect of the handling of your personal data, can be found at: https://www.health-ni.gov.uk/articles/health-development-policy-branch-and-health-improvement-policy-branch-steering-groups-privacy-notice.

2. BACKGROUND AND THE CASE FOR CHANGE

Introduction:

2.1 This chapter outlines what we know about the impact of food, physical activity, and overweight and obesity on health outcomes, along with the position in Northern Ireland.

Context:

2.2. Improving the health of the population of Northern Ireland is a key focus of the Department for Health and for the wider Northern Ireland Executive. In support of this, "We all enjoy long, healthy, active lives" is a key outcome in the draft Programme for Government[4]. Supporting and enabling people to improve their health and wellbeing will help to make the population of Northern Ireland healthier, will reduce the demand on our health and social care services, will make us economically more productive, will improve wellbeing and will help make our population more resilient to future crises, like pandemics.

2.3. The harms related to living with obesity, having poor diets or not being physically active, are recognised by the World Health Organisation (WHO) as one of the most serious global health challenges we face. The WHO European Regional Obesity Report 2022 states the "Recent estimates suggest that overweight and obesity is the fourth most common risk factor for non-communicable diseases, after high blood pressure, wider dietary risks and tobacco".[5]

2.4. It is also important to note that this issue is not specific to Northern Ireland, the worldwide prevalence of obesity nearly tripled between 1975 and 2016 and it is estimated that by 2030 over 1 billion people globally will be living with obesity[6].

[4] https://www.northernireland.gov.uk/programme-government-pfg-2021
[5] https://apps.who.int/iris/bitstream/handle/10665/353747/9789289057738-eng.pdf
[6] https://s3-eu-west-1.amazonaws.com/wof-files/World_Obesity_Atlas_2022.pdf

Defining Obesity:

2.5. The WHO Health Service Delivery Framework for Prevention and Management of Obesity states that obesity is "… a chronic complex disease defined by excessive adiposity (having too much fatty tissue in the body) that can impair health. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants"[7]. Obesity is usually measured by Body Mass Index (BMI), which is calculated and is defined as the weight in kilograms divided by the square of the height in metres (kg/m2). The BMI categories for defining obesity vary by age and gender in infants, children and adolescents. For adults, obesity is defined by a BMI greater than or equal to 30 kg/m². There are three levels of severity of obesity – Class I BMI 30.0-34.9 kg/m2, Class II BMI 35.0-39.9 kg/m2, and Class III BMI greater than or equal to 40.0 kg/m2 – in recognition of different management options[8].

2.6. However, BMI should only be considered as an approximate guide to categorising overweight and obesity for individuals. Differences in distribution of fat around the body, higher or lower than average amounts of muscle, and ethnic differences, may mean that people with the same BMI have different levels of fat, and this may affect the associated health risks.

2.7. There have been some concerns about the validity of using BMI to measure obesity at the individual level, and there are alternatives such as waist to height ratio[9]. However, at the population level, BMI is generally accepted as a good measure of those living with overweight and obesity and can be compared across jurisdictions.

2.8. The situation for children is much more complex because a child's BMI varies with age and gender. There are UK reference curves and an international classification of overweight and obesity[10] in children that can be used to

[7] https://www.who.int/publications/i/item/9789240073234
[8] https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/149403041
[9] https://www.nice.org.uk/guidance/cg189
[10] https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight

calculate rates of overweight and obesity in children – with both producing slightly different results.

Statistics:

2.9. According to the Health Survey Northern Ireland[11], 65% of adults are classified as living with overweight or obesity. More men (71%) than women (60%) are living with overweight or obesity and rates are also higher in the most disadvantaged communities (68%) compared to the least disadvantaged (62%). Detailed statistics and trends from 2010/2011 are given at Annex A.

2.10. Just over one in four[12] children and young people in Northern Ireland are living with overweight (20%) or obesity (6%). Detailed statistics and trends from 2010/2011 are given at Annex A.

2.11. Around 57% of the population of Northern Ireland met the physical activity guidelines – with 23% reporting they were inactive.

2.12. 16% of the population were not aware of the guidance on consuming at least 5 portions of fruit and vegetables a day. 56% of the population consume less that the recommended portions with men (61%) less likely than women (52%) to reach the recommended level. The most disadvantaged communities have a lower proportion meeting the guidelines (39%) than the least disadvantaged (46%).

[11] https://www.health-ni.gov.uk/topics/health-survey-northern-ireland
[12] Using the International Obesity task Force (IOTF) cut off points.

Summary:

2.13. The following infographics, sourced from the Health Survey Northern Ireland[13], seeks to summarise the position in relation to these issues in Northern Ireland:

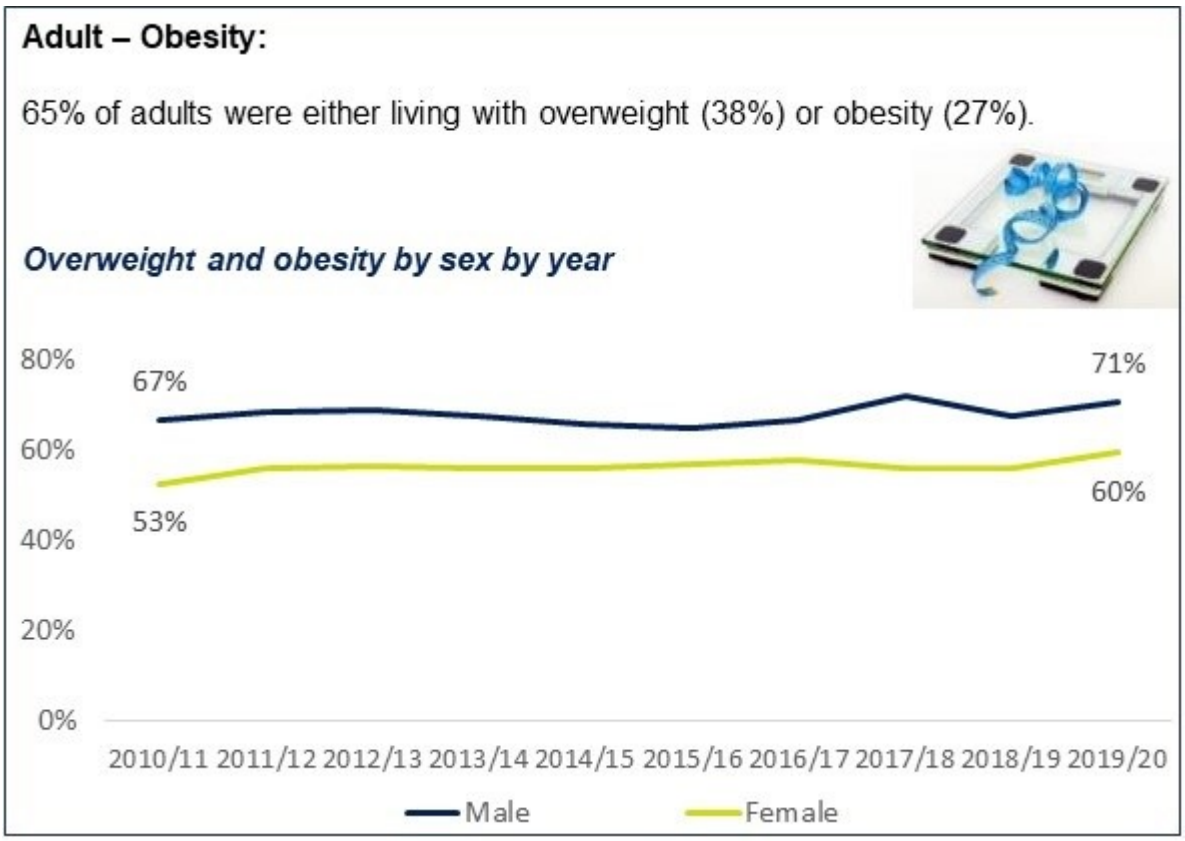

Figure 1: Adult overweight and obesity prevalence - 2010/11 to 2019/20

2.14. For all years, the proportion of males that were living with overweight or obesity was higher than for females and the overall trend is increasing over the past 10 years.

[13] https://www.health-ni.gov.uk/topics/health-survey-northern-ireland

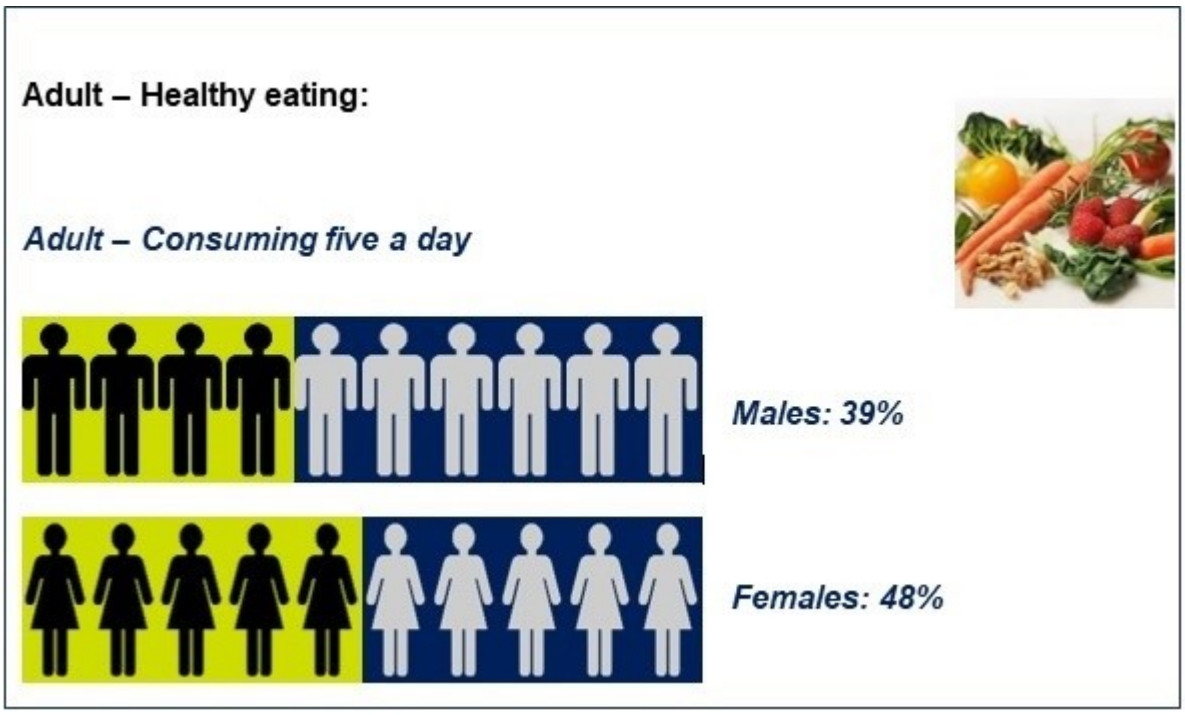

Figure 2: Adult rate of consuming '5-a-day' - 2010/11 to 2021/22

2.15. Consuming five a day increased from around a third (32%) in 2010/11 to 44% in 2021/22. Females (48%) were more likely than males (39%) to consume five a day

2.16. The latest Northern Ireland Food and You 2[14] report indicated that most people (80%) were aware that the UK Government recommend that people should eat 5 portions of fruit and vegetables every day.

2.17. Despite apparent knowledge of these guidelines, the National Diet and Nutrition Survey[15] reported that average adults aged 19 to 64 years consume 3.4 portions per day and adults aged 65 years and over consume 3.3 portions per day with around 80% not meeting the 5 A Day recommendation.

2.18. Children aged 11 to 18 years in Northern Ireland consume an average of 2.5 portions of fruit and vegetables per day with 94% not meeting the 5 A Day recommendation.

[14] https://www.food.gov.uk/research/food-and-you-2
[15] https://www.gov.uk/government/collections/national-diet-and-nutrition-survey

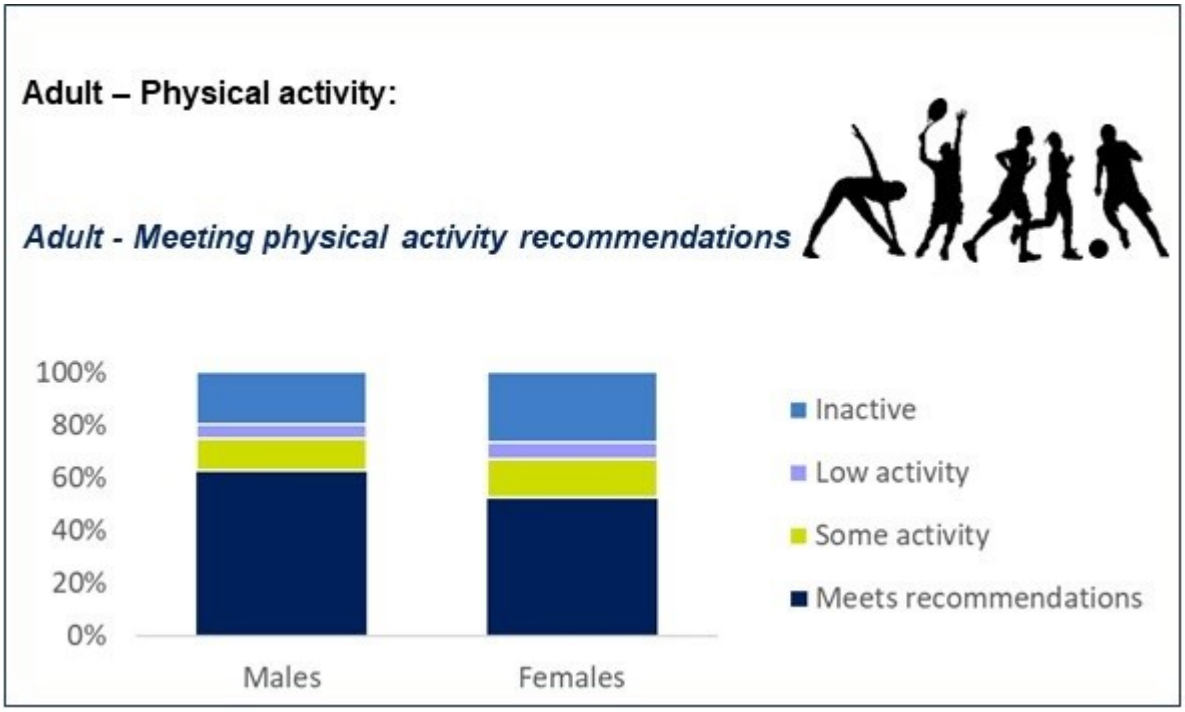

Figure 3: Adult rates of meeting Chief Medical Officers physical activity recommendations

2.19. 57% reported[16] meeting the Chief Medical Officer's physical activity recommendations.

2.20. Females (52%) were less likely than males (63%) to meet recommendations.

[16] https://www.health-ni.gov.uk/topics/health-survey-northern-ireland

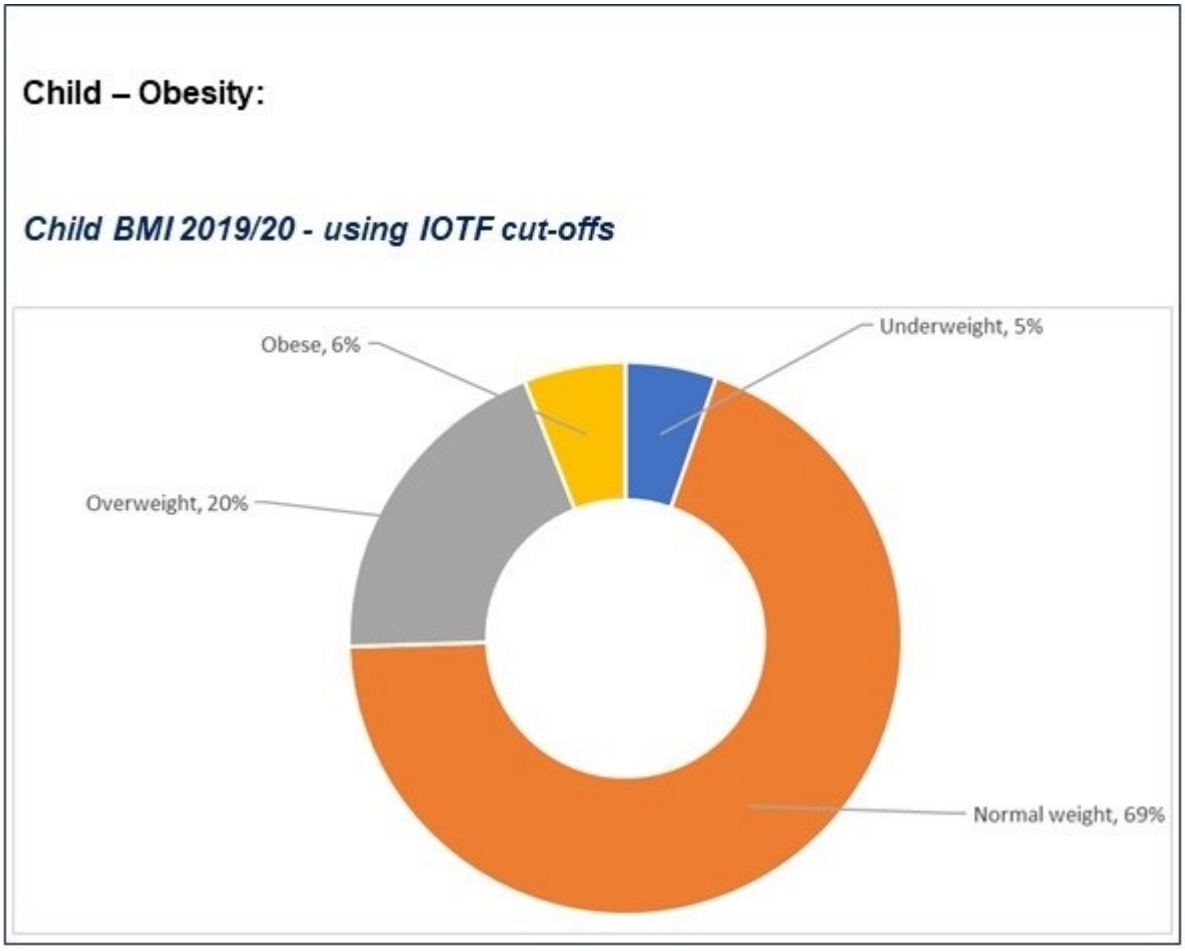

Figure 4: Child BMI levels 2019/20

2.21. Child obesity[17] remained relatively stable between 2010/11 and 2019/20, with around a quarter of children in NI living with either overweight or obesity. In children aged 2 – 10, the rate changed from 27% in 2010/11 to 25% in 2019/20. For the same periods, for children aged 11 – 15 the rate changed from 27% to 26%.

2.22. In all years, there was no difference in the proportion of girls and boys that were living with overweight or obesity.

[17] Children in this context are aged between 2 and 15 years old.

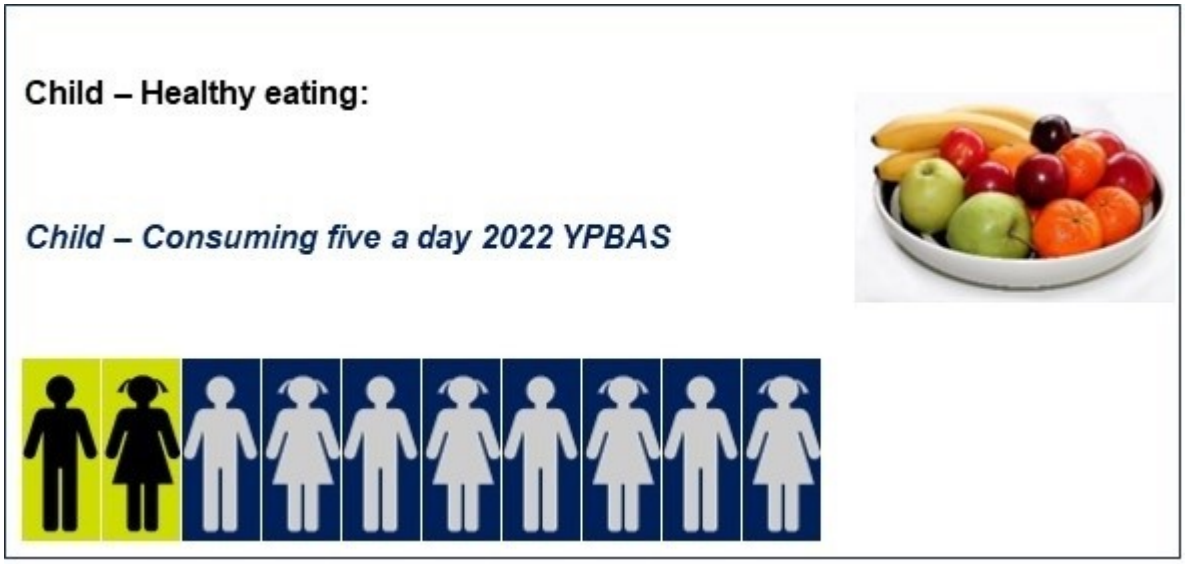

Figure 5: Child rates of consuming '5-a-day' in 2022

2.23. Around a sixth (16%) [18]of children consumed five or more portions of fruit and vegetables each day. There was no difference between girls and boys.

2.24. 63% of children thought you SHOULD[19] eat 5 or more portions of fruit and vegetables each day to be healthy.

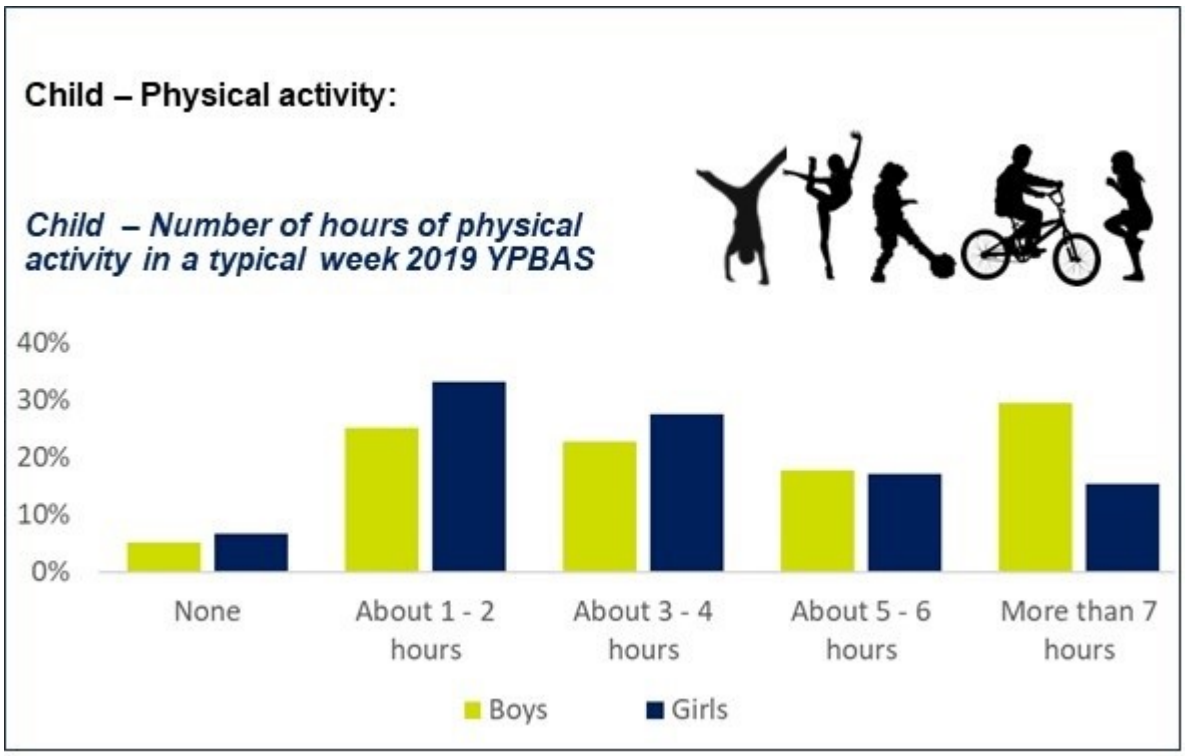

Figure 6: Child number of hours of physical activity per week 2019

[18] https://www.nisra.gov.uk/publications/young-persons-behaviour-and-attitude-survey-2022
[19] https://www.health-ni.gov.uk/topics/health-survey-northern-ireland

2.25. In 2019, boys (29%) were twice as likely as girls (15%) to do more than 7 hours of physical activity per week.

2.26. A third (32%)[20] of children described themselves as 'very active' and 'eat healthily' and 41% thought they were 'very active' but 'don't eat healthily'.

2.27. Almost two thirds (62.4%) of children stated that they enjoyed doing sports or physical activity a lot, with a third (32.3%) saying they enjoyed it a little, and the remaining 5.3% stating that they didn't enjoy it at all.

2.28. A further breakdown of some of these statistics is provided at Annex A

Impact:

2.29. The most important aspect of these figures is the impact this high prevalence of overweight and obesity has on individuals and our population. For example, those living with overweight or obesity are at a higher risk of a range of major health conditions including heart disease and stroke; type II diabetes; some cancers, including postmenopausal breast cancer, orthopaedic problems, and complications in pregnancy. In addition, obesity can also impact negatively on disability in the wider population - restricting people's ability to engage in physical activity, potentially negatively impacting quality of life, and mental health. Estimates by Cancer Research UK[21] showed that obesity was the second main preventable cause of cancer, after smoking. and there are a number of other research reports on the links between body fat, weight gain and the risk of cancer[22].

2.30. There are currently 108,000 people living with diabetes in Northern Ireland. Approximately 90% of people with diabetes will have type 2 diabetes. Diabetes diagnoses have almost doubled in the last 15 years[23], largely due to the number of cases of type 2 diabetes. While there are several risk factors for

[20] https://www.nisra.gov.uk/statistics/find-your-survey/young-persons-behaviour-attitudes-survey
[21] https://www.cancerresearchuk.org/sites/default/files/obesity_tobacco_cross_over_report_final.pdf?_gl=1*1clplp3*_ga*Nzg3OTk0OTIzLjE2MzU4NTg0ODk.*_ga_58736Z2GNN*MTY2MjM3NDU1Ny4yLjAuMTY2MjM3NDU1Ny42MC4wLjA.&_ga=2.108649159.493165658.1662374558-787994923.1635858489
[22] https://www.wcrf.org/wp-content/uploads/2021/01/Body-fatness-and-weight-gain_0.pdf
[23] https://www.health-ni.gov.uk/publications/200405-202021-raw-disease-prevalence-data-northern-ireland

type 2 diabetes, including age and ethnicity, the biggest preventable risk factor is obesity, which accounts for as much as 85% of the overall risk of developing type 2 diabetes. **It is also estimated that approximately 10% of Northern Ireland's HSC budget is spent on diabetes-related complications, which is over £1m per day**. Further estimates suggest that, without intervention, this could rise to 17% of HSC expenditure by 2035[24].

2.31. People living with obesity regularly face weight bias and stigma from a variety of sources, including education, workplace, healthcare settings. This is often the result of a lack of understanding about the complex drivers of obesity and lack of appreciation that addressing the issue of obesity is much more than simply 'eating less and moving more'. Experiencing weight stigma can directly and indirectly influence future weight gain, and negatively impact upon physical and mental health. It is therefore really important that we recognise that obesity, and weight stigma, can also contribute to mental health issues such as depression, and vice versa.

2.32. Overall, even low levels of excess weight can be associated with the loss of one in ten potentially disease-free years in middle and later adulthood (40-75 years old), and higher levels of obesity are associated with the loss of one in four disease-free years. There is an increasing loss of disease-free years as levels of obesity increase in both sexes, smokers and non-smokers, the physically active and inactive, and across socio-economic groups[25].

2.33. For our young people, children who live with overweight or obesity are at a greater risk of poor health in adolescence, as well as in adulthood. Indeed, a systemic review in 2016[26] showed that 80% of children who are living with obesity at 4/5 years old will continue to live with obesity into their adulthood.

2.34. Living with overweight and obesity can also impact on our body's resilience and ability to deal with other issues that can impact on our health. For

[24] https://www.niauditoffice.gov.uk/files/niauditoffice/media-files/Type%202%20Diabetes%20Prevention%20and%20Care.pdf
[25] https://phw.nhs.wales/topics/overweight-and-obesity/the-case-for-action-on-obesity-in-wales/
[26] Predicting adult obesity from childhood obesity: a systematic review and meta-analysis - PubMed (nih.gov)

example, evidence from the early days of the COVID-19 pandemic demonstrated that excess weight was associated with an increased risk of the following for COVID-19: a positive test, hospitalisation, advanced levels of treatment (including mechanical ventilation or admission to intensive or critical care) and death[27].

2.35. Physical inactivity is one of the leading risk factors for noncommunicable diseases mortality. People who are insufficiently active have a 20% to 30% increased risk of death across the life course compared to people who are sufficiently active[28]. Increasing levels of physical activity, and reducing sedentary behaviour, can also help achieve the UN Sustainability Goals[29], which are a collection of seventeen interlinked objectives designed to serve as a "shared blueprint for peace and prosperity for people and the planet, now and into the future."

2.36. Regular physical activity can provide significant health benefits. Some physical activity is better than doing none. Being physically active on a regular basis can:

- improve muscular and cardiorespiratory fitness
- improve bone and functional health
- reduce the risk of hypertension, coronary heart disease, stroke, diabetes, various types of cancer (including breast cancer and colon cancer), and depression
- reduce the risk of falls as well as hip or vertebral fractures; and
- help maintain a healthy body weight.

2.37. Finally, consuming a healthy diet, across your life-course, helps to prevent malnutrition as well as a range of non-communicable diseases (NCDs) and conditions. However, many people are now consuming more foods high in energy, fats, free sugars and salt/sodium and ultra-processed foods, and

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[27] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19__FINAL.pdf

[28] https://www.who.int/news-room/fact-sheets/detail/physical-activity

[29] https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf

many people do not eat enough fruit, vegetables, and other dietary fibre such as whole grains leading to nutrient deficiencies. This can be exacerbated by issues with the accessibility and affordability of healthy foods, and thus there can be an interrelationship between food security, social and economic disadvantage, and the risk of obesity that can further drive and widen inequalities.

Costs:

2.38. The financial costs related to the harms caused by overweight and obesity are substantial. A study[30] focusing on estimating both the healthcare and productivity costs of overweight and obesity in Northern Ireland put this at **£425 million** (at the October 2023 GBP: EUR exchange rate) every year.

Causes and wider determinants:

2.39. The causes of overweight and obesity are complex, and interrelated with wider genetic, socio-economic, cultural, and environmental factors. It is generally accepted that obesity occurs when an energy imbalance is created by an individual taking in more energy through the food and drink they consume than they expend. Over the years the increased availability of energy dense food processed foods at relatively cheap prices, along with a decrease in being physically active, has contributed to increasing levels of overweight and obesity in Northern Ireland.

2.40. The Foresight Report on Obesity published in 2007[31] outlined the causes of obesity as multiple, complex, and interlinked and reaching far beyond public health. The research that underpinned the report revealed that the causes of obesity are embedded in an extremely complex biological system, set within an equally complex societal framework. And while the report successfully highlighted the contributions of a poor diet and physical inactivity as drivers of excess weight gain, it also brought an awareness that some individuals are

[30] https://bmjopen.bmj.com/content/5/3/e006189

[31] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

biologically more susceptible to weight gain; recognised the impact of the environment on personal 'choices'; and provided a much greater acknowledgement of the interactions between the environment and the individual.

2.41. Other research shows that there are also genetic and epigenetic factors at play, which can make it challenging for individuals, and means we need to ensure that we create a supportive environment and that we intervene at early stages of life, and even pre-conception. The WHO Health Service Delivery Framework for Prevention and Management of Obesity[32] also supports this and states that "... risk of obesity is influenced not only by genetic predispositions, biological factors and behaviours, but by upstream social, economic and commercial determinants such as poverty, employment, urbanization and food production and marketing that impact the environments in which eating and physical activity behaviours are learned and reinforced. These upstream determinants have the effect of limiting individual agency."

2.42. In light of this, it is vital that we understand that, while individual choices can play a role in overweight and obesity, through decisions made around diet and nutrition and participation in physical activity, the physical, social, economic, and commercial environment in which people are born, grow, develop, live, work, and age plays a key role in shaping behaviours (including the influence of cultural norms around food, activity and body weight) and opportunities and ability to make healthy choices. Therefore, these factors, along with ethnicity, genetics, poverty, and age, influence body weight outcomes, and we need to think in these broad systemic ways if we are to address this issue.

2.43. The outcome of this is demonstrated in the inequalities we see in health outcomes, for example rates of childhood obesity are consistently higher in the most deprived areas – with the rates at Year 1 being 1.5 times higher among children from the most deprived areas than those from least deprived and over twice as high in Year 8 in 2018/19. Therefore, with obesity as with

[32] https://www.who.int/publications/i/item/9789240073234

other population health outcomes, it is important to address the wider social and economic determinants of health linked to deprivation and opportunity.

The Case for Change:

2.44. As set out above, obesity is one of the key risk factors for Non-Communicable Diseases (NCDs) such as type 2 diabetes, cardiovascular diseases, and certain types of cancer, as well as pulmonary, digestive, renal, endocrine, musculoskeletal, neurological, and mental health disorders. In 2019, there were an estimated 5 million obesity-related deaths from NCDs across the world, which corresponds to 12% of all NCD deaths[33]. This combination of rising prevalence and significance as a risk factor for other NCDs means that obesity now represents one of the major public health challenges of our time.

2.45. Given what we know about diet, nutrition, physical activity, and weight-related outcomes, it is clear that efforts to address these issues require a cross-sectoral and whole-of-Government approach. NESTA's Report on the focus of Obesity Interventions[34] highlights that when it comes to reducing obesity, evidence shows that at the population level changing food environments is more effective than measures that try to educate or change the behaviour of individuals. However, the general public perceive that individual behaviour makes the most difference. This disconnect can mean there is more support for measures that seek to change individual behaviour, rather than measures that change the wider food or physical activity environment and culture and which are likely to be more effective. It is important that we make the case for these wider interventions and clearly communicate their potential effectiveness.

2.46. This also means that it is not solely the responsibility of the health and social care sector or health services to address this issue. And, in fact, if this is seen as a health-only issue then we will not create the system change needed to see real and lasting improvements. Solutions are multiple and complex, and

[33] https://www.sciencedirect.com/science/article/pii/S2589537023000275?via%3Dihub
[34] https://www.nesta.org.uk/report/changing-minds-about-changing-behaviours-obesity-focus/

no single agency, sector or Government department can deliver on them on their own. In addition, as referred to above, inequalities in economic and social circumstances are correlated with rates of obesity and therefore addressing these wider health determinants is an important aspect of any strategic approach to addressing obesity.

2.47. While there has been good progress on implementing our current obesity prevention framework, A Fitter Future for All (see Chapter 3), it is clear that the strategy, for various reasons set out later, has not met its overarching targets at the population level, and therefore any new approach to supporting improved diets, encouraging participation in physical activity, and reducing the prevalence of overweight and obesity at the population level, needs to take account of the most up-to-date evidence base and must be delivered at a scale and intensity that makes a difference at a population level.

3. WHAT HAS HAPPENED TO DATE AND THE WAY FORWARD

Summary:

3.1. This chapter outlines the existing policy environment, as well as summarising the reports of progress of the previous strategy and the process to develop this consultation document.

A Fitter Future for All:

3.2. A Fitter Future For All 2012-2022[35] (AFFFA) is the current the strategic framework to reduce the harm related to overweight and obesity, it aimed to "empower the population of Northern Ireland to make health choices, reduce the risk of overweight and obesity-related diseases and improve health and wellbeing, by creating an environment that supports and promotes a physically active lifestyle and a healthy diet".

3.3. AFFFA's overarching targets were:

- For adults, to reduce the level of obesity by 4% and overweight and obesity by 3% by 2022.
- For children, a 3% reduction of obesity and 2% reduction of overweight and obesity by 2022.

3.4. AFFFA has had a focus on outcomes across the life of the framework, with short, medium and long-term outcomes set and reviewed every 3 years – to align with anticipated budget periods. The latest set of short-term outcomes, covering 2019-2022 were agreed in October 2019. The framework, associated papers and progress reports are available at: https://www.health-ni.gov.uk/articles/obesity-prevention.

3.5. 82% of these latest short-term outcomes were either achieved or on track for achievement as of June 2022 while 18% were on track for achievement, but with some delay. Key progress to date includes:

[35] https://www.health-ni.gov.uk/publications/obesity-prevention-framework-and-reports

- The Weigh to a Healthy Pregnancy Programme is now offered to all pregnant women with a BMI of 38+.
- All pregnant women receive the pregnancy book, which is updated yearly and contains information on healthy eating and physical activity.
- The 'Breastfeeding Welcome Here[36]' scheme continues to be promoted and any business open to the public is eligible to join the scheme.
- The HENRY Early Years Obesity Prevention Programme[37] (EYOPP) was procured in September 2019. EYOPP coordinators and child health assistants are in post in each trust to deliver the programme to families.
- Raise, Engage, Refer training has been delivered as part of EYOPP training package and informs Allied Healthcare Professionals and others working in health on how to constructively raise the issue of obesity, engage with parents/carers and to refer into the HENRY programme.
- An Eating Well, Choosing Better programme is being delivered to encourage the food industry to achieve sugar and calorie reduction by reduction in portion size, reduction in sugar and/or calories content per 100g of product or a shift in product portfolio towards lower sugar options.
- The development of the voluntary calorie labelling scheme, 'Calorie Wise' continues, in partnership with the eleven local councils in NI.
- Active Travel is supported in three settings, Schools (Active Schools Travel), workplaces (Leading the Way with Active Travel), and communities (Community Active Travel Programme in 12 disadvantaged communities in Belfast).
- The Daily Mile scheme is being promoted in primary schools and work is ongoing to expand this throughout NI.
- A regionally consistent Physical Activity Referral Scheme has been rolled out across all council areas in NI.

[36] https://www.publichealth.hscni.net/sites/default/files/Breastfeeding%20welcome%20here%20scheme%20booklet%202018.pdf

[37] https://www.henry.org.uk/crucialtime

3.6. Indicators used to measure these outcomes over the lifetime of AFFFA up to the latest available data, show that, for example:

- % mothers breastfeeding increased from 42% to 51% between 2012/13 and 2019/20.
- % of children in P1 living with overweight and obesity increased from 22.7%/5.7% to 23%/6.8% between 2010/11 and 2019/20.
- % of adults adopting the 5–a–day guidelines rose from 32% to 44% between 2010/11 and 2019/20.
- % of adults experiencing food poverty dropped from 7% to 4% from 2013/14 to 2018/19.

3.7. There has therefore been good progress in implementing AFFFA, but it has not met its overarching targets at the population level. While individual interventions have proved successful, they have either not been delivered within a wider systematic approach needed to create a supportive environment, have been impacted in terms of delivery and behavioural change by the COVID-19 pandemic, or they haven't been delivered at the scale required to have an impact.

3.8. In addition, the current strategy has been taken forward within the constraints of the wider 'obesogenic environment' that exists in our society. The term 'obesogenic environment' refers to the role environmental factors may play in determining both energy intake and expenditure. It has been defined as the 'sum of the influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals and populations'[38]. The term embraces the entire range of social, cultural and infrastructural conditions that influence an individual's ability to adopt a healthy lifestyle. For example, specific environmental factors may shape the availability and consumption of different foods, or the levels of physical activity undertaken by populations, thus limiting choices.

[38] Eggar, G. and Swinburn, B. 2002. Preventative Strategies against Weight Gain and Obesity. Obesity Reviews, 3:28–301.

Project board, Development of a new strategy, Pre-consultation process:

3.9. In this context, and because of the wider impacts of this issue along with the case for change, the former Health Minister agreed in June 2021 that co-production work should begin on a refreshed strategic direction.

3.10. To take this work forward, the Department of Health established in late 2021 an expert project board to advise on this work and to lead the co-production of a new strategy. The project board includes input from health professionals, academics, the community and voluntary sector, those living with obesity, and a range of other Government Departments.

3.11. The project board developed and agreed the overarching process to develop the new strategic framework and helped inform the development of a range of thematic co-production workshops to test the development of the strategy, advised on who should be involved, and developed a vision and principles for the work. The Department hosted seven virtual thematic workshops that had input from and engagement with all key sectors, and one overarching workshop on “whole system approaches”.

Strategic Insight Lab and Systems Dynamic Modelling:

3.12. The project board’s work was informed by a 2-day Strategic Insight Lab in late 2019 on childhood obesity which was held to examine the challenge question ‘how can we create a society in which children grow up a healthy weight?’

3.13. The objectives of the Strategic Insight Lab were agreed as follows:

- to identify the key challenges, opportunities and gaps relating to the challenge question;
- to develop recommendations relating to the key themes and questions identified by participants for further consideration by DoH; and
- to produce a report capturing the detail of the event that may help inform any further work on this area.

3.14. In identifying attendees for the Strategic Insight Lab event, engagement and discussion took place between the Department, key stakeholders and the

Innovation Lab to ensure there was an optimal mix, spread and balance of participants representing the health and business landscape from across a range of sectors.

3.15. By working through the exercises, individuals and stakeholder groups were able to look at and understand the challenge from other perspectives. This approach, coupled with the energy, enthusiasm and passion of individuals at the event, was instrumental in leading to 42 recommendations. The recommendations addressed the following questions:

- How do we identify, collect, share and link data that is representative of society to measure indicators and outcomes to achieve impact?
- How do we agree a common outcome for tackling childhood obesity / health weight?
- How can we create a culture that encourages and incentivises outdoor play, activity and physical activity and utilise social clauses in planning to ensure a healthy environment?
- How can we understand barriers, develop and promote physical activity (inside and outside of school) as important as other subjects and make it more accessible?
- How do we ensure health impacts are embedded in policy development and legislation and ensure government policy doesn't have inadvertent adverse impacts?
- How do we ensure the right balance between legislative solutions to voluntary agreements (with the food industry)?
- How can we break the cycle of deprivation for families, focus on reducing inequalities and raise awareness?
- How can we tackle stigma while at the same time push back against the normalisation of higher body weights across the populations and ensuring we don't drive people towards underweight?
- How can we ensure effective buy-in, engagement and accountability of all stakeholders from the outset and reward collaboration to ensure the achievement of outcomes?

- How can we prioritise research and allocate funding with the focus on prevention and sustainability?
- How do we engage with all business to encourage and normalise healthy and sustainable food policy and healthy choices?
- How can we better encourage consumers to demand a healthier food environment?

3.16. The Lab was supported by the development of a system dynamics model to get a better understanding of the wider determinants of obesity and how they interact with policy, society and communities. While this work had to be paused due to the COVID-19 pandemic, as part of the co-production of a new strategy, the Department brought back together those individuals and organisations involved in the Strategic Innovation Lab and the system's dynamic modelling to further revise and prioritise actions and include them in this new framework.

Research projects:

3.17. The project board also helped to design and commission two pieces of research that have helped to inform the development of this strategic framework. The first is "A whole systems approach to obesity prevention: a review of evidence to support Northern Ireland policy development"[39]. This co-produced briefing paper summarises the findings of an evidence review of what is known about using whole system approaches in relation obesity, food and nutrition, and physical activity, and how this may operate in a Northern Ireland context. The report was presented to the project board to inform decision making and inform the development of this consultation document.

3.18. The second research project involved the development of a policy options matrix. The matrix summarised the findings from a rapid review evidence published in academic journals that related to international obesity prevention policies over the last 10 years. The project identified 51 review articles (48

[39] https://publichealth.ie/report-evidence-is-building-to-support-a-whole-systems-approach-to-obesity-prevention-in-northern-ireland/

systematic reviews, two scoping and one narrative review) which were summarised under the following categories: food labelling, food packaging, food reformulation, taxation/subsidies, advertising, marketing and sponsorship, food and physical activity environment, and target population policy measures including socially disadvantaged groups and indigenous groups.

3.19. Overall, the policy options matrix summarises possible policy options and considers how these may or may not be applied in Northern Ireland. This, in conjunction with findings from the evidence review and stakeholder engagement throughout the consultation process, will help to inform decision-making to ensure that any policy approach taken is acceptable, feasible and translatable to the Northern Ireland context. This is a live document that will continue to be used to inform policy decisions and the implementation of the new strategic framework into the future.

NICE Guidelines:

3.20. There are also a range of existing National Institute for Clinical Excellence[40] (NICE) guidelines related to diet and nutrition, physical activity, obesity prevention and management, and weight management. These have also been taken account of in the development of this work, and also should be key to ensuring the strategic framework, once agreed, is delivered through an evidence-based and effective approach.

[40] https://www.nice.org.uk/

4. VISION, OUTCOMES, PRINCIPLES AND THEMATIC APPROACH

Introduction:

4.1 Based on the learning from the previous strategy, plus the pre-consultation process and related evidence reviews, and a consideration of what has worked elsewhere, this chapter sets out the proposed overall vision for a new strategic framework, along with a number of related outcomes, and outlines a number of principles that should be at the heart of its development and implementation. It also sets out the thematic approach we propose to use to take this forward.

Vision

4.2. The project board proposed that the overall vision for this new strategic framework should be:

To create the conditions in Northern Ireland which enable and support people to improve their diet and participate in more physical activity, and reduce the risk of related harm for those living with overweight and obesity.

CONSULTATION QUESTION 3 – VISION: **Do you agree with this vision?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments:	

Principles:

4.3. The project board proposed a range of principles for the development and implementation of the new strategic framework, these are:

- The new strategic framework will take a **whole system approach** to addressing obesity and supporting people to achieve healthy weight, it will be **health led but not solely health owned**.
- Recognising that overweight and obesity can cause harm at any stage, and that there is an intergenerational dimension, the new framework will take **a life course approach**, but it may specifically **target or prioritise certain groups** (i.e. it may have a strong focus on childhood obesity).
- Given the disparities that exist in this area, the framework will have a focus on reducing food, physical activity and overweight and obesity related **inequalities**.
- Acknowledging the **alignment with other policy areas**, the new framework will seek to add value to existing strategic frameworks (such as the new cancer, diabetes, food and the sport and physical activity strategies) and will not seek to duplicate activities or reporting arrangements.
- The framework will be **outcome-based**, focused on how we improve life for people not just the activities and initiatives we undertake.
- The framework will provide an **umbrella for actions to prevent and address overweight and obesity**, from education and prevention through to weight management and treatment services. Previous obesity strategies focused solely on prevention.

CONSULTATION QUESTION 4 – PRINCIPLES: **Do you agree with these principles?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments:	

Outcomes

4.4. We also recognise that, eating a healthy diet and being physically active have many health benefits beyond just promotion of healthy weight. These are key components in living long, healthy lives, promoting good health and emotional wellbeing, and reducing the risk of injury and premature death and are therefore important in their own right. For example, over and above weight related outcomes, these can improve your brain health and mental wellbeing, reduce the risk of disease, strengthen bones and muscles, improve your oral health, and improve your ability to do everyday activities.

4.5. This strategic framework therefore focuses on four main long-term population level outcomes across the life course:

- Reducing the percentage of people in Northern Ireland who are a living with overweight and/or obesity;
- Improving the population's diet and nutrition;
- Increasing the percentage of the population who participate in regular physical activity; and
- Reducing the prevalence of overweight and obesity related Non-Communicable Diseases (NCDs).

CONSULTATION QUESTION 5 – OUTCOMES: **Do you agree with these 4 population level outcomes?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments:	

4.6. In line with the overall approach set out in the draft Programme for Government[41], this new strategic framework will be taken forward using an Outcomes Based Accountability approach. At the strategic level, this framework will focus on “Population Accountability”. It is accepted that no one organisation alone will be able to achieve, or even progress, the outcomes at population accountability level and therefore this new strategic framework will promote a joined up, whole system approach to partnership working and decision-making.

4.7. However, at the implementation level the delivery of the actions within the strategic framework will focus on “Performance Accountability” highlighting whether and how the local population is better off as a result of the delivery of the actions.

Thematic approach:

4.8. The project board proposed an overall thematic approach for the new strategic framework. This is set out in the following diagram, with further information contained in the following chapters:

[41] https://www.northernireland.gov.uk/programme-government-pfg-2021

Diagram – Thematic Approach

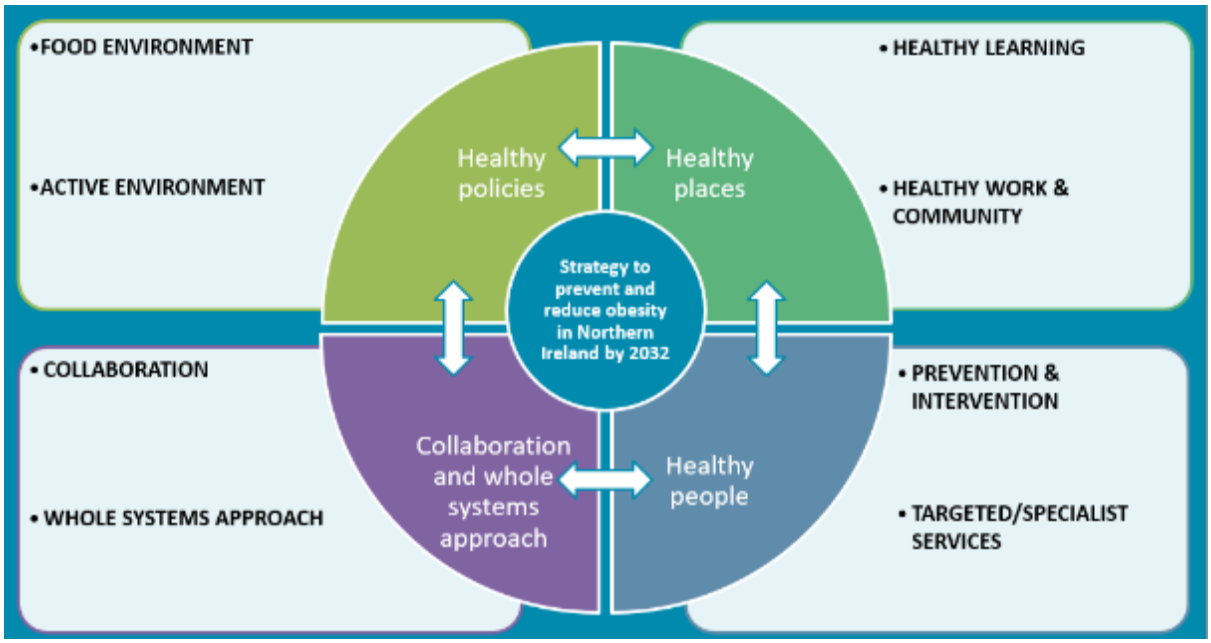

Figure 7: Thematic approach graphic, summarising project themes

CONSULTATION QUESTION 6 – THEMATIC APPROACH: **Are all the key areas covered within this thematic approach?**
Yes: ☐ No: ☐
Comments:

Links to other strategies:

4.9. Given the complexities involved in addressing the obesogenic environment, and the existing policy across the NI Executive in relation to food and physical activity, this strategic framework cannot address all the wider causes of obesity-related harm and will therefore focus on where there are specific diet, nutrition, physical activity and healthy weight actions that can have a positive impact. However, we will work with others, and play our part in addressing these issues through interaction with a range of strategies led by other NI Executive Departments. While further related strategies are mentioned under each theme in the chapters that follow, the following are particularly relevant:

a. Active Living - Sport and Physical Activity Strategy for Northern Ireland (https://www.communities-ni.gov.uk/publications/active-living-sport-and-physical-activity-strategy-northern-ireland).
b. The draft Northern Ireland Food Strategy Framework which issued for consultation in late 2021 (https://www.daera-ni.gov.uk/publications/summary-responses-consultation-northern-ireland-food-strategy-framework).
c. Active travel - Sustainable transport policies, primarily focused on cycling and walking in Northern Ireland (https://www.infrastructure-ni.gov.uk/topics/active-travel).
d. A Cancer Strategy for Northern Ireland 2022-2032 (https://www.health-ni.gov.uk/publications/cancer-strategy-northern-ireland-2022-2032).
e. A Diabetes strategic framework (https://www.health-ni.gov.uk/publications/diabetes-strategic-framework)
f. Our Great Outdoors – The Outdoor Recreation Action Plan For Northern Ireland (https://www.outdoorrecreationni.com/publication/strategies/our-great-outdoors-the-outdoor-recreation-action-plan-for-northern-ireland/)

5. THEME A – HEALTHY POLICIES

What is this and why is it important:

5.1. **As set out so far in this consultation, our ability to eat a healthy diet, participate in physical activity, and to maintain a weight that is good for our health, is very much influenced by the wider environment in which we live our lives. The strategies, policies, regulations and stakeholders such as the food industry that control the wider food and physical environment therefore play a key role in addressing the obesogenic environment.**

Food environment:

5.2. The food we eat and the drinks we consume have a direct impact on our physical and mental health. Over the past 50 years, the food environment, the commercial environment, wider regulations and what and how we eat has continued to change.

5.3. Eating out of home has become much more prevalent, as has ordering take-aways to eat on the move and at home. These meals can often be larger portion sizes and/or contain low-cost ingredients and preservatives with greater amounts of fat, salt and sugar than food we make ourselves.

5.4. Shopping has also changed, with more use of large retailers and home delivery or "click and collect" services. Ready meals and pre-prepared food also are more available, and often the foods that are promoted and sold as lower cost deals are convenient, higher in fat, salt or sugar, and more energy dense than healthier alternatives. If more of these unhealthy foods are eaten, over time this can create behavioural, psychological or dietary preferences that can be challenging to change.

5.5. There is also growing consideration being given to Ultra Processed Foods. A rapid review of Ultra-Processed Food and Obesity[42] was completed in 2018

[42] https://phw.nhs.wales/topics/overweight-and-obesity/rapid-review-of-ultra-processed-food-and-obesity/

and it set out that these are products which are typically energy dense; have a high glycaemic load; are low in dietary fibre, micronutrients, and phytochemicals; and are high in unhealthy types of dietary fat, free sugars, and sodium. When consumed in small amounts and with other healthy sources of calories, ultra-processed products are likely to be harmless; however, intense palatability, the availability and the marketing of these foods makes their consumption more likely, and has the potential to displace fresh or minimally processed foods. These factors also make ultra-processed products liable to harm satiety mechanisms and so promote energy overconsumption and thus obesity.

5.6. The Scientific Advisory Committee on Nutrition (SACN) has carried out a scoping review of the evidence on processed foods and health and published its position statement and report[43] in July 2023. The Systemic Reviews identified have consistently reported that increased consumption of (ultra-) processed foods was associated with increased risks of adverse health outcomes. However, there are uncertainties around the quality of evidence available. Studies are almost exclusively observational and confounding factors may not be adequately accounted for. The SACN statement concludes that consumption of (ultra-) processed foods may be an indicator of other unhealthy dietary patterns and lifestyle behaviours. Diets high in (ultra-) processed foods are often energy dense, high in saturated fat, salt or free sugars, high in processed meat, and/or low in fruit and vegetables and fibre. It is unclear to what extent observed associations between (ultra-) processed foods and adverse health outcomes are explained by established nutritional relationships between nutritional factors and health outcomes on which SACN has undertaken robust risk assessments. The SACN statement goes on to state that the observed associations between higher consumption of (ultra-) processed foods and adverse health outcomes are concerning – however, the limitations the classification system, the potential for confounding, and the possibility that the observed adverse associations with (ultra-) processed foods are covered by existing UK dietary recommendations mean that the

[43] https://www.gov.uk/government/publications/sacn-statement-on-processed-foods-and-health

evidence to date needs to be treated with caution. The statement also set out recommendations for further research to address these issues with the evidence base.

5.7. However, given the inflationary pressures currently affecting the UK economy and the financial pressures on households – particularly those with the lowest amounts of income or communities living in the most deprived areas – it is important that any changes we propose do not have unintended consequences that exacerbate issues for those most likely to be at risk. Action we take should take account of our commitment to addressing inequalities, recognising that any changes we propose may have the potential to have the biggest health and wellbeing impacts, both positive and negative, on those in the most deprived areas. We must seek to reduce the gap in health outcomes between those in the most deprived areas and the Northern Ireland average. Any changes will therefore need to be carefully balanced and timed, and we are seeking your views on this as part of the consultation.

5.8. It is important to note that there has been some positive recent progress in reformulation of certain food and providing a greater choice of healthier options. However, it will be vital that this work is built on into the future.

Physical Environment:

5.9. The physical environment in which we live has also changed dramatically over the last 50 years. In general, our infrastructure is built around the car, rather than public transport, walking and cycling. And while there has been good progress in promoting and enabling active and sustainable transport, there can still be issues around perceived convenience and safety concerns that can influence us to take more sedentary options instead of active travel. This can be a particular issue in rural areas where access to active and public transport can be more of an issue leading to a greater reliance on cars[44]

[44] https://www.daera-ni.gov.uk/sites/default/files/publications/daera/Key%20Rural%20Issues%202022%20Infographic.pdf

5.10. There is also the opportunity to make greater use of the environment in which we live, for physical activity, recreation, and sport.

5.11. There is a strong link between childhood obesity and lack of access to quality green spaces and active travel opportunities. We therefore need to ensure that we use all the resources accessible to our population to provide high-quality, well-connected places and spaces, and that there are more opportunities for active recreation and play for families and children, particularly in the early years.

What do we collectively want to achieve:

5.12. Over the 10-year span of this new strategic framework, under this theme, we will seek to ensure that:

- everyone can access and afford healthier food and drink more readily;
- healthier food and drink will be marketed and promoted to a great extent, and there will be less promotion of food or drinks high in fat, salt or sugar, to ensure that healthy food is more visible and accessible than less healthy options;
- consumers will be better informed and have clear information to enable them to make informed choices;
- there is greater consumption of healthier food, particularly fruit and vegetables, in line with the Eatwell guide;
- more people achieve the 4 UK Chief Medical Officer Physical Activity Guidelines;
- use of active travel is increased; and
- physical recreation and sport participation is increased.

5.13. Within all these areas we will focus on, and measure, reducing the inequalities that exist between the most deprived areas, the NI average and the least deprived areas.

5.14. It should be noted that there is also a clear overlap between progress on this agenda, and wider progress on climate change, net zero, green growth, air

quality, food security, and the sustainability agenda. Delivering on this strategic framework will also therefore very much support the delivery of 'A Green Growth Strategy for Northern Ireland - Balancing our climate, environment and economy'[45]. It will also align closely with the draft Northern Ireland Food Strategy Framework[46].

CONSULTATION QUESTION 7 – HEALTHY POLICIES: **Do you agree with this theme and what it is seeking to achieve?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments:	

What are the priorities within this theme:

5.15. The Department hosted three open co-production seminars on this theme, along with a wider review of the evidence base in respect of the impact polices and legislation can have on supporting social change on these issues. We also worked closely with counterparts who lead on other strategies in this area to ensure alignment, and that potential proposals would add-value to those already in place.

5.16. The key priorities that have been identified through co-production with stakeholders and the evidence reviews were:

[45] https://www.daera-ni.gov.uk/articles/green-growth-strategy-northern-ireland-balancing-our-climate-environment-and-economy
[46] https://www.daera-ni.gov.uk/publications/summary-responses-consultation-northern-ireland-food-strategy-framework

Food environment:

- Work with the UK Government to further restrict the broadcast advertising of foods high in saturated fat, sugar and salt, including online.
- Consider what powers are in place within NI to further reduce the marketing, promotion, packaging, and advertising of foods high in saturated fat, sugar and salt.
- Work with local and national stakeholders to increase the affordability and accessibility of healthier options.
- Consider NI and UK nation's policy on price and place promotions of food high in saturated fat, sugar and salt including the introduction of legislation and the powers available in NI.

Food labelling and information:

- Work with the UK nations to review and enhance front of pack nutritional labelling on pre-packed products. Continue to monitor EU position on the policy and implement any change to current legislation.
- Consider NI and UK nation's policy on calorie labelling at the point of purchase for food eaten out of the home including the introduction legislation and the powers available in NI.

Heathier food options:

- Increase the scale and breadth of reformulation among Northern Ireland manufacturers to produce healthier food lower in calories, saturated fat, sugar and salt and where appropriate work with the UK Government and other devolved nations on national reformulation programmes.
- Expand the use of nutritional standards to ensure that procurement and contracting in the public sector supports the purchasing and selling of healthier food and drink.
- Promote and increase the awareness of nutritional standards among private sector employers.

- Support local food businesses to develop healthy food choices and to increase more local food growing and food production opportunities.
- Work with planning leads to develop planning policies to restrict the availability of Hot Food Take-aways near schools or to manage density of Hot Food Takeaways where appropriate.

Physical activity and active travel:

- Work with DfI to ensure continued and sustained investment into active travel which will increase cycling and walking opportunities.
- Development of a holistic Active travel programme across communities, schools and workplaces.
- Work with DfC on the delivery of the themes and goals set out in the NI Strategy for Sport and Physical Activity – Active Living, which will have a direct impact on addressing obesity levels across communities.
- Development of a Walking for All programme.
- Support and enhance the use of Health Impact Assessments and tools for planners to support local action and improve opportunities for communities to develop local ideas and solutions to improve access to quality green spaces.
- Work with other government departments, councils, and local communities to better promote, and provide more opportunities to access, local green spaces and safe routes for walking, cycling and recreation – particularly in areas of deprivation.

CONSULTATION QUESTION 8 – HEALTHY POLICIES: **Do you agree with these priorities?**
Strongly agree: ☐ Agree: ☐ Disagree: ☐ Strongly disagree: ☐

Comments: Food environment priorities
Comments: Food labelling and information priorities
Comments: Heathier food options priorities
Comments: Physical activity and active travel priorities

CONSULTATION QUESTION 9 – HEALTHY POLICIES: **Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?**
Comments:

6. THEME B – HEALTHY PLACES AND SETTINGS

What is this and why is it important:

6.1. **At all ages, we can spend a significant portion of our lives in places and settings that influence our ability or inability to eat healthily, be physically active and to manage our weight. This can be through a lack of access to opportunities, barriers to participation and lack of availability. However, settings can also play a positive role in supporting the health and wellbeing of the people who access them. Not just through providing healthy options, but also by promoting knowledge and awareness, and by understanding the impact that food and nutrition, physical activity and healthy weight play in promoting productivity, life-long health and longevity, supporting learning, and helping to address sustainability and climate change issues.**

Early years settings, schools, and further/higher education:

6.2. Our children and young people can spend a significant proportion of their time in early years settings, schools, and further and higher education settings. These settings can therefore play a vital role in supporting the development of healthy habits that can support our young people through childhood, but also help establish this behaviour into adulthood.

6.3. We know that providing children with the appropriate foods and their participation in physical activity helps support their growth and development. But there is a growing body of research showing that what children eat and their physical activity levels, can affect not only their physical health but also their mood, mental health and learning. It is therefore vital to recognise while these settings can support good health and wellbeing outcomes, good health and wellbeing is also a vital component and enabler of preparedness for school and the achievement of good learning outcomes both now and into the future.

6.4. Research suggests that eating a healthy and nutritious diet and participating in physical activity can improve mental health, enhance cognitive skills like

concentration and memory and improve academic performance. This means that healthy students are better learners. Research also shows that eating habits and healthy behaviours are connected to academic achievement[47]. For example, in the USA, student participation in the School Breakfast Program is associated with better grades and standardised test scores, reduced absences, and improved memory[48].

6.5. Consuming too many nutritionally poor foods and drinks that are high in added fats, sugars and salt, has been connected to emotional and behavioural problems in children and adolescents. In fact, young people that have the unhealthiest diets are nearly 80% more likely to have depression than those with the healthiest diets. The Children's Future Food Inquiry[49] set out that food insecurity, hunger and poor diets could lead to behavioural issues in class, alongside wider mental health and emotional wellbeing concerns. This will obviously impact on learning outcomes, not just for the individual but there are potential implications for the rest of the class.

6.6. Early years and education settings can play a key role in influencing healthy eating and physical activity habits, as students can consume on average 37% of their energy intake for the day during school hours and significant time can also be made available in these settings to undertake physical activity.

6.7. These settings can therefore promote and educate children, young people and their parents or carers about a healthy lifestyle. They can facilitate and provide the delivery interventions which support regular physical activity and healthy eating and can be places that provide access to healthier food and drink. Establishing these patterns early in life can bring life-long benefit. Staff in these settings can also benefit from this approach.

[47] https://www.cdc.gov/healthyschools/health_and_academics/pdf/factsheetDietaryBehaviors.pdf
[48] https://pubmed.ncbi.nlm.nih.gov/30715390/
[49] https://foodfoundation.org.uk/publication/childrens-future-food-inquiry

Workplace Settings:

6.8. Even with the increase in hybrid and home working, as a nation we spend a significant amount of our adult lives in workplaces. It is important to acknowledge therefore that the places where we work play an important role in promoting positive health and wellbeing.

6.9. Not only can this be good for the health and wellbeing of employees, but there are strong social and economic reasons for workplaces in the private, public and third sectors to encourage and enable staff to be healthier as this can increase productivity, job satisfaction and reduce sickness absence. Many workplaces already undertake to do just this, and we want to work to ensure this is the norm across Northern Ireland, and to support and empower employers to go further.

6.10. The types of initiatives that employers can take forward include increasing the availability and accessibility of healthier food and drink options in canteens and vending machines, where these are provided. They can also restrict promotions on unhealthy products and increasing promotion of healthier options. Many workplaces already provide schemes and support to promote good physical and mental health for staff such as offering health checks, programmes that provide advice and support on health issues, cycle to work schemes, gym access etc. In addition, workplaces can provide facilities and policies to support active travel and promoting peer support workplace initiatives, such as lunchtime walks or weight loss programmes.

6.11. There are also wider influences in respect of unemployment, under employment, job insecurity, shift patterns and health related behaviours[50].

Health, community and other settings:

6.12. There are a number of other settings within our daily lives that play an integral role in creating healthy environments and can influence the daily opportunities

[50] https://diabetes-resources-production.s3.eu-west-1.amazonaws.com/resources-s3/public/2022-10/Preventing%20type%202%20and%20gestational%20diabetes%20position%20statement%20-%20October%202022.pdf

available to us for eating well and physical activity. These settings include health or care sites such as hospitals, GP surgeries or pharmacies and places in the community such as leisure centres, cinemas or community centres.

6.13. These are also workplaces and have the ability to influence and support healthy behaviours for staff, as well as for the general public attending. But more than this they can all contribute to the obesogenic environment, or alternatively can support making healthy opportunities the norm across society as part of a whole system approach.

What do we collectively want to achieve:

6.14. Over the 10-year span of this new strategic framework, under this theme, we will seek to ensure that:

- more children start school a healthy weight and this is maintained;
- pupils leave education settings with the improved knowledge and skills in relation to food, drink and physical activity;
- there is increased offering and uptake of healthier food in educational settings, community settings, and workplaces in line with the Eatwell Guide;
- there are an increased number of children and young people meeting the Chief Medical Officer physical activity guidelines and a reduction in sedentary behaviours – including through participation in sport or recreation and active travel amongst children and young people.
- there is an increase in those who are a healthy weight across the working population; and
- there is reduced sickness absence and increased job satisfaction across workforces implementing interventions.

6.15. Within all these areas we will focus on, and measure, reducing the inequalities that exist between the most deprived areas, the NI average and the least deprived areas.

6.16. It should be noted that there is also an overlap between progress on this agenda, and wider progress to improve the productivity and economic outlook for Northern Ireland through 10X Economy – An Economic Vision for a Decade of Innovation[51]. There are also clear overlaps between this agenda and work being taken forward though local community plans – and these can also support and reinforce each other.

CONSULTATION QUESTION 10 – HEALTHY PLACES: **Do you agree with this theme and what it is seeking to achieve?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments:	

What are the priorities within this theme:

6.17. The Department hosted three open co-production seminars on this theme, along with a wider review of the evidence base in respect of the impact policies and legislation can have on supporting social change on these issues. We also worked closely with counterparts who lead on other strategies in this area to ensure alignment, and to ensure that potential proposals would add value to those already in place.

6.18. The key priorities that have been identified through co-production with stakeholders and the evidence reviews were:

[51] https://www.economy-ni.gov.uk/publications/10x-economy-economic-vision-decade-innovation

Early years settings:

- Early Years Settings support young children to eat a healthy balanced diet and be physically active.
- Support and scaling of interventions which promote early childhood movement and the importance of play.

School settings:

- Delivery and expansion of the Food in Schools Programme and Nutritional Standard for school meals.
- Ensuring that children and young people are able to access appropriate PE and afterschool physical activity programmes.
- Expansion of the Daily Mile programme.
- Increase opportunities to learn and improve skills in relation to food, cooking, physical activity, nutrition and hydration through the curriculum.
- Train staff to support pupil learning about food, physical activity, nutrition and hydration.
- Inspection programmes include food, physical activity, and whole school approaches to health and wellbeing.
- Environments and programmes inside and outside the school gates support active travel and physical activity including safer routes to schools.

College, university, and workplace settings:

- Further and Higher Education campuses and sites provide healthy food and drink provision, and encourage active travel routes and a range of support for students to remain physically active and participate in sport for life.
- Enhanced workplace policies and programmes in all sectors that deliver effective preventative and early intervention approaches for employees, such as healthy lifestyle programmes.
- Ongoing delivery of the Work Well and Live Well programme to support workplaces.

Healthcare settings:

- Implementation of the Nutritional standards for catering in health and social care for staff and visitors in health and social care setting, and appropriate expansion of these to local government and other public sector settings.
- Develop and deliver active travel plans for all HSC sites.
- HSC organisations deliver workplace health programmes to support health and activity within their workforces, including availability of weight management services.

Local Government and other community settings:

- Work through local government and community planning to promote increased update of healthy food and participation in physical activity.
- Development of Nutritional standards for catering and vending in local government setting for staff and visitors.
- Planners address obesogenic environment around schools through planning policy

CONSULTATION QUESTION 11 – HEALTHY PLACES: **Do you agree with these priorities?**
Strongly agree: ☐ Agree: ☐ Disagree: ☐ Strongly disagree: ☐
Comments: Early years settings priorities

Comments: School settings priorities
Comments: College, university, and workplace settings priorities
Comments: Healthcare settings priorities
Comments: Local government and community settings priorities

CONSULTATION QUESTION – 12: HEALTHY PLACES: **Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?**
Comments:

7. THEME C – HEALTHY PEOPLE

What is this and why is it important:

7.1. **People are at the heart of what we are trying to do. As well as amending the wider policy and legislative environment and ensuring that a range of settings support people to be healthy, we also need to help, support, and enable people to prevent poor health and wellbeing, to provide early interventions for those who may need additional help, and to provide appropriate treatment and interventions which seek to reduce the harm to those who may be living with overweight and obesity.**

Prevention and Early Intervention:

7.2. The best way to prevent the impact of poor diet and a lack of physical activity is to ensure that children get the best start in life and that from pre-conception and conception they are provided with the best opportunities to grow, develop and thrive. There is growing evidence in relation to the role of genetic and epigenetics in the development of obesity across the life course, and therefore intervening as early as possible is likely to provide a real opportunity to change and to break intergenerational cycles. In addition, establishing nutritional input and appropriate physical development in the lives of babies and young children greatly reduces their risk of poor physical and emotional health and wellbeing throughout childhood and the rest of their lives. Breastfeeding and weaning are also important to establishing healthy outcomes and behaviours from the early years throughout childhood[52].

7.3. Pregnancy and starting a family can be a key catalyst to encouraging people to make positive changes in their lives. Women with a BMI above 30 kg/m2 before conception are considered at higher risk of complications during pregnancy and delivery. In addition, early life exposures during pregnancy, such as maternal obesity, excessive gestational weight gain, high blood glucose levels, maternal smoking, stress and impaired foetal growth can

[52] https://www.health-ni.gov.uk/publications/breastfeeding-strategy

impact the weight at birth and the risk of obesity and related NCDs onward across the life course.

7.4. However, we have to recognise that not all people and families are starting in the same place, and this is demonstrated in the inequalities that exist in food, physical and weight-related indicators from an early age. People who live in areas of deprivation, or are part of at-risk groups, may live in environments that limit their choice or ability to live a healthy life. We need to support those individuals and work to create the conditions that can help them achieve better outcomes.

7.5. In addition, many people will face challenges in maintaining good food and nutrition and physical activity habits across their life-course. There is a clear overlap between food, physical activity and mental health outcomes, and these can reinforce each other or act to exacerbate issues without support. People are often at different places in their lives, or face different genetic, biological, environmental, socio-economic, cultural or behavioural issues. This means that support and interventions may need to be tailored for the individual's needs, and may need to be flexible.

7.6. Ensuring that health, care and other professionals engage in regular conversations with patients about being a healthy weight, help raise public awareness of the detrimental health consequences of overweight and obesity and support behaviour change. This is particularly the case if messages and approaches are consistent across professions and settings and are conducted at an early stage rather than left to be addressed when weight issues become more challenging and complex.

7.7. Our approach to prevention is based on the following model:

- **Primary** prevention: universal approaches focussing on **stopping problems before they emerge**, targets the **whole population** and interventions or solutions aim to promote good nutrition, physical activity and healthy weight outcomes are referred;

- **Secondary** prevention: targeted approaches focussing on **people who are at risk** (e.g., due to social inequalities); solutions or interventions are referred to as selective or targeted; and
- **Tertiary** prevention: focussing on **people who require more intensive interventions or** solutions aimed at reducing symptoms, reducing the risk of recurrence and to support self-management. This type of prevention is an adjunct to treatment.

Weight Stigma:

7.8. One issue that has come up strongly as part of our co-production development of this new strategic framework is the issue of weight stigma, and this is seen as a key issue, especially by those with lived or living experience of obesity.

7.9. Weight stigma can act as a barrier to people accessing services, can be reflected in people's experience of health and social care, and can also impact people's wider mental health and wellbeing.

7.10. We are keen that we don't add to those issues through this strategic framework. We recognise that weight in itself isn't a behaviour, it is the outcome of a range of complex interactions between people's genetic and biological factors, the environment they live in, and their wider mental and physical health. This new strategic framework will therefore take a person-centred approach to meet people where they are, recognising that this isn't just about behavioural change or making "healthy choices".

Treatment:

7.11. Our previous strategy, A Fitter Future for All, was purely focussed on prevention and early interventions. One of the things we heard during the co-production of this new framework, particularly from those with lived or living experience of overweight and obesity, was that we can't completely separate out prevention from treatment and other specialist services. People may require specialist support and help from highly skilled professionals to be able to manage their weight.

7.12. There are many people, children or families who may require access to specialist weight management services to provide intensive help and support. However, treatment services, particularly at hospital based or surgical, have been very limited in Northern Ireland, and it will be important that we develop and grow these services over time to meet the needs of those who require this level of support.

7.13. It is for that reason that in March 2019, the Department set up a multi-disciplinary Task and Finish group to explore options for the establishment of a Regional Obesity Management Service (ROMS) for Northern Ireland. The key remit of the group was to develop a specification for a prototype ROMS model, to include: a surgical service for those individuals for whom surgical intervention is required to treat severe and complex obesity (Tier 4 service); and also a specialist weight management service, to support adults with severe and complex obesity to lose weight through a range of interventions, including psychological and dietetic support (Tier 3 service). This would also help to ensure that patients accessing Tier 4 surgical services would be supported sufficiently to deliver sustained results with weight loss.

7.14. Development of specialist weight management services will require additional resources, which is challenging at present given the continued pressures being faced across the HSC. However, it is very clear that there continues to be a real need for a ROMS in Northern Ireland. For this reason the Department intends to launch a public consultation on its plans to introduce a specialist weight management service in Northern Ireland. It is intended that this consultation will be launched in the near future, to run alongside the consultation on this Strategy.

7.15. There have also been recent developments in respect of the pharmacological weight management treatment, and these should be available as appropriate to individuals in Northern Ireland once approved and in line with the evidence base as part of a new weight management service.

7.16. Overall, weight management services will need to be delivered based on an informed, respectful, non-judgemental and non-discriminatory approach to ensure the services effectively reach and support the people who require them.

What do we collectively want to achieve:

7.17. Over the 10-year span of this new strategic framework, under this theme, we will seek to ensure that:

- more people are a healthy weight in the pre-conception period and that healthy weight is maintained throughout pregnancy;
- more children start school a healthy weight and this is maintained;
- there is an increase in breastfeeding rates;
- there is an increase in people achieving the Chief Medical Officer Physical Activity Guidelines and reduce sedentary behaviour;
- there is a reduction in adults and children who are living with obesity; and
- there is reduction in chronic diseases, including Type 2 diabetes, linked to obesity.

7.18. Within all these areas we will focus on, and measure, reducing the inequalities that exist between the most deprived areas, the NI average and the least deprived areas.

7.19. It should be noted that there is also an overlap between progress on this agenda, and wider progress on the Mental Health Strategy[53].

[53] https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031

CONSULTATION QUESTION 13 – HEALTHY PEOPLE: **Do you agree with this theme and what it is seeking to achieve?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments:	

What are the priorities within this theme:

7.20. The Department hosted an open co-production seminar on this theme, along with a wider review of the evidence base in respect of the impact policies and legislation can have on supporting social change on these issues. We also worked closely with counterparts who lead on other strategies in this area to ensure alignment, and that potential proposals would add-value to those already in place.

7.21. The key priorities that have been identified through co-production with stakeholders and the evidence reviews were:

Pregnancy, postnatal period, and early years:

- Continued delivery of "A weigh to a healthy pregnancy".
- Appropriate information is provided through the pregnancy book.
- Continued promotion and support for breastfeeding.
- Parenting programmes include evidence-based advice on breastfeeding, weaning, introduction of solid foods, early eating, etc.
- The need for specialist assessment for complicated pregnancy, obesity and complications/comorbidities.

Prevention and awareness programmes:

- Making Contacts Count approaches for brief interventions to support individuals, parents, carers and families, with a specific focus on diet and nutrition and physical activity.
- Promoting the awareness of the UK CMO Physical activity guidelines.
- Increased support for self-directed weight management approaches, including digital approaches, for those who could benefit from such an approach.
- A communications campaign that seeks to improve understanding and knowledge of the outcomes of excess weight, the impacts of nutrition and diet and physical activity, as part of a behavioural change approach to improve healthy outcomes.
- Provision of engaging and enjoyable programmes to encourage eating well, sitting less and moving more. This will include targeted programmes in areas where there are greater health inequalities.
- Increased social prescribing opportunities available across Northern Ireland.
- Programmes in place to support early years obesity intervention behavioural change.

Weight management services:

- The development of self-management programmes and apps.
- The development of a person-centred, flexible, clinical pathway, including pharmacological treatment and surgery.
- The potential need for differential diagnosis of obesity types, such as those related to endocrine and genetic disorders, especially for children and young people.
- Continued delivery of the Physical Activity Referral Scheme.
- Evaluation of the current early years obesity prevention programme, with a view to wider roll out if successful.

- Consideration of community evidence-based weight management programmes.
- Access to specialist obesity management services for those who need them.

CONSULTATION QUESTION 14 – HEALTHY PEOPLE: **Do you agree with these priorities?**
Strongly agree: ☐ Agree: ☐ Disagree: ☐ Strongly disagree: ☐
Comments: Pregnancy and early years priorities
Comments: Prevention and awareness programmes priorities
Comments: Weight management services priorities

CONSULTATION QUESTION 15 – HEALTHY PEOPLE: **Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?**
Comments:

8. THEME D – COLLABORATION AND A WHOLE SYSTEM APPROACH

What is this and why is it important:

8.1. **What we know, from the Foresight report and from recent system dynamic modelling on childhood obesity in Northern Ireland, is that overweight and obesity is complex and interrelated with other issues and outcomes. It is vital therefore that this strategic framework is a living document, that our approach is regularly updated in line with the latest international research and evidence, that we work collectively across the UK and Ireland, and that we enable people to come together to seek to find solutions and take a systematic approach to achieving our goals.**

Research and evaluation:

8.2. The new strategic framework will seek to support and build research on this issue to inform future practice, policy and implementation. This will include looking at the international evidence base, and working with researchers locally and across the UK and Ireland to ensure that research can meet our policy needs.

8.3. Actions delivered under the new strategic framework will also be monitored and where appropriate evaluated, via an Outcomes Based Accountability type approach, to ensure that we can demonstrate if they are working or that we learn from what isn't working and ensure that resources are used in the most effective way going forward.

Collaboration:

8.4. Issues that we need to address often cross borders, food production and retail for example is influenced by dynamics at the local, national, European and global levels. This means we need to ensure that we work with colleagues at different levels to ensure that, where appropriate, we take collective approaches to deliver at scale, or at least understand and work to mitigate wider changes in the policy context that can impact on the delivery of this

strategic framework within Northern Ireland. We will work to set up mechanisms to support this collaborative approach.

Whole System Approach:

8.5. Given the complexity of factors that influence obesity there is growing interest in taking forward and delivering Whole System Approaches (WSA) to obesity prevention to ensure that we are addressing the obesogenic environment and delivering at scale in a systematic way

8.6. As set out in the rapid review of whole systems approaches to obesity that was commissioned via the Institute of Public Health in Ireland (IPHI) and published in January 2023 [54], a WSA to diet, physical activity and healthy weight shifts the focus away from individuals and puts an emphasis on improving the 'systems' within which people are born, grow, live, work and age. A WSA focuses on multi-sectoral partnerships to leverage the strengths and resources of a diverse range of actors who have wide influence over and within the systems that influence diet and healthy weight. Public health responses that adopt a WSA to diet and healthy weight are becoming more popular, though most are still early in their development, and while they seem to be having success from a process point of view, it is still too early to determine their impact on outcomes.

8.7. The IPHI's rapid review work describes case studies where WSAs have been applied and highlights barriers and facilitators to implementation, as well as setting out key considerations for taking a WSA to overweight and obesity in the Northern Ireland context.

8.8. A workshop was subsequently held in October 2022 on this rapid synthesis of evidence report and PHA is now establishing obesity Whole System Approach early adopter sites in Northern Ireland. Work on the first early adopter site in Ards & North Down Borough Council area has commenced and early adopter sites in 5 other Council areas will be phased in over the next two years.

[54] https://publichealth.ie/wp-content/uploads/2023/01/WSA-approach-to-obesity-prevention-final.pdf

A Whole System Approach to obesity prevention:

Figure 8: Illustration of a Whole System Approach to obesity prevention. © Institute of Public Health, 2023

What do we collectively want to achieve:

8.9. Over the 10-year span of this new strategic framework, under this theme, we will seek to ensure that:

- Research, modelling, and evidence continue to inform action;
- Delivery of the framework is monitored and evaluated on an outcomes basis as appropriate through the development of an overarching indicator set;
- Networks and collaboration exist to support local, national, and international work on key issues; and
- A framework is in place to allow the delivery of local action in a systematic way.

CONSULTATION QUESTION 16 – WSA: **Do you agree with this theme and what it is seeking to achieve?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments:	

What are the priorities within this theme:

8.10. The Department hosted an open co-production seminar on this theme, along with a wider review of the evidence base in respect of the impact policies and legislation can have on supporting social change on these issues. We also worked closely with counterparts who lead on other strategies in this area to ensure alignment and that potential proposals would add-value to those already in place.

8.11. The key priorities that have been identified through co-production with stakeholders and the evidence reviews were:

- Establish research networks and projects that support the ongoing development of policies, legislation and action.
- Continue to build the research and evidence base on key drivers and effectiveness of interventions.
- Establish evaluation and outcomes frameworks to demonstrate the effectiveness of the new strategic framework.
- Work across jurisdictions to deliver change at scale, where appropriate.
- Set up Whole System Approach early adopter sites to test the use of this approach to improve diet, physical activity and health weight outcomes in Northern Ireland.

CONSULTATION QUESTION 17 – WSA: **Do you agree with these priorities?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments: Whole System Approach and collaboration priorities	

CONSULTATION QUESTION 18 – WSA: **Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?**
Comments:

9. NEXT STEPS

9.1 This consultation will play a key role in the development of this new strategic framework to promoting healthy diet and nutrition, participation in physical activity and healthy weight outcomes. We want to receive your comments, inputs and views on:

- **the vision for the strategic framework;**
- **the principles it will be delivered through;**
- **the thematic approach set out; and**
- **the priorities that have been identified to date under each theme.**

9.2 During and after the consultation we will further refine and develop proposals, based on the feedback received, changes in the wider context, or new or emerging research of evidence.

9.3 A key task after the consultation will be to further refine the priorities contained within each theme, and to turn these into an action plan which will accompany the final strategic framework and will be presented to Ministers and the Executive for final consideration and approval.

Governance Structures:

9.4 New programme structures would then be put in place to oversee the delivery of the agreed strategic framework. These will be required at different levels covering strategic cross-departmental oversight and delivery, intervention and service planning and delivery, and whole system approach at the local level.

9.5 While the exact format of these structures will be agreed following the consultation and the agreement of the strategic framework, we commit to having input from the community and voluntary sector and those with lived or living experience of overweight and obesity involved at all levels of programme delivery and oversight.

Resourcing:

9.6 The financial position going into the future is likely to be challenging. While delivering on this new strategic framework is likely to require additional resources, the level of resources required will be influenced by the consultation process and by future decisions on agreed actions. However, it is recognised that we can deliver additional value and capacity by better aligning existing programmes of work across related strategies and with other Government Departments. There may also be opportunities to reprofile existing public expenditure to achieve better outcomes. In addition, there are opportunities to jointly plan and commission interventions with partners, including local government, the community and voluntary sector and private sector to get better value for money and increase effectiveness. Finally, there may be opportunities to leverage funding from other sources and/or adopt innovative approaches that could help embed the finalised strategic framework.

9.7 Investment in the final strategic framework and its success in delivering better health outcomes has the potential to deliver substantial cost savings in future for the health and social care services and improve economic productivity, as well as improving the wellbeing of people right across Northern Ireland and addressing health inequalities.

CONSULTATION QUESTION 19 – Final Comments: **Have you any other comments you wish to make at this stage?**
Comments:

Adult Data

All data sourced from Health Survey Northern Ireland trend tables[55]. Adult respondents aged 16+.

BMI: Adults

All	2010 / 2011	2011 / 2012	2012 / 2013	2013 / 2014	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Significant difference?	
											2010/11 & 2019/20	2018/19 & 2019/20
Underweight	3%	2%	2%	1%	2%	1%	2%	2%	2%	1%	↓	↔
Normal weight	38%	36%	36%	37%	37%	38%	36%	34%	37%	33%	↓	↓
Overweight	36%	38%	38%	38%	36%	35%	35%	38%	37%	38%	↔	↔
Obese	22%	22%	23%	22%	22%	24%	24%	24%	23%	24%	↑	↔
Morbidly obese	2%	2%	2%	2%	3%	2%	3%	3%	2%	3%	↑	↔
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Unweighted base	*2603*	*3342*	*3280*	*3454*	*3172*	*2912*	*2729*	*2315*	*2723*	*3120*		

[55] https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland

BMI: Adults, by sex

Males	2010 / 2011	2011 / 2012	2012 / 2013	2013 / 2014	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Significant difference?	
											2010/11 & 2019/20	2018/19 & 2019/20
Underweight	2%	1%	1%	1%	1%	1%	1%	1%	1%	1%	↓	↔
Normal weight	31%	30%	30%	31%	33%	34%	32%	26%	31%	28%	↔	↔
Overweight	44%	43%	43%	43%	40%	37%	38%	46%	42%	43%	↔	↔
Obese	22%	24%	24%	23%	24%	26%	26%	24%	24%	26%	↔	↔
Morbidly obese	1%	2%	2%	2%	2%	2%	3%	2%	2%	2%	↑	↔

Females	2010 / 2011	2011 / 2012	2012 / 2013	2013 / 2014	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Significant difference?	
											2010/11 & 2019/20	2018/19 & 2019/20
Underweight	3%	2%	2%	1%	3%	2%	2%	2%	2%	2%	↔	↔
Normal weight	44%	42%	41%	43%	41%	41%	41%	42%	42%	38%	↓	↓
Overweight	29%	34%	32%	33%	33%	32%	33%	30%	32%	33%	↑	↔
Obese	21%	20%	22%	20%	20%	22%	22%	23%	21%	23%	↔	↔
Morbidly obese	3%	3%	3%	3%	3%	2%	3%	3%	3%	4%	↑	↔

Obesity: Adults, by age group

Age group	2010 / 2011	2011 / 2012	2012 / 2013	2013 / 2014	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Significant difference?	
											2010/11 & 2019/20	2018/19 & 2019/20
16-24	12%	8%	16%	10%	12%	14%	17%	9%	13%	14%	↔	↔
25-34	16%	20%	20%	19%	20%	22%	20%	22%	20%	25%	↑	↔
35-44	26%	26%	24%	22%	24%	29%	27%	29%	25%	27%	↔	↔
45-54	29%	30%	34%	30%	30%	32%	34%	32%	30%	34%	↔	↔
55-64	31%	34%	31%	33%	33%	33%	36%	37%	34%	30%	↔	↔
65-74	30%	30%	27%	31%	32%	29%	32%	32%	28%	35%	↔	↑
75+	24%	17%	21%	22%	26%	25%	25%	24%	22%	27%	↔	↔
Total %	**23%**	**24%**	**25%**	**24%**	**25%**	**26%**	**27%**	**26%**	**25%**	**27%**	↑	↑

Obesity: Adults, by deprivation quintile

Deprivation quintile	2010 / 2011	2011 / 2012	2012 / 2013	2013 / 2014	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Significant difference?	
											2010/11 & 2019/20	2018/19 & 2019/20
Most deprived	25%	25%	31%	25%	28%	28%	27%	29%	28%	32%	↑	↔
Quintile 2	27%	25%	23%	27%	25%	28%	27%	28%	24%	28%	↔	↔
Quintile 3	23%	25%	25%	22%	26%	26%	29%	23%	26%	26%	↔	↔
Quintile 4	22%	23%	27%	22%	27%	26%	27%	28%	24%	27%	↑	↔
Least deprived	19%	20%	21%	22%	19%	24%	25%	24%	24%	25%	↑	↔
Total %	**23%**	**24%**	**25%**	**24%**	**25%**	**26%**	**27%**	**26%**	**25%**	**27%**	↑	↑

Obesity: Adults, by urban / rural

Urban / Rural	2010 / 2011	2011 / 2012	2012 / 2013	2013 / 2014	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Significant difference?	
											2010/11 & 2019/20	2018/19 & 2019/20
Mixed Urban / Rural						19%	31%	27%	25%	24%		↔
Rural	24%	25%	24%	25%	26%	28%	27%	26%	24%	26%	↔	↔
Urban	23%	23%	26%	23%	24%	27%	26%	26%	25%	28%	↑	↑
Total %	**23%**	**24%**	**25%**	**24%**	**25%**	**26%**	**27%**	**26%**	**25%**	**27%**	↑	↑

Children data

All data sourced from Health Survey Northern Ireland trend tables[56]. Child respondents aged 2 – 15 years old. Figures here use the International (IOTF) Body Mass Index cut-offs for thinness, overweight and obesity in children[57].

BMI: Children – IOTF cut offs

All	2010 / 2011	2011 / 2012	2012 / 2013	2013 / 2014	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Significant difference?	
											2010/11 & 2019/20	2018/19 & 2019/20
Underweight	7%	5%	4%	5%	5%	7%	6%	6%	6%	5%	↔	↔
Normal weight	65%	65%	69%	70%	66%	68%	69%	68%	67%	69%	↔	↔
Overweight	19%	21%	19%	17%	21%	16%	17%	18%	19%	20%	↔	↔
Obese	8%	10%	8%	7%	7%	9%	7%	9%	8%	6%	↔	↔

BMI: Children, by sex

Boys	2010 / 2011	2011 / 2012	2012 / 2013	2013 / 2014	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Significant difference?	
											2010/11 & 2019/20	2018/19 & 2019/20
Underweight	6%	4%	3%	4%	4%	6%	6%	5%	8%	7%	↔	↔
Normal weight	70%	67%	69%	73%	72%	70%	69%	67%	66%	69%	↔	↔

[56] https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland
[57] https://www.worldobesity.org/about/about-obesity/obesity-classification

Overweight	17%	19%	20%	16%	18%	16%	17%	17%	17%	20%	↔	↔
Obese	8%	10%	8%	7%	6%	8%	8%	11%	10%	5%	↔	↓

Girls	**2010 / 2011**	**2011 / 2012**	**2012 / 2013**	**2013 / 2014**	**2014 / 2015**	**2015 / 2016**	**2016 / 2017**	**2017 / 2018**	**2018 / 2019**	**2019 / 2020**	**Significant difference?**	
											2010/11 & 2019/20	**2018/19 & 2019/20**
Underweight	9%	6%	6%	6%	7%	8%	6%	6%	4%	4%	↓	↔
Normal weight	61%	62%	68%	67%	60%	66%	70%	69%	68%	70%	↑	↔
Overweight	22%	22%	19%	19%	24%	15%	18%	18%	21%	19%	↔	↔
Obese	8%	10%	7%	8%	9%	10%	6%	7%	7%	7%	↔	↔

Obesity: Children, by age group

2 – 10 years old	**2010 / 2011**	**2011 / 2012**	**2012 / 2013**	**2013 / 2014**	**2014 / 2015**	**2015 / 2016**	**2016 / 2017**	**2017 / 2018**	**2018 / 2019**	**2019 / 2020**	**Significant difference?**	
											2010/11 & 2019/20	**2018/19 & 2019/20**
Underweight	7%	4%	5%	6%	5%	8%	5%	5%	7%	5%	↔	↔
Normal weight	65%	61%	71%	68%	69%	67%	73%	70%	67%	70%	↔	↔
Overweight	17%	22%	19%	18%	17%	16%	15%	16%	17%	18%	↔	↔
Obese	10%	12%	6%	7%	9%	9%	7%	8%	9%	7%	↔	↔

11 – 15 years old	2010 / 2011	2011 / 2012	2012 / 2013	2013 / 2014	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Significant difference?	
											2010/11 & 2019/20	2018/19 & 2019/20
Underweight	7%	6%	4%	3%	7%	6%	7%	7%	5%	6%	↔	↔
Normal weight	66%	71%	64%	74%	62%	71%	63%	62%	67%	68%	↔	↔
Overweight	23%	18%	20%	16%	28%	14%	22%	20%	22%	22%	↔	↔
Obese	4%	6%	11%	7%	4%	9%	7%	11%	6%	4%	↔	↔

Obesity Prevention Strategy Project Board
Revised Terms of Reference

Chair: Gary Maxwell DoH

Background

To help reduce the harm related to overweight and obesity the Department developed the '**A Fitter Future for All 2012 – 2022**' strategic framework which addresses obesity prevention across the life course of the population. The Framework described the nature, scale and prevalence of obesity in Northern Ireland. It set out its causes and highlighted the inter-relatedness of those factors that have led to a rapid increase in obesity in recent years.

In this context, as we are nearing the end of the current strategy, the Department of Health considers that, for obesity and physical activity, a refreshed direction is required. Health Development Policy Branch is therefore instigating the co-production of a new 10 year Strategy

Role

The purpose of the Project Board is to provide procedural oversight of the project and they will report to the Obesity Prevention Steering Group. The Project Board is designed to be streamlined. As such it is not all encompassing of all areas of the health and social care system and the onus is therefore on the members of the Project Board to liaise, as appropriate and relevant, with others.

Secretariat: DoH Health Development Policy Branch

Functions

The project is divided into eight distinct areas:

1. **Preparatory work:** This work will create project structures centred on the principle of co-production which will explore methods for comprehensive stakeholder engagement through the use of stakeholder workshops.

It will also determine what baseline data should be gathered to ensure measurable outcomes and accessing relevant literature, reports, evidence based guidance, knowledge of services elsewhere and similar material.

2. **Develop themes via workshops** (these will probably be virtual). This will include engaging with stakeholders, including people with lived experience to co-produce the overarching themes of the Strategy.

3. **Undertake an assessment of the evidence** that has emerged since AFFFA was published, and review and benchmark against strategic plans in other countries.

4. **Analyse the results:** This work includes analysing the results from the workshops / Childhood Obesity SIL and the systems dynamic modelling to identify overarching themes of the Strategy.

5. **Develop outcomes / actions:** This will include engaging with stakeholders, including people with lived experience, to develop outcomes and actions within the themes identified in step 2 and 3.

6. **Draft Strategy:** This includes drafting the Strategy using the baseline data combined with the co-produced themes, outcomes and actions in the light of the strategic direction of the Department.

7. **Informal / formal consultation:** The draft plan must be shared with stakeholders and people with lived experience and their carers, either on a formal or informal basis before publication to ensure it meets the desired outcomes.

8. **Publish the Strategy**

Membership:

Membership of the Obesity Prevention Strategy Project Board will be limited but drawn from as wide a range of organisations as possible, including the statutory sector and voluntary/community organisations.

The Project Board will consist of the following members:

- persons with lived experience;
- representation from the community and voluntary sector;
- Health Development Policy Branch, Department of Health;
    - as required.
- professional representatives, Department of Health;
    - as required.
- representative(s) from the Public Health Agency;

    - Seamus Mullen, Colette Brolly and David Tumilty
- representative(s) from DE, DAERA, DfI and DfC
- representative(s) from the Food Standards Agency
- representatives from the academic sector

CONSULTATION QUESTION 1 – SCREENING: **Have you any comments on either the Equality/Good Relations or Rural screening documents?**

CONSULTATION QUESTION 2 – SCREENING: **Are there any areas or issues you feel we should be considering in future Equality/Good Relations or Rural screenings?**

CONSULTATION QUESTION 3 – VISION: **Do you agree with this vision?**
Strongly agree: ☐ Agree: ☐ Disagree: ☐ Strongly disagree: ☐
Comments:

CONSULTATION QUESTION 4 – PRINCIPLES: **Do you agree with these principles?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments:	

CONSULTATION QUESTION 5 – OUTCOMES: **Do you agree with these 4 population level outcomes?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments:	

CONSULTATION QUESTION 6 – THEMATIC APPROACH: **Are all the key areas covered within this thematic approach?**	
Yes: ☐	No: ☐
Comments:	

CONSULTATION QUESTION 7 – HEALTHY POLICIES: **Do you agree with this theme and what it is seeking to achieve?**
Strongly agree: ☐ Agree: ☐ Disagree: ☐ Strongly disagree: ☐
Comments:

CONSULTATION QUESTION 8 – HEALTHY POLICIES: **Do you agree with these priorities?**
Strongly agree: ☐ Agree: ☐ Disagree: ☐ Strongly disagree: ☐
Comments: Food environment priorities
Comments: Food labelling and information priorities
Comments: Heathier food options priorities
Comments: Physical activity and active travel priorities

CONSULTATION QUESTION 9 – HEALTHY POLICIES: **Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?**
Comments:

CONSULTATION QUESTION 10 – HEALTHY PLACES: **Do you agree with this theme and what it is seeking to achieve?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments:	

CONSULTATION QUESTION 11 – HEALTHY PLACES: **Do you agree with these priorities?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments: Early years settings priorities	

Comments: School settings priorities
Comments: College, university, and workplace settings priorities
Comments: Healthcare settings priorities
Comments: Local government and community settings priorities

CONSULTATION QUESTION – 12: HEALTHY PLACES: **Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?**
Comments:

CONSULTATION QUESTION 13 – HEALTHY PEOPLE: **Do you agree with this theme and what it is seeking to achieve?**
Strongly agree: ☐ Agree: ☐ Disagree: ☐ Strongly disagree: ☐
Comments:

CONSULTATION QUESTION 14 – HEALTHY PEOPLE: **Do you agree with these priorities?**
Strongly agree: ☐ Agree: ☐ Disagree: ☐ Strongly disagree: ☐
Comments: Pregnancy and early years priorities
Comments: Prevention and awareness programmes priorities
Comments: Weight management services priorities

CONSULTATION QUESTION 15 – HEALTHY PEOPLE: **Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?**
Comments:

CONSULTATION QUESTION 16 – WSA: **Do you agree with this theme and what it is seeking to achieve?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments:	

CONSULTATION QUESTION 17 – WSA: **Do you agree with these priorities?**	
Strongly agree: ☐	Agree: ☐
Disagree: ☐	Strongly disagree: ☐
Comments: Whole System Approach and collaboration priorities	

CONSULTATION QUESTION 18 – WSA: **Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?**
Comments:

CONSULTATION QUESTION 19 – Final Comments: **Have you any other comments you wish to make at this stage?**
Comments: