

A FITTER FUTURE FOR ALL

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

**Final report on 2012-2015
Short-term Outcomes**



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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EXECUTIVE SUMMARY

The ten year obesity prevention framework, [A Fitter Future for All 2012-2022ⁱ](#), was launched in 2012. It takes a cross-sectoral, cross-departmental approach to preventing and addressing obesity through encouraging and supporting people to eat healthily and participate in physical activity.

Initial short-term outcomes were developed for the period 2012-2015 – to fit alongside the then Programme for Government. This document provides a final update and a summary report of all the activities undertaken during this period.

In general we have seen some levelling off in the rise in the prevalence of overweight and obese adults and children. In addition, for our long term objectives, just over half of adults (53%) meet the CMO Physical Activity Guidelines whilst the level of adults consuming 5 or more portions of fruit and vegetable per day (36%) has shown a small increase in 2014/15.

There were 71 short term outcomes for 2012-2015. Of these 61 (86%) have been achieved or on track for achievement, 9 (12.6%) shows that progress is being made but with some delay, and 1 outcome (1.4%) is not on track for achievement. This outcome relates to the development of an accredited joint undergraduate module on healthy urban planning.

In June 2015, revised short-term [outcomes for 2015-2019ⁱⁱ](#) were published to revise and refresh our approach. We will continue to monitor progress against the new outcomes and indicators on an ongoing basis and update annually, but the outcomes from 2012-2015 will not be reported on again.

BACKGROUND

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

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

Aim

The overall aim of the Framework is to:

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

Target

In addition, the following overarching targets have been set:

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

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

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

Long-term objectives

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

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

TARGETS AND INDICATORS

The Framework committed the Department to monitoring and overseeing a range of related statistics and indicators – the most recent figures are included below.

The Health Survey Northern Ireland^{iv} (HSNI) has taken over from the Health and Social Wellbeing Survey and will be used to chart the future trends of obesity and overweight prevalence.

Adults (aged 16+)

	2010-11	2011-12	2012-13	2013-14	2014-15	Target for 2022
Overweight	36%	37%	37%	37%	35%	37%
Obese	23%	23%	25%	24%	25%	19%
Overweight and obese	59%	61%	62%	61%	60%	56%

Children Aged 2-15 Years (IOTF)

	2010-11	2011-12	2012-13	2013-14	2014-15	Target for 2022
Overweight	19%	21%	20%	17%	21%	20%
Obese	8%	10%	7%	7%	7%	5%
Overweight and obese	27%	31%	27%	24%	28%	25%

While the differences between the obesity proportions noted between 2010/11 and 2011/12 and between 2011/12 and 2012/13 are statistically significant for those aged 16-18 years, when comparing the proportion who were overweight or obese for the 2-15 years, the differences were not significant.

Physical Activity – Start Active, Stay Active - those meeting CMO Guidelines

HSNI 2013-14	53%*
HSNI 2012-13	53%*
HSNI 2011-12	35%
HSNI 2010-11	38%

*Based on new CMO Physical Activity Guidelines in July 2011, the Chief Medical Officers of the four UK countries introduced revised guidelines for physical activity. To be consistent with these guidelines the Health Survey Northern Ireland has amended their age range to 19+ from the 2012-13 survey instead of 16+ as in previous surveys.

Food and Nutrition – adults consuming 5 or more portions of fruit/veg per day

HSNI 2014-15	36%
HSNI 2013-14	33%
HSNI 2012-13	No comparable results
HSNI 2011-12	32%
HSNI 2010-11	33%

HEALTH INEQUALITIES

There are inequalities in levels of overweight and obesity between the least and most deprived areas for both adults and children. The report *Health Inequalities: NI & Social Care Inequalities Monitoring System – Regional 2014* recorded the following:

% Obesity in P1 children ¹	Least Deprived	Most deprived
Boys	3.1	5.0
Girls	4.5	6.3

¹ Primary 1 figures include children aged between 54 and 66 months (4.5-5.5 years) at the time of measurement.

OUTCOMES 2012-2015

A series of outcomes were developed to deliver the long-term aims of the Framework. Following the logic model approach, a number of long-term outcomes were initially developed, and these were supported by the subsequent development of a number of short and medium-term outcomes and outputs.

Outcomes are measured, and the overall success, or otherwise, of achieving the long-term aims is captured. The outcomes were structured in a manner that not only demonstrated their sequential nature, but also their relationship with the themes, long-term aims and objectives.

The outcomes were grouped within three life course stages:

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

Updates on the **2012-2015** short term outcomes are outlined in the table below. Quick identification of progress to targets is indicated via a Red, Amber, and Green (RAG) status:

Green	On track for achievement / achieved	86%
Amber	On track for achievement but with some delay	12.6%
Red	Not on track for achievement	1.4%

Annex C contains information on the programmes, projects and initiatives which supported implementation of the outcomes. Examples are identified in the outcomes table by a ‘*’.

It should be further noted that May 2016 saw the reorganisation of Government Departments, with a reduction from 12 to 9. For the purposes of this report we have kept the original Departmental names however new Departmental names will be applied in the 2015-2019 Outcomes document, as well as future reporting documents. All departmental links have been updated.

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS			
Outcomes	R A G	Update	Long Term Outcome
1. People trying to conceive and expectant parents receive information and guidance on nutrition and recommended levels of physical activity.		<ul style="list-style-type: none"> • PHA - All pregnant women in the north receive the <i>Pregnancy Book</i>^v. Information is also available online^{vi} and will continue to be updated. Updated resources for folic acid^{vii} and Vitamin D^{viii} supplements in pregnancy and for those trying to conceive continue to be disseminated. • Safefood - the Safefood website^{ix} links directly to the relevant section of the PHA's pregnancy handbook. 	Lower prevalence of overweight and obesity in pregnant women.
2. Overweight and obese expectant mothers have the opportunity to access evidence based weight management interventions developed for expectant mothers.		<ul style="list-style-type: none"> • PHA - A pilot lifestyle intervention programme, <i>*Weigh to a Healthy Pregnancy</i>, aimed at pregnant women with a BMI of 40 or above has been completed and evaluated. This included a programme of training for all HSC staff involved in delivering the intervention. The programme is now being mainstreamed and will continue to be offered to this target group. A gestational diabetes and obesity pilot study was also completed and evaluated in the Belfast and Southern Trusts. 	

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS			
Outcomes	R A G	Update	Long Term Outcome
3. Initiatives and programmes on nutrition and physical activity within all Early Years settings reviewed.		<ul style="list-style-type: none"> • DHSSPS/PHA - All registered childminding and day care services for children under the age of 12 must adhere to DHSSPS <i>*Minimum Care Standards*</i>. • DE - All DE funded pre-school education providers are required to adhere to the curricular guidance on physical development and movement as one of the six key areas of learning. • Councils - <i>*Hearty Lives Carrickfergus Project</i> is being evaluated and a draft report developed. <ul style="list-style-type: none"> ○ ANBC - <i>Nutritious Nursery Nosh (NNN)</i> initiative - designed to sustainably improve what children eat at private day nurseries ○ Nutritional quality of nursery menus was assessed and: <ul style="list-style-type: none"> ▪ A practical <i>'Guidance for Nursery Staff'</i> publication, written by Newtownabbey's Public Health Nutritionist (supported by PHA) and based on minimum nutrition standards, was distributed to nurseries in interim while research evidence is gathered to develop NNN intervention plan. ○ ANBC will continue to analyse and disseminate information to key stakeholders and feed results into the intervention development process. 	Early identification of children at risk of obesity.
4. Health and Social Care professionals identify, and provide appropriate interventions or signposting, for young children who are, or are at-risk of, overweight / obesity.		<ul style="list-style-type: none"> • HSC/PHA - <i>*UP4IT!</i> Childhood obesity prevention and management programmes continue to be supported in the Southern and Western Trust areas. <i>Healthy Child, Healthy Future^{xi}</i>, health visitors & school nurses provide a number of universal contacts to all children and parents with a focus on: healthy eating and increasing physical activity leading to a reduction in obesity; increasing rates of breastfeeding, and early recognition of growth disorders & risk factors for obesity. 	Early identification of children at risk of obesity.

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS			
Outcomes	R A G	Update	Long Term Outcome
5. New Breastfeeding Strategy in place and being implemented.		<ul style="list-style-type: none"> • DHSSPS - The <i>Breastfeeding Strategy – A Great Start 2013-2023^{xii}</i> continues to be implemented. In support of the Strategy’s objective to encourage undergraduate and postgraduate education providers to include breastfeeding education for other relevant HSC professions, action is being taken forward by this work strand to seek the inclusion of breastfeeding within the curricula of undergraduate training in nutrition and dietetics. • HSC/PHA - Continues to provide support to HSC Trusts and <i>*Sure Starts^{xiii}</i>. The PHA has continued to sign up new members to its <i>Breastfeeding Welcome Here</i> scheme, including Belfast International airport; and Antrim and Newtownabbey District and North Down and Ards councils. • IPH - Continues to contribute to the implementation of DHSSPS/PHA <i>Breastfeeding Strategy</i> through its research subgroup. 	The majority of mother’s breastfeed and delay weaning until 6 months.
6. Parents/carers provided with consistent evidence based advice on infant nutrition from health care professionals.		<ul style="list-style-type: none"> • PHA - Continues to support implementation of the NI Breastfeeding Strategy and is supported by DHSSPS in the development of <i>*Healthy Start</i> resources which will continue to be updated. • Safefood - ‘Little Bites’ website developed with Early Years in the north Online support is available for parents who choose to bottle feed^{xiv} which links to the PHA’s advice on feeding. • IPH - Contributes to and hosts a web group on <i>*The Health Well^{xv}</i> website for, the <i>*Baby Feeding Law Group Ireland^{xvi}</i>. • Councils - ACBCBC - delivered <i>Cook It!</i> and <i>Weigh to Health</i> programmes to Sure Start groups and nutrition awareness sessions to mother and toddler groups. These councils will continue to deliver the programmes. 	The majority of mother’s breastfeed and delay weaning until 6 months.

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS			
Outcomes	R A G	Update	Long Term Outcome
7. Minimum nutritional standards in place for all voluntary, community and private Early Years settings, and compliance monitored.		<ul style="list-style-type: none"> • DHSSPS/PHA - All registered childminding and day care services for children under the age of 12 must adhere to the <i>Minimum Care Standards</i>. • DE - Provided funding to participating voluntary/private settings and <i>Sure Start</i> projects. Nutritional standards set and monitored by the HSC Trust. • Councils - ANBC - <i>Nutritious Nursery Nosh</i> (NNN) initiative - designed to sustainably improve what children eat at private day nurseries. Nutritional quality of nursery menus was assessed and: <ul style="list-style-type: none"> ○ Seminar delivered to all day-care nurseries presenting compliance of Newtownabbey day nurseries with minimum nutritional standards (Caroline Walker Trust) ○ Individual reports on level of compliance with minimum nutritional standards distributed to each nursery. ○ Seminar on results of food-based analysis and compliance with food-based standards to be delivered to key stakeholders in 2016. 	Consistent approach to healthy food within Early Years settings.
8. Voluntary, community and private Early Years settings supported to comply with minimum nutritional standards for childcare providers.		<ul style="list-style-type: none"> • PHA - <i>Nutrition Matters for the Early Years</i> resource revised and reprinted in 2012/13 and training of Early Years providers to support this has continued to be delivered through the Health and Social Care Trusts. • Councils (Coleraine) - Private Nursery Survey - The Western Group of Councils assisted the WHSCT with a series of information seminars in Day Nurseries and Childminders at early stage with Project Team. <ul style="list-style-type: none"> ○ ANBC - Private day care nurseries made aware of their level of compliance with standards (see outcome 7) as part of intelligence gathering process for Nutritious Nursery Nosh initiative based on results of food and nutrient analysis across 4 week menus. A practical <i>'Guidance for Nursery Staff'</i> publication, written by Newtownabbey's Public Health Nutritionist and based on minimum nutrition standards, was distributed to nurseries in interim while research evidence is gathered to develop <i>Nutritious Nursery Nosh</i> intervention plan. Intelligence gathering is ongoing to support intervention development using socio-ecological approach. 	Consistent approach to healthy food within Early Years settings.

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS			
Outcomes	R A G	Update	Long Term Outcome
9. Food and nutrition initiatives increase nutritional knowledge, practical nutrition and food skills in a variety of voluntary, community and private Early Years settings, including parent/carer and toddler groups. This should include healthy weaning and the use of non-sweet based reward systems.		<ul style="list-style-type: none"> • PHA - The <i>*Cook It!</i> programme is delivered in a range of settings across all Trusts and initiatives are also supported through <i>*Small Grants Programmes</i> and <i>Healthy Start</i>. • Safefood - Collaborated with Albert Bartlett & Sons Ltd to develop and disseminate a second book in the <i>*Sammy Sally</i> series called, <i>Sammy and Sally Grow Together</i> for pre-schools. Resources on six different messages (portion size, treat foods, sugary drinks, physical activity, sleep and screen time) have been developed as part of a three year childhood obesity campaign. • Councils - Carrickfergus - As part of the <i>Hearty Lives</i> work plan for 2014/15, the project will be developing a pilot around healthy weaning. Discussions are at an early stage with the Project Team. <ul style="list-style-type: none"> ○ ACBCBC - delivered <i>Cook It!</i> and <i>Weigh to Health</i> programmes to Sure Start groups and nutrition awareness sessions to mother and toddler groups. This council will continue to deliver these programmes. 	
10. The new CMO Physical Activity Guidelines for Early Years published and disseminated.		<ul style="list-style-type: none"> • DHSSPS - DHSSPS continues to liaise with the PHA with the promotion of the <i>Start Active, Stay Active</i> Chief Medical Officers' Physical Activity Guidelines and are developing a series of Infographics which aim to provide a clear visual representation of information. • PHA - Resources and websites have been updated to reflect the guidelines and will continue to be updated as necessary. • DCAL - Supports the CMO guidelines through the <i>*Sport Matters Strategy^{xvii}</i>. 	Physical activity levels of children are increased.
11. Voluntary, community and private Early Years settings comply with the new CMO Physical Activity Guidelines for Early Years.		<ul style="list-style-type: none"> • PHA - Hosted workshops and training on the interpretation of the <i>Start Active, Stay Active</i> guidelines Early Years section. Physical activity resources for parents and practitioners have been developed by the British Heart Foundation (BHF) and adapted and disseminated for use in NI. • Sport NI - Promotes the new guidelines through <i>*Active 8</i> and <i>*Active Communities</i>. 	

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS			
Outcomes	R A G	Update	Long Term Outcome
12. Healthcare professionals, childcare workers and those working in Early Years settings receive relevant information and training on physical activity and the new CMO Guidelines.		<ul style="list-style-type: none"> • PHA - Hosted a workshop and training on the new UK CMO physical activity guidelines for the Early Years. Commissioned *<i>Early Movers</i> training. BHF resources for practitioners and parents have been adapted and disseminated. Rolled out *<i>Start to Play</i> training. 	
13. Implementation plan published to deliver the aims and objectives of the Play and Leisure Policy Statement.		<ul style="list-style-type: none"> • OFMDFM - *<i>The Play and Leisure Implementation Plan</i>^{xviii} (March 2011) continues to work with District Councils to assist them to set up *<i>Play and Leisure partnerships</i>. Building an evidence base and working with the <i>Children and Young People Strategic Partnership</i>^{xix} (CYPSP) to develop a mapping system of play facilities. Funding 14 Councils to carry out an audit on children's services in local communities. <i>Bright Start</i>^{xx} the Executive's programme for affordable and integrated childcare. • DoE - Relevant actions will be continue to be undertaken through DoE's function in developing planning policy. • DSD - Undertakes a range of actions through Neighbourhood and Social Renewal e.g. Healthy Living Centres. • Playboard - The <i>Let us Play</i>^{xxi} campaign launched in April 2014. The grant programme went live from April 2014 (first stage). 	Physical activity levels of children are increased.

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS			
Outcomes	R A G	Update	Long Term Outcome
14. Children and families have access to safe facilities for play and physical activity in their locality, particularly in areas of deprivation.		<ul style="list-style-type: none"> • Councils - Continues to work with schools to open facilities to the community after school hours. • PHA - Supported a number of district councils to develop <i>*Green/Outdoor Gym</i> facilities to promote physical activity. • DoE - Supports the delivery of this outcome through its function in developing planning policy. • OFMDFM - A new mapping system has been designed in conjunction with the CYPSP to assist Councils to begin the process of mapping play provision against various measures of need. 	

CHILDREN AND YOUNG PEOPLE			
Outcomes	RAG	Update	Long Term Outcome
1. More effective use and sharing of existing facilities and equipment within and between education, District Councils and local communities.		<ul style="list-style-type: none"> • Councils - Continues to liaise with schools to open facilities to the community after school hours. <ul style="list-style-type: none"> ○ ACBCBC - uses Trust facilities to deliver <i>Cook It!</i> programmes and will identify further opportunities to use and share facilities and equipment. • Sport NI - Continued to invest in the <i>*Active Communities</i> programme to March 2015. Over the period 2010-2015 SNI invested £12.5m in programme delivery. • DE - The Department has issued <i>Guidance on the Community Use of School Premises</i> to all schools, and key stakeholders. 	Children and young people make healthy food and physical activity choices.
2. Initiatives and programmes on nutrition, physical activity and play within children and young people's settings reviewed.		<ul style="list-style-type: none"> • PHA - Completed a review of evidence and provision of current programmes for weight management for children and young people. Supported a pilot on food-based rewards intervention (<i>Eat4Treats</i>) in four Primary Schools, led by QUB. • DCAL/Sport NI - 439 schools registered with <i>Active8^{xxii}</i> with 35,000 children and young people completing the Adventure Challenge. Received information on physical activity, diet and nutrition. <i>Active8</i> also includes <i>Active8 Sport Leaders</i> programme; <i>Active8 Big Start 2014</i>; and <i>Active8 Eatwell</i>. • IPH - Led a work package in the <i>EU Crossing Bridges^{xxiii}</i> project promoting the implementation of a Health in All Policies (HiAP) approach in order to improve health equity^{xxiv} with a focus on Health and Education. Two case studies were submitted for inclusion: <i>Green Schools</i> and <i>Food Dudes^{xxv}</i>. • Safefood - Participates in the Food Schools Network and collaborates with the PHA in school lunchbox annual leaflet dissemination, and will continue to do so. Safefood also promotes <i>*Eatright.eu</i> to early school leavers and <i>*What's on a Label NI</i>. Safefood also supports <i>*Eat, Taste and Grow</i> resource for primary schools. 	

CHILDREN AND YOUNG PEOPLE			
Outcomes	R A G	Update	Long Term Outcome
3. Relevant circulars to FE Colleges relating to obesity, food and nutrition and recommended levels of physical activity guidance updated as necessary.		<ul style="list-style-type: none"> • DEL - All further education (FE) colleges have in place a range of pastoral care arrangements aimed at promoting the health and wellbeing of students by providing them with access to appropriate guidance and support. DEL also issue guidelines to Colleges on various health-related matters. 	
4. Those in University and FE Colleges supported to be more physically active, to eat healthily and develop practical food skills.		<ul style="list-style-type: none"> • FSA - Continues to work with regional colleges regarding Food and Nutrition support materials to stimulate learning and support across vocational level 2 programmes of curriculum. • SafeFood - Continues to provide online healthy eating and food safety guidance for students e.g. 'eatright.eu', 'eat, taste and grow', and labelling resource. • DRD - The Department is currently finalising a new Accessible Transport Strategy to address barriers to travel for those who are older or have a disability. • PHA - Commissions the <i>Cook It!</i> programme which is suitable to be delivered to a range of target groups. • DEL - Both QUB and UU regularly work with their respective Students' Unions to campaign to improve health and wellbeing. UU and its Students' Union agreed health promotion campaigns for the 2014-15 academic year which included <i>Physical Activity and Health Insight Nights</i> in June and Nov 2015 • Councils - As part of the Carrickfergus <i>Hearty Lives</i> Project's work plan for 2014/15 young people were supported in the <i>*Flames</i> initiative in 2014. 	Children and young people make healthy food and physical activity choices.

CHILDREN AND YOUNG PEOPLE			
Outcomes	R A G	Update	Long Term Outcome
5. Those who work in the youth sector and Jobskills/ Training Centre students are supported and trained to encourage promotion of a healthy diet and recommended levels of physical activity.		<ul style="list-style-type: none"> • DHSSPS/PHA - As mentioned previously both the DHSSPS and the PHA regularly issues advice on food and nutrition and recommended levels of physical activity in a variety of settings. Targeted interventions or actions will be identified as part of the three-year review. • DCAL - supports this through the <i>Sport Matters Strategy</i>. 	
6. The importance of addressing health issues in education settings continues to be recognised and school development planning regulations continue to require schools to have policies in place to promote the health and well-being of students.		<ul style="list-style-type: none"> • DE - The Education (School Development Plans) Regulations (Northern Ireland) 2010^{xxvi} require all schools to have in place a strategy for promoting the health and well being of pupils. • Safefood - Specific initiatives coordinated by Safefood include: *<i>what's on a label</i>^{xxvii}, *<i>Eat, Taste and Grow</i>^{xxviii} Safefood for Life (link http://www.safefood.eu/Education/Post-primary-(NI)/safefood-for-life.aspx) and <i>Audit of marketing of school meals</i>. 	Children and young people make healthy food and physical activity choices.
7. Continued delivery of the Pupils Emotional Health and Well-being Programme.		<ul style="list-style-type: none"> • DE - the <i>I Matter</i>^{xxix} programme continues to be run and DHSSPS Chair a related subgroup. 	

CHILDREN AND YOUNG PEOPLE			
Outcomes	R A G	Update	Long Term Outcome
8. Pending Ministerial and Executive agreement – finalised Food in Schools Policy implemented and monitored.		<ul style="list-style-type: none"> • DE - The <i>*Healthy Food for Healthy Outcomes^{xxx}</i> Food in Schools policy comprises mandatory and discretionary elements and applies to all grant-aided schools. A supporting framework to oversee implementation of the policy is led by the Food in Schools Forum and supported by a regional Food in Schools Coordinator. • DHSSPS/HSC - Supports the regional Food-in-Schools Coordinator post through joint funding with DE. • PHA - DE/DHSSPS/PHA <i>Top Marks^{xxxi}</i> promotions and bulletin reports. 	Children and young people are making healthy food choices.
9. All schools meet the nutritional standards for lunches and 'other food and drinks' including breakfast clubs and vending machines.		<ul style="list-style-type: none"> • DE - Nutritional standards are compulsory for school lunches. Due to a gap in the legislation the standards for other food and drinks in schools are not mandatory at present in certain circumstances and this is being addressed. 	
10. Regional approach to Breakfast Clubs and Healthy Breaks initiatives adopted.		<ul style="list-style-type: none"> • DHSSPS/HSC - The <i>Healthy Breaks</i> scheme – A snap shot was completed by end June 2014 with full evaluation to be completed during 2015/16. • Councils - Carrickfergus - <i>Happy Faces</i> pilot completed by Environmental Health staff. 	Children and young people are making healthy food choices.
11. Initiatives in place to increase uptake of school meals, particularly free school meals.		<ul style="list-style-type: none"> • DE - Continues to set targets annually for the Education Authority in relation to the uptake of school meals including free school meals. The DE Food in Schools Forum continues to consider ways to increase uptake through the marketing of school meals and promoting benefit uptake. 	
12. 'Home Economics' remains a compulsory curriculum element for all students in Key Stage 3.		<ul style="list-style-type: none"> • DE - Home Economics is a compulsory element in the school curriculum for Key Stage 3. • Safefood/FSA - <i>What's on a label?</i> resource is designed to assist Home Economics teachers to deliver the food labelling content of the GCSE and GCE Home Economics specifications. 	

CHILDREN AND YOUNG PEOPLE			
Outcomes	R A G	Update	Long Term Outcome
13. Options considered for primary school children to develop practical food skills in line with the Food Competences Framework.		<ul style="list-style-type: none"> • DE - There are a number of areas of learning within the primary school curriculum which provides opportunities for children to learn about food, healthy eating and being active. The Regional Food in Schools Co-ordinator provides advice to schools as required, to enable children to be provided with opportunities to develop practical food skills in primary school facilities. 	
14. Children, young people and their families provided with information in respect of nutrition.		<ul style="list-style-type: none"> • PHA/FSA - Nutritional information continues to be updated and made available, and healthy lunchbox resources are distributed to all new primary one pupils. • Safefood - 3 year public awareness campaign *‘Let’s take on childhood obesity’ targeted at parents of children aged 2-12 years. Three phases ran during 2015 targeting six behaviours associated with the obesity epidemic. Resources are available online for parents and guardians and health professionals. An evaluation of the first two years of the campaign was also completed. www.safefood.eu. www.littlesteps.eu website is also available to parents. Online information / infographics and video clips on healthy eating and food safety for families are kept up to date. 	Children and young people are making healthy food choices.
15. Work undertaken with other jurisdictions to monitor and further consider restrictions of advertising products with high fat, salt, sugar and alcohol to children and young people.		<ul style="list-style-type: none"> • DHSSPS/PHA - The Health Minister wrote to the Secretary of State for Health at Westminster in support of a pre-9pm watershed ban on advertising HFSS foods. This issue remains a reserved matter. • IPH - Produced a Health Impact Assessment (HIA) of a proposed sugar sweetened drinks tax.^{xxxii} IPH also made a submission to the WHO supporting their draft revisions to the guideline for free sugars contribution to energy intake. 	
16. Youth sector settings have healthy food policies in place.		<ul style="list-style-type: none"> • PHA - addressed through general ongoing actions regarding healthy nutrition. 	

CHILDREN AND YOUNG PEOPLE			
Outcomes	R A G	Update	Long Term Outcome
17. Young people, including those in or leaving care, and those deemed to be at risk of overweight and obesity, provided with opportunities to develop knowledge and practical food skills.		<ul style="list-style-type: none"> • DHSSPS/PHA - <i>Cook It!</i> - delivered in a range of community settings. BMI is monitored at Year 8. Family weight management programmes are commissioned for this age group according to local identified need. New regional nutrition guidelines for <i>Looked After Children</i> were to be revised in 2014/15 however this has been delayed to 2015/16. • FSA - In partnership with Safefood, FSA have developed a resource to support a healthy diet which is an online resource called <i>*Eatright.eu^{xxxiii}</i>. • Councils - ACBCBC – delivered <i>Cook It!</i> and <i>Weigh to Health</i> programmes in community settings and provided nutrition awareness sessions youth groups. This council will continue to deliver these programmes. <ul style="list-style-type: none"> ○ ANBC - Edible horticulture initiative using multimedia resource, and face-to-face instruction delivered to community groups within their own settings, including hard-to-reach populations, young people, and special needs children. All participants also received a copy of the '<i>Fresh Food Route to Healthy Living</i>' publication - a practical guide. Formal evaluation completed. 	Children and young people are making healthy food choices.
18. PE remains a compulsory curriculum element for all students through all Key Stages.		<ul style="list-style-type: none"> • DE - PE is a compulsory element of the school curriculum through all Key Stages. Current guidance for PE recommends that schools offer at least 2 hours per week. 	A greater proportion of children and young people are achieving recommend
19. Subject to the outcome of a review of DE budget allocations, continued delivery of the <i>*Curriculum Sports Programme (CSP)</i> .		<ul style="list-style-type: none"> • DE - Continued to support this programme with £1.5m available in 2014/15. Aimed at developing the physical literacy skills of the youngest pupils (Years 1-4). In 2014/15, 61 coaches from these organisations delivered the Programme in 532 primary schools reaching just under 43,500 pupils. 	ed levels of physical activity.

CHILDREN AND YOUNG PEOPLE			
Outcomes	R A G	Update	Long Term Outcome
20. Baseline established on the number of children of compulsory school age participating in a minimum of 2 hours physical education per week and schools encouraged and supported to achieve this.		<ul style="list-style-type: none"> • DE - guidance recommends schools offer 2 hours PE per week (legislation prevents DE from prescribing a specific amount of time for this). The 2015 School Omnibus Survey states that “For primary pupils, the most frequently reported duration of PE per week was 31-60 minutes for those in Years 1 to 3, and 61-90 minutes for those in Years 4 to 7. For post-primary pupils, the most frequently reported duration of PE per week was 61-90 minutes for those in Years 8-12, and 31-60 minutes for Year 13 and Year 14 pupils. 	A greater proportion of children and young people are achieving recommend-ed levels of physical activity.
21. Every child in Northern Ireland over the age of 8 provided with the opportunity to participate in at least 2 hours per week of extra-curricular sport, physical recreation or play.		<ul style="list-style-type: none"> • DCAL - The first 2 years of the £13m Sport NI lottery funded, <i>Active Communities</i> Programmes has recorded over 140,000 participants averaging 10 participations each. • DE - The <i>Extended Schools</i> programme operated across schools serving pupils from disadvantaged communities offering various programmes and activities related to sports, physical recreation and the promotion of healthy lifestyles. DE also promotes <i>*Active School Travel</i> - In 2014/15 shelters were installed at six schools at a cost of circa £60,000. • Sport NI - Sport NI published an advocacy document promoting community use of the school’s sports estate as well as launching a £375k programme to fund the costs of local communities gaining access to these facilities for sport and physical recreation. Is seeking cross-Departmental co-operation to establish a baseline to inform development of a survey. • DRD - Supports this through <i>*Travelwise</i> and <i>Active Travel</i>. DRD continues to work closely with schools to promote and enable Active Travel and participation will be monitored through <i>Travelwise</i> on an annual basis. Other projects and initiatives include: <i>Walk to School Week</i>, <i>Walk to School Month</i>, promotion of walking and cycling to school along with the <i>Active School Travel Programme</i> in partnership with the PHA. • PHA - Part-funds (with DRD) the <i>*Active School Travel</i> programme with 180 schools over a three year period. There is also ongoing engagement with schools in respect of Bike Week. 	

CHILDREN AND YOUNG PEOPLE			
Outcomes	RAG	Update	Long Term Outcome
22. The new CMO Physical Activity Guidelines for children and young people published and disseminated.		<ul style="list-style-type: none"> • PHA - Disseminates all relevant information online regarding the guidelines when required. Joint funds the <i>Active Schools Travel</i> programme with DRD which supports the guidelines. Will continue to promote the <i>Active Schools Travel</i> guidelines. • DCAL/Sport NI – <i>Sport and Physical Activity Survey 2010</i> published in November 2013. • DRD - The recommendations are supported in part through the Active Travel Plan/Forum. This includes the new <i>Active Schools Travel</i> Project. 	A greater proportion of children and young people are achieving recommended levels of physical activity.
23. Children and young people can access opportunities and facilities for physical activity and play within their local community.		<ul style="list-style-type: none"> • DCAL/Sport NI - Continues to invest in the <i>Active Communities</i> programme. In January 2014 SNI confirmed an extension to the programme to March 2015. Over the period 2010-2015 Sport NI will have invested in £12.5m programme delivery. The <i>Sport Matters Strategy</i> contains the target of 90% by 2019 (access to quality facilities within 20mins) through the <i>Community Capital Programme</i>. • DHSSPS/PHA - <i>Making Life Better</i> was launched in June 2014. It advocates through its 'space and place' approach to maximise the use of the natural and built environment to increase access to safe, sustainable health nurturing spaces and places. • DSD - Supports community areas through Neighbourhood Renewal. 	

ADULTS AND THE GENERAL POPULATION			
Outcome	R A G	Update	Long Term Outcome
1. Consistent, coordinated and integrated campaign developed in respect of nutrition and physical activity, the focus of which is informed by the evidence base and regional/local research.		<ul style="list-style-type: none"> • PHA - *<i>Choose to Live Better</i> public information campaign and website^{xxxiv}. A re-run of the campaign was undertaken Jan-March 2015 and development work began for the next phase in 2015/16. Updated supporting campaign resources were also distributed. • Councils - *<i>GIAG-Give It a Go</i> (Southern Area) has been linked to the <i>Choose to Live Better</i> campaign and ‘<i>Road Show Activities</i>’. <ul style="list-style-type: none"> ○ ANBC - Interventions are developed in line with regional policy and campaigns, and/or identified local need and published evidence. Public Health Nutrition campaign portfolio includes: <ul style="list-style-type: none"> ○ Education and skill development programmes such as: <ul style="list-style-type: none"> ▪ <i>Eat Clever</i> which informed FSA activity and is now implemented as the FSA’s <i>Grubs Up</i> initiative. ▪ <i>Sowing Seeds for Healthy Living</i> which employs a farm to fork approach and is dual-certified in nutrition, food skills and edible horticulture. ▪ <i>Muddy Boots</i>, an innovative edible horticulture programme which incorporates nutrition awareness. ○ The <i>Community Diet and Nutrition Education Programme</i> (CDNEP) is ongoing and promotes diet and nutrition education to the general public across a range of settings and life stages. ○ Interventions on Environmental change: <ul style="list-style-type: none"> ▪ Vending: Audit of vending within Newtownabbey council facilities, including nutrient profiling, has recently been completed and reported to inform policy and intervention development. ▪ <i>Small Steps to Healthier Choices</i> (SStHC): Formal evaluation of <i>Small Steps to Healthier Choices</i> has been completed by the council’s public health nutritionist on behalf of the NGS nutrition subgroup. This nine-council initiative working with local fish and chip shops and funded by the FSA, highlighted the importance of selecting strategies to encourage healthier food choices within catering based on the nature of the food premises, local needs within the context of the significance of automatic motivation processes in food choice, and potential nutritional impact of the approach/strategy mix for the wider customer base. 	Levels of overweight and obesity in the general population reduced.

	<ul style="list-style-type: none"> ▪ Range of support materials and publications including <i>Nutritious Nursery Nosh, Muddy Boots – On Your Patch, Fresh Food Route to Healthy Living, Community Diet and Nutrition Education Programme</i> (CDNEP) Toolkit, 2014. ▪ Mind-maps to identify settings gaps have been developed and overarching approaches to Public Health Nutrition activity discussed as part of Public Health Nutrition Update Meetings within ANBC. ○ The ANBC plan to audit all eating occasions in the council’s environment and interventions planned to support a whole system settings approach with outcomes informing food and nutrition policy. ○ Recommendations from evaluations will be used to inform the development process for Phase 2 of the intervention. ● FSA - Continues to keep the public updated with relevant food issues. ● DCAL/Sport NI - Taken forward through the <i>Sport Matters Strategy</i>. ● Safefood - The first phase of a weight loss app ‘<i>weight-mate</i>’ was launched in December 2015 following on a review and update of *<i>Weigh2Live</i>. The purpose of the app is to help with weight management and will involve inputting nutritional and activity information with menu plans for 3 calorie count options. ● The all-island Obesity Action Network - held workshops and closed forum meetings (2 per year) collaborating towards a cohesive approach, information and best practice sharing and networking. 	<p>Levels of overweight and obesity in the general population reduced.</p>
<p>2. Initiatives and programmes on nutrition and physical activity for adults and the general population reviewed.</p>	<ul style="list-style-type: none"> ● PHA - There is ongoing review of the evidence base and evaluation of key programmes as required. A review of HSC commissioned/supported weight management programmes for adults has been completed and takes account of recent NICE public health guidance. Local and regional programmes are commissioned based on identified need e.g.: *<i>Small Grants Programmes, Community Allotments, Green gyms, Active Belfast, Healthy Towns, Jog Belfast</i>, outdoor gyms and cycling initiatives. Based on evaluation the workplace based ‘£ for lb 12 week weight loss challenge was delivered in association with Business in the Community (BITC) in 2014 and 2015. ● Councils - ANBC - The *<i>Community Diet and Nutrition Education Programme</i> is regularly reviewed and updated based on needs of target group, setting, and life stage, as well as published evidence base, and surveillance and monitoring data on dietary intakes and patterns. 	<p>Levels of overweight and obesity in the general population reduced.</p>
<p>3. Policy makers encouraged and supported to complete</p>	<ul style="list-style-type: none"> ● DHSSPS - Work continues to build capacity and knowledge of Health Impact Assessments (HIA) in statutory organisations. The Institute of Public Health also provides advice and support to policy makers to carry out HIA’s on relevant policies and holds regular HIA 	

<p>Health Impact Assessments on relevant policies.</p>	<p>training sessions. Paper prepared for a meeting of the All-Department Officials Group (ADOG).</p>	
<p>4. Health and Social Care Professionals identify, and provide appropriate interventions, or signposting, for those adults who are, or at-risk of, overweight/obesity.</p>	<ul style="list-style-type: none"> • PHA - '<i>Weigh to Health</i>' programme and <i>Physical Activity Referral Schemes (PARS)</i> – a review of weight management programmes for adults was completed and shared with the ROPIG. A regional PARS model has been agreed and implemented and is ongoing from 2015/16. Physical activity providers have been supported to attend recognised training programmes to build capacity in this sector. The HSC Board funded a pilot commercial weight management referral programme for primary care in 2013. The <i>Farm Families</i> initiative, supported by PHA and DARD, delivers community based health checks and signposting. The PHA also supports the <i>Belfast Healthy Hearts Programme</i>, which aims to improve heart health in Belfast. • Councils - Southern Area - Weight Management interventions e.g. <i>Weigh to Health</i> and sign posting to services. <ul style="list-style-type: none"> ○ MUDC - From April 2014, the target population for <i>*Make a Change</i> has been the over 50's. 46 talks on nutrition and physical activity have been provided, as have 8 <i>Cook It!</i> programmes. Healthy Lives initiative in Cookstown targeted the population who were at higher risk of coronary heart disease with enhanced uptake of GP referrals. 3 <i>Cook It!</i> programmes were delivered to Community Groups, including a group of visually impaired adults. The Closing the Gap project delivers Holistic Health Programmes tackling issues including obesity and nutrition (amongst others). A men's health programme for 35-65 year olds has been completed with positive results. 	
<p>5. Relevant recommendations from the Cardiovascular Framework implemented.</p>	<ul style="list-style-type: none"> • DHSSPS/PHA - Revised Cardiovascular Framework in place from May 2014 with the PHA leading on its implementation. 	
<p>6. Targeted healthy food initiatives in place.</p>	<ul style="list-style-type: none"> • PHA - Supports a range of programmes: <i>Cook It!</i> programme, <i>Community Allotments</i>, the <i>Small Grants Programme</i>. New resources for <i>I can Cook It!</i> for use with learning disabled groups was completed. The BME module has been delayed until 2015/16. Training on updated nutrition guidelines for nursing and residential homes has been delivered across all Trust areas. • Safefood - <i>*Community Food Initiatives</i>. 10 new <i>Community Food Initiatives</i> were chosen for the 2013-15 programmes, 3 of which are from NI^{xxxv}. Peer-led activities included 	<p>A greater proportion of adults eat a healthy diet.</p>

	<p>accompanied shopping, cooking events and gardening activities.</p> <ul style="list-style-type: none"> ● Councils <ul style="list-style-type: none"> ○ Participation in District Council pilot of the NI <i>Healthy Eating Award</i> which was evaluated by the FSA. ○ Southern Group – Continued delivery <i>Cook It!</i> and <i>Weigh to Health</i> programmes. ○ Belfast – <i>Healthy Chinese Project</i>. Coleraine – <i>Cook It!</i> delivered. ○ Omagh DC – <i>Little Choices Awards</i> to improve the healthiness of foods offered to children when eating out in catering establishments. 	
<p>7. Labelling of alcoholic containers increases awareness of the calorific content of alcohol.</p>	<ul style="list-style-type: none"> ● DHSSPS - This is an EU matter. DHSSPS continues to make recommendations for this through the UK Responsibility Deal. Some brands are producing labels with calorific content however this is neither across the board nor usual practice. 	
<p>8. Families, groups and communities in areas of deprivation supported to increase knowledge of good nutrition, practical cooking skills and food budgeting.</p>	<ul style="list-style-type: none"> ● PHA - Supports the delivery of <i>Making Life Better</i>, <i>Cook It!</i> programme, <i>Small Grants Programmes</i>, <i>Community Allotments</i>. In association with Safefood, the '101 Square Meals Cookbook' has been adapted for use in NI and was disseminated in 2014. ● DSD - Continues to support Healthy Living Centres as part of Social Renewal. ● Councils: <ul style="list-style-type: none"> ○ Southern Group – <i>Cook It!</i> and <i>Weigh to Health</i> programmes are aimed at groups and individuals that live in areas of deprivation or to those groups/individuals who are disadvantaged for other reasons. ○ Belfast – <i>Grub's Up</i> delivered. ○ Carrickfergus – <i>Healthy Lives Project</i>. ○ Coleraine – <i>Tasty Nosh for Less Dosh</i>: Cookery demonstration to promote healthy eating on a budget. ○ Ballymena – <i>Grub's Up</i>, <i>Mums' Health Matters</i> course in conjunction with <i>Surestart</i>. <i>Cook It!</i> Ballymena (South) – Food poverty project involving nutrition, menu planning, budgeting, growing your own and practical cooking skills. ○ ACBCBC - delivered <i>Cook It!</i> and <i>Weigh to Health</i> programmes ○ ANBC - The council's <i>Community Diet and Nutrition Education Programme</i>. '<i>Fresh Food Route to Healthy Living</i>' publication - a practical nutrition guide with recipes written by ANBC's public health nutritionist, disseminated as an integral part of <i>Muddy Boots</i> and <i>Sowing Seeds for Healthy Living</i> initiatives. Targeted groups included those from deprived areas. Recipe submitted for FSA calendar under the theme of frugality and food waste - this calendar will be delivered free throughout NI 	<p>A greater proportion of adults eat a healthy diet.</p>

<p>9. Coordinated approach to address food poverty developed.</p>	<p style="text-align: center;">and to multiple community groups within the ANBC area.</p> <ul style="list-style-type: none"> • Food Poverty Network - This group was set up in 2010. It is currently establishing a baseline for poverty for the whole Island of Ireland and includes representation from DHSSPS, PHA, DSD, Safefood (co-chair), FSA (co-chair) and IPH. Recent work includes adding EU SILC food deprivation measures within the 2013-14 HSNi and establishing a pilot research project in NI to investigate the cost of a healthy food basket across two types of household. (Safefood, FSA NI and Consumer Council NI). A first all-island food poverty strategic workshop was held in Belfast in April 2015 to raise awareness with government and non-government organisations. • PHA - Supported through <i>Cook It!</i>; <i>Small Grants Programmes</i>; <i>Community Allotments</i>; <i>*MARA</i>; and Funding for food/food redistribution/food vouchers including Food Banks. • FSA - Since 2010, the FSA in NI has jointly funded a <i>FareShare</i> depot with the <i>Council for the Homeless Northern Ireland</i> (CHNI). In addition further commissioned research to improve understanding of health inequalities. The overall aim of the research was to provide an updated and critical body of evidence on what constitutes ‘food poverty’ in the north. Research published on <i>food.gov</i> in April 2015. • Safefood - continues to be a member of the all-island Food Poverty Network, disseminated the food basket cost NI research. Year 3 of the Community Food Initiatives programme and the annual CFI evaluation was published. Co-hosts annual workshop to disseminate research in the areas of Food Poverty and Inequalities. • Councils - Belfast - An officer is currently in post working on an action plan to tackle health inequalities including food poverty. Belfast Health Development Unit, Belfast CC and the PHA are developing a toolkit to reduce the impact of poverty in Belfast, focussing on benefits, nutrition and fuel poverty. Carrickfergus Food Forum launched to address food poverty issues. Coleraine BC held a Food poverty Conference in 2014. Food poverty projects also implemented in Ballymoney, Coleraine and Carrickfergus council areas and, through funding provided to <i>FareShare</i>, community members providing meals to vulnerable and disadvantaged groups are being assisted in the seven council areas. <ul style="list-style-type: none"> ○ ACBCBC - the council is represented on the assessment panel for small grants within the Southern Trust. ○ ANBC: recent progress has been made on setting up a framework for a PHN Hub to disseminate information on ANBC’s nutrition education and food skills courses to targeted groups and the general public under universal proportionalism, as well as other relevant interventions focused on environmental change. The council is represented on the Northern Area Poverty Steering Group; coordinated by the PHA’s 	<p>A greater proportion of adults eat a healthy diet.</p>
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	<p>Health and Social Improvement Team.</p> <ul style="list-style-type: none"> • IPH - the Belfast Food Poverty Network published the <i>Enough is Enough - Food Poverty Scoping Exercise</i> in April 2015, with a launch event held in March 2015. 	
<p>10. Nutritional standards in social care settings (including nursing and residential homes and facilities for people with learning disability and mental health conditions) revised and implemented.</p>	<ul style="list-style-type: none"> • DHSSPS - Nutritional Standards <i>Promoting Good Nutrition – A Strategy for good nutritional care for adults in all care settings in Northern Ireland 2011-2016^{xxxvi}</i> are available. • PHA - Updated nutritional guidelines for nursing and residential facilities published and disseminated in 2014. Associated training has been delivered across all Trust areas. 	
<p>11. Northern Ireland food manufacturers continue to be encouraged to reformulate their food to reduce saturated fat, sugar, salt, calorific value and provision of smaller portion sizes of energy dense foods.</p>	<ul style="list-style-type: none"> • FSA - purchased <i>Kantar Worldpanel</i> data to assist in the policy direction of reformulation. FSA continues to work with NI Councils regarding distribution of targeted advice to specific manufacturers / caterers including sandwiches, soups and fried foods. • Councils - Advice issued through food standards inspections and food sampling. Also took part in various surveys including; salt, saturated fat in bakery products, sandwiches, and MSG in Chinese meals. <ul style="list-style-type: none"> ○ ACBCBC - Undertook a survey on salt and fat content of sandwiches and developed leaflets which were delivered to businesses. 	<p>Healthier food options are available and accessible to the whole population.</p>
<p>12. Pre-packed foods labelled with simple, easy to understand, front of pack nutritional information to allow consumers to make an informed choice.</p>	<ul style="list-style-type: none"> • FSA - Food labelling scheme launched in June 2013. The UK nutrition label was communicated with NI food manufacturers and retailers through planned workshops including CAFRE, Cookstown, and 1-2-1 meetings. The majority of retailers and a number of UK and NI manufacturers have committed to the revised labels on their products for retail sale. NI specific research was completed on consumer awareness, engagement and understanding of the revised front of pack label to inform key messages and structure of future consumer campaigns. A cross-government evaluation will be carried out of the UK *Front of Pack scheme and reported back to the European Commission, for their planned review in 2017. • Councils - Support to businesses and advice issued through food standards inspections. Planned seminars for manufacturers, bakers, butchers and caterers in June-Dec 2014 to inform on Food Information Regulations. 	


<p>13. Food retailers encouraged and enabled to consider reducing point of sale placement of foods which are high in fat, salt, sugar and increasing exposure to promotion of healthier foods.</p>	<ul style="list-style-type: none"> • FSA - Continues to work with retailers to encourage more responsible promotion of foods which are high in fat, salt and sugar and to support customers to make healthier choices. In partnership with CCNI, FSA has commissioned and are finalising the publication of NI-specific research on the balance of healthy and less healthy food promotions to provide recommendations on strategies within retail stores to increase consumer accessibility to healthier food products sold on promotional offers. All NI retailers participated in this research including in store and on line audits. FSA in conjunction with CCNI hosted retailer forum meeting in September 15 to discuss initial findings of research and share good practices. • Safefood - has requested retailers to consider sweet free check outs to support parents to avoid pressure from children while shopping. • Councils - Carrickfergus has run a <i>Small Steps to Healthier Choices</i> initiative with local takeaways. <ul style="list-style-type: none"> ○ ANBC - A research proposal is currently being prepared to undertake a study to identify the perceived role of small food retailers within Antrim and Newtownabbey in the promotion of healthy eating. The council also plans to conduct semi-structured interviews with a range of local retailers using purposive convenience sampling. 	
<p>14. Improved nutritional content of menu choices including regulation of portion sizes and the provision of appropriate nutritional information for consumers by caterers.</p>	<ul style="list-style-type: none"> • FSA - Undertook a pilot scheme, <i>Caloriewise</i>, between May and October 2012, to encourage caterers in the display of Calorie information for their menu choices in NI. The evaluation was published in December 2013. Calorie information on menus in catering settings was further progressed in line from recommendations of evaluation, with the launch of a free online tool for businesses to calculate the Calories on their choices – Menucal, in September 2015. Further engagement is being taken forward by Councils and FSA. • Councils - Environmental Services - Participation in the pilot of the <i>NI Healthier Eating Award (2012)</i>. Provides nutritional advice to businesses when requested. <ul style="list-style-type: none"> ○ Belfast - <i>Healthier Chinese Project</i>. Proposed initiative to work with local sandwich shops to improve nutritional content of their products. ○ Coleraine - <i>Health Options Award Pilot</i> (takeaways that provide a health option achieve an award). ○ ACBCBC - promoted Menucal to businesses wanting to provide calorie information on menus. Menucal will be signposted to during food standards inspections. ○ ANBC - Under the <i>Small steps to healthier choices</i> initiative, almost 40% reduction in fat content of battered fish was achieved through technological change at local fish and chip shops within Newtownabbey without adversely affecting sensory 	<p>Healthier food options are available and accessible to the whole population.</p>

		<p>quality. Phase 2 to implement recommendations from Phase 1 of the SStHC initiative, including regulation of portion size.</p>	
<p>15. Minimum Nutritional Standards developed for all public sector procurement of food and drink.</p>		<ul style="list-style-type: none"> • PHA / FSA / Saferfood - Are working in collaboration to develop nutritional standards for catering facilities across HSC organisations. Provided relevant advice to the regional Central Procurement Directorate (CPD) for the review of the procurement guidance integrating sustainable development into procurement of food and catering services. • Council - ANBC - Audit of all food and drink provided by council leisure vending facilities within Newtownabbey has been conducted including product analysis using FSA's nutrient profiling model. Full report completed June 2015 and disseminated internally. Discussions are ongoing on next steps to sustainably improve nutritional quality, with primary consideration being given to framing change through development of food and drink policy as part of whole system settings approach. 	
<p>16. All public sector facilities (including those open to the public, e.g. leisure centres, council facilities) have in place and comply with minimum nutritional standards and nutritional policies including healthy vending.</p>		<ul style="list-style-type: none"> • Councils - A number of Councils already have a Healthy Eating Policy in place for Council events and meetings. Southern Group - A Survey on Food Vending has been undertaken. <ul style="list-style-type: none"> ○ ACBCBC - the Healthy Eating policy is being reviewed • PHA / FSA / Saferfood - Are working in collaboration to develop nutritional standards for catering facilities across HSC organisations. Applicability and roll out to other public sector organisations will be explored in due course. 	<p>Healthier food options are available and accessible to the whole population.</p>
<p>17. Nutritional education qualifications incorporated into training programmes for those who work in the food and hospitality sectors through the relevant Sector Skills Council.</p>		<ul style="list-style-type: none"> • FSA - Accredited courses are available. A Level 2 nutrition qualification is now a compulsory unit for all those completing professional cookery qualifications through the 6 NI Regional Colleges. Level 2 nutrition support materials have also been developed by the Regional Colleges in partnership with the FSA, to assist those undertaking or delivering level 2 courses with a nutrition remit. • Councils - CIEH Level 2 Award in <i>Healthier Food and Special Diets</i> delivered. 	

<p>18. Employees are supported and encouraged to be more active in the workplace and undertake less sedentary behaviour.</p>	<ul style="list-style-type: none"> • DHSSPS/PHA - The PHA continues to work with key partners to encourage employers to plan and implement effective approaches to improve the health and well-being of employees; including encouraging the private and public sector to undertake work through engaging with local communities to impact the people, places and communities in which employees live and work. The PHA supported a BITC conference on Workplace Health on 23rd January 2013 and the delivery of the <i>£ for lb</i> 12 week weight loss challenge. Healthy food & drink choices in catering facilities in all offices, Health fairs and health checks and <i>Bike to Work</i> programme. The <i>‘Leading the Way’</i> active travel programme has been introduced in Belfast, with partners including Belfast City Council, Belfast Trust and the PHA with employees encouraged and supported to walk, cycle or use public transport. • DRD - In January 2013 DRD launched their <i>Active Travel Strategy</i> which covers topics such as travel to and from the workplace. <i>Travelwise</i> currently supports 20+ organisations per year (approx 100,000 employees) to promote walking and cycling as part of <i>Workplace Travel Plans</i>. • HSC (Belfast Trust) - Continues to implement its own workplace health initiative to encourage staff to be more physically active. The Trust has its own Active Travel Strategy. 	
<p>19. Reviews of planning policies take account of the impact of planning on health and opportunities for sustainable physical activity.</p>	<ul style="list-style-type: none"> • DOE - Will deliver this primarily through its function in developing planning policy. The issue of health and well-being will also be dealt with in a new high level strategic planning policy statement which will be in place for the transfer of planning functions to councils. • DRD - This is considered through the <i>Active Travel</i> and <i>Accessible Transport</i> Strategies and plans. The Department is currently finalising a new <i>Accessible Transport Strategy</i> to address barriers to travel for those who are older or have a disability. • DCAL - This is considered through the <i>Sport Matters Strategy</i> and through working with the Planning Service on <i>PPS8 (Open Space) Planning Guidance</i>. • NIEA - encourages participation in various forms of countryside recreation through the provision of outdoor recreation facilities at its Country Parks and Countryside Centres. NIEA also runs the Natural Heritage Grant Programme which can award grant aid for project funding to District Councils and strategic funding or project funding to Non-Governmental Organisations such as the Lagan Valley Regional Park and Outdoor Recreation Northern Ireland to develop outdoor recreation projects. This grant aid has led to the development and improvement of outdoor recreation opportunities in the north as well as the Way Marked Ways around the north NIEA continues to support the re-launched Ulster Way long-distance footpath and will consider councils applying for small grants (under £10,000) for strategic works on the Ulster way, providing opportunities for a more challenging walking experience. In addition NIEA worked with key strategic partners including Sport NI and 	<p>A greater proportion of adults achieving the recommended levels of physical activity.</p>

		<p>NITB towards the development of the Outdoor Recreation Action Plan for Northern Ireland which was published in spring 2014. Health and well-being, social inclusion and cohesion, as well as enjoyment for everyone, was one of the main considerations when developing the Action Plan.</p>	
<p>20. Greater access to public and privately owned land.</p>		<ul style="list-style-type: none"> • DoE / NIEA - <i>PPS 1 General Principles, PPS 3 Access, Movement and Parking and PPS 7 Quality Residential Environments</i> all refer to the facilitation of cycle and pedestrian facilities - which in turn will assist in the promotion of healthier lifestyles. As part of the policy development process DoE normally consults with a range of health organisations when preparing new planning policy. • DE - The Department has issued <i>Guidance on the Community Use of School Premises</i> to all schools, and key stakeholders. • DCAL - This is supported through the <i>Sport Matters Strategy</i> and work is ongoing with the Environment Agency. • DoE - Will continue to promote an approach to the development and the use of land which is supportive to the health and well being of people within future planning policy. 	<p>A greater proportion of adults achieving the recommended levels of physical activity.</p>
<p>21. Joint undergraduate module on healthy urban planning developed.</p>		<ul style="list-style-type: none"> • This has not moved forward and consideration was given to remove this outcome as part of the three-year review process. 	
<p>22. Active Travel Strategy developed for Northern Ireland.</p>		<ul style="list-style-type: none"> • DRD - <i>An Action Plan for Active Travel in NI 2012 – 2015</i> was published in Aug 2013. The Department is currently finalising a new Accessible Transport Strategy to address barriers to travel for those who are older or have a disability. • DoE - Supports this through <i>PPS1 General Principles, PPS3 Access, Movement and Parking</i> and <i>PPS7 “Quality Residential Environments”</i> which all refer to the facilitation of cycle and pedestrian facilities. 	
<p>23. The new CMO Physical Activity Guidelines for adults and older people published and disseminated.</p>		<ul style="list-style-type: none"> • DHSSPS / PHA - The PHA commissioned ‘Moving More Often’ training in 2013/14 to support the promotion of physical activity in older people. 	
<p>24. More people are aware of and have access to local</p>		<ul style="list-style-type: none"> • PHA - Continues to support ongoing work with local government and Trusts. Examples include: outdoor gyms and activity trails, <i>Community Allotments</i> schemes, taster sessions, <i>Walking for Health</i> programmes and <i>Couch Potato to Runner Bean</i> initiatives. A scoping 	

<p>facilities and opportunities for organised and non-organised physical activity.</p>		<p>template to enhance the <i>Walking for Health</i> programme was completed by Trusts.</p> <ul style="list-style-type: none"> • DCAL - Supported through the <i>Sport Matters Strategy</i> and actions towards meeting their associated Travel Time target which is - <i>by 2019, to ensure that 90% of the population have quality accredited; multi sports facilities that have the capacity to meet demand, within 20 minutes travel time.</i> 	
<p>25. Sport Matters Strategy implemented.</p>		<ul style="list-style-type: none"> • DCAL - Continues to support Sport NI in the delivery of the <i>Sport Matters Strategy</i>. Other Departments also continue to support this strategy where relevant. • Sport NI - In Nov 2013 Sport NI finalised and published <i>Northern Ireland's Sport and Physical Activity Survey 2010</i>. Sport NI continues, with partner organisations, to deliver the 26 targets within the Strategy for Sport and in particular the 11 targets that relate to increasing participation. Continues to invest in the <i>Active Communities</i> programme. In January 2014 SNI confirmed an extension to the programme to March 2015. Over the period 2010-2015 SNI will have invested in £12.5m programme delivery. In 2013-14 approx. 105,517 people participated approx.1m times. Published a document promoting community use of the schools' sports estate in Jan 2014, as well as launching a £500k programme to fund the costs of local communities gaining access to these facilities for sport and physical recreation. 	<p>A greater proportion of adults achieving the recommended levels of physical activity.</p>
<p>26. Greater involvement of under-represented groups in recommended levels of physical activity.</p>		<ul style="list-style-type: none"> • PHA - A wide range of initiatives and programmes are being delivered by the Community & Voluntary sector, which contribute to increasing opportunities and participation in physical activity. For example, <i>Heart Towns</i> initiative by BHF. Examples also include: outdoor gyms and activity trails, <i>Community Allotments</i> schemes, taster sessions, <i>Walking for Health</i> programmes and <i>Couch Potato to Runner Bean</i> initiatives and <i>Green Gyms</i>. A training manual was finalised for the <i>Moving More Often</i> training programme to support increased physical activity in older adults. Training was rolled out from April 2015. • DCAL - Supported through the <i>Sport Matters Strategy</i> which has specific targets set for under-represented groups. • Sport NI - Continues to work with partner organisations to deliver the 26 targets within the Strategy for Sport and in particular the 11 targets that relate to increasing participation. 	
<p>27. Community and Voluntary sector supported to provide increased opportunities for participation in recommended levels</p>		<ul style="list-style-type: none"> • PHA - See Above. • Councils/NILGA - Western Area - <i>*Inspiring Communities to Get Active Together</i> Stakeholders involved are the PHA, 5 Councils in the West, Western Group Environmental Health Service, WHSCT, Community & voluntary representatives. Local action plans were developed with cluster pilots focusing on value added due to consistent co-ordination & communication e.g. <i>Bike Week</i>. Electronic counters have been installed across the cluster 	

of physical activity.	 to monitor use of walking routes and active travel maps have been developed and published for all Council areas. <ul style="list-style-type: none">• Sport NI - Supported delivery of this outcome through investment in <i>Active Communities</i> (£3m, approx 106,000 participants) and the Active Awards for Sport <i>Small Grants Programme</i> (£1.5m).	
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DATA AND RESEARCH			
Outcome	R A G	Update	Long Term Outcome
1. Action Plan developed to ensure sustained collection of robust data in respect of obesity.		<ul style="list-style-type: none"> • PHA / ROPIG - Actions include: <ul style="list-style-type: none"> ○ Ran and evaluated a number of pilots as mentioned against previous outcomes. ○ Input of R&D and COE reps to key groups. ○ Opportunities to support relevant research via Research & Development Enabling Awards - funded Centre of Excellence research on use of pedometers in post primary children to increase levels of physical activity. ○ Funding support to the evaluation of <i>Space and Place</i>. ○ Baseline research to inform development of public information campaigns and post campaign evaluations. • FSA - *<i>National Diet and Nutrition Survey (NDNS)</i> Years 1-4 report for NI consumer consumption data was published on 12 Feb 2015. The FSA has purchased Kantar data on NI consumers purchasing to provide information to assist with marker foods, policy on reformulation and promotions. • Safefood - Launched the following research during 2014/15: <ul style="list-style-type: none"> ○ Consumer understanding of portion size. ○ Evaluation of first year of the Community Food Initiative Programme 2013-15. ○ Consumer focussed review of men’s food behaviour. ○ Food skills: definition, influences and relationship with health. ○ Attitudes of public towards policies to address obesity. ○ Completed ‘wrap sandwich’ composition. ○ What’s in your Indian takeaway ○ Cost of a healthy Food basket Safefood also funded the following projects: <ul style="list-style-type: none"> ○ Managing food and shift work. ○ Economic cost of childhood obesity. ○ Cooking skills ○ Iodine Status ○ Folate Status ○ “Halo” – Impact of nutrient health claims ○ Retail promo ○ Weaning 	Obesity strategy, policy, research and practice supported by robust knowledge / evidence base.
2. Obesity Hub developed to ensure the linking and co-ordination of data from multiple measurements and monitoring.		<ul style="list-style-type: none"> • IPH - Maintains and updates the Obesity Hub as part of the Health Well^{xxxvii}. Issued the following reports which are linked to the issue of obesity: <ul style="list-style-type: none"> ○ April 2015 - <i>Enough is Enough - Food Poverty Scoping Exercise</i> (with Belfast Food Network). ○ Nov 2013 - <i>Prevention and Early Intervention in Children and Young People’s Services - Child Health and Development^{xxxviii}</i> for the Centre for Effective Services (CES) which includes tackling issues like childhood obesity. 	

DATA AND RESEARCH			
Outcome	R A G	Update	Long Term Outcome
3. Progress measured against the target and all the indicators set out in this Framework.		<ul style="list-style-type: none"> • ROPIG - A rolling ROPIG Action Plan is agreed and implemented, informed by available resources and agreed priorities. 	<p>Obesity strategy, policy, research and practice supported by robust knowledge / evidence base.</p>
4. Monitoring and evaluation toolkit developed and used.		<ul style="list-style-type: none"> • PHA - An evaluation toolkit is available from NOO / PHE Obesity and a separate toolkit for NI is not required. • IPH - Resources from <i>Healthy Food for All</i>, <i>Centre for Physical Activity and Health Research at University of Limerick</i>, and PHE Obesity (formerly <i>National Obesity Observatory</i>) are now automatically included in the Physical Activity and Nutrition Intervention Tool (PANI) on the <i>Obesity Hub</i> and updated on an ongoing basis. 	
5. Research needs of the Framework identified and a research programme developed, potentially covering: <ul style="list-style-type: none"> • determinants of overweight and obesity; • good practice; • economic and social impacts; and • sustainability. 		<ul style="list-style-type: none"> • Safefood - published the <i>Consumer knowledge, attitude and reported behaviour around portion sizes</i> in November 2014). • Sport NI - Developed a research strategy covering the period 2013-2017 with the aim to: “Conduct high quality research which contributes towards evidence-based decision making in sport to realise strategic policy, reinforces the case for the value of sport, and enhances the effectiveness of our investment.” 	
6. Audit undertaken of existing research and evaluations, and the information collated on a live database.		<ul style="list-style-type: none"> • IPH - As outcome 4 - Physical Activity and Nutrition Intervention Tool (PANI) is available on the <i>Obesity Hub</i> and is updated on an ongoing basis. The PANI Tool contains over 220 interventions with details of their development, delivery, evaluation and perceived effectiveness. • Safefood - All research funded by Safefood is available at www.safefood.eu and disseminated through the All-island Obesity Action Forum. 	

DATA AND RESEARCH			
Outcome	R A G	Update	Long Term Outcome
7. Improved service delivery and policy development through the analysis and dissemination of information from surveillance, evaluation and wider research.		<ul style="list-style-type: none"> • PHA - Research updates continue to be disseminated through the <i>All-Ireland Obesity Action Forum</i>. • Sport NI - developed a business case for investing in the second tranche of the SAPAS in 2014/15 and 2015/16. Further updates will be provided in due course. • FSA - Kantar Research on Household Food and Drink Purchasing and Nutrient Data in NI. Data collected to provide insight into the overall take home diet; inform measurement of Obesity Prevention strategy marker foods and help inform the FSA in NI's work going forward with retailers and industry. • IPH - Continues to maintain <i>The Health Well</i> which updates research on a number of issues including the Obesity Hub. • Councils - ANBC <ul style="list-style-type: none"> ○ Incorporation of research findings and evaluation into PHN Hub framework, currently being developed for online access through ANBC website. ○ Full reports prepared for all evaluations and research to support the process of dissemination of research findings and intervention outcomes. ○ Ongoing surveillance of dietary intakes and eating habits undertaken using national and local data. ○ Muddy boots evaluation completed. ○ An audit of council leisure vending facilities within Newtownabbey including nutrient profiling of all food and drink has recently been completed and reported. ○ Formal evaluation of Small Steps to healthier choices initiative completed. ○ Visual cue study research proposal in preparation based on sugar intake data, and behavioural change research. ○ Evaluation of Sowing Seeds for Healthy Living initiative due for completion December 2015. 	Obesity strategy, policy, research and practice supported by robust knowledge / evidence base.

UPDATE ON INDICATORS

Indicator	Survey and links	Baseline data	Current available stats
% of overweight/obese expectant mothers.	Antenatal clinics upon collection at 'booking in' appointment of the health check for expectant mothers (at around 12-14 weeks).	NI Maternity System (NIMATs) - 2010/11 - 48% at the time of booking considered pre-obese (overweight) – based on BMI.	NI Maternity System (NIMATs) - 2012/13 49% at the time of booking considered pre-obese (overweight) – based on BMI. DRAFT
% mothers breastfeeding at: <ul style="list-style-type: none"> • Birth; • Discharge from hospital; • At 10-14 days; • 6 weeks; • 3 months; and • 6 months. 	Infant Feeding Survey (IFS) 2005, 2010 http://data.gov.uk/dataset/infant-feeding-survey-2010 Child Health System (CHS)	IFS 2010 - 64% breastfeeding at birth. 47% at one week. 33% at six weeks. 16% at six months. 9% at nine months.	IFS was due to run in 2015 but did not go ahead. Using HSCIMS (Health and Social Care Inequalities Monitoring System) – Key Facts 2015. Information Analysis Directorate. % mothers Breastfeeding: <ul style="list-style-type: none"> • 2014 = 46% - on discharge. The proportion of those breastfeeding on discharge has remained similar over the past 5 years. • 63% at 6 weeks or more. • 48% at three months or more. • 29% at six months or more.
% of infants introduced to weaning foods at six months.	Infant Feeding Survey (IFS) http://data.gov.uk/dataset/infant-feeding-survey-2010	IFS 2010 - in 2005, 51% of mothers had introduced solid foods by four months (instead of at six months as recommended), but by 2010, it had fallen to 30%.	The IFS was due to run again on 2015 however this did not happen.
% of young children eating appropriate portions of fruit/veg per day.	Health Survey Northern Ireland (HSNI) 2010-11 will provide this data for 2-15 year olds. https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-obesity-analysis-2010-11.pdf	Note – The NDNS rolling results from 2008/09-2010/11 state that the UK recommendation is 5 portions of fruit/veg per day for children over the age of 11.	National Diet and Nutrition Survey in Northern Ireland: results from years 1, 2, 3 and 4 combined (2008-2012). 96% of children aged 11 to 18 years in the north did not meet the five-a-day recommendation. Young Persons Behaviour and Attitude Survey 2013. Only 16% of pupils aged 11-16 usually eat 5 or more portions of fruit or vegetables each day.

Indicator	Survey and links	Baseline data	Current available stats
Prevalence of diet associated risk factors diagnosed in children and young people.	National Diet & Nutrition Survey (NDNS) http://nationaldiet.co.uk/		To be discussed.
% of overweight and obese children in P1.	Child Health System (CHS)	CHS – 2008/09 5.3% of children in P1 were obese. 22.5% overweight or obese.	Health and Social Care Inequalities Monitoring System (HSCIMS) 2013/14. <ul style="list-style-type: none"> • <u>Primary one</u> – 5.8% of girls and 4.2% of boys were classed as obese. • <u>Year 8</u> – 6.7% of girls and 8.5% of boys were classed as obese. Obesity rates for P1 and Y8 pupils have remained fairly similar in recent years.
% of screen time spent by children and young people.	Kids Life and Times Survey (KLTS) http://www.ark.ac.uk/klts/ Young Persons’ Behaviour and Attitudes Survey (YPBAS) 2007 http://www.csu.nisra.gov.uk/survey.asp14.htm Safefood 2013+YPBAS (11-16 year olds)	YPBAS 2010 – ages 11-16 91% pupils use social media 27% spent more than 10hrs watching TV, videos and DVDs. 27% spent more than 10hrs playing computer or console games.	YPBAS - 2013 was the last published survey and this topic was not included, although it was recorded that half of school children (aged 11-16) use the internet at least once a day or more that once a day at home.

Indicator	Survey and links	Baseline data	Current available stats	
<p>% of children with dental decay.</p>	<p>Child Dental Survey (CDS) 2003 http://www.hscic.gov.uk/article/3740/Dental-Health-Survey-of-Children-and-Young-People</p>	<p>CDS 2003 NI – 56% had obvious decay experience the primary teeth. 47% of five-year-olds had at least one primary tooth with decay into dentine and 17 % had at least one filled primary tooth. 71% of 8-year olds had obvious decay experience in the primary teeth. 62% had a least one primary tooth with decay into dentine and 35% had a least one filled primary tooth.</p>	<p>The Child Dental Health Survey 2013 reported the following:</p> <p><u>Primary Teeth</u></p> <ul style="list-style-type: none"> • two fifths (40%) of 5 year olds and over half (56%) of 8 year olds were classified as having obvious decay experience including visual dentine caries in their primary teeth. • Further to this, almost two thirds (37%) of 5 year olds had decay into dentine and 10% had fillings. • For 8 year olds, 46% had decay into dentine and 25% had fillings. <p><u>Permanent Teeth</u></p> <ul style="list-style-type: none"> • By the age of 12, over half (57%) of children in the north had obvious decay experience in their permanent teeth. • Less than a third of 12 year olds (27%) had decay into dentine requiring treatment and just over two fifths (42%) had fillings. • Among 15 year olds, nearly three quarters (72%) children had obvious decay experience in permanent teeth and three fifths (61%) had fillings. • The proportion of 15 year olds with decay into dentine and teeth missing due to decay was 30% and 13% respectively. <p>http://www.hscic.gov.uk/catalogue/PUB17137/CDHS2013-Northern-Ireland-Report.pdf</p>	
<p>% of children and young people making healthier food choices consuming 5 or more portions of fruit/veg per day.</p>	<p>YPBAS 2007 http://www.csu.nisra.gov.uk/survey.asp14.htm</p>	<p>YPBAS 2010 – ages 11-16 13% usually consume 5 or more portions of fruit/veg per day. 85% are taught healthy eating at school. 57% said this helped them make more sensible food choices.</p>	<p>NDNS 2008/09-2011/12 – children aged 11 to 18 years meeting the “5-a-day” recommendation: 10% of boys. 7% of girls.</p>	<p>YPBAS 2013 (ages 11-16) - 16% usually consume 5 or more portions of fruit/veg each day. - 86% have been taught about healthy eating at school - 60% said this helped them make sensible choices.</p>

AFFFA – Progress against 2015-2019 short term outcomes

Indicator	Survey and links	Baseline data	Current available stats
Level of exposure of children and young people to advertising of high salt, sugar, fat products or alcohol.	OFCOM		In 2012, Newcastle University (Institute of Health and Society) academics said 6.1% of adverts seen by children were about junk food before the ban - the figure was 7% after the 2007 ban. They said young people do not just watch children's programmes, to which the rules apply. There was a slight decrease in the amount of food advertising as a part of all advertising, from 14.8% to 14.5%.
% of children (11-16 years) who are members of a club or team not connected with their school that involved them taking part in sport and physical activity.	YPBAS 2007 http://www.csu.nisra.gov.uk/survey.asp14.htm	YPBAS 2010 – ages 11-16 59% are a member of other sports clubs or teams no associated with their school.	Questions not included in recent HSNI. No YPBAS results available.
% of children (11-16 years) who played any sport, exercise, or played actively that made them out of breath or hot and sweaty.	YPBAS 2007 http://www.csu.nisra.gov.uk/survey.asp14.htm	YPBAS 2010 – ages 11-16 90% pupils played sport, exercised or played actively that made them out of breath or sweaty in the week prior to the survey	Questions not included in HSNI No YPBAS results available
% of children (11-16years) who spent two hours or more per week doing PE or games at school.	YPBAS 2007 & 2010 http://www.csu.nisra.gov.uk/survey.asp14.htm	YPBAS 2010 – ages 11-16 49% pupils normally spend at least 2hrs a week doing PE or playing for a school team.	Questions not included in HSNI No YPBAS results available

AFFFA – Progress against 2015-2019 short term outcomes

Indicator	Survey and links	Baseline data	Current available stats	Indicator
Prevalence of overweight and obesity in adults.	<p>Health and Social Wellbeing Survey (HSWB) 2005-06 http://www.csu.nisra.gov.uk/survey.asp153.htm HSNI (16+) from 2010 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-obesity-analysis-2010-11.pdf</p>	<p>HSWB 2005/06 – aged 16+ 24% obese 35% overweight 59% overweight and obese</p>	<p>HSNI 2013/14 24% obese. 37% overweight. 61% overweight and obese.</p>	<p>HSNI 2014/15 25% obese. 35% overweight. 60% overweight and obese.</p>
Occurrences of obesity related diseases.	Diabetes UK / Hospital or GP records	<p>Hospital Inpatient System 891 – Approx total number of individuals admitted to HSC Hospitals in NI in 2007/08 with a Diagnosis of Obesity. HSNI 2010/11 – aged 16+ 35% of respondents reported that they have a long-standing illness with results ranging from 35% in the overweight category and 50% in the obese category.</p>	<p>Hospital In-patient System - Number of individuals admitted to HSC hospitals in NI with a diagnosis of obesity: 2014/15 – to be updated. 2013/14: 1,748. 2012/13: 1,394. 2011/12: 1,145.</p>	
Awareness of '5-a-day' healthy eating.	<p>HSNI (aged 16+) from 2010 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-obesity-analysis-2010-11.pdf</p>	<p>HSNI 2010/11 – aged 16+ 86% aware of the guidelines.</p>	<p>HSNI 2013/14 - aged 16+ 86% aware of the guidelines.</p>	<p>HSNI 2014/15 - aged 16+ 82% aware of the guidelines.</p>
% of adults adopting the 5-a-day guidelines.	<p>HSWB 2005/06 http://www.csu.nisra.gov.uk/survey.asp153.htm HSNI (aged 16+) from 2010 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-obesity-analysis-2010-11.pdf</p>	<p>HSNI 2010/11 - aged 16+ 33% meeting the guidelines.</p>	<p>HSNI 2013/14 - aged 16+ 33% ate the recommended five portions of fruit and vegetables a day. This is an increase from 2005-06 when 27% of respondents are the recommended five-a-day.</p>	<p>HSNI 2014/15 aged 16+ 36% indicated they ate the recommended 5 portions of fruit and vegetables per day.</p>

AFFFA – Progress against 2015-2019 short term outcomes

Indicator	Survey and links	Baseline data	Current available stats	Indicator
% of adults experiencing food poverty.	<p>HSNI (aged 16+) from 2010 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-obesity-analysis-2010-11.pdf</p>	<p>HSNI 2010 – no questions included at this time.</p>	<p>HSNI 2013/14 – aged 16+ 7% reported that they had not eaten a substantial meal in the last fortnight due to a lack of money, while 1% of respondents stated that they had ever cut the size of a child’s meal because they did not have enough money for food.</p>	<p>HSNI 2014/15 - aged 16+ 4% reported that there had been at least one day when they had not eaten a substantial meal in the last fortnight due to a lack of money, while 1% stated they had ever cut the size of a child’s meal because they did not have enough money for food.</p>
% of food manufacturers currently reformulating.	<p>Food Standards Agency (FSA)</p>		<p>To be updated as part of the 3-year review process.</p>	
% of adults who are sedentary.	<p>HSWB 2005-06 http://www.csu.nisra.gov.uk/survey.asp153.htm HSNI (aged 16+) from 2010 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-obesity-analysis-2010-11.pdf Sport and Physical Activity Survey (SAPAS) http://www.sportni.net/sportni/wp-content/uploads/2013/03/SAPASReport.pdf</p>	<p>HSNI 2010/11 – aged 16+ 25% classed as sedentary - 14% (aged 16-24) - 62% (aged 75+) (a person who has not performed any activity of at least a moderate level, lasting 20 mins, on at least one occasion in the last 7 days).</p>	<p>HSNI 2013/14 - aged 19+ <u>Weekdays</u> 44% sedentary for 4+hrs p/d. <u>Weekends</u> 54% sedentary for 4+hrs p/d.</p>	<p>HSNI 2014/15 There were no physical activity questions in the survey this year.</p>

AFFFA – Progress against 2015-2019 short term outcomes

Indicator	Survey and links	Baseline data	Current available stats	
% of adults aware of the physical activity recommended by the Chief Medical Officer.	HSNI (aged 16+) from 2010 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-obesity-analysis-2010-11.pdf		HSNI 2014/15 There were no physical activity questions in the survey this year.	
% of adults (16+) meeting the levels of physical activity recommended by the Chief Medical Officer.	HSNI (aged 16+) from 2010 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-obesity-analysis-2010-11.pdf	HSNI 2010/11 – aged 16+ 38% met the recommendations.	HSNI 2013/14 53% met the recommendations.	HSNI 2014/15 There were no physical activity questions in the survey this year.
% of women (16+) meeting the levels of physical activity recommended by the Chief Medical Officer.	HSWB 2005-06 http://www.csu.nisra.gov.uk/survey.asp153.htm HSNI (aged 16+) from 2010 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-obesity-analysis-2010-11.pdf	HSWB 2005/6 28% met the recommendations. HSNI 2010/11 – aged 16+ 35% met the recommendations.	HSNI 2013/14 – aged 19+ 47% met the recommendations.	HSNI 2014/15 There were no physical activity questions in the survey this year.
% of adults (16+) meeting the levels of physical activity recommended by the Chief Medical Officer through ‘getting about’ (which includes walking and cycling).	HSWB 2005-06 http://www.csu.nisra.gov.uk/survey.asp153.htm HSNI (aged 16+) from 2010 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-obesity-analysis-2010-11.pdf	HSNI 2010 – no result	HSNI 2014/15 There were no physical activity questions in the survey this year. There is potential for statistic recovery through DRD and Active Travel or the Health Survey Northern Ireland.	

ACRONYMS

ACBCBC	Armagh City, Banbridge and Craigavon Borough Council
ANBC	Antrim and Newtownabbey Borough Council
BDA	British Dietetic Association
BITC	Business in the Community
BMI	Body Mass Index
CAFRE	College of Agriculture, Food and Rural Enterprise
CCEA	Councils for the Curriculum, Examinations and Assessment
CCNI	Consumer Council for Northern Ireland
CCP	Child Care Partnerships
CDHN	Community Development Health Network
CDNEP	Community Diet and Nutrition Education Programme
CDS	Child Dental Survey
CIEH	Chartered Institute of Environmental Health
CMO	Chief Medical Officer
CYPSP	Children and Young People Strategic Partnership of Northern Ireland
DARD	Department of Agriculture and Rural Development
DCAL	Department of Culture, Arts and Leisure
DE	Department of Education
DEL	Department for Employment and Learning
DETI	Department of Enterprise, Trade and Investment
DFP	Department of Finance and Personnel
DHSSPS	Department of Health, Social Services and Public Safety
DoE	Department of the Environment
DRD	Department for Regional Development
DSD	Department for Social Development
EA	Education Authority
EYPs	Early Years Providers
EYTs	Early Years Teams
FSA	Food Standards Agency
HFfA	Healthy Food for All
HSC/HSCTs	Health and Social Care/Health and Social Care Trusts
HSCIMS	Health and Social Care Inequalities Monitoring System
HSE	Health and Safety Executive
HSNI	Health Survey Northern Ireland
IFS	Infant Feeding System
IOTF	International Obesity Task Force
IPH	Institute of Public Health Ireland
NEET	Not in Education, Employment or Training
NICE	National Institute for Health and Clinical Excellence
NICVA	Northern Ireland Council for Voluntary Action
NIEA	Northern Ireland Environment Agency
NIMATs	Northern Ireland Maternity System
NOO	National Obesity Observatory
MUDC	Mid-Ulster District Council
OFMDFM	Office of the First Minister and deputy First Minister

AFFFA - ACTIONS TO OUTCOMES APRIL 2014

OPSG	Obesity Prevention Steering Group
ORNI	Outdoor Recreation Northern Ireland
PANI (Tool)	Physical Activity and Nutrition Intervention (Tool)
PHA	Public Health Agency
PHE	Public Health England
PHN	Public Health Nutrition
QUB	Queens University Belfast
ROPIG	Regional Obesity Prevention Implementation Group
RCGP	Royal College of General Practitioners
RQIA	Regulation and Quality Improvement Authority
SStHC	Small Steps to Healthier Choices
UU	University of Ulster
VOL/COM	Voluntary / Community
WHO	World Health Organisation
YCNI	Youth Council Northern Ireland
YPBAS	Young Persons Behaviour and Attitude Survey

PROGRAMMES, PROJECTS AND INITIATIVES

Active8 Eatwell – FSA and Sport NI

One of the strands within the Sport NI Active8 programme and designed to enable primary school children to lead active and healthy lifestyles by developing their awareness, understanding and appreciation of the relationship between physical activity and healthy eating. It links into the NI curriculum and provides inclusive and connected learning opportunities that assist teachers to plan, teach and assess the relevant statutory requirements of the NI Primary Curriculum within both Personal Development and Mutual Understanding and Physical Education.

- Active8 Sport Leaders programme delivered in partnership with Youth Sport Leaders UK, schools and district councils.
- Active8 Big Start 2014 comprehensive school engagement programme to raise awareness of, support and enable active travel amongst children and young people as part of Giro d'Italia 2014.
- Active8 Eatwell - to enable primary school children to lead active and healthy lifestyles by developing their awareness, understanding and appreciation of the relationship between physical activity and healthy eating.

Active Communities Programme – Sport NI

A lottery funded initiative that aims to increase participation in sport and physical recreation in the north. Sport NI is working in partnership with district councils to help over 100,000 people get active and stay active. Over 100 Active Communities Coaches will be deployed in communities and will be responsible for delivering a wide range of sports and activities.

Active Schools Travel – DRD/PHA

The Active School Travel Programme will be delivered to at least 60 schools per year (180 in total) over a three year period to encourage pupils to adopt walking and cycling as their main mode of transport to and from school.

Baby Feeding Law Group Ireland

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

Best Beginnings

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

Choose to Live Better

This public information campaign was launched in January 2013. Phase 1 is an advert with both male and female focussed versions highlighting small changes to achieve weight loss. Phase 2 looks at using YouTube, Google search and Facebook advertising. Supporting material, including leaflets and posters have been distributed to Trusts, GPs and pharmacies across the north.

Community Diet and Nutrition Education Programme

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

Community Food Initiative

The new Community Food Initiative Programme 2013-15 was launched on 11 April. Each project has been awarded funding to a maximum of £35,000. Three recipients of the CFI Programme 2013-15 funding are in the north:

- Windsor Women's Centre - Food for Thought (Belfast).
- Cloughmills Community Action Team - Incredible Edible Cloughmills (Antrim).
- Gortin Community Seasonal Eating (Tyrone).

Cook It!

This community-based nutrition education programme aims to increase knowledge and understanding of healthy eating and good food hygiene, and to increase cooking skills. It was developed specifically for use with people living in disadvantaged circumstances. At present it is being adapted for use with people with learning disabilities and for those from Black and Minority Ethnic (BME) communities.

Curriculum Sports Programme

This aims to develop pupils' physical literacy skills and to support teachers in developing their confidence in delivering the PE curriculum.

Early Movers – British Heart Foundation

The Early movers guide was produced to help and support plans and organisation of developmentally appropriate physically active play environments for children under five. It aims to help build on existing practices by supporting the adoption of a whole setting approach to physical activity and providing ideas to extend physical activity provision. It will also help to meet the learning and development requirements of the various UK curriculums, in particular for physical development.

Eat, Taste and Grow

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

Eatright.eu - Safood and FSA NI

This online resource, eatright.eu, was designed for trainers and teachers working with Early School Leavers (14-16-year olds, not in fulltime employment, education or training (NEET). The resource aims to meet the needs of early school leavers in a non-traditional learning environment using a blended learning approach to make learning fun and covers a number of modules:

- A healthy eating module uses everyday food and meals to explain what food groups are and their role in maintaining a balanced diet.
- A food safety module explains the basics of food hygiene, food storage, preparation and cooking.
- A physical activity and energy balance module explains why physical activity is important and how energy needs are met.

The resource complements nutrition related curriculum in a way that meets the specific nutrition needs of the Early School Leavers group. It develops practical skills that can be transferred into young people's lives outside of the centres and provides content in a format and style that is tailored to suit this group's needs.

Flames

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

Front of Pack (FoP) Labelling

Includes:

- Information on the energy value in kilojoules (kj) and kilocalories (kcal) per 100g/ml and in a specified portion of the product. Information on the amounts in grams of fat, saturates, sugars and salt in grams, in a specified portion of the product.
- Portion size information expressed in a way that is easily recognisable and meaningful to the consumer e.g. 1 burger.
- Percentage Reference Intake information based on the amount of each nutrient and energy value in a portion of the food.
- Colour coding, red, amber and green of the nutrient in the food. (Text high, medium and low is optional).

For consistency with EU FIC, the term 'Reference Intake' has replaced 'Guideline Daily Amounts'. The colour coding on fat, saturated fat, sugars and salt can be used, at a glance, to determine the healthiness of a food, to compare it to other similar products and to consider the overall balance of a basket of food. Combining this, 'at a glance' information with the % of the daily reference intake per portion, will enable consumers to understand the contribution, per eating occasion/portion, which the food makes to their diet.

- Red means the food or drink is high in a particular nutrient that we should try to cut down on, eat less often or in small amounts.
- Amber means medium, and if a food contains mostly amber you can eat it most of the time.
- Green means low, and the more green lights a label displays the healthier the food choice.

FoP - Support for the new scheme

All ten of the major UK retailers (including Tesco, Sainsbury, Asda, Marks and Spencer, Lidl, Co-op and Boots) along with a number of well-known brands (including McCain, MARS UK, Nestle UK, PepsiCo UK and Premier Foods) have pledged their commitment to the scheme and will be phasing the guidelines noted in the cross-government guidance to their labels as a natural part of their relabeling process so that consumers will see, and begin to benefit from a move towards greater consistency. Locally, both Moy Park and Mash Direct have announced their commitment to the new scheme. This already accounts for more than 60% of the food that is sold in the UK.

FoP – Guidance

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

Give it a Go!

This was a healthy living initiative in the Southern area designed to encourage everyone to get active, eat well and ultimately feel good! A road show was organised to engage with all sectors of the community and encourage participation in various activities. 'Give it a Go!' operated across the four Councils with various activities taking place including: Cookery demonstrations, Man Alive & female health checks, healthy eating advice from professional dieticians, fitness tests with trained instructors, leisure centre taster sessions – spin, zumba, kettle bells.

Green gyms

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

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

It comprises mandatory and discretionary elements and applies to all grant-aided schools. A supporting framework to oversee implementation of the policy is led by the Food in Schools Forum and supported by a regional Food in Schools Coordinator. <https://www.deni.gov.uk/articles/food-schools-policy>

Healthy Start

UK-wide statutory scheme which aims to improve the health of low-income and vulnerable families. Those qualifying for Healthy Start must be at least 10 weeks pregnant or have a child under four years old and be in receipt of certain benefits or tax credits; or be under 18 years and pregnant. Healthy Start vouchers can be exchanged for cow's milk, infant formula milk, fresh or plain frozen fruit and vegetables. Healthy Start beneficiaries are also entitled to free vitamin supplements. The Scheme acts as a nutritional safety net and encourages earlier and closer contact between health professionals, pregnant women and families from disadvantaged groups which will help support health needs. Healthy Start currently supports around 14,500 households in the north.

The Health Well – IPH

This includes a Chronic Conditions Hub which serves as an authoritative source of data and publications (including estimates and forecasts of the prevalence of a number of obesity-related conditions). The Obesity Hub / The Health Well website hosts a number of obesity-related websites: Association for the Study of Obesity in Ireland (ASOI), Weigh to a Healthy Pregnancy Webgroup, HSCT PHA Regional Physical Activity Coordinators Group, South Eastern Physical Activity Partnership and the Northern Ireland Public Health Research Network (which contains a number of obesity-related Special Interest Groups). In 2013, IPH provided training on use of Obesity Hub and obesity-related interactive tools (PANI, Chronic Conditions Prevalence Tool, Community Profiles Tool) to academic (5 sessions) and non-academic (5 sessions) sectors with approximately 270 attendees in total. Approaches to addressing overweight and obesity was a key theme at IPH's Open Conference in 2013. Developed and manages (with QUB, HRB CHDR (UCC/UCD), Safefood) an all-Ireland obesity newsletter.

Hearty Lives – BHF

People living in the poorest areas of the country are, on average, more likely to die from coronary heart disease (CHD) than people living in the richest. BHF's This programme aims to reduce these inequalities in heart disease through working in partnership with local authorities, the NHS and non-profit organisations to improve the health of people at greatest risk of CHD. Since 2009, over 159,000 people have taken part in Hearty Lives activities.

Inspiring Communities to Get Active Together – Councils (Western)

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

Let's take on childhood obesity' campaign – Safefood

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

Little Steps

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

Make a Change

Part of the Joint Working Arrangements Action Plan between Cookstown, Dungannon and Magherafelt Councils, the Northern and Southern HSCTs and the PHA. It is aimed at people aged 18 years or over, who are not currently in paid work and who would like to make a small change in their lifestyle for the benefit of their health. The focus this year (2013) is on getting more active or eating more healthily but the Officers can also signpost to other services while still offering support in the background if this is appropriate. A Make a Change Health Support Officer is in place in each Council area as part of a pilot project to test the approach.

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

The MARA project seeks to improve the health and social well-being of people living in rural areas in the north. It is funded by DARD and delivered by the PHA. The aim of MARA is to increase awareness of, or help households/individuals access local services, grant or benefits thus supporting those rural dwellers living in or at risk of poverty and social exclusion. To date 5000 households have received help and support through the MARA project. As this initiative tackles overall poverty, it would be expected also to have a positive impact on reducing food poverty in rural areas.

Minimum Care Standards

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

National Diet and Nutrition Survey

FSA NI, Safefood and DHSSPS, bought a NI boost within the UK-wide NDNS. Three years were purchased (200 respondents per year). Year 4 was then negotiated with the departments deciding not to purchase Year 5. The composite NI report for Years 1 to 4 of NDNS (2008-2012) will include data analysis from 465 adults and 506 children. The outline has been agreed for the NI report using UK as a template. Points to note are that, due to fewer numbers surveyed, males and females 65+ are one group and there will not be as much supplement analysis included.

Play and Leisure Implementation Plan

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

Play and Leisure Partnerships

This will engage local communities in the planning of play and leisure opportunities to meet the needs of children and young people in their areas. The Partnerships will take forward a range of tasks including the adoption of an evidence-based approach to the delivery of services and will seek to actively promote play to parents, children and the broader community through highlighting the benefits for children's health and in particular the important part it can play in tackling childhood obesity.

Sammy Sally

'Sammy and Sally Grow Together'. This book encourages pre-school children to learn about growing food. Two copies of this book along with one copy of the first book 'When Sally met Sammy' was disseminated along with a pack of cress seeds to each preschool on the island of Ireland in spring 2012 and the feedback was collected through an evaluation form.

Small Grants Programmes

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

Sport and Physical Activity Survey 2010

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

Sport Matters Strategy

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

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

As part of the implementation of Sport Matters, a ministerial chaired Sport Matters Monitoring Group, which is responsible for monitoring and overseeing the delivery of Sport Matters, has been established.

Sport Matters: Community Capital Programme

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

Start to Play

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

Stop the Spread

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

SureStart

This is a government led initiative aimed at giving every child the best possible start in life and which offers a broad range of services focusing on Family Health, Early Years Care and Education and Improved Well Being Programmes to children aged 4 and under.

Take Away My Way

Safefood in association with St. Angela's College, Sligo have launched 'Take Away My Way', a cookery competition which challenges post primary students in NI and ROI to take on their takeaway by cooking a healthier version of their favourite takeaway dish. Now in its third year, the competition is open to all post-primary school students on the island of Ireland including students in Youthreach centres.

Top Marks

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

Travelwise

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

Weigh to a Healthy Pregnancy

This programme is a pilot intervention being undertaken across all Trusts. All eligible women with a BMI of 40 or more at booking (around 500 women per year) are being recruited to the intervention which will last throughout pregnancy and until 6 weeks post-natally. The pilot will be thoroughly evaluated and subject to the outcomes of that evaluation, may be mainstreamed or rolled out further. A programme of training has been developed for all HSC staff involved with the delivery of the pilot. The PHA is also supporting a post-pregnancy intervention study to improve healthy eating and physical activity for women with gestational diabetes.

Weigh2Live

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

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

‘What’s on a label?’

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

UP4IT!

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

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