

A FITTER FUTURE FOR ALL

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

**Progress Report on 2015–19 outcomes
(June 2015– June 2016)**



Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

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EXECUTIVE SUMMARY

This report outlines the current progress (June 2015 to June 2016) made under the current implementationⁱ, of the ten year obesity prevention framework *A Fitter Future for All 2012–2022*ⁱⁱ.

BACKGROUND

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

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

A Fitter Future for All acknowledged that change will not come overnight, but that by working together and recognising the impact this will have on future generations, we can collectively make a difference. The document therefore sets a 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 the north of Ireland to make healthy choices, reduce the risk of overweight and obesity related diseases and improve health and well–being, by creating an environment that supports a physically active lifestyle and a healthy diet.

TARGET

In addition, the following overarching targets have been set:

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

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

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

LONG-TERM OBJECTIVES

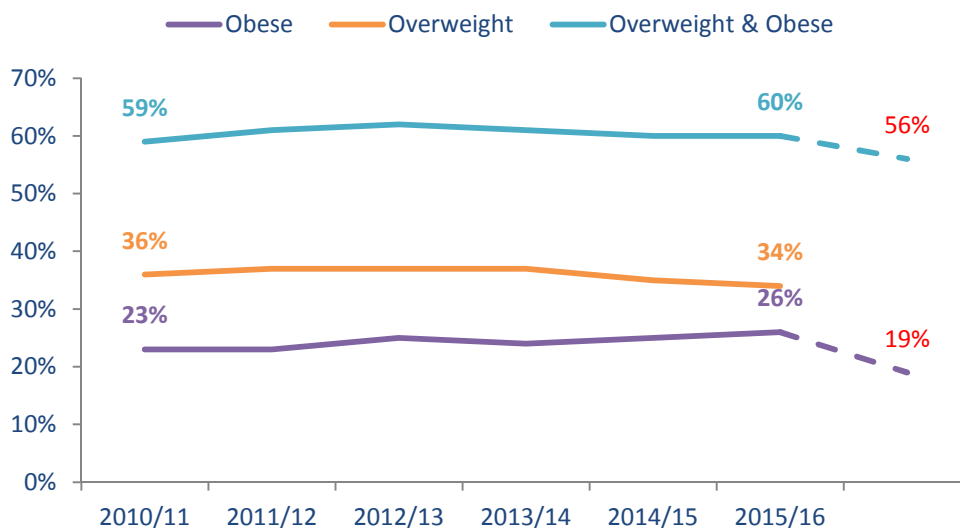
There are two overarching objectives within the Framework which address two main areas. These are to:

- 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.

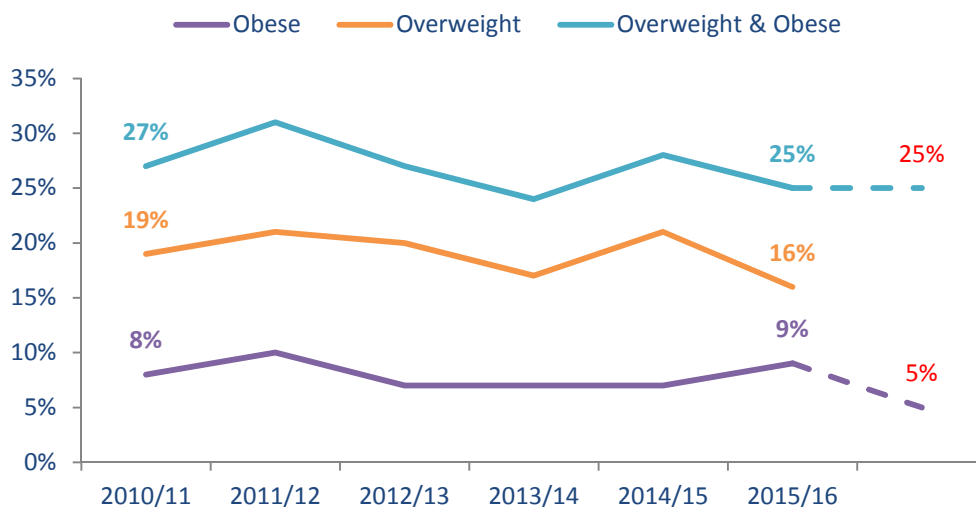
TARGETS AND INDICATORS

The Framework committed the Department to monitoring and overseeing a range of related statistics and indicators – the most recent figures from the Health Survey (HSNI) are included below.

Obese & Overweight - Adults (aged 16+)



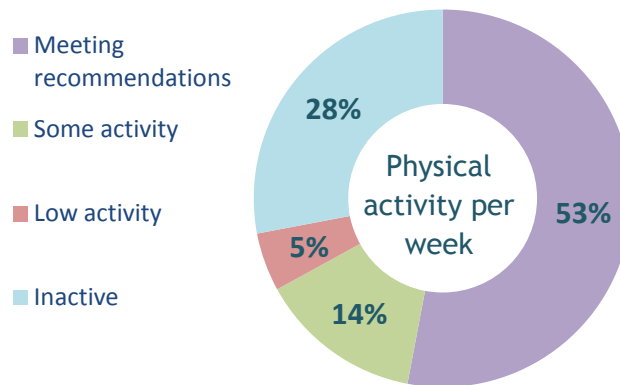
Obese & Overweight - Children (aged 2-15)



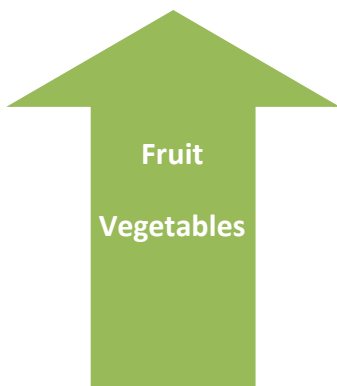
Physical Activity

Since 2011 when the revised CMO Physical Activity Guidelines were launched, two health surveys have included a physical activity module (2012/13 and 2013/14). The next update will be available from the 2016/17 health survey.

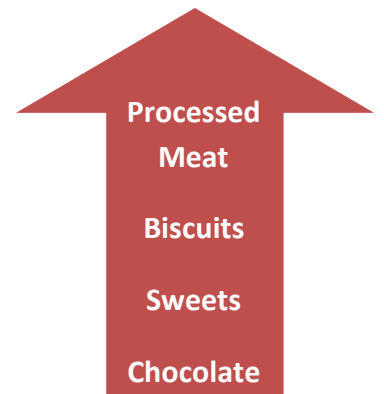
The 2012/13 and 2013/14 reported similar levels of physical activity with just over half of respondents (53%) meeting the recommendations.



Food and Nutrition

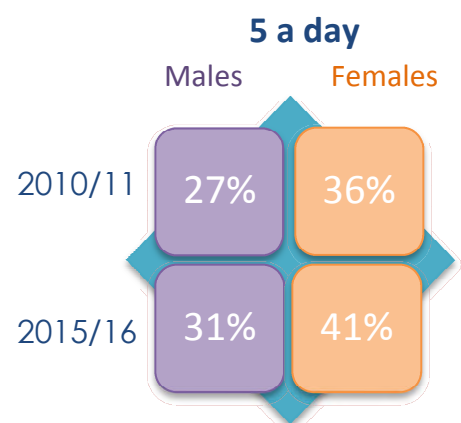


Since 2010/11 the proportion of people eating fruit and vegetables on most days of the week has increased however there has also been an increase in the proportion of people eating processed meat, biscuits, sweets and chocolate.



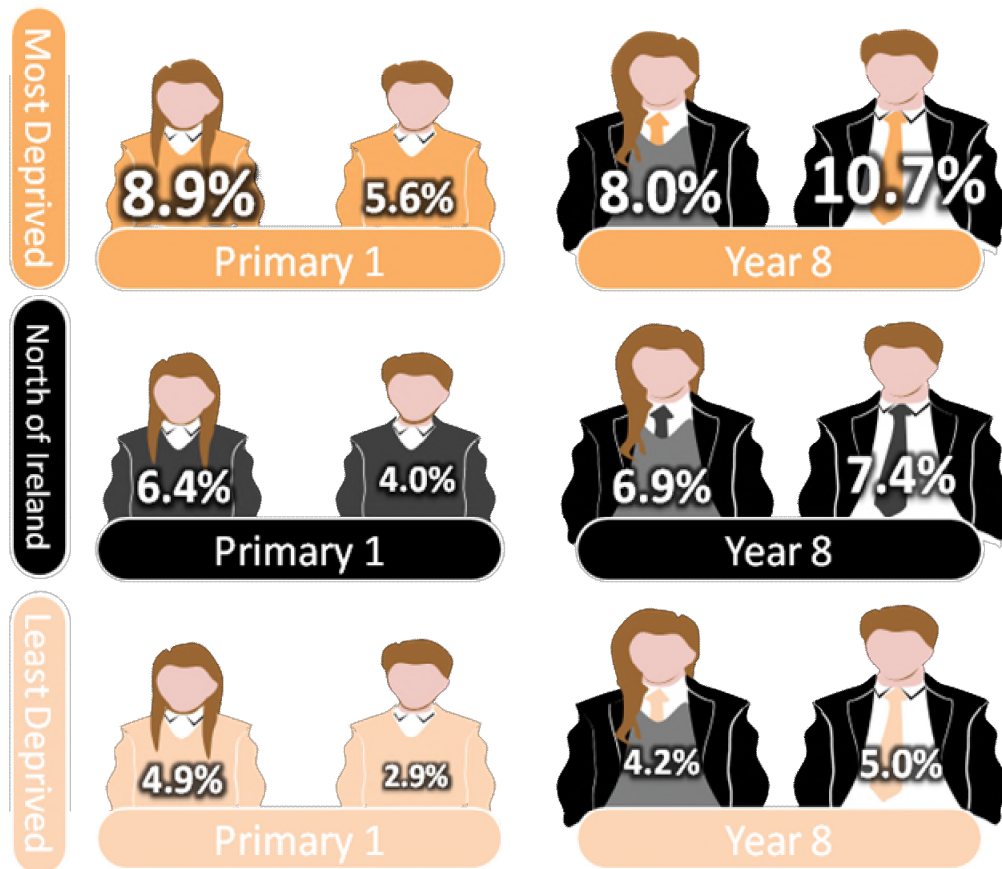
Almost four in ten respondents (37%) ate the recommended five portions of fruit and vegetables a day, an increase from 33% in 2010/11

Year	2010/11	2011/12	2013/14	2014/15	2015/16
Percentage	33%	32%	33%	36%	37%



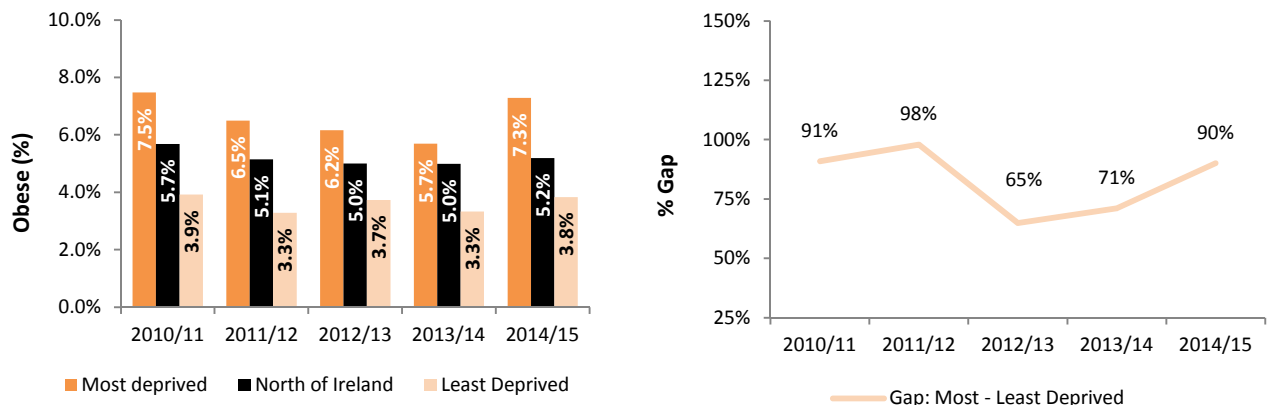
Health Inequalities

Deprivation analysis of Primary 1 and Year 8 Obesity by Gender, 2014/15:

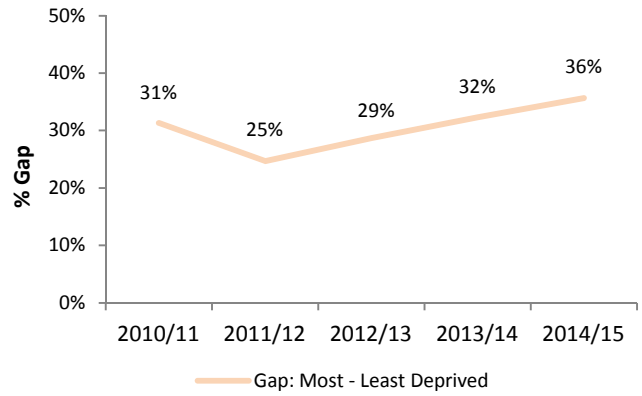
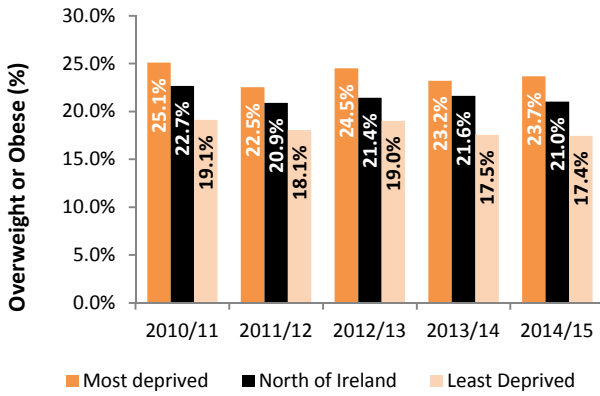


Generally, inequality gaps relating to levels of childhood overweight or obesity fluctuated over the period analysed, with the exception of Primary 1 BMI: Overweight or Obese which widened, despite improvements in rates across the region. The inequality gap for dental registrations narrowed over the period, with improvements in the proportion of the population registered with a dentist seen in both the most and least deprived areas.

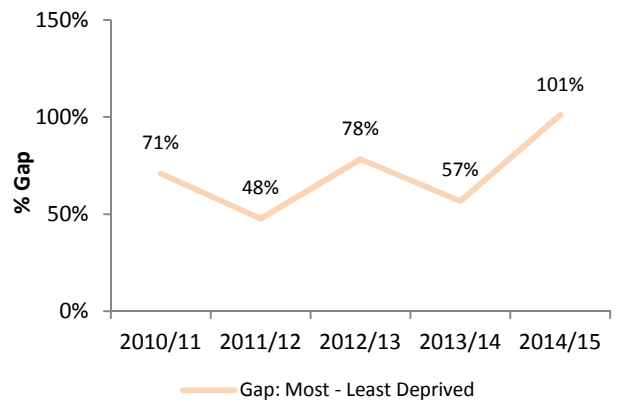
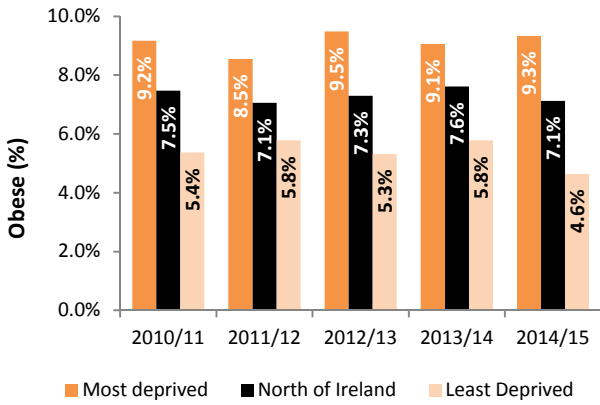
Primary 1 BMI - Obese



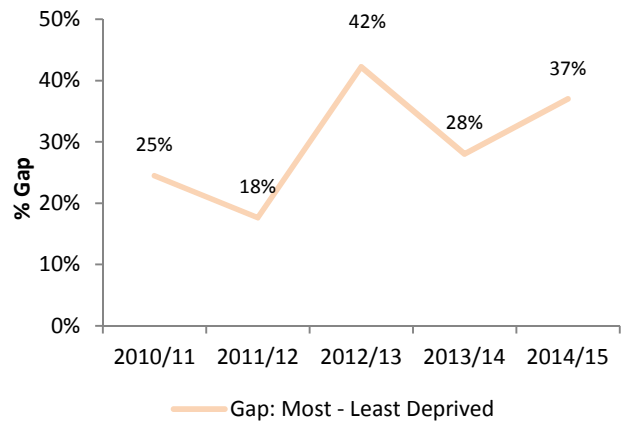
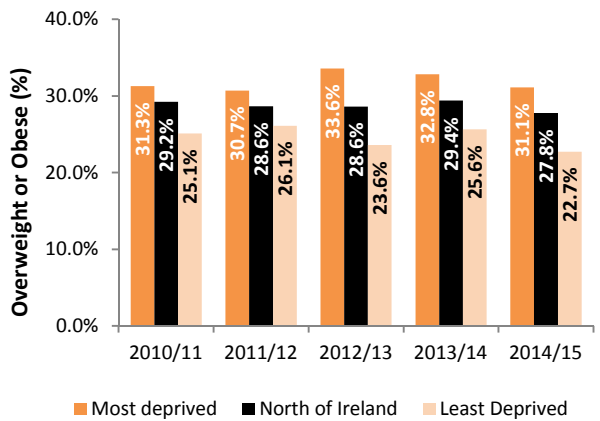
Primary 1 BMI – Overweight or Obese



Year 8 BMI – Obese



Year 8 BMI – Overweight or Obese



THE OUTCOMES

A range of outcomes were 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. These provide the focus for activities and future work.

Outcomes are measured, and the overall success or otherwise of achieving the long-term aims is also 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.

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

Quick identification of progress to targets is indicated via a Red, Amber, and Green (RAG) status:

(% of 50 outcomes – rounded)		
Green	On track for achievement / achieved	90%
Amber	On track for achievement but with some delay	10%
Red	Not on track for achievement	0%

Outcomes 2015–2019

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
1. People trying to conceive and expectant parents continue to receive information and guidance on nutrition and recommended levels of physical activity.		HSC Safood FSA Com/Vol	PHA – All pregnant women receive the pregnancy book which contains information on healthy eating and physical activity. Information on nutrition for those trying to conceive and in pregnancy is available online at http://www.enjoyhealthyeating.info . Specific resources on folic acid and Vitamin D supplements in pregnancy and for those trying to conceive continue to be disseminated through HSC services.	Lower prevalence of overweight and obesity in pregnant women.
2. Pregnant women who are overweight or obese have access to evidence based weight management interventions during their pregnancy and into the post-natal period.		HSC Councils Vol/Com	<p>PHA – The Weigh to a Healthy Pregnancy programme is offered to all pregnant women with a BMI of 40 and above at booking. Following a successful pilot and evaluation during 2015/16, the programme has now been mainstreamed.</p> <p>Mid Ulster District Council (MUDC)</p> <ul style="list-style-type: none"> • <i>Closing the Gap</i> (Dungannon and South Tyrone Borough Council – DSTBC legacy area) co-ordinated and delivered Pram Fit in deprived areas aimed at post-natal women to participate in physical activity. • Trained 2 coaches in post-natal physical activity training to enable them to engage and provide services to clients as part of their ongoing regular contact with members of the public. • BuggyFit – a weekly physical activity programme aimed at post natal women across a number of MUDC sites through Everybody Active 2020 coaches. 	

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
3. Information published for employers and employees to promote the provision of supportive environments for breastfeeding.		HSC DoH Private Sector	<p>DoH – New resources have been produced by the PHA in association with the Health and Safety Executive for the north of Ireland, to provide information and practical support to both breastfeeding employees and their employers. There has also been engagement with Unions, Business in the Community (BITC) and the Equality Commission to ensure staff and employers are signposted to these resources. Website links to resources:</p> <ul style="list-style-type: none"> • http://www.publichealth.hscni.net/sites/default/files/Breastfeeding_Return_To_Work_02_15_1.pdf • http://www.publichealth.hscni.net/publications/promoting-breastfeeding-mothers-returning-work-guide-employers-0 • http://www.publichealth.hscni.net/publications/sample-policy-supporting-breastfeeding-employees-0 <p>Early Years – Early Years has registered 6 offices for the <i>Breastfeeding Welcome Here</i> Scheme.</p> <p>Belfast City Council (BCC) – City Hall and 35 other council-run buildings including community centres and leisure centres are registered for the <i>Breastfeeding Welcome Here</i> Scheme.</p>	The majority of mother's breastfeed and delay weaning until 6 months.

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
4. Public consultation informs the proposed introduction of legislation to support mother's breastfeeding their children in public places.		DoH Councils	<p>DoH – Initial exploratory work has been undertaken. However, the development of specific breastfeeding legislation is still under consideration.</p> <p>BCC – Promotion of PHA breastfeeding initiative during programmed inspections of relevant businesses and referring details to PHA.</p> <p>Fermanagh and Omagh District Council (FODC) – supports the provision of supportive environments for breastfeeding throughout council owned premises.</p> <p>Councils (general) – A number of Councils support the provision of supportive environments for breastfeeding throughout council owned premises. Others actively promote the PHA breastfeeding initiative during programmed inspections of relevant businesses and referring details to PHA.</p>	The majority of mother's breastfeed and delay weaning until 6 months.
5. Regulations developed by 2015 on foods for specific groups including foods intended for infants and young children.		FSA	FSA – The Food Safety (Information and Compositional Requirements) Regulations (for the north of Ireland) 2016 came into operation on 20th July 2016 allowing the implementation of Regulation EU no. 609/2013, of the European Parliament and of the Council on food intended for infants and young children, food for special medical purposes and total diet replacement for weight control.	

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
6. Child care facilities' compliance with <i>Nutrition Matters for the Early Years</i> monitored by Early Years teams.		HSC EYPs	Antrim and Newtownabbey Borough Council (ANBC) <ul style="list-style-type: none"> ○ Individual reports on level of compliance with minimum nutritional standards (Caroline Walker Trust) distributed to each nursery. ○ Private daycare nurseries made aware of their level of compliance with standards as part of Nutritious Nursery Nosh. ○ Distributed a practical '<i>Guidance for Nursery Staff</i>' publication. ○ Intelligence gathering is ongoing to support intervention development using socio-ecological approach. 	Consistent approach to healthy food within Early Years settings.
7. Child carers' attendance at <i>Nutrition Matters for the Early Years</i> training a requirement for registration.		HSC EYPs	PHA – Delivery of training is ongoing to all childcare providers across all Trust areas. This training will continue to be rolled over as there is a constant turnover of childcare providers.	

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
8. Evaluated programmes in place to increase practical food skills, awareness and knowledge of parents/carers to enable them and young children to make healthy choices.		HSC EYPs Vol/Com Councils	<p>PHA – The community cooking skills programme (Cook It!) continues to be delivered across all Trust areas. Work is ongoing to finalise new Cook It! modules for BME groups for publication and roll out in 2016/17.</p> <p>Early Years – Continued delivery of Family Health Initiative in SHSCT to children and families (6 prevention, 4 management). Funding extended by PHA until 31st March 2017.</p> <p>Councils (general) – A number of Councils routinely deliver the Cook It! Programme, and <i>Weigh to Health</i> programmes to community groups. Food labelling advice is also delivered.</p> <p>Closing the Gap – (DSTBC) legacy area</p> <ul style="list-style-type: none"> • Co-ordinated and delivered Pram Fit in deprived areas aimed at post-natal women to participate in physical activity. • Continues to build capacity of locally trained health champions to train the trainer programmes for delivery of Cook It! & <i>Weigh to Health</i> training programmes. • Work with 'Up for it' (SHSCT) to deliver targeted family based interventions to identified communities. <p>BCC – Cook It! delivered to Community Groups.</p>	Consistent approach to healthy food within Early Years settings.

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
<p>8 – continued <i>Evaluated programmes in place to increase practical food skills, awareness and knowledge of parents/carers to enable them and young children to make healthy choices.</i></p>		<p>HSC EYPs Vol/Com Councils</p>	<p>ANBC</p> <ul style="list-style-type: none"> • <i>Nutritious Nursery Nosh</i> (NNN). • Baseline data on menus (4 weeks) collected and nutrient and food-based analysis conducted for day nurseries within Newtownabbey. • Systematic literature review of determinants around what young children eat. • Distribution of a practical ‘Guidance for Nursery Staff’. • Survey undertaken of nursery staff on current practices and initiatives around nutrition. • Seminar delivered to all day-care nurseries presenting compliance of Newtownabbey day nurseries with minimum nutritional standards. <p>MUDC</p> <ul style="list-style-type: none"> • <i>Closing the Gap</i> (DSTBC legacy area) provide and deliver holistic programmes in areas of deprivation which included the delivery of Cook It! programmes during 2015. • Continue to build capacity of locally trained health champions to train the trainer programmes to increase community capacity and resources in delivery of Cook It! & <i>Weigh to Health</i> training programmes. • Liaised with ‘Up for it’ (SHSCT) to deliver targeted family based interventions to identified communities. 	<p>Consistent approach to healthy food within Early Years settings.</p>

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
9. All early years settings provide a supportive environment for young children to achieve the CMO recommended levels of physical activity.		<p>HSC EYPs Vol/Com DE Councils Playboard</p>	<p>PHA – Delivery of <i>Early Movers</i> and <i>Start to Play</i> training is ongoing across all Trust areas. This training will continue for as long as a need is identified.</p> <p>MUDC</p> <ul style="list-style-type: none"> • ‘Everybody Active 2020’ coaches target girls to help achieve their recommended levels of physical activity. This service is available to a range of settings. • Delivers summer schemes for children aged 5–7 years open to males and females (Little Champions and Dance). <p>FODC – in partnership with PHA through the Healthy Towns programme have been working with nursery schools in the council area providing opportunities for physical education, also including support to help nursery schools realise physical activity opportunities with limited resources.</p> <p>Playboard – Delivering 20 child development training sessions for school age play based childcare providers on behalf of the Childcare Partnerships. Monitoring, verification and support of play based childcare provision of to 78 projects, funded under rounds 1 and 2 of Bright Start. A further 54 applications have been received under round 3 Bright Start for play based childcare provision and Playboard will continue to monitor its progress. Food for Play resource has been updated and disseminated to School age childcare settings in the Southern Childcare Partnership board area. (63 settings).</p>	Physical Activity levels of children are increased.

PRE-CONCEPTION, ANTENATAL, MATERNAL AND EARLY YEARS 2015–2019				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
10. Training delivered to support the interpretation of the early years section of <i>Start Active, Stay Active</i> guidelines for those who work in these Settings, particularly through <i>Early Movers</i> and <i>Start to Play</i> training.		HSC EYPs Vol/Com DE	PHA – Delivery of <i>Early Movers</i> and <i>Start to Play</i> training is ongoing across all Trust areas. This training will continue for as long as a need is identified.	Physical Activity levels of children are increased.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
11. Children who are obese, or at risk of obesity, identified and their families signposted to appropriate, evidence based interventions.		HSC Vol/Com Councils DE	<p>PHA – A range of programmes are delivered linked to local need. Work is ongoing to explore the commissioning of specific support interventions to children of primary school age and their families.</p> <p>Early Years – Continued delivery of Family Health Initiative in SHSCT to children and families (6 prevention and 4 management). Funding extended by PHA until 31st March 2017.</p> <p>MUDC Update June 15–June 16</p> <ul style="list-style-type: none"> • <i>Closing the Gap</i> (DSTBC legacy area) liaised with ‘Up for it’ (SHSCT) to deliver targeted family based interventions to identified communities. • In partnership with the Education Authority (EA), (legacy DSTBC area/SHSCT), delivers a programme aimed at P7 pupils and their families. Referrals received from school nurses within SHSCT and one 10 week programme is delivered annually with participation from approximately 20 families. Programme includes physical activity and healthy eating. 	Early identification of children who are obese or are at risk of obesity.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
12. Support and training provided to health professionals on how to constructively discuss the issue of childhood overweight with parents and children.		Safefood HSC (via HSCB) RCGP	Safefood – The new online blended learning pack is now live and available to GPs. A new communication plan is being developed to promote the resource to general practice teams through the Royal College of General Practitioners (RCGP) and the Health and Social Care (HSC) Group.	Early identification of children who are obese or are at risk of obesity.
13. Campaign delivered to raise public awareness of healthy eating; physical activity and weight management aimed at parents of children aged 2 to 12.		Safefood HSC Early Years	<p>Safefood – Childhood obesity campaign – this is at the final planning stages and it is scheduled to go live on quarter-two of 2016. This is Year 3 of the campaign and Safefood will be focussing on 3 specific messages: treats, and how to say no to treats, and sugary drinks and portion sizes. The last burst of the campaign will be launched on the 22nd of August 2016.</p> <p>BCC – Support a range of partnership campaigns / promotional events including ‘Choose to Live Better’ and the Active Belfast Challenge, as part of the work of Belfast Strategic Partnership (BSP).</p>	Children and young people make healthy food and physical activity choices.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
14. Programmes and resources in place which promote healthy lifestyles including healthy eating, developing practical food skills and physical activity in education and 'out-of-school' settings (e.g. youth clubs) with a particular emphasis on those who are NEET.		FSA QUB UU Colleges HSC Saferfood DfE Councils	<p>QUB & UU – Continue to work with their respective Students' Unions to campaign to improve wellbeing, including fitness and general health checks, particularly during key points in the academic year.</p> <p>DfE – Further Education colleges carry out a range of activities designed to promote healthy eating including: health clinics, health promotion tutorials, eating disorder seminars, and engagement with college catering providers. BMC is in negotiations to deliver a package to the Ulster Rugby Academy specifically tailored to sports nutrition.</p> <p>PHA – An evaluation of the regional healthy breaks scheme for all nursery and primary schools was completed in June 2016.</p> <p>Councils general – A number of Councils deliver Cook It! and <i>Weigh to Health</i> programmes in community settings and provides nutrition information sessions to youth groups.</p> <p>ANBC – Edible horticulture initiative, 'Fresh Food Route to Healthy Living' publication.</p> <p>BCC – Continued implementation of the 'Growing Communities' Strategy, including supporting 13 community gardens.</p>	Children and young people make healthy food and physical activity choices.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
14. Continued: Programmes and resources in place which promote healthy lifestyles including healthy eating, developing practical food skills and physical activity in education and 'out-of-school' settings (e.g. youth clubs) with a particular emphasis on those who are NEET.		FSA QUB UU Colleges HSC Safefood DfE Councils	MUDC – <i>Closing the Gap</i> (DSTBC legacy area) continue to build capacity of locally trained health champions to train the trainer programmes to increase community capacity and resources. These programmes, focusing on areas of deprivation, promote healthy lifestyles including healthy eating, developing practical food skills and physical activity in education to a range of settings.	Children and young people make healthy food and physical activity choices.
15. Continue to implement and monitor the Food in Schools Policy across all schools so as to educate and support children and young people to make healthy food choices and seek opportunities to resolve the legislation gap on 'other food and drinks' in school.		DE EA DoH HSC FSA Safefood CCEA	DE – The implementation of the Food in Schools policy is monitored through the Food in Schools Forum. During 2015/16 the following key actions were completed: <ul style="list-style-type: none"> • Marketing of school meals including the rebranding and marketing materials & provision of a dedicated microsite. • Food in Schools Monitoring Survey. • Monitoring compliance with Nutritional Standards has been standardised across the EA. • Audit of support needs for non EA schools. The Food in Schools Forum has agreed an action plan for 2016/17 which includes a number of routine actions including: <ul style="list-style-type: none"> • Review of catering for special diets. • Review of nutritional standards. 	Children and young people are making healthy food choices.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
16. Evaluation of the <i>Healthy Breaks Scheme</i> completed and further developed as appropriate.		HSC DE	PHA – An evaluation of the regional healthy breaks scheme for all nursery and primary schools was completed in June 2016. The findings will be considered by the Food in Schools Forum.	Children and young people are making healthy food choices.
17. Support provided for further restrictions of advertising products with high fat, salt, sugar and alcohol to children and young people.		UK-wide DoH IPH DE FSA Councils Safefood	DoH – This is a reserved/excepted matter. The Department continues to advocate for a 9pm watershed on advertising. MUDC – MUDC has identified a new vending partner and will now provide healthy options available across a range of facilities.	

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
18. Youth sector settings have healthy food policies in place.		DE HSC EA Councils	<p>DE</p> <ul style="list-style-type: none"> • Joint Youth Services Group – this issue is a key action in the Senior Managers Action Plan. • Controlled Provision – Each unit Controlled Delivery Agreement for 2017/18 will contain a target to ensure that a healthy eating policy is implemented. • Voluntary Provision (local units and Regional Voluntary Youth Organisations) – Each units Service Level Agreement for 2017/18 will contain a target to ensure that a healthy eating plan is implemented. • Within youth work programmes and interventions – healthy eating programmes delivered at a regional and local level will be reviewed and models of good practice shared. <p>ACBCBC – Delivers Cook It! and <i>Weigh to Health</i> in community settings and provides nutrition information sessions to youth groups.</p> <p>MUDC – MUDC has identified a new vending partner and will now provide healthy options available across a range of facilities.</p>	Children and young people are making healthy food choices.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
19. Young people in or leaving care, provided with opportunities to develop knowledge and practical food skills through appropriate nutrition skills programmes.		HSC Vol/Com DE Councils	<p>Councils – A number of councils are delivering Cook It!! and <i>Weigh to Health</i> programmes, and nutrition information sessions to youth groups.</p> <p>MUDC – MUDC and SHSCT deliver ‘Kids in Care’ on an ongoing basis through the SHSCT 16+team with a focus on physical activity to persons in care or leaving care.</p>	Children and young people are making healthy food choices.
20. Councils supported to have a play and leisure policy and action plans in place.		Councils Playboard DE Dfl	Playboard – Lisburn and Castlereagh council commissioned Playboard to undertake a playability audit to inform a wider strategy for play as part of community planning. Other councils have expressed an interest in undertaking similar work including ABC and Newry and Mourne – will continue to promote the development of play policies at local level.	A greater proportion of children and young people are achieving recommend –ed levels of physical activity.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
21. Every child over the age of 8 provided with the opportunity to participate in at least 2 hours per week of extra-curricular sport, physical recreation or play.		DfI DE EA HSC Sport NI Councils Playboard DoH	<p>Sport NI – Invested over £13m into the employment and deployment of 106 FTE coaches across the 11 District Council areas that have resulted in the realisation of over 4m participant opportunities. Many of these have been in primary school extra-curricular settings. The Active Communities Programme has now been replaced by the Everybody Active 2020 Programme which launched at 1 April 2016. It is a four strand investment programme being delivered in partnership with local district councils. Every Body Active 2020 encourages individuals to be more active, more often by offering a wide range of activities at a time and place to suit the participant.</p> <p>Councils general – Continues to deliver a range of sports development initiatives including the ClubMark accreditation scheme, Belfast Sports Awards and Belfast Sports Forum. Also provided support to a range of community based sport and physical activity programmes through the Support for Sport grant scheme, Amateur Boxing Strategy and holiday play schemes.</p> <p>MUDC – Offers the school swim programme across the area offering 6 week 30mins sessions for children and young people to help increase levels of participation. Provides the Everybody Active 2020 coaches with a range of target areas, this service provides schools with 4hr additional support over a 4 week period, with the community settings accessing up to 6hrs additional support over a 6 week period.</p>	A greater proportion of children and young people are achieving recommended levels of physical activity.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
22. Subject to DE budget allocations, continued delivery of the Curriculum Sports Programme (CSP).		DE	<p>DE – During 2015/16, coaches from the IFA and GAA delivered the Curriculum Sports Programme in 486 primary schools, reaching over 37,000 pupils. Funding has been made available by DE to allow the IFA and GAA to continue delivery of the Programme in 2016/17. In 2016/17, it is anticipated that a minimum of 34,000 pupils will participate in the Programme.</p>	A greater proportion of children and young people are achieving recommended levels of physical activity.
23. Increased awareness of the CMO’s recommended levels of physical activity amongst children and young people.			<p>Health and Social Care Trusts –The CMO Physical Activity Guidelines are referred to throughout the Trust areas, particularly through: Walk Leader Training, Early Movers courses and Start to Play courses. School nurses also receive copies of the guidelines.</p> <p>PHA – The CMO guidelines for children are promoted through any funded initiatives and programmes for example, Active School Travel Programme, Obesity Prevention Initiatives for Children, Council supported programmes and Trust funded training initiatives. The guidelines are also promoted to partners through representation by PHA on a variety of fora at regional and local level. In addition the PHA continues to promote the guidelines through a range of media opportunities, e.g. press releases for Walk to School Week and through social media in particular Twitter and Facebook.</p>	

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
23. Continued increased awareness of the CMO's recommended levels of physical activity amongst children and young people.		HSC DoH Sport NI DE DfC Safefood Playboard	<p>Playboard – CMO Physical Activity Guidelines were issued to all Playboard's member groups. This was followed up utilising social media strategy and our communications strategy. All play training programmes are being reviewed to ensure CMO message compliance.</p> <p>BCC – support the promotion of CMO Guidelines for physical activity through the work of Active Belfast, as part of the work of BSP.</p> <p>Sport NI – continues to use its investment programmes and communications resources to promote the awareness of the need for a physically active lifestyle e.g. Euromet conference in Newcastle Co. Down promoting the importance of Outdoor Recreation.</p>	A greater proportion of children and young people are achieving recommended levels of physical activity.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
24. Increase opportunities for participation in play and physical activity for children and young people particularly in areas of deprivation.		DfC DfI HSC Councils Playboard DE	<p>Sport NI</p> <ul style="list-style-type: none"> • The new Everybody Active 2020 programme will have a target for participants from areas of high social need. • The DfC investment of an initial £300k will provide specialist sports equipment that will underpin the development of 11 disability sports hubs in Council areas through implementation of the <i>Active Living–No Limits*</i> Action Plan for Disability Sport. • An interdepartmental partnership initiative continues to support the promotion of sport and physical recreation amongst people with learning difficulties and to encourage competitive success for these activities through Special Olympics Ulster. Investment (£2.2m) over the next 4 years will also encourage the sedentary population to become active as volunteers. • DfC has launched the ‘<i>Women & Girls – Active, Fit and Sporty</i>’ initiative designed to encourage greater numbers of women and girls of all ages and abilities to participate in and enjoy sport and physical recreation. (£250k) <p>Playboard – Active Belfast programme carried out with 6 play based community groups. Training youth providers in delivering physical play sessions within the community, with over 200+ children benefiting from participating in play sessions and increased physical activity opportunities.</p>	A greater proportion of children and young people are achieving recommended levels of physical activity.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
24. Continued <i>Increase opportunities for participation in play and physical activity for children and young people particularly in areas of deprivation.</i>		DfC DfI HSC Councils Playboard DE	<p>MUDC</p> <ul style="list-style-type: none"> • MUDC offer the school swim programme across the area offering 6 week 30mins sessions for children and young people to help increase levels of participation. • MUDC provide the Everybody Active 2020 coaches with a range of target areas in areas of high social need, this service provides schools with 4hr additional support over a 4 week period, with the community settings accessing up to 6hrs additional support over a 6 week period. <p>FODC</p> <ul style="list-style-type: none"> • The council are currently developing the community plan for the area, and through the process have identified rural areas and areas of high social need as areas which need to be addressed. <p>BCC</p> <ul style="list-style-type: none"> • Supported a range of physical activity and nutrition programmes through the Active Belfast Grants Scheme, focusing effort toward underrepresented groups, as part of the work of BSP. <p>Social Investment Fund – Embedding play within relevant policies and programmes has resulted in a significant investment in play and leisure projects including £2.5m in a new high quality play provision in the Derry Council area at Ballymagroarty Play Park, Kilfennan Valley Park, Ballyarnett Country Park and Brandywell in 2015/16.</p> <p>TBUC – The successful summer camps programme within the Together Building a United Community reaching some 4000 children included play activities.</p>	A greater proportion of children and young people are achieving recommended levels of physical activity.

CHILDREN AND YOUNG PEOPLE				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
25. Increased participation in active travel to and from school through the Active School Travel programme and other initiatives.		DfI DE HSC	<p>DfI – A further 65 schools participated in the third and final year of the three year initial Active School Travel (AST) Programme (2013–16). A further Active School Travel Programme has been launched. This five year programme funded by DfI and the PHA will run from 2016–2021 and will reach out to 300 schools over that period.</p> <p>DE – Supports DfI/PHA’s Active School Travel Programme through the installation of cycle storage facilities in a number of schools who have participated fully in the programme. In 2015/16 £100,000 was invested in the installation of cycle shelters at 17 schools across the north of Ireland. DE will consider making funding available in the future for schools who participate in the programme and who require infrastructure improvements to encourage increased levels of cycling/scooting to school.</p> <p>BCC – Supported a range of learn to cycle and walking programmes through the Active Belfast Grants Scheme, as part of the work of BSP.</p> <p>PHA – Year 3 of the Active School Travel programme was completed and the programme has been commissioned to continue for another 5 years.</p>	A greater proportion of children and young people are achieving recommended levels of physical activity.

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
26. An integrated regional campaign to raise public awareness of healthy eating, physical activity and weight management delivered based on evidence and evaluation.		HSC FSA Safefood Com/Vol	<p>PHA – A multimedia public information campaign was launched on 29 February 2016 aimed at encouraging people to reduce the ‘Extras’ which are eaten on a regular basis as a practical means to reduce weight gain and manage their weight. This included TV, outdoor, magazine insert and digital advertising mediums. The <i>choosetolivebetter</i> website was refreshed to support the campaign which ran until end March 2016. The next phase of the public information campaign was launched on 2 June 2016. ‘Clocking up’ messaging focused on counting the number of steps undertaken daily as a simple way of being more physically active. Tracking steps and encouraging people who are predominantly sedentary to consider their activity levels and to move more was key to the campaign messaging.</p> <p>Safefood – Childhood Obesity Campaign – the 2016 phase is focusing on treats, sugary drinks and portion sizes.</p> <p>FSA – The Eatwell guide was launched by the FSA on 17th March 2016 to replace the Eatwell plate to reflect the updated dietary recommendations including those on sugar, fibre and starchy carbohydrates from the scientific advisory Committee on Nutrition (SACN) report on Carbohydrates and Health in 2015.</p>	Levels of overweight and obesity in the general population reduced.

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
27. Co-ordinated pilots developed, delivered and evaluated, which specifically deal with improving the obesogenic environment.		Councils HSC DoH Vol/Com private sector	<p>ANBC - Snack Smart (council vending), Small Steps to Healthier Choices (SStHC) (Phase 2) (takeaway food). A suite of environmentally-focused workplace interventions are also being progressed and are at an intelligence gathering stage. These will have an emphasis on choice architecture/environmental restructuring</p> <p>BCC – Supported a range of learn to cycle and walking programmes through the Active Belfast Grants Scheme, as part of the work of BSP.</p> <p>DfI /PHA – A further 65 schools participated in the third and final year of the three year initial Active School Travel (AST) Programme (2013–16). A further Active School Travel Programme has been launched and will run from 2016–2021 reaching out to 300 schools over that period.</p> <p>DE – supports DfI/PHA’s Active School Travel Programme through the installation of cycle storage facilities in a number of schools who have participated fully in the programme.</p>	Levels of overweight and obesity in the general population reduced.
28. Evidence based weight management interventions available in a range of settings.		HSC Councils	<p>PHA – The workplace based ‘£ for lb’ weight loss programme ran for the third year in association with BITC, involving 33 participating organisations and 1500 staff. A community based ‘Choose to Lose’ 12 week programme was piloted in the Northern HSC Trust area from January to March 2016. The evaluation is informing future roll out and a phase 2 pilot will be implemented across the five Trusts in 2016/17.</p> <p>Councils general – Councils routinely deliver the Cook It! Programme, <i>Weigh to Health</i> programmes to community groups.</p>	

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
28. Continued <i>Evidence based weight management interventions available in a range of settings.</i>		HSC Councils	<p>ANBC – The Community Diet and Nutrition Education Programme 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> <p>MUDC – A 12 week “Small Steps to Healthier Choices” programme was piloted in partnership with the local pharmacist and GP and supported by the Northern Obesity Partnership. The programme was led by the council’s Make a Change officers and participants were invited by their GP if they were overweight and had a chronic condition. Similar programmes are in the process of being developed based on the learning from this initial pilot. The pilot evaluation will also support the development of Phase 2 of the Choose to Loose programme. MUDC promote and encourage the roll out of Couch to 5K and also the Park Run in the locality as an evidence based programme.</p>	Levels of overweight and obesity in the general population reduced.
29. Development, dissemination and evaluation of a self-led weight loss programme for individuals providing tools to help people to lose weight in a healthy and sustainable way.		Safefood HSC	<p>Safefood – Development, launch and promotion of a weight management app. The app was launched on 21st Jan 2016. There is engagement with a wide range of stakeholders to see how the app could be used to support ongoing campaigns and programmes and will partner with other agencies to promote weight mate.</p>	

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
30. Work undertaken with the food and retail industry to ensure provision of appropriate portion sizes in public, restaurant and catering settings.		FSA Councils SafeFood Food Industry	<p>FSA – Including portion size across industry in all policy areas, e.g. MenuCal requires caterers to consider size of each portion when entering recipe details. FoP labelling will include consideration of portion size in retail packs. The FSA will continue to ensure portion size is included in all policy priorities with food industry.</p> <p>Councils general – Councils are continuing to promote FSA’s Menucal database to businesses wanting to participate. Menucal will continue to be signposted during food standards inspections.</p>	A greater proportion of adults eat a healthy diet.
31. Support provided for calorie labelling of alcoholic beverages.		FSA DoH UK-wide Alcohol Industry	<p>DoH – The Department continues to lobby for the appropriate labelling of alcohol products, both in terms of no/low/lower alcohol products and calorie labelling. This is an area of EU harmonisation, in 2015 MEPs called for the European Commission to introduce a new law that would compel all drinks producers to include the calorie content of products on labels. However, as yet this has not been taken forward.</p>	

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
32. Following a rapid evidence assessment of current research, findings on insights specific to the north of Ireland, including identifying the cost of a healthy food basket, action plan developed on practical actions/further research to address food poverty issues.		Safefood FSA HSC UU & QUB Vol/Com	<p>Safefood/FSA – The All Island Poverty Network group has finalised a focussed Action Plan for 16/17. Action plan focuses on developing and promoting an effective indicator/ measure, creating sound evidence base, mapping programme to improve co–ordination of existing activities and to promote and enhance community food initiatives. Both FSA/Safefood in partnership with Consumer Council are currently updating the basket types for the research which was initially carried out in 2014 as well as including two new household types to the research. Safefood is also planning next batch of Community Food Initiatives (CFIs) with learning from the current phase. The final report is planned to be published at forthcoming strategic workshop focussing on food poverty in September 16.</p> <p>BCC – Supported the development and publication of the Food, Fuel, Finance toolkit, with partners from BSP’s Poverty Steering Group.</p>	Healthier food options are available and accessible to the whole population.

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
33. Nutritional standards in place for staff and visitors in HSC settings and across local government including guidance on procurement and provision, and appropriate vending in HSC settings		HSC DoH HSCB Councils FSA	<p>PHA/FSA/Safefood – A joint project has been established to develop minimum nutritional standards for HSC catering facilities which serve food to staff and visitors. The project has included a workshop of key stakeholders to assist in development of voluntary standards based on Public Health England toolkit with food groups. The draft standards are planned to be consulted on in August 2016 and consideration given to resourcing their effective implementation. In the longer term, the potential for other public sector bodies to adopt the minimal nutritional standards will be explored.</p> <p>ANBC – Vending and tender contracts amended so that criteria for appointment of contractor are weighted towards healthier option provision. 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.</p>	Healthier food options are available and accessible to the whole population.
34. Key foodstuffs in the marketplace, with the highest contribution of saturated fat, fat, sugars, energy and salt in consumers’ diet, identified and a programme of action developed to address this.		FSA CAFRE Councils Food Industry	<p>FSA – With robust evidence of National Diet and Nutrition Survey and Kantar Worldpanel purchasing data, FSA is examining specific data which identifies foodstuffs marketed which highest contribution to local consumer diet and to scope out and develop an effective programme of action.</p>	

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
35. Pre-packed foods are labelled with revised mandatory nutrition declaration of energy, fat, saturated fat, sugars, and salt by Dec 2016.		FSA Councils Food Industry	FSA – Further clarification is being sought from DH England on definitions around the exemptions in EU Reg. No. 1169/2011. UK consultation has taken place to determine definition around the exemptions in EU Reg. No. 1169/2011. Discussions have started with District Councils on number and type of businesses which will require nutrition declaration. FSA in partnership with CAFRE are planning to hold a workshop specifically for local businesses and to consider the best support that can be provided through District Councils. Training for enforcement officers and a workshop for food businesses is arranged for September 16.	Healthier food options are available and accessible to the whole population.
36. Manufacturers / retailers supported to provide voluntarily, the repetition of key nutrients on front of pack, to allow customers at a glance to make an informed choice.		FSA Food Industry Councils	FSA – DH England is in informal discussions with EU Commission on infraction. FSA continue to provide support for businesses that are interested in, and are providing, voluntary FoP labelling. A UK stakeholder meeting took place with UK retailers and number of manufacturers on 10th March 2016 in London. The FSA will be co-facilitating with evidence provided from Jan 14 research in the north of Ireland. The UK Guidance document is being reviewed to include consumer messaging. The FoP component and consumer messaging has been included in the Eatwell Guide published on 17th March 2016.	

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
37. On completion of specific research (to the north of Ireland), work will be undertaken with retailers to increase consumer accessibility to healthier food products sold on promotion.		FSA CCNI Food Industry	FSA – Specific research (to the north of Ireland) on balance of healthy and less healthy food products report was published in March 2016. Further engagement in partnership with the Consumer Council is being planned with the retailers to discuss findings and agree joint working opportunities. First retailer forum meeting held on 10th September 2015 to discuss emerging recommendations and agreement to continue engagement. Findings of the report were presented at Better choice better Business event on 24th September 2015.	Healthier food options are available and accessible to the whole population.
38. Food retailers encouraged and enabled to consider reducing point of sale placement of foods which are high in fat, salt, sugar and increasing exposure to healthier foods.		FSA HSC Councils Invest NI Safefood Food Industry	FSA – North of Ireland specific report considering placement of foods published in March 2016 – see also the update above.	

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
39. Caloriewise campaign rolled out in the north of Ireland and improved display of calorie content on menus through the promotion of the 'MenuCal' calculator.		FSA Councils Food Industry	<p>FSA – The MenuCal tool was officially launched on 24th September 2015 and made accessible online at; www.menucalni.co.uk. An accompanying e-learning training package, including promotional videos, was also developed for food businesses to support ease of use of the tool. Since the launch of MenuCal, a programme of district council and industry engagement has been rolled out. This has included attendance at key stakeholder events to promote the tool, collaborative working with Northern Ireland Hotels Federation (NIHF) on the Healthy Breakfast competition and Restaurant of the Year 2016/17, IFEX chef of the year competition, and attendance at Balmoral Show etc. FSA held its first industry workshop on 15th March 2016 at QUB, with a second planned to take place in September in Derry working in partnership with the District council. FSA is presently evaluating the industry engagement undertaken to date with a view to developing a focussed programme for the north of Ireland to encourage food businesses to display Calories on menus and to provide further targeted support to industry.</p> <p>Councils general – Councils were involved in a FSA workshop regarding MenuCal. Focusing on businesses the EH team will provide ongoing signposting to interested businesses.</p>	Healthier food options are available and accessible to the whole population.

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
40. Active Travel Plan for Belfast implemented and evaluated and consideration given to the wider roll-out of this model.		DfI Councils HSC	<p>DfI – Work continues on developing a draft Belfast Bicycle Network Plan which will be available for public consultation later this year; three enhanced bicycle routes have been built in Belfast city centre (Alfred Street, Durham Street / College Square North and Queen Street) and work continues on the design of two other schemes (High Street and Middlepath Street) during 2016/17. These schemes will also support the successful Belfast Bike Share Scheme and help more people gain the confidence to use the bicycle as an accessible and enjoyable sustainable mode of transportation. Further proposals are also being developed and will be taken forward in parallel with the rolling out of the draft Belfast Bicycle Network Plan when it is agreed.</p> <p>PHA – The PHA continues to support and promote active travel in three key settings. It jointly funds the Active School Travel programme with DfI; it supports a workplace active travel programme in four key workplaces in Belfast; and it is in the process of commissioning a new Community Active travel programme which will promote and support active travel in 12 communities in Belfast.</p> <p>BCC – Supported the promotion and extension of the Belfast Bike Share Scheme.</p>	A greater proportion of adults achieving the recommended levels of physical activity.

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
41. Active Travel to / from workplaces further supported and work undertaken with employers on workplace physical activity schemes.		DfI DAERA DfE Invest NI DoH HSC	<p>DfI – Through initiatives such as Travelwise, has continued to engage with a broad range of sectors to promote the benefits of cycling. This includes Bike Week and Bike to Work Day, Workplace Travel Plans and the Cycle to Work Scheme. Continue to work with a range of groups to support them in encouraging their staff, customers and clients to cycle their everyday journeys and seek to develop specific interventions where possible.</p> <p>BCC – Integrated Active Travel as a core element of our staff Health & Wellbeing Strategy</p> <p>PHA – A Leading the Way programme to promote active travel has continued to be delivered in Belfast, in association with four major employers (i.e. PHA, Belfast City Council, Belfast HSC Trust and RQIA). This is delivered by Sustrans and involves cycle training, lunchtime walks and cycles, champion training and information and events. The second Active Belfast Challenge was held during May 2016, involving 1,404 registered participants and 27,125 journeys. Work is also ongoing to introduce a similar active travel programme in the West during 2016/17 in partnership with DCSDC and the Western HSC Trust.</p>	A greater proportion of adults achieving the recommended levels of physical activity.
42. The Bicycle Strategy for the north of Ireland published and supporting Delivery Plan developed.		DfI	<p>DfI – Strategy published in August 2015. The First Bicycle Strategy Delivery Plan is being developed – see outcome 40. A Strategic Plan for Greenways will be published shortly – this will set out plans for the development of a 1,000km Greenway Network across the north of Ireland for walking and cycling and other active travel and recreational use.</p>	

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
43. Improved awareness and achievement of the CMO's guidelines for physical activity, including older people.		HSC DoH	<p>PHA – Moving More Often training programme is ongoing across all Trust areas to support increased physical activity in older people. A range of initiatives have been developed through local partnerships to promote and encourage physical activity (e.g. C25K, Parkrun, walking groups, outdoor gyms).</p> <p>The physical activity guidelines are promoted regularly via public relations/media opportunities, training programmes provided by HSC physical activity coordinators and a range of initiatives and programmes supported by the PHA.</p> <p>A multi-agency planning group was established to develop a 10,000 steps initiative, linked to the PHA public information campaign launched in June 2016. This involved the development of supporting resources, website information, awareness raising and community challenges which will be delivered during 2016/17.</p> <p>MUDC – The Make a Change programme health support officers continue to work with their target group (over 50s) on a one to one basis to support increased levels of physical activity amongst individuals through referrals to various physical activity programmes, walking groups and supporting behavioural change through goal setting in their personal plans etc.</p>	A greater proportion of adults achieving the recommended levels of physical activity.

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
44. Increased promotion of physical activity within health and social care settings through development of physical activity referral pathways.		HSC Councils	<p>PHA – A standard regional model for physical activity referral schemes (PARS) is under development and will be introduced from April 2017. Work is ongoing to develop a supporting electronic information system to facilitate improved referral, monitoring and reporting processes.</p> <p>MUDC Update June 15 – June 16</p> <ul style="list-style-type: none"> • MUDC promote the PARPS programme, with community and health professionals who refer participants onto the programme. • MUDC (DSTBC legacy area) in partnership with the SHSCT provide strength & Balance classes for 8 weeks on an ongoing basis and receive referrals from medical teams in relation. • MUDC and SHSCT deliver ‘Kids in Care’ on an ongoing basis through the SHSCT 16+team focusing on Physical Activity to persons in care or leaving care. <p>BCC – Supported the development and delivery of physical activity referral pathways for people living with cancer and diabetes, through Active Belfast, as part of the work of BSP.</p>	A greater proportion of adults achieving the recommended levels of physical activity.

ADULTS AND THE GENERAL POPULATION				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
45. Sports facility Strategy developed for the north of Ireland subject to evaluation of the 11 District Council reports on existing sporting facilities.		Sport NI Councils	<p>Sport NI – The NI Facilities Framework (new title) is still being finalised in preparation for submission to the Executive for endorsement. Council Area Plans are still emerging through Sport NI for consideration by DfC.</p> <p>MUDC – This area is still under evaluation and the council is awaiting direction.</p> <p>FODC – The facilities plan is complete.</p> <p>BCC – Continues to enhance sports facilities through its <i>Playing Pitches</i> strategy (£15.1m investment over 10 years) and leisure transformation programme (£105m investment over 10 years).</p>	A greater proportion of adults achieving the recommended levels of physical activity.

DATA AND RESEARCH				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
46. Robust monitoring and evaluation measures in place for every short term outcome.		All	<p>PHA – The PHA continues to evaluate the impact of all new programmes or initiatives to inform future services and add to the evidence base. Recent evaluations have included the ‘Weigh to a Healthy Pregnancy’ programme, ‘£ for lb’ workplace programme, ‘Healthy breaks’ scheme in schools and the ‘Choose to Lose’ pilot. This work is supported by the PHA health intelligence team. All PHA contracts with providers are monitored as per HSC requirements.</p> <p>ANBC – Further development of PHN Hub framework and population of Hub. Preparation of papers on findings from recent research, evaluations, and interventions for publication in peer-reviewed journals. CDNEP talks, visuals and interactive activities tailored based on dietary intake data by life stage and setting. The results of the audit and nutrient profiling to be taken forward under a whole systems settings approach, informing food and nutrition policy development. Recommendations from evaluation to inform phase 2 of SStHC initiative. Study designed to inform food and nutrition policy (top-down) and create demand among staff and public, (bottom-up).</p>	Obesity strategy, policy, research and practice supported by a robust knowledge / evidence base.
47. AFFFA update report published annually.		DoH	DoH – It is hoped this will be published online at the end of 2016/early 2017.	

DATA AND RESEARCH				
Short Term Outcomes	R A G	Delivery Partners	Update	Long Term Outcome
48. Obesity, physical activity and food and nutrition prioritised in appropriate research calls.		FSA HSC UU QUB DoH Safefood	FSA – Understanding NI Consumer Needs Around Food Labelling* (July 2016) following research with local consumers about their understanding and use of retail food labelling information, how this influences their behaviour, and their concerns and priorities around labelling information. The research involved a combination of eight focus group discussions; eight accompanied shops and a survey using the FSA online panel.	Obesity strategy, policy, research and practice supported by a robust knowledge / evidence base.
49. Obesity related research widely disseminated as appropriate		Safefood IPH All Stakeholders	Safefood – held a Wearable Technology Workshop in Belfast, 14 th of June 16 and generally disseminates obesity related research through the following initiatives: <ul style="list-style-type: none"> • All island obesity action workshop (twice a year) • All island obesity action forum closed meeting (twice a year) • All island obesity newsletter (month) • Nutrition update (six-monthly) <p>The next workshop will take place in the Spencer hotel in Dublin and will be hosted in conjunction with the Association for the Study of Obesity on the island of Ireland (ASOI) and the Association for the Study of Obesity (ASO) in the UK. It will focus on the role of appetite in obesity.</p>	
50. Targets and indicators within this framework monitored via appropriate surveys.		DoH , All Stakeholders.	DoH – Please see the updated table of indicator and survey results at Annex B	

UPDATE ON INDICATORS

Indicator	Survey and links	Baseline data	Current <u>available</u> 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.	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; • 10–14 days; • 6 weeks; • 3 months; • 6 months. 	Infant Feeding Survey (IFS) 2005, 2010 http://data.gov.uk/dataset/infant-feeding-survey-2010 Child Health System (CHS)	IFS 2010 Breastfeeding 64% – 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. The Health Inequalities Regional Report 2016 (HSCIMS – Health and Social Care Inequalities Monitoring System) reported on the number of women <u>breastfeeding on discharge</u> in the north of Ireland: <ul style="list-style-type: none"> • 2015 – 46% • 2014 – 46% • 2013 – 46% • 2012 – 42% • 2011 – 45% https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2016.pdf
% 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	The IFS was due to run again on 2015 however this did not happen.

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
	2010	six months as recommended), but by 2010, it had fallen to 30%.	
% of young children eating appropriate portions of fruit/veg per day.	Health Survey (for the north of Ireland) 2010–11 will provide this data for 2–15 year olds. https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsn-i-obesity-analysis-2010-11.pdf	Note – The NDNS states that the UK recommendation is 5 portions of fruit/veg per day for children over the age of 11. https://www.food.gov.uk/northern-ireland/researchni/ndns-ni	NDNS (for the north of Ireland): results from years 1, 2, 3 and 4 combined (2008–2012) . The highest per cent consumers of ‘fruit’ over the four–day diary period were children aged 1.5 to 3 years (90%) and children aged 4 to 10 years (89%), followed by adults aged 65 years and over (79%). Children aged 11 to 18 years were the lowest per cent consumers of ‘fruit’ (63%) over the four–day diary period Young Persons Behaviour and Attitude Survey (YPBAS) 2013 . Only 16% of pupils aged 11–16 usually eat 5 or more portions of fruit or vegetables each day. http://www.csu.nisra.gov.uk/survey.asp96.htm
Prevalence of diet associated risk factors diagnosed in children and young people.	National Diet & Nutrition Survey (NDNS) http://nationaldiet.co.uk/		To be reviewed
% of overweight and obese children in P1.	Child Health System (CHS)	CHS – 2008/09 5.3% of children in P1 were obese.	Health Inequalities Regional Report 2016 (HSCIMS) • <u>Primary one</u> – 5.2% of children in P1 were

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
		22.5% overweight or obese.	classed as obese. <ul style="list-style-type: none"> • <u>Year 8</u> – 7.1% of children were classed as obese.
% of screen time spent by children and young people.	<p>Kids Life and Times Survey (KLTS) Primary 7 http://www.ark.ac.uk/klts/</p> <p>Young Persons' Behaviour and Attitudes Survey (YPBAS) 2007 http://www.csu.nisra.gov.uk/survey.asp14.htm</p> <p>Safefood 2013+YPBAS (11–16 year olds)</p>	<p>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.</p>	<p>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.</p>
% Uptake of free school meals	<p>School Meals Census https://www.education-ni.gov.uk/publications/school-meals-201516-statistical-bulletin-14-april-2016</p>		<p>In 2015/16 the uptake level for free school meals by entitled pupils was 81.1%; this represents an increase of half a percentage point from the previous year.</p>
% of children with dental decay.	<p>Child Dental Survey (CDS) 2003 http://www.hscic.gov.uk/article/3740/Dental-Health-Survey-of-</p>	<p>CDS 2003 56% had obvious decay experience the primary teeth. 47% of five-year-olds had at least one</p>	<p>The Child Dental Health Survey 2013 reported the following: <u>Primary Teeth</u></p> <ul style="list-style-type: none"> • 40% of 5 year olds and 56% of 8 year olds were classified as having obvious decay

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
	Children and Young People	<p>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>experience.</p> <ul style="list-style-type: none"> • 37% of 5 year olds had decay into dentine and 10% had fillings. • 56% of 8 year olds, 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, 57% of children in the north had obvious decay experience in their permanent teeth. • 72% of 15 year olds, had obvious decay experience in permanent teeth and 61% had fillings. • 30% of 15 year olds had decay into dentine and 13% had teeth missing due to decay respectively. <p>http://www.hscic.gov.uk/catalogue/PUB17137/CDHS2013-Northern-Ireland-Report.pdf</p> <p>Children and Young People’s Strategic Indicators (CYPsIs)</p> <p>In 2015/16 19,960 dental extractions were performed on children under 18 in high street general dental practices – a decrease of 6% compared to the previous year (21,303). The 2015–16 figure is the lowest since the 2008/09 baseline.</p> <p>https://www.education-ni.gov.uk/sites/default/files/publications/education/Statistical%20Bulletin%20on%20Children%20and%20Young%20People.pdf</p>

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
			20and%20Young%20People%E2%80%99s%20Strategic%20Indicators%20%E2%80%93%20November%202016%20Update.pdf
<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>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> <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>Level of exposure of children and young people to advertising of high salt, sugar, fat products or alcohol.</p>	<p>OFCOM</p>	<p>See next column.</p>	<p>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%.</p>

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
<p>% 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.</p>	<p>YPBAS 2007 http://www.csu.nisra.gov.uk/survey.asp14.htm</p>	<p>YPBAS 2010 – ages 11–16 59% are a member of other sports clubs or teams no associated with their school.</p>	<p>No YPBAS results available as yet.</p>
<p>% of children (11–16 years) who played any sport, exercise, or played actively that made them out of breath or hot and sweaty.</p>	<p>YPBAS 2007 http://www.csu.nisra.gov.uk/survey.asp14.htm</p>	<p>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</p>	<p>No YPBAS results available as yet.</p>
<p>% of children (11–16years) who spent two hours or more per week doing PE or games at school.</p>	<p>YPBAS 2007 & 2010 http://www.csu.nisra.gov.uk/survey.asp14.htm</p>	<p>YPBAS 2010 – ages 11–16 49% pupils normally spend at least 2hrs a week doing PE or playing for a school team.</p>	<p>No YPBAS results available as yet.</p>

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
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/hsn-i-obesity-analysis-2010-11.pdf</p>	<p>HSWB 2005/06 – aged 16+ 24% obese 35% overweight 59% overweight and obese</p>	<p>HSNI 2015/16 26% obese. 34% overweight. 60% overweight and obese.</p> <p>Health and Social Care Inequalities Monitoring System (HSCIMS) 2015.</p> <ul style="list-style-type: none"> • 1 in 4 adults (25%) surveyed in 2014/15 were considered obese • The adult obesity rate in the most deprived areas (28%) was 47% higher than the rate in the least deprived areas (19%).
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 the north of Ireland 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 the north of Ireland with a diagnosis of obesity: 2013/14: 1,748. 2012/13: 1,394. 2011/12: 1,145.</p>

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
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 – 16+ 86% aware of the guidelines.</p>	<p>HSNI 2015/16 – 16+ More than four out of five respondents were 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</p> <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 – 16+ 33% meeting the guidelines.</p>	<p>HSNI 2015/16 – 16+ 37% indicated they ate the recommended 5 portions of fruit and vegetables per day.</p> <p>Health and Social Care Inequalities Monitoring System (HSCIMS) 2015. 36% reported that they ate the recommended five portions of fruit and vegetables a day.</p>
% 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 2015/16 – 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>

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
<p>% of food manufacturers currently reformulating.</p>	<p>The Food Standards Agency works closely with all sectors in industry to encourage <u>voluntary</u> reformulation of mainstream food products to achieve reductions in levels of saturated fat, salt and calories.</p>		<p>To be reviewed</p>
<p>% of adults who are sedentary.</p>	<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>The next available stats on these indicators will be available in the HSNI following the 2016/17 survey results.</p>

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
<p>% of adults aware of the physical activity recommended by the Chief Medical Officer.</p>	<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>The next available stats on these indicators will be available in the HSNI following the 2016/17 survey results.</p>
<p>% of adults (16+) meeting the levels of physical activity recommended by the Chief Medical Officer.</p>	<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+ 38% met the recommendations.</p>	<p>HSNI 2013/14 53% met the recommendations.</p> <p>The next available stats on these indicators will be available in the HSNI following the 2016/17 survey results.</p>
<p>% of women (16+) meeting the levels of physical activity recommended by the Chief Medical Officer.</p>	<p>HSWB 2005–06 http://www.csu.nisra.gov.uk/survey.asp153.htm</p> <p>HSNI (aged 16+) from 2010 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-obesity-analysis-2010-11.pdf</p>	<p>HSWB 2005/6 28% met the recommendations.</p> <p>HSNI 2010/11 – aged 16+ 35% met the recommendations.</p>	<p>HSNI 2013/14 – aged 19+ 47% met the recommendations.</p> <p>The next available stats on these indicators will be available in the HSNI following the 2016/17 survey results.</p>

Indicator	Survey and links	Baseline data	Current <u>available</u> stats
<p>% of adults (16+) meeting the levels of physical activity recommended by the Chief Medical Officer through ‘getting about’ (which includes walking and cycling).</p>	<p>HSWB 2005–06 http://www.csu.nisra.gov.uk/survey.asp153.htm</p> <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 result</p>	<p>HSNI 2014/15 There were no physical activity questions in the survey this year.</p> <p>There is potential for statistic recovery through DFI and Active Travel or the Health Survey (for the north of Ireland).</p>

ACRONYMS

ACBCBC	Armagh City, Banbridge and Craigavon Borough Council
ANBC	Antrim and Newtownabbey Borough Council
BCC	Belfast City Council
BDA	British Dietetic Association
BITC	Business in the Community
BMC	Belfast Metropolitan College
BMI	Body Mass Index
CAFRE	College of Agriculture, Food and Rural Enterprise
CCEA	Councils for the Curriculum, Examinations and Assessment
CCNI	Consumer Council for Northern Ireland
CCP	Child Care Partnerships
CDHN	Community Development Health Network
CDNEP	Community Diet and Nutrition Education Programme
CDS	Child Dental Survey
CIEH	Chartered Institute of Environmental Health
CMO	Chief Medical Officer
CYPSP	Children and Young People Strategic Partnership
DAERA	Department of Agriculture, Environment & Rural Affairs (DAERA)
DE	Department of Education (DE)
DfC	Department for Communities (DfC)
DfE	Department for the Economy (DfE)
DfI	Department for Infrastructure (DfI)
DSTBC	Dungannon and South Tyrone Borough Council
DoF	Department of Finance (DoF)
DoH	Department of Health (DoH)
DoJ	Department of Justice (DoJ)
EA	Education Authority
EYPs	Early Years Providers
EYTs	Early Years Teams
FODC	Fermanagh and Omagh District Council
FSA	Food Standards Agency
HFfA	Healthy Food for All
HSC/HSCTs	Health and Social Care/Health and Social Care Trusts
HSCIMS	Health and Social Care Inequalities Monitoring System
HSE	Health and Safety Executive
HSNI	Health Survey Northern Ireland
IFS	Infant Feeding System
IOTF	International Obesity Task Force
IPH	Institute of Public Health Ireland
MUDC	Mid-Ulster District Council
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
OPSG	Obesity Prevention Steering Group
ORNI	Outdoor Recreation Northern Ireland
PANI (Tool)	Physical Activity and Nutrition Intervention (Tool)
PHA	Public Health Agency
PHE	Public Health England
PHN	Public Health Nutrition
QUB	Queens University Belfast
RCGP	Royal College of General Practitioners
ROPIG	Regional Obesity Prevention Implementation Group
RQIA	Regulation and Quality Improvement Authority
SIF	Social Investment Fund
SStHC	Small Steps to Healthier Choices
TBUC	Together Building a United Community
TEO	The Executive Office
UU	Ulster University
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.

Active Communities Programme – Sport NI

A lottery funded initiative that aims to increase participation in sport and physical recreation in the north.

‘Active Living – No Limits’

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

Active Schools Travel – DFI/PHA

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

Baby Feeding Law Group Ireland

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

Best Beginnings

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

Children and Young People’s Strategy

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

Choose to Live Better

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

Community Diet and Nutrition Education Programme

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

Community Food Initiative

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

Cook It!!

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

Curriculum Sports Programme

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

Early Movers – British Heart Foundation

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

Eat, Taste and Grow

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

Eatright.eu – Safefood and FSA

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

The Eatwell Guide

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

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

Flames

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

Front of Pack (FoP) Labelling

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

FoP – Guidance

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

FSA Eat Well Calendar

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

FSA Understanding NI Consumer Needs Around Food – FSA –

(July 2016) following research with local consumers about their understanding and use of retail food labelling information, how this influences their behaviour, and their concerns and priorities around labelling information. The research involved a combination of eight focus group discussions; eight accompanied shops and a survey using the FSA online panel.

Key findings

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

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

In spite of these barriers, there was a general overall appetite for increased provision of labelling information, especially nutrition information and portion size as a consequence of current social trends towards maintaining a healthier diet. Participants expressed a

need for greater visualisation and simplification of data which could encourage more informed, habitual usage of labelling information going forward.

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

Give it a Go!

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

Green gyms

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

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

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

<https://www.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. Healthy Start vouchers can be exchanged for cow's milk, infant formula milk, fresh or plain frozen fruit and vegetables. Healthy Start beneficiaries are also entitled to free vitamin supplements.

The Health Well – IPH

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

Hearty Lives – BHF

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

Inspiring Communities to Get Active Together – Councils (Western)

The programme has focused on the potential of physical activity to achieve well-being impacts across a broad range of social domains including 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. The campaign is run in partnership with Choose to Live Better.

Little Steps

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

Make a Change

Part of the Joint Working Arrangements Action Plan between Cookstown, Dungannon and Magherafelt Councils, 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.

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

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

Minimum Care Standards

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

National Diet and Nutrition Survey

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

Play and Leisure Implementation Plan

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

Small Grants Programmes

These provide a means of engaging with and providing small sums of money to community organisations, to support health improvement programmes, many of which focus on healthier eating and are located in 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 Strategy for Sport and Physical Recreation, 2009 – 2019 – Sport Matters was developed by DfC, in partnership with Sport NI, and approved by the Executive in December 2009. Through Sport Matters DfC aspires to secure:

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

Sport Matters: Community Capital Programme

This is a capital grants programme managed and administered by Sport NI. It aims to support the outcomes of Sport Matters and increase participation in sport for those who have not previously been engaged in sport and physical recreation. An 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

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

Take Away My Way

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

Top Marks

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

Travelwise

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

Weigh to a Healthy Pregnancy

All eligible women with a BMI of 40 or more at booking (around 500 women per year) are being recruited to the intervention which will last throughout pregnancy and until 6 weeks post-natally. The PHA is also supporting a post-pregnancy intervention study to improve healthy eating and physical activity for women with gestational diabetes.

Weigh2Live

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

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

'What's on a label?'

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

UP4IT!

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

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

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

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