

Fit Futures: Focus on Food, Activity and Young People

Response from the Ministerial Group on Public Health
including consultation on Fit Futures Implementation Plan

January 2007

Contents

1. Response from the Ministerial Group on Public Health

2. Fit Futures Implementation Plan

2.1 Vision and Targets

2.2 Making it Happen

2.3 Priorities for Action

2.3.1 Developing Joined-up, Healthy Public Policy

2.3.2 Providing Real Choice

2.3.3 Supporting Healthy Early Years

2.3.4 Creating Healthy Schools

2.3.5 Encouraging the Development of Healthy Communities

2.3.6 Building the Evidence Base

3. References

Appendix 1 Health advice in relation to nutrition and physical activity

Appendix 2 Equality Impact Assessment

1. Response to the report of the Fit Futures Taskforce from the Ministerial Group on Public Health.

The Fit Futures taskforce was established by the Ministerial Group on Public Health (MGPH) in response to concerns about rising levels of overweight and obesity in children and young people. These concerns developed mainly as result of evidence coming from other parts of the UK and Ireland. However, on the basis of the research and analysis commissioned by the Fit Futures taskforce and published in its report to MGPH in March 2006, it is now clear for all to see that obesity, poor nutrition and increasingly sedentary lifestyles are very real problems facing the children of Northern Ireland.

According to the 2005 Health and Social Well-Being survey, around one in ten of our children are now obese and well over a quarter are either overweight or obese. Analysis of the child health system has also found that levels of obesity are increasing year on year. These findings have major public health implications. Obesity significantly increases the risk of developing Coronary Heart Disease, Stroke, Cancer and type 2 diabetes. In addition, people from disadvantaged backgrounds, who already suffer poorer health, are at increased risk of developing obesity and related chronic health problems. Obesity, poor nutrition and sedentary lifestyles can also have a negative impact on the mental health of our young people and on children's capacity to learn and develop.

In addition, unless the rise in levels of obesity is halted, there will be major implications for public expenditure. Just stopping the rise in obesity could save the Department of Health, Social Services and Public Safety (DHSSPS) at least £200 million over the next twenty years.

So the case for action has undoubtedly been made by the Fit Futures taskforce. The taskforce in its 70+ recommendations to MGPH also set out a positive vision of how a cross-departmental and intersectoral approach to improving nutrition and physical activity among our young people can be delivered. In this response, which includes a detailed cross-departmental implementation plan, which has been agreed by all government departments, I hope that I have been able to set out how within Government we have already started to respond to the challenges made to us in the Fit Futures report. This has included multi-million pound investments within the past year in policies and programmes such as Sport in Our Community, Extended Schools and Nutritional Standards for Schools Meals.

The implementation plan also seeks to make clear Government's long-term commitment to this agenda and in particular the commitment of DHSSPS, the Department of Education and the Department of Culture, Arts and Leisure to work together, through a newly established Fit Futures Programme Board, to deliver on our joint commitment to stop the rise in levels of obesity in children by 2010.

Halting the rise in obesity will be a real challenge and will require the co-operation and contribution of all sectors of society. I would, therefore, welcome your comments on the Fit Futures Implementation Plan.

**Paul Goggins MP, Minister for Health, Social Services and Public Safety and
Chairperson of the Ministerial Group on Public Health**

2. Fit Futures Implementation Plan

2.1 Vision and Targets

Vision of the Fit Future

“In the Fit Future, children and young people, of all ages and from all sectors of society will be motivated and supported to access a range of readily available, quality enjoyable opportunities to be active and eat healthily.”

Fit Futures: Focus on Food, Activity and Young People¹

The policies and programmes set out within this implementation plan have been developed with the aim of delivering the vision of the Fit Futures taskforce which was set out in its report to the MGPH in March 2006. In addition to the recommendations of the taskforce for achieving this vision, the implementation plan has also seeks to take account of emerging recommendations from the National Institute of Clinical Evidence² (NICE) on obesity prevention and recent reports such as the joint report of the Audit and Health Care Commissions and the National Audit Office on Tackling Childhood Obesity³.

As demonstrated by the projections set out in relation to how many children and young people are likely to be overweight or obese by 2010, delivering this vision is going to be extremely challenging.

2.1.1 Fit Futures targets

The principal measure of success of the Fit Futures implementation plan will be achieving the Public Service Agreement (PSA) target: ***“To stop the rise in obesity in children and young people by 2010.”*** Responsibility for the achievement of this target is shared by the Department of Health, Social Services and Public Safety (DHSSPS), the Department of Education (DE) and the Department of Culture, Arts and Leisure (DCAL).

The Regional Strategy for Health and Well-Being, A Healthier Future⁴, builds on the PSA target and aims to see **a 50% reduction in levels of obesity in children by 2025.**

Achievement of the Fit Futures target will be essential if the “Healthy” outcome, as described in the Ten-year Strategy for Children and Young People⁵, is to be realised. Its achievement will also assist in delivering children’s outcomes in relation to learning and achieving. In addition, preventing a rise in levels of obesity in children will be critical to long-term delivery of Investing for Health⁶ and Regional Strategy targets for life expectancy, health inequalities, coronary heart disease and cancer.

Outcomes Framework in the Children's and Young People's Strategy

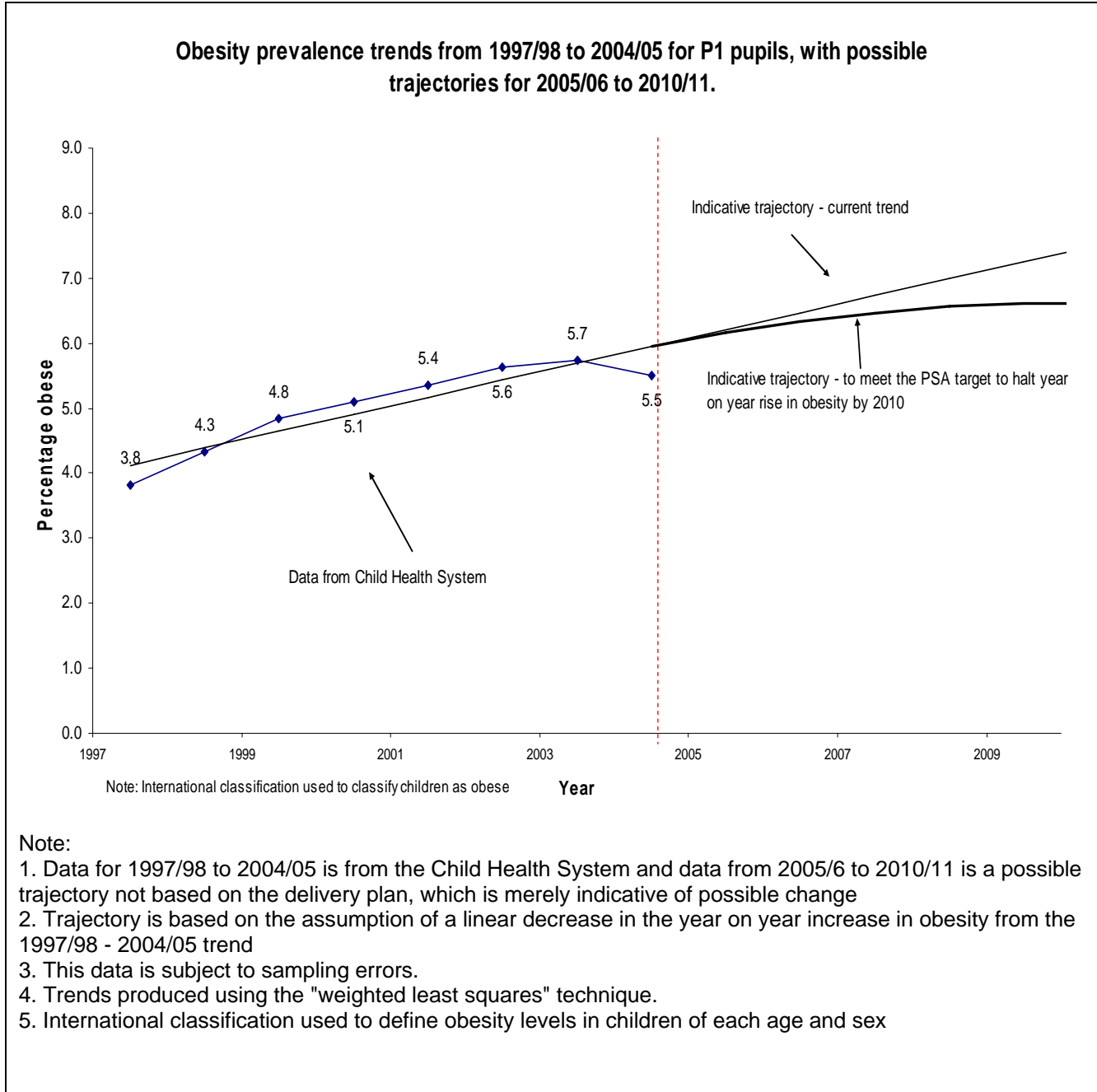
The Strategy will be successful if children and young people are:

- ✓ Healthy
- ✓ Enjoying, learning and achieving
- ✓ Living in safety and stability
- ✓ Experiencing economic and environmental well-being
- ✓ Contributing positively to community and society
- ✓ Living in a society which respects their rights

2.1.2 Development and delivery of obesity targets

Until recently data from the Northern Ireland Child Health System was the main source of information on levels of obesity in children in Northern Ireland. Analysis commissioned by the Fit Futures taskforce (utilising the IOTF classification of obesity⁷) revealed that in 1997/1998, based on measurements carried out during the Primary One Health Appraisal⁸, approximately 4% of children aged around five were found to be obese with 17% classified as being overweight or obese. In 2004/2005, more than 5% of children were obese with 22% classified as being overweight or obese. Using this data, it has been projected that, without significant intervention, just over 7% of children aged 4.5 to 5.5 will be obese and almost 27% will be overweight or obese by 2010.

Figure 1



However, as the data from the child health system relates only to children aged 4.5 to 5.5 it does not provide an acceptable measure of overall levels of obesity in children and progress towards the target of stopping the rise in levels of obesity in children cannot adequately be assessed using this measure.

The 2005 Northern Ireland Health and Social Well-Being (HSWB) survey included for the first time measurements of the height and weight of children aged 2 and over in

participating households. As a result, figures are now available for levels of overweight and obesity in children aged 2-10, the same indicator used to measure childhood obesity in England. The table below sets out the results from the HSWB survey⁹.

Table 1

% of children aged 2-10 in Northern Ireland classified as overweight or obese

	Boys	Girls	All
Obese	10%	9%	10%
Overweight including Obese	26%	28%	27%

Source: 2005 Northern Ireland Health and Social Well-Being

Applying the same growth pattern (as outlined in figure 1) for P1 children to the base data from the 2005 H&SWB survey, would indicate that if the PSA target to stop the rise in levels of obesity in children is to be achieved, levels of obesity should level off in 2010 at approximately 11% of 2-10 year olds.

This is of course only an estimate and the real measure of success will be clear evidence from 2007 onwards that the rate of growth of obesity in children is slowing significantly and that by 2010 the growth rate is at or near zero.

2.1.3 Measuring Progress

The 2009 HSWB survey will provide a robust regional assessment of progress towards the target of halting the rise in obesity in children by 2010. However, it will be important to measure and assess progress on a regular basis in order to inform implementation at both regional and local level. It will, therefore be necessary to continue to conduct an annual assessment of obesity levels in children using the measurements obtained through the Primary One Health Appraisal and Guidance will be developed in 2007 by DHSSPS to ensure that this assessment is conducted in an accurate and timely manner.

Delivering the very challenging childhood obesity target will depend on significantly increasing the number of children and young people that are achieving health based standards, such as participating in at least 1 hour of moderate physical activity every day and eating a healthy, balanced diet, including at least five portions of fruit and vegetables each day. A copy of current health advice in relation to childhood nutrition and physical activity is attached at appendix 1.

Data on the number of children and young people achieving nutrition and physical activity standards would assist in assessing whether progress is being made towards the PSA target. Unfortunately, as recognised by the Fit Futures taskforce, robust information of this

nature is not currently available. However we are setting a new target concerning the collection and recording of BMI measurements in respect of year 8/9 pupils.

As part of Fit Futures Implementation Plan on building the evidence base (see section 2.3.6), lead departments will, therefore, be expected to commission work to enable the development of targets that can be included in supporting strategies and programmes, which are based on the level of change that will be required in childhood nutrition and physical activity in order to deliver obesity targets. In developing such targets consideration should also be given to the need to address the increasing contribution that rising levels of obesity are likely to make to health inequalities.

In the interim period, supporting strategies and programmes, should seek to include appropriate targets on nutrition and physical activity based on the best available information from Northern Ireland or other parts of the UK and Ireland. For example, it has been estimated that there is the need for an annual 1% increase in levels of physical activity among children and young people if obesity levels are to be halted. In relation to nutrition, it is evident from research that to help tackle obesity and achieve a diet based on the balance of good health, nutrition targets should be based on reducing consumption of saturated fat and added sugars and increasing the consumption of fruit and vegetables and fibre. Although not related directly to obesity, it is clear that the health benefits of reducing children's consumption of salt should also be recognised in the development of nutrition targets for children and young people.

Targets are required both regionally and locally and, from 2007, the obesity prevention plans developed by Health and Social Services Boards (HSSBs) and Investing for Health Partnerships (IFHP) should include SMART obesity prevention targets for their area, which are aligned with the PSA target on obesity in children.

2.2 Making it Happen

2.2.1 Leading Delivery

Halting the rise in obesity in children will require an immediate and sustained effort from right across government, at both regional and local level, from business and industry and from voluntary and community partners. A multi-sectoral Fit Futures Programme Board will, therefore, be established with responsibility for overseeing the delivery of the Fit Futures Implementation Plan. The focus of the Programme Board will be on achieving the PSA target. However, in line with the Fit Futures report, this should be delivered in the context of a population approach to improving nutrition and physical activity and should contribute to government targets on reducing health inequalities.

The Programme Board will be led by the three departments with responsibility for the PSA target on childhood obesity and each department will identify a Senior Responsible Officer who will be a member of the Programme Board and who will have responsibility through the Board to MGPH for ensuring that policies and programmes included within this plan are delivered effectively and on-time. The Programme Board should also include representatives from organisations and groups which can contribute significantly to the delivery of the Fit Futures recommendations.

The Programme Board will seek to work through existing structures and arrangements whenever possible. However, as set out in the implementation plan, new arrangements will be required to enable joined up working on healthy schools, physical activity and sport and to engage local business and industry in the Fit Futures agenda.

The Programme Board will produce an annual report to the MGPH. This will draw on the activities of supporting structures, will set out progress in delivering the implementation plan and will include a plan of action for the next twelve months. It will also include a specific review of how in addition to the population approaches and universal services, which will remain the principal means of tackling obesity in children and young people, specific account has been taken of the needs of young people who are at most risk of obesity, poor nutrition or being inactive. This includes children with a disability and children from families on low-income. The Programme Board will also be required to ensure that the priority approaches advocated by the Fit Futures taskforce, as set out below are effectively reflected in the policies and programmes of delivery partners.

Fit Futures: Priority Approaches

Policies and strategies to tackle obesity should take adequate account of **the importance of the role of parents and families** in establishing and supporting good nutrition and active living, **particularly during the first few years of a child's life**. One of the key messages to emerge from the Fit Futures consultation process is that parents have primary responsibility for ensuring the health and well-being of their children, but that action needs to be taken to support parents to fulfill this role effectively.

The **development of the basic knowledge and skills** necessary to encourage and support children and young people to be active and eat healthily, among those supporting and working on a daily basis with children and young people, was also identified as an important way of enabling children to make healthy choices. Policies and programmes also need to recognise the complexity of obesity and that a **long-term commitment** will be required if current trends are to be halted and then reversed.

Obesity is not restricted to one sector of society and a **population approach** to obesity prevention should be adopted. However, particular attention should be paid to **the needs of children and young people on low income or with a disability** as they face additional barriers to healthy eating and active living. Activity levels in girls are also a particular concern. In addition, policies and programmes to tackle obesity in children should recognise that the most effective solutions are likely **to be positive and focus on promoting and developing the self-esteem of young people** and that there is significant benefit to be gained from making the healthy option the fun option. Above all, the Fit Futures taskforce recognises that policies and strategies to tackle obesity must **take account of the available evidence** in relation to what works and what doesn't work when it comes to obesity prevention.

2.2.2 Resourcing Delivery

The report of the Fit Futures taskforce recognised that, *“many of the recommendations in the report can be implemented at little cost and are about doing things better and taking proper account of the evidence in relation to what encourages children and young people to adopt and maintain a healthy lifestyle.”* .

The Fit Futures Steering Group did, however, identify a need for the prioritisation of resources towards the prevention of obesity and for long-term investment in this agenda. It specifically identified that the priorities for resources should be:

- targeting actions that have proved to be successful;
- developing capacity to promote healthy living in community and education settings;
- enhancing the infrastructure of key enablers to act as catalysts for promoting action;
- developing strategic funding partnerships.

Since the establishment of the Fit Futures taskforce there has been a significant allocation of resources towards preventative approaches and to building necessary capacity in those working with children and young people and their families and among children and young people themselves. The importance of early interventions and preventative approaches have been specifically recognised in the 10–Year Strategy for Children and Young People.

Some of this resource has been made available through the redirection of existing funding and resources towards Fit Futures priorities. For example, the Sports Council for Northern Ireland (SCNI) has just invested approximately £4 million in its Sport In Our Community Programme¹⁰. In line with the recommendations of the Fit Futures taskforce, this initiative recognises the importance of developing basic physical skills in encouraging life-long physical activity and is supporting a major expansion of physical literacy programmes in primary schools as well as investing in children's play.

New policies that were under development during the life of the Fit Futures taskforce have also been oriented to reflect the importance of action to address the underlying causes of overweight and obesity. £10 million is being invested annually by the Department of Education in the new Extended Schools Programme¹¹, which was established as part of the Children and Young People's Funding Package¹². Extended Schools is targeting schools in areas of disadvantage, places in which childhood nutrition is likely to be poor and in which opportunities for physical activity are more likely to be limited. The Extended Schools policy specifically emphasises the importance of schools seeking to work with their local community to improve the health and well-being of children and young people. The Department of Education is also now investing an additional £3 million each year to improve the nutritional standards of school meals¹³ and to support schools in developing a whole school approach to food and nutrition issues.

DHSSPS is allocating more than £750 000 annually to supporting the delivery of this implementation plan. This is in addition to approximately £1 million per year that is now being invested in supporting physical activity, nutrition and healthy schools programmes. As detailed in the implementation plan, many of the investments will be in joint programmes with other government departments in areas such as healthy schools, active schools, and public sector food procurement. In 2006/07 DHSSPS is also investing additional resources of £1 million in enhanced services which will allow GPs to provide more active management of obesity/diabetes in adults.

In all the above areas partnership arrangements either have been already established or will be developed as part of the Fit Futures implementation to ensure that resources are used in a joined-up manner to deliver improvements in the health, safety, and learning outcomes of children, as set out in the Children's Strategy.

Big Lottery programmes such as 'Live and Learn' and 'Safe and Well' also aim to promote health and well-being among Northern Ireland's most disadvantaged communities. Actions funded under these programmes have the potential to make a significant contribution to the Fit Futures agenda. Stakeholders should consider making full use of these programmes in order to maximise the potential benefits offered.

Government departments will also ensure that new organisations and structures established as a result of the Review of Public Administration¹⁴ will take forward the commitments of Health and Education Boards and organisations such as the Health Promotion Agency (HPA), all of which will form part of new Regional Education and Health Authorities. However, for reasons of simplicity and readability the action plan refers to those organisations and structures that currently exist.

The Fit Futures taskforce highlighted the importance of ensuring that there is a long- term investment in increasing levels of physical activity and in improving childhood nutrition. Government is currently in the midst of a Comprehensive Spending Review and is unable to commit further resources until the completion of this review. However, each of the lead departments have signed up to the achieving the PSA on childhood obesity by 2010 and it is the expectation of each of the departments that significant resources will continue to be devoted to the Fit Futures agenda until at least 2010.

2.3 Priorities for Action

2.3.1 Developing Joined-up, Healthy Public Policy

Outcomes proposed by the Fit Futures taskforce

- Practitioners working to support action to improve the health and well-being of children and young people recognise the importance of improving nutrition and physical activity.
- Government departments and agencies work together effectively with key partners, such as the food and leisure industries, to prevent children and young people from becoming overweight or obese.
- Professionals share resources and expertise to maximise the effectiveness of the information, guidance and support available to parents and to children and young people themselves.

What's been done since Fit Futures was established?

- The new Children's Strategy⁵, describes the outcomes for children and young people towards which all government policies and programmes should be contributing. Focusing on these common outcomes should facilitate a more joined-up approach to the development and delivery of new policies. This was evidenced in the Extended Schools Policy¹¹ which is providing funding to schools to enable them to contribute not only to learning and educational outcomes, but also to improving the health, safety and well-being of local children and young people.
- At a local level, Health and Social Services Boards (HSSBs), Health and Social Services Trusts (HSSTs) and Investing for Health Partnerships (IFHPs) have produced integrated plans setting out how they plan to contribute to the delivery of Fit Futures recommendations. In line with the Fit Futures recommendations all the plans identify how a range of professional disciplines including health and physical activity promotion, dietetics, oral health, nursing and health visiting will contribute to obesity prevention. Each plan also identifies how local partners, such as Education and Library Boards (ELBs) and local Councils, will work with the health sector to improve the eating habits and activity levels of children.
- In relation to the need for action to develop standards for staff working with children and young people on the development of basic physical skills and to support active living, SkillsActive is developing sector skills agreements covering areas such as Playwork and the needs of Exercise Professionals. Contributing to children's health and well-being is one of the units in the Playwork standard. SkillsActive is also developing the "I Can You Can" project, a new 1-day training course for disabled trainers. A full sector skills agreement for the active leisure industry is to be in place by April 2007.
- As part of efforts to improve childhood nutrition discussions have taken place with key stakeholders involved in the delivery of programmes that aim to support schools

and nurseries to develop healthy breaks policies. The purpose of these meetings has been to ensure that partners are aware of the new standards being developed for food in schools, that policies being advocated are in line with these standards and to ensure a common approach from health and education sectors and by dietetic, oral health, health promotion and education professionals.

- In line with the Fit Futures recommendations, tackling obesity, improving nutrition and increasing levels of physical activity have been recognised as being key elements of a range of disease prevention and management strategies, including enhanced services for primary care, the implementation plan for the Crest report on diabetes, the recently published framework on respiratory diseases and the forthcoming cancer services framework.

Further action planned to develop joined-up, healthy public policy

Key Tasks	Target Date	Lead Organisations	Supporting policies and partners
To establish a Fit Futures Programme Board to be led by DHSSPS, DE and DCAL to ensure a cross-departmental approach to the delivery of the childhood obesity PSA target.	April 2007	DHSSPS, DE, DCAL	Investing for Health
To establish a joint Ministerial forum on Sport and Physical Activity to agree a common vision for Sport and Physical Activity and to oversee efforts to deliver shared objectives and targets to increase participation in physical activity and sport, particularly among those groups that currently participate least.	Nov 2007	DCAL and DHSSPS	Investing for Health Draft Sports and Physical Activity Strategies ^{15,16} DE, HPA, SCNI, DRD, DOE, Local Authorities, HSSBs, Sporting and Recreation Organisations, Further and Higher Education, Voluntary and Community Partners
To facilitate an annual business and nutrition forum to engage local business and consumer interests in the delivery of an agreed approach to improving nutrition of people living in Northern Ireland and to support local business to take competitive advantage from having a health focus.	April 2007	FSA	Investing for Health Fit for Market ¹⁷ DHSSPS, DARD, DETI, Consumer, Food Industry and Training Organisations

<p>To establish a performance management group to ensure that an integrated and multidisciplinary approach is taken by Health and Social Services to the delivery of the Fit Futures recommendations, including in particular through the plans established by the Health and Social Services Boards and Investing for Health partnerships and the plans of the HPA.</p>	<p>April 2007</p>	<p>DHSSPS</p>	<p>Investing for Health Regional Strategy for Health and Well-Being Review of Public Administration</p> <p>HPA, HSSBs, IFHPs, HSSTs, Health Action Zones (HAZs)</p>
<p>To develop training and guidance for physical activity and sports development professionals on good practice in incorporating support for nutrition in physical activity programmes.</p>	<p>March 2008</p>	<p>HPA supported by the SCNI</p>	<p>Draft Sports and Physical Activity Strategies</p> <p>Local Councils, HSSBs, IFHPs, Skills Councils, Sports and Leisure organisations, Voluntary and Community partners</p>
<p>The Sports and Physical Recreation Strategy should include a key task in relation to the role of local authorities in developing, sports and physical activity plans, which will specify how underrepresented groups are to be involved in sport and physical activity.</p>	<p>April 2007</p>	<p>DCAL and SCNI</p>	<p>Draft Sports and Physical Activity Strategies Play Policy¹⁸ Review of Public Administration</p>

<p>To complete a review of skill needs to ensure that groups most at risk of obesity are effectively involved and engaged in physical activity and sport programmes.</p>	<p>March 2009</p>	<p>HPA, SCNI, and SkillsActive</p>	<p>Draft Sports and Physical Activity Strategies Play Policy Skills Strategy¹⁹ Sector Skills Agreements</p> <p>DEL, Local Councils, HSSBs, HSSTs, Skills Councils, Sports and Leisure organizations, Further and Higher Education Colleges, ELBs, Voluntary and Community partners</p>
<p>As part of a healthy living campaign to develop web-based resources to enable both existing and newly developed guidance and expertise on nutrition and physical activity to be made available to professionals and practitioners working with children and young people.</p>	<p>March 2008</p>	<p>HPA</p>	<p>Investing for Health Children and Young People's Strategy</p> <p>FSA, SCNI HSSBs, Voluntary and Community Partners</p>
<p>To develop, following publication of the NICE guidance, a toolkit for professionals working with children and young people on the prevention and sensitive management of overweight and obesity.</p>	<p>November 2007</p>	<p>DHSSPS</p>	<p>Regional Strategy for Health and Well-Being NICE Guidance on obesity and physical activity</p> <p>HSSBs, HSSTs and IfHP's</p>

2.3.2 Providing Real Choice

Outcomes proposed by the Fit Futures taskforce

- Healthy options are identifiable, available, affordable and accessible.
- Daily opportunities to be physically active and to develop physical skills are readily available, affordable and accessible.
- The advertising, sponsorship and promotion of food to children are appropriate and reflective of the balance of good health.
- Public information on nutrition and physical activity is balanced and consistent and is regularly reinforced

What's been done since Fit Futures was established?

- Since the establishment of Fit Futures taskforce concerns about obesity, and childhood obesity in particular, have risen up the political agenda throughout the UK and Ireland. As a result there have been significant developments on issues such as food promotion to children, food labelling and food manufacturing; issues that cannot easily be addressed by government departments and agencies in Northern Ireland on their own.
 - The Office of Communications (OFCOM) has published its proposals for restricting the television advertising of food to children²⁰. They include proposals on the content of food advertising which is aimed at children and would prohibit, for example, the use of celebrities and licensed characters in food and drink advertisements targeted directly at children. In addition, the restrictions proposed by OFCOM would have the effect of removing all advertisements for products that are high in fat, salt and sugar from all programmes, broadcast at any time of day or night, which hold particular appeal for children up to the age of 16. OFCOM is expected to publish its final proposals in March 2007.
 - The Department of Health in England has established a food and advertising forum, involving government, health, consumer and industry representatives, to develop proposals for regulating other forms of food promotion to children.
 - The UK government has committed, during 2007, to review action taken by business to control the advertising and promotion of foods to children and, if insufficient action has been taken, to legislate to enforce such controls²¹.
 - The FSA has published its preferred system for front of pack signposting of nutritional information. The preferred system is based on the use of traffic lights which identify whether a product contains high, medium or low amounts of key nutrients such as fat, salt and sugar. This system is now being used by a number of leading food retailers including Sainsbury's, Waitrose and the Co-op. However, alternative front of pack systems are being used by a number of other retailers and manufacturers. In an effort to develop a single front of pack signposting that is used by all the main manufacturers and retailers in the UK, the recently formed Nutrition Strategy Group, which includes government, industry and consumer representation, will oversee an independent evaluation of the impact of signpost labeling on consumer behaviour.

- At a European level new regulations have been agreed to regulate more effectively the use of nutritional and health claims on food. The FSA is currently leading work in the UK to establish a register of evidenced based health and nutritional claims.
 - The FSA is working with the UK food industry to develop plans to reduce the amount of salt, fat and sugar in the diet. Voluntary salt reduction targets, have already been published and work is now underway to develop strategies in relation to saturated fat and energy reduction.
- At a local level, Department of Agriculture and Rural Development (DARD) staff at the Loughry Campus of the College of Agriculture, Food and Rural Affairs (CAFRE), as part of the Technology Transfer & Innovation Programme, have developed reduced salt versions of 9 locally produced products and have introduced a new proactive project area on reducing levels of sugar and fat in Northern Ireland produced foods. The FSA (Northern Ireland) has also been proactively promoting the use of the traffic light signposting system with manufacturers and retailers based in Northern Ireland and are working with leading Northern Ireland food manufacturers to develop salt, fat and energy reduction programmes.
- The Fit Futures taskforce emphasised the importance of children having daily opportunities to be physically active and to develop physical skills. There have been a number of major developments that should help deliver such opportunities.
 - Through the 'Sport In Our Community' Investment Programme, SCNI is supporting Playboard, three Education & Library Boards and three Area Partnerships to appoint Physical Literacy Coordinators and Development Officers to support the delivery of physical literacy training to teachers, play workers, parents, coaches and volunteers.
 - The Office of the First Minister and Deputy First Minister has just published a draft play policy for Northern Ireland. The draft policy is currently out for consultation and has been produced in recognition of the importance of play to children's learning, development and health and well-being.
 - The Safer Routes to Schools initiative is being 'rolled out' by the Department of Regional Development across schools in Northern Ireland with a target of up to 40 schools participating in the accelerated programmes and four schools participating in the enhanced programme each year, commencing in 06/07. To complement Safer Routes to School, Roads Service is delivering a Best Foot Forward for Schools outreach programme with classroom-based learning of behaviours for independent travel to school. In addition, commencing in 2006/07, up to 20 Speed Management programmes are being introduced annually at schools in rural locations across Northern Ireland which will introduce temporary traffic speed limits at key times during the school day.
 - The Northern Ireland Cycling Strategy²² was published in 2000 and set targets to double the number of trips by cycle (2000 figures) by the end of 2005; and quadruple the number of trips by cycle (on 2000 figures) by the end of 2015. A review of these targets is currently underway. This review will be informed by data on cycle usage which has been monitored at 33 representative sites across Northern Ireland since 2000. The increase in cycle usage between 2000 and 2005 across all sites is approximately 26%.

- When approving schemes for medium to large housing developments, the Department of the Environment's (DOE) Planning Service (or the Planning Appeals Commission on appeal) have included planning conditions requiring (a) the inclusion of areas of open space in line with the policy provisions of PPS 8²³ (usually around 10% of the development site) and (b) the submission of a long term management plan for the open space to be agreed with Planning Service.
- Promoting physical activity at Country Parks managed by Environment and Heritage Service is now an integral part of education programmes. More recently a number of events, such as Apple Sunday at Peatlands Park, have been established to encourage the public to grow their own food in a sustainable way:
- Since the launch of Health Impact Assessment (HIA) guidance²⁴, more than 50 officials from Government Departments have been provided with awareness training on Health Impact Assessment by the Institute of Public Health In Ireland. This has included 18 staff working in Departments and Agencies with lead responsibility for transport and planning policy. The Institute of Public Health In Ireland has also published reviews of the built environment and health and transport and health. Belfast Healthy Cities in association with Belfast Planning Forum hosted a seminar on the built environment and health in November 2006. The Western Investing for Health partnership has also just commissioned a HIA of the West Tyrone Area Plan.
- Information on the range of actions taken to provide real choice in schools is provided in the section on healthy schools.

Further action planned to provide real choice

Key Tasks	Target Date	Lead Organisations	Supporting Policies and Partners
To develop a Healthy Living Social Marketing Campaign which identifies core messages for key target audiences and roles and responsibilities for delivering key components of the campaign.	April 2007- March 2009	HPA	Investing for Health DHSSPS, DE, DCAL, FSA, FSPB, SCNI, HSSBs, ELBs, HSSTs, IFHPs, HAZs, Voluntary, Community and Business partners
To build into the physical activity website, Get a Life: Get Active, key messages for parents on nutrition and physical activity and link with supporting resources and campaigns	March 2007	HPA	Children and Young People's Strategy Draft Sports and Physical Activity Strategies Travelwise ²⁵ DRD, SCNI, HSSBs Voluntary and Community Partners
To develop a web-based resource, as part of the healthy living campaign and linked with resources developed to support healthy schools, which will provide children and young people with advice and information on nutrition and physical activity.	March 2008	HPA	Investing for Health Healthy Schools Policy CCEA, ELBs, HSSBs, SCNI, DRD, Voluntary and Community Partners
To establish a public sector food procurement initiative in Northern Ireland	June 2007	FSA with support from DFP, DHSSPS and DARD	Investing for Health Fit for Market Sustainable Development Strategy ²⁶

To review and test options for integrating quality nutrition education into training programmes for those working in the food and hospitality sectors.	December 2007	FSA	Skills Strategy Sector Skills Agreements HPA, CAFRE, CIEH, Further Education Colleges, Sector Skills Councils
To support the development of a joint undergraduate module on healthy urban planning	April 2007	DOE Planning Service	Investing for Health Regional Development Strategy School of Planning, Architecture and Civil Engineering and the School of Medicine and Dentistry in partnership with Queens University and Belfast Healthy Cities
To review the impact of planning policy guidance in making appropriate provision for open and play space.	December 2009	Local Planning Authorities in conjunction with DOE	Regional Development Strategy ²⁷ Sustainable Development Strategy Planning Policy Statements 7 & 8 Draft Play Policy
To establish a play partner network	To be confirmed after consultation	OFMDFM	Draft Play Policy DOE, DE, Local Authorities, Voluntary and Community Partners

To treble the number of pupils participating in Safe Routes to schools in Northern Ireland	March 2009	DRD	Regional Transport Strategy Travelwise Draft Sports and Physical Activity Strategies Extended schools ELBs, voluntary partners
To undertake a Health Impact Assessment as part of the review of the Regional Development Strategy	2010	DRD	Regional Development Strategy

2.3.3. Supporting Healthy Early Years

Outcomes proposed by the Fit Futures taskforce

- Parents are well-informed and are engaged effectively in the development of plans and programmes to improve the health and well-being of their children.
- Early years settings support the learning, development and the health and well-being of children and young people.
- Early years settings provide quality opportunities for daily physical activity and good nutrition.

What's been done since Fit Futures was established?

- Regulations on school development planning²⁸ now require that an assessment of the arrangements for the promotion of the health and wellbeing of staff and pupils is carried out as part of the school development planning process. All grant aided schools are covered by this requirement including nursery schools and nursery classes attached to schools and to the statutory nursery provision. Although the regulations do not apply to Voluntary provision in early years, Voluntary providers, such as NIPPA- the Early Years Organisations, have revised their criteria for accreditation to ensure that appropriate consideration is given to health and well-being issues.
- Sure Start is a major programme, targeting social need which aims to work with parents and young children (0-4) to promote the physical, intellectual, social and emotional development of children. Sure Start projects have been a major source of innovation and action to support the health and well-being of children. As part of the Children and Young People's Funding Package an additional investment of £1.75 million for 2006/07 and £3 million for 2007/08 has been made in Sure Start programmes. Responsibility for Sure Start transferred to the Department of Education in its capacity as the lead Department for Early Years Services from 1 November 2006.
- Health for All Children²⁹ (HALL 4) sets out proposals for preventative health care, health promotion and an effective community based response to the needs of families, children and young people. HALL 4 recognises the need for advice and support on nutrition and physical activity to be provided at a number of key stages of a child's development. It also identifies the value of health professionals being involved in programmes such as Health Promoting Schools and the need for Health and Social Services Trusts (HSST's) to identify who is responsible for links with Education. Guidance on the implementation of HALL 4³⁰ was issued by DHSSPS in 2006 and Health and Social Services Trusts are expected to ensure full implementation of the recommendations in HALL 4.

- Healthy Start³¹ is a new programme designed to support nutrition in children from low-income families. Healthy Start commenced in Northern Ireland at the end of November 2006 and will replace the old welfare food programme which provided pregnant women and children in families in receipt of certain qualifying benefits with free milk or infant formula. Healthy Start provides beneficiaries with Healthy Start vouchers that can be exchanged in local shops for a range of healthy foods, including liquid cow's milk, fresh fruit, fresh vegetables and infant formula suitable from birth. The Healthy Start voucher is worth £2.80 per week, per beneficiary or £5.60 for babies under 1 year (or 12 months from the expected date of delivery for premature babies). People qualify for Healthy Start if they are pregnant or have a child under five years old and they or their family receives a qualifying benefit or if they are pregnant and under 18 years of age.
- Voluntary sector partners have also been responding to the recommendations of the Fit Futures taskforce. During 2005, the HPA published Nutrition Matters³², containing updated guidance on nutrition for Under 5s. In partnership with Northern Ireland Child Minding Association (NICMA), Playboard and NIPPA, training based on nutrition matters is now being offered to childminders and childcare staff throughout Northern Ireland. In direct response to the Fit Futures recommendations, the training now also includes advice on promoting physical activity. As a result of funding from the Sports Council, and with continuing support from local partners Playboard expect to be able to roll out its Fit for Play Programme across Northern Ireland.

Further action planned to support healthy early years

Key Tasks	Target Date	Lead Organisations	Supporting Policies and Partners
New healthy schools policy will also include address health and well-being in early years provision.	December 2007	DE and DHSSPS	Investing for Health Children and Young People's Strategy Children and Young People's Package Extended Schools
To roll-out training for childcare professionals on Nutrition Matters and complete an evaluation of the effectiveness of the approaches employed	March 2007	HPA	Scientific Advisory Committee on Nutrition recommendations on Infant Feeding ³³ NIPPA, NICMA, Playboard, HSSBs, HSSTs
To increase to 20% the % of children being breastfed at six months	December 2010	HPA	Investing for Health Breastfeeding Strategy ³⁴ Regional Strategy for Health and Well-Being HSSBs, IFHPs, HSSTs, Voluntary and Community Partners

<p>As part of the review of skills required to support those most at risk of obesity, priority should be given to the needs of those working with younger children.</p>	<p>March 2009</p>	<p>HPA</p>	<p>Children's and Young People's Strategy Skills Strategy Sector Skills Agreements</p> <p>NIPPA, NICMA, Playboard, HSSBs, Further and Higher Education Colleges</p>
<p>To develop a programme of events and updates for Health Visitors and other HSS staff who provide advice directly to parents or who support childcare professionals. The programme should provide updated nutritional and health promotion advice, as well as information on Healthy Start.</p>	<p>March 2007- April 2008</p>	<p>DHSSPS with the support of HPA, HSSBs and IFH partnerships</p>	<p>Healthy Start HALL 4</p> <p>HSSTs, Voluntary and Community partners</p>
<p>To support an international research and development project being developed by NIPPA to develop and test best practice in supporting learning, development and health and well-being through early years interventions.</p>	<p>2007-2009</p>	<p>DHSSPS and DE</p>	<p>Children's and Young People's Strategy Future of Preschool Education³⁵ HALL 4</p> <p>HPA, HSSBs, ELBs, NIPPA</p>
<p>To revise standards for childcare to take account of the need for children to have daily physical activity and for food that is provided to be in line with the standards set out in Nutrition Matters.</p>	<p>April 2008</p>	<p>DHSSPS and DE</p>	<p>Children's and Young People's Strategy Play Policy HALL 4</p>

<p>To host a seminar and associated events to promote the benefits of quality physical activity and encourage the realistic assessment of risk.</p>	<p>April 2007- March 2008</p>	<p>HPA</p>	<p>Children's Strategy Draft Sports, Physical Activity and Play Strategies</p> <p>NIPPA, Playboard, SCNI, HSSBs, HSSTs, Social Services Inspectorate, Education and Training Inspectorate,</p>
<p>As part of their plans to stop the increase in levels of obesity in children, to identify specific annual targets for multidisciplinary training so that over-time all front-line staff working with children and young people have had an opportunity for relevant training in relation to obesity prevention or on supporting childhood nutrition and physical activity.</p>	<p>April 2007- March 2009</p>	<p>HSSBs/IFH Partnerships</p>	<p>Children's Strategy Regional Strategy for Health and Well-Being Community Nursing Strategy³⁶</p> <p>HPA, HSSTs, HAZs</p>

2.3.4. Creating Healthy Schools

Outcomes proposed by the Fit Futures taskforce

- All schools offer an environment and ethos that supports the development, learning and health and well-being of children and young people.
- Healthy schools are recognised as an essential vehicle for the delivery of health promotion support for children and young people.
- The curriculum taught in schools enables children and young people to make informed decisions about their health and well-being.
- Children, young people and parents are engaged effectively in the development of plans and programmes to improve health and well-being.
- Principals, governors, teachers and school staff are engaged effectively in the development of plans and programmes to improve health and well-being.
- Food in schools is representative of the balance of good health and makes a significant contribution to childhood nutrition and to the knowledge and skills necessary to be able to make healthy food choices.
- Children and young people have the opportunity for daily physical activity that is challenging and provides the opportunity for learning and development.

What's been done since Fit Futures was established?

- One of the first responses to the work on Fit Futures, and the evidence that was emerging from the work of the taskforce on the importance of a whole school approach to health and well-being issues, was the inclusion by the Department of Education in regulations governing school development planning of a requirement to consider the arrangements for promoting the health and well-being of staff and pupils as part of the school development planning process. As a result there is now a legislative basis for action in schools to support health and well-being and a firm foundation for the development of a new healthy schools policy.
- In direct response to the Fit Futures report, the Department of Education has appointed a Health and Well-being Co-ordinator to lead the development of a healthy schools policy and to support the development of a co-ordinated approach to health and well-being issues through the newly established Health and Well-Being Project Team.
- The new extended schools policy provides a practical mechanism for ensuring that schools develop a more holistic approach to health and well-being issues. In considering how to develop as an extended school, schools are encouraged to review the needs and requirements of their local community in relation to the outcomes framework in the Children's Strategy. The Extended Schools policy specifically recognises the important role of extended schools in helping to deliver the new healthy schools policy being developed by the DE and DHSSPS, by working with local partners to establish a whole school approach to health and well-being. Schools have been asked to pay particular attention to this aspect of Extended

Schools. In addition to supporting schools to take a holistic approach to reviewing the health and well-being needs of pupils and the local community, the extended schools policy will also directly support the development of new services to fulfil these needs. Sport and leisure activities are specifically identified within the extended schools policy as being services in which schools can invest funding provided through the extended schools initiative.

- The HPA has provided guidance for inclusion by the Regional Training Unit (RTU) in the extended schools toolkit on how schools can review their current approach to health and well-being issues and develop robust improvement plans which address the ethos and environment of the school as well as curricular matters. This guidance will enable all schools to develop a healthy schools approach as part of their school development planning process.
- In the early stages of the Fit Futures taskforce there were concerns about the status of Physical Education (PE) within the new curriculum for schools which was under development^{37, 38}. There was also a real concern that the curriculum may not support children and young people to develop an understanding of food and nutrition and in particular to have the opportunity to develop cooking skills. Such concerns have, however, been allayed. Physical Education is an area of the curriculum in its own right and is a compulsory part of the statutory curriculum for all pupils age 4 to 16. Home Economics is a statutory entitlement for all children at key stage 3. In delivering the Home Economics curriculum schools must provide opportunities for young people to develop practical skills in the safe, hygienic, healthy and creative use of food and to plan, prepare cook and service a range of meals. The Department has agreed to fund a research proposal, which will review current Home Economics accommodation and identify what improvements might be made, for inclusion in the building handbook, to better provide for the implementation of the new requirements for this subject. During this year the Department also plans to undertake a review of teacher vacancies across all Northern Ireland schools. This will include the identification of vacancies in the Home Economics and PE subject areas. The data obtained from this survey will be used to inform the annual exercise on intakes to teacher training courses at the Higher Education Institutes
- The Fundamental Movement Skills (FMS) Programme which supports teachers in their planning, teaching and assessment of fundamental physical skills, such as balancing, running, throwing and catching, was run as a pilot by the Council for Curriculum, Examinations and Assessment (CCEA) in partnership with Education and Library Boards. The evaluation of the 5-school project has been overwhelmingly positive. As a result of the success of the pilot the FMS programme, the ELBs have begun to mainstream the programme. To date 400 teachers have been trained. 28 facilitators have also been trained and are licensed to train teachers and trainee teachers in the FMS Professional Development Programme. Plans are in place to train 2 NI consultants who will be able to train more facilitators and in turn more teachers. A resource pack has been developed by CCEA to support teachers in planning, teaching and assessing PE and demonstrates how to connect children's

learning across a range of contexts. It will also help teachers to develop their own confidence in how to teach and assess a range of FMS. It strongly promotes the importance of active and healthy lifestyles. ELBs will disseminate the resource pack and training to all schools. The FMS programme devotes a section on teaching children with movement difficulties / disabilities. This allows teachers to observe, detect and address below normal averages either by adjusting activities for that child or alerting the school of the need for special help.

- The issue of food in schools has been a very high profile issue throughout the work of the Fit Futures taskforce. Last year, in response to concerns about the nutritional standards of school meals, the Department of Education allocated an additional £3 million per year in school meals. The major impact of this funding was to enable the school meals service to ensure that the minimum expenditure on the food content of meals will not be less than 50p in Nursery, Primary and Special Schools and 60p in Secondary Schools. In addition, Nutritional Standards Co-ordinators have been employed in each Education Board to support improvements in nutritional standards and to support schools to develop a whole school approach to food issues. In June 2006 the Department of Education launched a consultation in relation to the future nutritional standards for school meals. The consultation, which followed on from an announcement by the Minister for Education in late 2005, committing that vending machines must link in with the same healthy standards as school lunches, also includes proposals for standards to be applied to other food provision in schools, including vending machines and tuck shops. Some leading food companies have now, in advance of the new standards coming into effect, withdrawn products from schools which don't comply with the new standards.
- In October 2006 the Department of Regional Development's Water Service gave their support to a proposal to develop a 'Water for Health' initiative. This is currently being explored as to how best it can be incorporated into proposed outcomes.

Further action planned to create healthy schools

Key Tasks	Target Date	Lead Organisations	Supporting Policies
To develop a joint healthy schools policy to deliver the objective of all schools becoming healthy schools within 10 years. Having robust food in schools and active schools plans should be a core criteria for a healthy school.	December 2007	DE and DHSSPS	Children's Strategy Investing for Health and supporting lifestyle strategies Extended Schools Together towards Improvement ³⁹ Youthwork Strategy ⁴² HALL 4 HPA, HSSBs, CCEA, RTU, ELBs
To establish a healthy schools partnership to direct the implementation of the healthy schools policy.	March 2008	DE and DHSSPS	Investing for Health Extended Schools
To put in place mainstream arrangements to replace the healthy schools pilot project, which are connected effectively with the arrangements for supporting extended schools	Sept 2007	DE and DHSSPS	Investing for Health Extended Schools Together towards Improvement HPA, RTU, HSSBs, HSSTs, IFHPs, ELBs, Local Authorities

<p>To provide Principals, lead teachers and extended schools co-ordinators with training on how to develop and implement a whole school approach to health and well-being issues</p>	<p>April 2007- March 2009</p>	<p>HPA and RTU</p>	<p>Investing for Health Extended Schools Together towards Improvement</p> <p>HSSBs, ELBs</p>
<p>To develop guidance on the role of school nurses in supporting healthy schools and on school health needs assessment and how this should inform school development planning.</p>	<p>March 2008</p>	<p>DHSSPS</p>	<p>Investing for Health Community Nursing Strategy Extended Schools</p> <p>HSSBs, ELBs, HSST's</p>
<p>To develop an active schools partnership to develop plans for delivering an increase in levels of physical education and after school sport and physical activity and mainstreaming fundamental programmes within the primary school sector. Active schools plans should particularly target those who currently participate least in physical activity, including children with a disability.</p>	<p>March 2008</p>	<p>DE, DHSSPS, DCAL</p>	<p>Draft Sports and Physical Activity Strategies Extended Schools Play Policy</p> <p>SCNI, ELBs, Local Councils, HSSBs, Further and Higher Education Colleges, Sporting, Leisure and Recreation Organisations, Voluntary and Community Partners.</p>
<p>To publish a food in schools policy which details government objectives and key plans for delivery.</p>	<p>Commencing March 2007</p>	<p>DE</p>	<p>Revised Northern Ireland Curriculum Nutritional Standards Consultation</p> <p>DHSSPS, ELBs, HPA, FSA, HSSBs, FSPB</p>

To establish a food in schools forum to support the delivery of a whole school approach to food and nutrition issues in schools	April 2007	DE and DHSSPS	Revised Northern Ireland Curriculum Nutritional Standards Consultation FSA, HPA, FSPB, CCEA, ELBs, HSSBs, voluntary and Business partners
To develop guidance on developing and implementing whole school food policies.	August 2007	HPA with support from FSA	Nutritional Standards Consultation Education and Training Inspectorate, FSPB, CCEA, ELBs, HSSBs
To support the development of a standards based approach to the commissioning and delivery of healthy breaks programmes as part of the new food in schools policy.	April 2007	DHSSPS	Investing for Health Nutritional Standards Consultation HPA, FSA, HSSBs, HSSTs, HAZs, ELBs
To ensure that all catering supervisors have received accredited nutrition training as part of the delivery of the nutritional standards programme.	August 2007	ELBs	Nutritional Standards Consultation FSA, HPA
To put in place an inspection programme to assess the nutritional quality of meals in schools and to examine schools' general approaches to promoting healthy eating.	March 2007	Education and Training Inspectorate	Nutritional Standards Consultation

2.3.5 Encouraging the Development of Healthy Communities

Outcomes proposed by the Fit Futures taskforce

- Disadvantaged communities are supported to address inequalities in health.
- Healthy schools are resources for action to support health and well-being of their local communities.

What's been done since Fit Futures was established?

- The Children and Young People's Funding Package funded the development of a number of programmes to improve outcomes for disadvantaged children. There are currently 25 Sure Start projects in Northern Ireland giving 22,000 children and their families access to these services. However, as a result of the Children and Young People's Funding Package Sure Start has been significantly extended so that an additional 12,000 children will have access to Sure Start services. The expansion will include new projects, satellite services and existing projects expanding their boundaries to incorporate additional wards. The expansion will primarily target children under the age of 4 and their families within the 20% most disadvantaged wards. Sure Start will continue to incorporate work to promote good nutrition and active living to enable children to have the best start in life as part of its overall aim of improving children's health.
- Supporting the development of schools so that they become a key resource for their local community is at the core of the new extended schools programme. It is expected that extended schools will build on the successes of initiatives, such as communities in schools and health promoting schools, in engaging parents, communities and service providers in supporting the work of the school. There are already an increasing number of examples of schools sharing resources, such as sports facilities and kitchens, and the skills and knowledge of their staff, with their local communities to support improved health and well-being.
- In the Strategic Plan for 2005 – 2010, the FSA made a commitment to setting priorities for helping disadvantaged and vulnerable households improve their diets. The FSA for Northern Ireland has developed a number of initiatives designed to deliver on this commitment, including a research project exploring the issues homeless persons face in sourcing, funding and preparing food for themselves and/or their families in Northern Ireland and a nutrition grants scheme for the elderly.
- The Food Safety Promotion Board (FSPB) and the FSA have also been actively promoting good practice in tackling food poverty through support for the Healthy Food for All Initiative delivered by Armagh and Dungannon Health Action Zone.
- The Sports Council recently announced investments of over £4m in community port projects in the period 2006-2010. The programme aims to improve physical literacy among children and young people, increase opportunities for people with a disability

and increase participation among sedentary populations especially in areas of high social need. The programme objectives were heavily informed by the recommendations of the Fit Futures taskforce.

- In addition to developing the Fit for Play initiative now being supported by the Sports Council's Sport in Our Community Programme, Playboard has sought to work with partner organizations to increase outdoor and physical play opportunities within communities through its Positive Playgrounds and Reclaiming Playspace Programmes.
- Neighbourhood Partnerships established as part the Neighbourhood Renewal Strategy are currently developing Action Plans for their areas. Local Health Trusts are already represented on each of the established Neighbourhood Partnerships. It is anticipated that initiatives to support children's health and well-being will feature strongly in these plans.
- Local Health and Social Services Boards, Investing for Health Partnerships and HAZ's have been investing the development of community based programmes to address poor nutrition and low levels of physical activity. Community initiatives within the 2006/2007 obesity prevention plans developed by the Boards have included dance programmes, community-based weight management schemes, playground marking initiatives, reviews of play provision and cooking training for young people leaving care.

Further action planned to encourage the development of healthy communities

Key Task(s)	Target Date	Lead Organisations	Supporting Policies and Partners
To establish mainstream programmes to support the development of community-based food programmes based on the evaluation of the Cook-It pilot.	April 2007	IFH Partnerships and HSSBs	Investing for Health Lifetime Opportunities Strategy ⁴⁰ Neighbourhood Renewal Strategy ⁴¹ Extended Schools Policy HPA, HSSTs, HAZs, Neighbourhood Partnerships, ELBs, FSA, Voluntary and Community Partners
To support the development of good practice guidance on tackling food poverty and the development of food poverty networks.	December 2007	FSPB, FSA and DHSSPS	Investing for Health Lifetime Opportunities HPA, Public Health Alliance, HSSBs, HSSTs, IFHP's
To ensure that training to support healthy living is available to young people leaving care.	March 2008	HSSBs	Children's strategy Investing for Health HSSTs, IFHPs, HPA
To provide small grants to community and voluntary groups to increase opportunities for participation in health-enhancing physical activity among the sedentary population.	Annual grants programme	HPA	Draft Physical Activity Strategy HSSBs, HSSTs, IFHPs, Voluntary and Community Partners

<p>To develop guidance on neighbourhood renewal and health improvement planning and encourage the development of effective partnerships between local health and neighbourhood renewal partners.</p>	<p>December 2007</p>	<p>DHSSPS and DSD</p>	<p>Investing for Health Neighbourhood Renewal Strategy</p> <p>IPHI, HSSBs, HSSTs, IFHPs, Neighbourhood Partnerships, Local Councils, HAZs, Community Health Partners</p>
<p>To ensure that effective links are made between schools and their local community when developing sport and physical activity initiatives as part of the extended schools programme.</p>	<p>2006-2009</p>	<p>DE and ELBs</p>	<p>Extended Schools Neighbourhood Renewal Strategy Draft Sports and Physical Activity Strategies Youthwork strategy</p> <p>SCNI, Sporting and Youth organisations, Neighbourhood Partnerships</p>
<p>To support a project to assess and determine skills needs in the Playwork and health and fitness sectors and to address identified training needs by brokering fit for purpose training programmes.</p>	<p>April 2007</p>	<p>DEL and Skillsactive</p>	<p>Draft Sports and Physical Activity Strategy Skills Strategy Sector Skills Agreements</p> <p>SCNI, Sporting, Leisure and Fitness organizations, Local Authorities, HSSBs, HPA</p>

<p>The new healthy schools policy will address how provision of youth services should contribute to health and well-being of young people.</p>	<p>June 2007</p>	<p>DE and DHSSPS</p>	<p>Children's Strategy Youthwork Strategy Extended Schools</p> <p>HPA, HSSBs, ELBs, Youth organisations</p>
<p>To ensure that guidance on whole school food policies address the engagement of parents and carers and the local community.</p>	<p>August 2007</p>	<p>HPA with support from FSA</p>	<p>Nutritional Standards Consultation</p> <p>Education and Training Inspectorate, FSPB, CCEA, ELBs, HSSBs, HAZs</p>

2.3.6 Building the Evidence Base

Outcomes proposed by the Fit Futures taskforce

- Robust assessment of progress against government targets and towards health based standards.
- Improved evidence base in relation to the effectiveness of interventions to prevent obesity.

What's been done since Fit Futures was established?

- In the absence of reliable data on levels of overweight and obesity in children and young people the Fit Futures taskforce commissioned an assessment of data from the children health system in relation to levels of overweight and obesity in children aged 4.5 to 5.5. This assessment will now be commissioned on an annual basis. The child health data will also now be supplemented by information from the Health and Social Well-Being Survey, which in 2005 included for the first time an assessment of the height and weight of children aged 2-15 in households that participated in the survey. In addition it is intended to collect and record BMI measurements in respect of year 8/9 pupils.
- DHSSPS has endeavoured to ensure that it is aware of key developments in the area of obesity prevention. For example, DHSSPS participates in the Health Improvement Board, which has responsibility for overseeing the implementation of the public health strategy for England, Choosing Health. It has also committed to reviewing and implementing, where appropriate, the recommendations of NICE and is in the process of establishing a forum to consider how NICE guidance on public health issues should be reviewed and implemented in Northern Ireland. NICE published its final recommendations on the prevention, management and treatment of obesity in December 2006, with further guidance on physical activity due for publication in early 2007.
- To inform efforts to address health inequalities and the contribution to such inequalities made by poor nutrition, the FSA commissioned the Low Income Diet & Nutrition Survey (LIDNS). The overall aim of the LIDNS survey, which will be published in Spring 2007, is to provide robust baseline data on the diets and nutritional status of low income/materially deprived consumers. The survey has been replicated in all parts of the UK.
- There have been a number of developments which should improve the sharing of research and good practice throughout Ireland in relation to nutrition and physical activity issues. An all-island nutrition forum has been established between the departments and agencies with lead responsibility for nutrition issues. The FSPB has also developed an all-island directory of nutrition activities to stimulate the exchange of information and collaboration within the dietetic field. In addition, an all-island community dietetic forum has been developed with the support of the

DHSSPS and the Department of Health and Children. DHSSPS and the Department of Health and Children also jointly host a biannual conference on physical activity.

- In recognition of the importance of research into obesity and indeed the wider field of nutrition research, the Research & Development Office has expanded the field of enquiry in June 2006 of one of its Recognised Research Groups. It is anticipated that the Diabetes, Endocrinology & Nutrition Group will encourage research of relevance to obesity. A study of the prevalence and determinants of obesity and cardiovascular risk in young children is among the research projects that have been funded by the R&D Office.

Further action planned to build the evidence base

Key Tasks	Target Date	Lead Organisations	Supporting Policies and Partners
To provide further guidance to HSSBs on the collection, analysis and use of data on children's height and weight.	March 2007	DHSSPS	Children and Young People's Strategy Regional Strategy for Health and Well-Being NICE Guidance HALL 4 HSSBs, HSSTs
To complete an assessment of the height and weight of children as part of Primary One Health Appraisal and also year 8/9 pupils and to report the results of this assessment in line with guidance issued by DHSSPS.	Annually	HSSBs and HSSTs	Children and Young People's Strategy Regional Strategy for Health and Well-Being NICE Guidance HALL 4
To ensure that the Young Persons Behaviour and Attitudes survey includes an effective assessment of childhood nutrition and levels of physical activity.	April 2007	DHSSPS and DCAL	Children and Young People's Strategy Regional Strategy for Health and Well-Being Draft Physical Activity, Play and Sports Strategies HPA, SCNI, NISRA

<p>To develop an agreed framework and programme for assessing physical activity and sport to ensure that information collected enables an assessment of compliance with health based standards for children and young people and adults.</p>	<p>March 2008</p>	<p>DHSSPS, DCAL, SCNI</p>	<p>Draft Physical Activity, Play and Sports Strategies</p> <p>HPA, HSSBs, Sporting Organisations, Voluntary and Community Partners, Further and Higher Education Colleges, Skills Councils</p>
<p>To support a rolling programme of nutritional surveillance through the National Diet and Nutrition Survey.</p>	<p>April 2008</p>	<p>DHSSPS, FSA and FSPB</p>	<p>Regional Strategy for Health and Well-Being</p> <p>HPA, Research Centres, HSSBs</p>
<p>To commission an update of the database of good practice developed by the Fit Futures taskforce.</p>	<p>March 2009</p>	<p>HPA</p>	<p>Investing for Health</p>

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Health advice in relation to nutrition and physical activity

The recommendations in this NICE guidance should be viewed in the context of the 2004 public health White Paper 'Choosing health' and related publications, and the existing guidance summarised below.

Diet

The standard UK advice on healthy eating, summarised in table 1, is based on recommendations made by the Scientific Advisory Committee on Nutrition (SACN), and (before 2000) by the Committee on the Medical Aspects of Food Policy.

Table 1 Standard population dietary recommendations

Nutrient/food	Recommendation
Total fat	Reduce to no more than 35% food energy
Saturated fat	Reduce to no more than 11% food energy
Total carbohydrate	Increase to more than 50% food energy
Sugars (added)	Reduce to no more than 11% food energy
Dietary fibre	Increase non-starch polysaccharides to 18 g per day
Salt	Reduce to no more than 6 g salt per day ^a
Fruit and vegetables	Increase to at least five portions of a variety of fruit and vegetables per day
^a The maximum amount of salt recommended for children is less than that for adults – see www.salt.gov.uk	

These recommendations do not apply to children younger than 2 years. Between 2 and 5 years, a flexible approach to the timing and extent of dietary change should be taken. By the age of 5 years, children's diets should be consistent with the recommendations for adults.

This advice is summarised for consumers in a picture showing the proportions of each food groups in a healthy diet – ‘The balance of good health’ (see below).



Reproduced by kind permission of the Food Standards Agency (FSA).

The Food Standards Agency summarises the advice as:

- Base your meals on starchy foods.
- Eat lots of fruit and vegetables.
- Eat more fish – including a portion of oily fish each week.
- Cut down on saturated fat and sugar.
- Try to eat less salt – no more than 6 g a day for adults.¹
- Get active and try to be a healthy weight.
- Drink plenty of water.
- Don't skip breakfast.
- And remember to enjoy your food!

The Department of Health advises that men should drink no more than 3–4 units of alcohol per day, and women no more than 2–3 units of alcohol per day. The Food Standards Agency also advises consumers that cutting down their alcohol intake could help them control their weight. A unit is half a pint of standard strength (3% to 5% ABV) beer, lager or cider, or a pub measure of spirit. A glass of wine is about 2 units and ‘alcopops’ are about 1.5 units.

¹ The maximum amount of salt recommended for children is less than that for adults – see www.eatwell.gov.uk for specific recommendations.

Physical activity

Advice on physical activity has existed for several years, and the Chief Medical Officer's (CMO's) report 'At least five times a week' examined its validity in the light of evidence on the links between physical activity and health. The NICE guidance on obesity does not alter the current guidelines.

Adults

For general health benefits. The current recommendations are for adults to take 30 minutes or more of at least moderate-intensity physical activity on five or more days of the week. This can be in one session or several sessions lasting 10 minutes or more each day. These recommendations also apply to older people.

To prevent obesity. Many people may need 45–60 minutes of moderate activity each day unless they also reduce their energy intake.

To prevent regaining weight. People who have been obese and have lost weight may need to do 60–90 minutes of moderate activity a day.

Children and young people

The amount of activity that children and young people need to prevent obesity is unclear. It is recommended that children and young people should take a total of at least 60 minutes of at least moderate-intensity physical activity each day, although this may not be enough to prevent obesity. At least twice a week, children should take part in activities that improve bone health, muscle strength and flexibility.

Types of activity

Moderate-intensity activity usually increases a person's breathing rate and heart rate and makes them feel warm (see box 1 for examples).

Box 1 Examples of moderate-intensity activities

- brisk walking
- cycling
- swimming (with moderate effort)
- stair climbing (with moderate effort)
- gardening – digging, pushing mower or sweeping leaves
- general house cleaning
- painting and decorating
- general callisthenics (sit-ups, push-ups, chin-ups)
- gentle racquet sports such as table tennis and badminton (social)
- golf – walking, wheeling or carrying clubs.

NICE guidance on physical activity

The NICE guidance 'Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community based exercise programmes for walking and cycling' (2006) recommends that inactive individuals should be identified by using a validated tool, such as the Department of Health's general practice physical activity questionnaire (GP PAQ).

Potential risks

The wide range of health benefits of physical activity significantly outweigh the risks (for example, from injury or accidents), particularly at the levels of activity required to promote and maintain health. The Chief Medical Officer's 2004 report states that 'the people who will benefit most from physical activity are inactive people who begin to take part in regular moderate-intensity activity. If these people increase their level of activity gradually, they are unlikely to face undue risks. The greatest risks from physical activity are faced by:

- people who take part in vigorous sports and exercise
- people who do excessive amounts of exercise, and
- people with existing musculoskeletal disease or at high risk of disease.'

Sources of information on existing guidance and trends

- www.fph.org.uk/policy_communication/publications/toolkits/obesity/default.asp
- www.foodstandards.gov.uk
- www.schoolfoodtrust.org.uk
- www.eatwell.gov.uk
- www.dh.gov.uk
- www.5aday.nhs.uk
- www.nhsdirect.nhs.uk
- www.sportengland.org
- www.nutritionnetworkwales.org.uk
- www.cmo.wales.gov.uk – for information on food and fitness, and guidance on vending and fruit tuck shops
- <http://new.wales.gov.uk> – for information on Health Challenge Wales.

The implementation tools for this guideline have information about more sources of information, particularly for professional groups. They are available from www.nice.org.uk/CG043

EQUALITY CONSIDERATIONS

NORTHERN IRELAND ACT 1998

Section 75 (S75) of the Northern Ireland Act 1998 places the following statutory requirements on each public authority:

- “(1) A public authority shall in carrying out its function relating to Northern Ireland have due regard to the need to promote equality of opportunity–*
- (a) between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;*
 - (b) between men and women generally;*
 - (c) between persons with a disability and persons without; and*
 - (d) between persons with dependants and persons without.*
- (2) Without prejudice to its obligations under subsection (1), a public authority shall in carrying out its functions relating to Northern Ireland have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group”*

POLICY AIM AND GROUPS AFFECTED

The Fit Futures implementation plan aims to stop the increase in the levels of obesity in children and young people. Therefore, whilst affecting the whole population, and impacting on all S 75 groups, the policy will particularly impact on young people and persons with dependants.

Many of the main policies and programmes referred to in this assessment, such as the extended schools policy, the sport in our community programme, the new healthy schools policy, and the sport and physical recreation strategy, will be or have already been subject to an equality impact assessment. This assessment, therefore, focuses on an overall assessment of differential impacts upon relevant groups and on those policies and programmes which are being established directly as part of the implementation plan and which will not be subject to separate consultation.

Consideration of Available Data and Research

The following information about obesity, physical activity and nutrition has been reviewed.

- Health and Social Wellbeing Survey, 1997 and 2001
- Young Persons’ Behaviour and Attitudes Survey, 2003
- Eating for Health, 1999

Reference has also been made to preliminary findings from the 2005 Health and Social Well-Being Survey in relation to obesity in children, though at this stage detailed analysis of data according to equality groups has not been completed.

In addition, account has been taken of the analysis of equality considerations conducted by the Fit Futures Taskforce in its report to the Ministerial Group on Public Health in March 2006.

Assessment

Obesity is a major risk factor for a range of chronic illnesses. The Fit Futures implementation plan aims to minimise the impact on population health of rising levels of obesity by seeking to halt the rise in obesity in children and young people. Key findings from consideration of available evidence include:

- The 2005 Health and Social Well-Being survey did not find any significant difference between levels of obesity in boys and girls aged 2-10.
- The 1997 Health and Social Wellbeing Survey reported that for adults aged 16+:
 - levels of obesity increase with age until aged 54, after which levels of obesity decline;
 - people who are single report significantly lower levels of obesity;
 - there are no significant differences in obesity levels between people of different religions;
 - there is no difference in obesity levels between those who reported limiting long-standing illness and those who don't.
- The Fit Futures taskforce reported that although specific information is not available in Northern Ireland:
 - research elsewhere would suggest that some ethnic groups are more likely to be overweight or obese;
 - there is some evidence to suggest that obesity may be more prevalent among people with disabilities: higher rates of obesity have been found in adults, especially women, with mild to moderate learning disabilities that live in the community than in the general population.

Overall Conclusion

The Fit Future implementation plan takes a population approach to tackling the issue of obesity in children and young people and seeks to improve the health and well-being of all the children and young people living in Northern Ireland. Whilst targeted at children and young people, the plan recognises the need to work closely with families, schools and communities in seeking to improve childhood nutrition and to increase levels of physical activity undertaken by children and young people living in Northern Ireland.

The implementation plan recognises that whilst all sections of the population are at risk of obesity certain groups may be at a slightly higher risk. The implementation plan, therefore, seeks to encourage policies and programmes to take account of the needs of children and young people with a disability, as well as recognising the importance of directing additional support towards children from disadvantaged backgrounds.

The Department considers that the Fit Futures Implementation Plan should impact positively on the health and emotional wellbeing of the general population. The Department considers that the Implementation Plan does not adversely impact on any of the S 75 groups and therefore a full Equality Impact Assessment is not required.