

## Healthy Futures

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

Consultation Questions

November 2023

## Overview

Consultation to seek views on Healthy Futures Strategic Framework to Prevent the Harm caused by Obesity, and Improve Diets and Levels of Physical Activity in Northern Ireland

**Consultation opened on Friday 24 November 2023.**

**Consultation closes on Friday 16 February 2024 at 17:00.**

## Summary

The Department of Health has worked with key stakeholders to co-produce a new strategic framework to reduce the harm related to living with overweight and obesity in Northern Ireland.

## Consultation Description

The new strategic framework for obesity – “**Healthy Futures**” – was issued for public consultation on 24 November 2023 and is available online at <https://www.health-ni.gov.uk/publications/consultation-obesity-strategy-healthy-futures>

## How to Respond:

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

To respond in writing, please email the Department at: [HDPB@health-ni.gov.uk](mailto:HDPB@health-ni.gov.uk) or write to:

Health Development Policy Branch  
Department of Health  
Room C4.22, Castle Buildings  
BELFAST BT4 3SQ

## **Next Steps**

Following this consultation, we will collate and analyse all views and inputs, and begin the process of developing the final strategy. This will need to be agreed by the Minister of Health and the NI Executive before being published. It is important to note that AFFFA – and all the structures that support action and collaboration – will remain in place until any new strategy is put in place.

**The Closing Date for responses is** Friday 16 February 2024 at 17:00

## Your details

**Name: Professor Cathryn Edwards (RCP registrar)**

**Email: consult@rcp.ac.uk**

**Are you responding as an individual or organisation?**

Individual

Organisation

**Name of organisation if appropriate: Royal College of Physicians (RCP) and Royal College of Physicians of Edinburgh (RCPE)**

## Screening

The strategic framework has been equality and rural screened to consider impacts on this important group. These documents are available at <https://www.health-ni.gov.uk/publications/obesity-strategy-2023-2033-rnia-and-eqia-0>.

### CONSULTATION QUESTION 1 – SCREENING:

**Have you any comments on either the Equality/Good Relations or Rural screening documents?**

No

### CONSULTATION QUESTION 2 – SCREENING:

**Are there any areas or issues you feel we should be considering in future Equality/Good Relations or Rural screenings?**

No

## **Vision, Principles, Outcomes, Thematic approach**

**CONSULTATION QUESTION 3 – VISION:** the overall vision for this new strategic framework is to *“create the conditions in Northern Ireland which enable and support people to improve their diet and participate in more physical activity, and reduce the risk of related harm for those living with overweight and obesity”*.

**Do you agree with this vision?**

Strongly agree:

Agree:

Disagree:

Strongly disagree:

## Comments:

The RCP/RCPE is grateful for the opportunity to respond to this consultation. We have liaised with our experts and would like to respond as follows.

Overall, this is well written and clearly structured with appropriate statistics to highlight the importance of developing the framework. There is a clearly an understanding that any attempt to address the obesity issue is complex and will need a multi-faceted approach looking at multiple interventions. It is a comprehensive framework that encompasses the main areas for focus.

In section 8.4 and 8.11, you mention collaboration and we would welcome this at the RCP/RCPE. We can help share areas of good practice particularly regarding education amongst healthcare professionals, the delivery of services, and ensuring equity of access and championing the roll out of evidence-based interventions that improve the health and wellbeing of people living with obesity.

Our experts welcome the strategy in Northern Ireland as it is something that has been lacking and has led to affected patients getting a substandard service for some time, including no access to obesity surgery or more recently to medication. We support a strategy that ensure people in Northern Ireland have equal access to a fully funded obesity service as people in the rest of the UK and Ireland.

On a general note, workforce will be key to delivering many of the areas outlined in this framework. Has a piece of work been done to establish what is already in place and the likely resource required to deliver many of the actions? For example, in Tier 3 and 4 services in England, there is a widespread shortage of appropriately qualified psychologists. What is the provision for specialist skills like this in NI? Our experts strongly encourage the use of digital weight management programmes as a cost-effective way to deliver many of the aspects outlined in the framework particularly given likely challenges in workforce provision.

Below are general comments and some editorial suggestions:  
Statistics:

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

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

Our experts question whether more recent data could be provided.



**2.12, line 3: 56% of the population consume less than the recommended portions with men (61%) less likely than women (52%) to reach the recommended level.**

This should read 'than' rather than 'that'.

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

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

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

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

Our experts note that these points are all saying similar things and question whether this could be summarised in one point. Furthermore, the data in 2.12 conflicts with data in 2.15.

**2.29, line 4. type II diabetes**

This should be 'type 2 diabetes' rather than 'type II'. The latter nomenclature is outdated.

**2.39, line 5 – Over the years the increased availability of energy dense food processed foods at relatively cheap prices, along with a decrease in being physically active, has contributed to increasing levels of overweight and obesity in Northern Ireland.**

Our experts note there should be a comma between 'food' and 'processed foods'.

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

The 'the' before strategic should be removed.

There should be a full stop after the first 'obesity' and 'It aimed' should be the beginning of new sentence.

3.15.

- **How do we agree a common outcome for tackling childhood obesity / health weight?**

- 

This should read 'obesity/healthy weight'.

- **How can we create a culture that encourages and incentivises outdoor play, activity and physical activity and utilise social clauses in planning to ensure a healthy environment?**

This should read 'and utilises social clauses.'

**3.17, line 6: using whole system approaches in relation obesity**

This should read 'in relation to obesity'.

**CONSULTATION QUESTION 4 – PRINCIPLES:** The project board proposed a range of principles for the development and implementation of the new strategic framework, these are: taking **whole system approach** with the framework being **health led but not solely health owned**, taking a **life course approach** and targeting or prioritising certain groups, focusing on reducing **inequalities**, acknowledging the **alignment with other policy areas** and not duplicating effort, being **outcome-based**, and that the framework will provide an **umbrella for actions to prevent and address overweight and obesity**.

**Do you agree with these principles?**

Strongly agree:

Agree:

Disagree:

Strongly disagree:

**Comments:**

**CONSULTATION QUESTION 5 – OUTCOMES:** This strategic framework focuses on four main long-term population level outcomes across the life course: Reducing the percentage of people in Northern Ireland who are living with overweight and/or obesity; Improving the population’s diet and nutrition; Increasing the percentage of the population who participate in regular physical activity; and Reducing the prevalence of overweight and obesity-related Non-Communicable Diseases (NCDs).

**Do you agree with these 4 population level outcomes?**

Strongly agree:       Agree:   
Disagree:       Strongly disagree:

**Comments:**

Our experts question whether there are other measures you would include to gauge ‘improving diet and nutrition’ or leave as simply 5 a day. The same can be said for physical exercise.

Our experts note it would also be interesting to look at hospital admission and length of stay i.e. the impact on hospital services; number of outpatients/GP appointments etc. Our experts question whether there is any plan to look at this as it would be interesting to look at overall impact of changes on demand for the healthcare system.

**CONSULTATION QUESTION 6 – THEMATIC APPROACH:** The strategic framework takes a thematic approach to the issues focusing on four key themes: Health Policies, Health Places, Healthy People, and Collaboration and A Whole System Approach.

**Are all the key areas covered within this thematic approach?**

Yes:

No:

**Comments:**

Our experts note that this does not cover people who require medical intervention for obesity i.e. people already affected by obesity or being overweight.

The general themes here are inclusive but our experts question whether more should be mentioned about psychological health and approaches/provision for this.

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

Our experts question how this will be measured.

## Healthy Policies

**CONSULTATION QUESTION 7 – HEALTHY POLICIES:** Our ability to eat a healthy diet, participate in physical activity, and to maintain a weight that is good for our health, is very much influenced by the wider environment in which we live our lives. This theme focuses on the strategies, policies, regulations and stakeholders that control the wider food and physical environment, therefore playing a key role in addressing the obesogenic environment.

**Do you agree with this theme and what it is seeking to achieve?**

Strongly agree:

Agree:

Disagree:

Strongly disagree:

**Comments:**

**5.5, line 6. Sodium**

Our experts suggest using the word 'salt' rather than 'sodium' for the lay reader.

**5.6, line 19. limitations the classification system**

This should read 'limitations **of** the classification system'

**5.1 – 5.8 THEME A – HEALTHY POLICIES - Food environment**

Our experts question whether it is worth including something here about marketing and advertising standard (see RCO policy and OHA 'Turning the Tide'. It is briefly mentioned in section 5.16 but could also be mentioned here and perhaps needs more detail.

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

Our experts question whether there is consideration of support (financially through grants or other) about the setting up of exercise or sports groups to address this.

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

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

2<sup>nd</sup> bullet point - Our experts question how this will be done and whether there is a plan to engage with large companies and advertising agencies to ensure this.

3<sup>rd</sup> bullet point. Our experts question how this will be done – how will this be delivered and how will it be measured to assess successful outcomes?

Our experts question how all of these objectives will be measured.

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

Our experts question how and what will you measure in terms of health inequalities in this regard.

**5.15 line 5 would add-value**

Remove hyphen.

**5.16 Healthier Food options section**

Our experts suggest removing vending machines in public sector places eg hospitals and other healthcare facilities and schools/sports facilities.

**CONSULTATION QUESTION 8 – HEALTHY POLICIES:**

**Do you agree with these priorities?**

Strongly agree:

Agree:

Disagree:

Strongly disagree:

**Comments: Food environment priorities**

**Comments: Food labelling and information priorities**

Our experts suggest increasing education particularly in primary schools on the topics mentioned particularly in relation to food and the complications associated with being overweight or living with obesity.



**Comments: Healthier food options priorities**

**Comments: Physical activity and active travel priorities**

**CONSULTATION QUESTION 9 – HEALTHY POLICIES:**

**Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?**

**Comments:**

Our experts note that this should include mental health support, preventing stigmatization of overweight or obesity.

## Healthy Places

**CONSULTATION QUESTION 10 – HEALTHY PLACES:** At all ages, we can spend a significant portion of our lives in places and settings that influence our ability or inability to eat healthily, be physically active and to manage our weight. This can be through a lack of access to opportunities, barriers to participation and lack of availability. However, settings can also play a positive role in supporting the health and wellbeing of the people who access them. This theme focuses on creating supportive places and settings.

**Do you agree with this theme and what it is seeking to achieve?**

Strongly agree:

Agree:

Disagree:

Strongly disagree:

**Comments:**

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

Our experts agree with the importance of focusing on schools and suggest including education on the psychological factors that impact and can affect relationship with food. There has been increasing time in primary and secondary school curricula eg PHSCE spent on health and wellbeing, and this could incorporate psychological aspects of living with obesity and being overweight.

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

Our experts believe that increasing opportunities to increase activity whilst at work should be included e.g. green gyms, table tennis tables etc  
Workplace incentives could also be included, such as subsidised gym memberships.

**6.11 There are also wider influences in respect of unemployment, under employment, job insecurity, shift patterns and health related behaviours<sup>50</sup>**

Our experts agree that shift patterns are important and often there is limited food in the workplace out of hours leaving few healthy options. This is an area to also look at especially as a significant proportion of people from lower income families will work unsocial hours and shift like working patterns.

**CONSULTATION QUESTION 11 – HEALTHY PLACES:**

**Do you agree with these priorities?**

Strongly agree:  ✓

Agree:

Disagree:

Strongly disagree:

**Comments: Early years settings priorities**

**Comments: School settings priorities**

Our experts question whether there are additional incentives to leading a healthier lifestyle, particularly for people living in lower income families

**Comments: College, university, and workplace settings priorities**

**Comments: Healthcare settings priorities**

**Comments: Local government and community settings priorities**

• **Work through local government and community planning to promote increased uptake of healthy food and participation in physical activity.**

Presumably this should read 'uptake' not 'update'

**CONSULTATION QUESTION – 12: HEALTHY PLACES:**

**Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?**

**Comments:**

Our experts believe that more detail is needed in terms of how this is achievable. e.g. timetabled physical activity sessions, protected spaces for activity, reward schemes in terms of accreditation etc for workspaces/schools/colleges that demonstrate commitment to these goals.

## Healthy People

**CONSULTATION QUESTION 13 – HEALTHY PEOPLE:** As well as amending the wider policy and legislative environment and ensuring that a range of settings support people to be healthy, this theme therefore focuses on the need to help, support, and enable people to prevent poor health and wellbeing, to provide early interventions for those who may need additional help, and to provide appropriate treatment and interventions which seek to reduce the harm to those who may be living with overweight and obesity.

**Do you agree with this theme and what it is seeking to achieve?**

Strongly agree:

Agree:

Disagree:

Strongly disagree:

**Comments:**

**CONSULTATION QUESTION 14 – HEALTHY PEOPLE:**

**Do you agree with these priorities?**

Strongly agree:

Agree:

Disagree:

Strongly disagree:

**Comments: Pregnancy and early years priorities**



**Comments: Prevention and awareness programmes priorities**

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

Our experts note that this needs to be done sensitively, in a non-stigmatising and unbiased way. It is worth considering increased education and setting up a workshop for healthcare professionals on their role in helping people living with obesity and the importance of having these discussions. Also, important though that during these discussions, the healthcare team are aware of the options available to people living with obesity and where to signpost them for further help and guidance.

**Treatment 7.13 Our previous strategy, A Fitter Future for All, was purely focussed on prevention and early interventions. One of the things we heard during the coproduction of this new framework, particularly from those with lived or living experience of overweight and obesity, was that we can't completely separate out prevention from treatment and other specialist services. People may require specialist support and help from highly skilled professionals to be able to manage their weight.**

Our experts note that this should also include access to medical therapies which are now increasingly available.

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

Our experts agree, however, given the NICE guidance there are significant implications for service delivery options given the likely demand for these newer medications. It would be worth doing a demand and capacity exercise on the number of patients that would meet eligibility based on NICE tools already available so that this can inform decisions in forming the ROMS.

**Comments: Weight management services priorities**

Our experts note that it would be useful to understand the landscape of existing services and determine if there are any barriers in setting up further services. It would be useful to find out how people are accessing care currently e.g. travel abroad, private treatment.

**CONSULTATION QUESTION 15 – HEALTHY PEOPLE:**

**Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?**

**Comments:**

**P 60 Weight management services:**

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

Our experts question whether there will be a referral pathway for children suspected of having an underlying genetic cause. Similarly – will there be dedicated paediatric endocrine service with the skills and expertise to manage these patients? If so – will it be a single centre and if so, where?

## Collaboration and Whole System Approach

### CONSULTATION QUESTION 16 – Collaboration and a Whole System

**Approach:** Overweight and obesity is complex and interrelated with other issues and outcomes. It is vital therefore that this strategic framework is a living document which is regularly updated in line with the latest international research and evidence, that we work collectively across the UK and Ireland, and that we enable people to come together to find solutions and take a systematic approach to achieving our goals.

**Do you agree with this theme and what it is seeking to achieve?**

Strongly agree:

Agree:

Disagree:

Strongly disagree:

**Comments:**

### CONSULTATION QUESTION 17 – Collaboration and a Whole System

**Approach: Do you agree with these priorities?**

Strongly agree:

Agree:

Disagree:

Strongly disagree:

**Comments: Whole System Approach and collaboration priorities**

**8.6 - line 7 – ‘diverse range of actors’**

Presumably this should read ‘factors’

**CONSULTATION QUESTION 18 – Collaboration and a Whole System**

**Approach: Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?**

**Comments:**

**Thank you**

Thank you for completing the consultation. We are keen to hear a wide range of views and ideas to make our new strategy, and proposed interventions, even better targeted at the factors that will make the most positive difference.

You may also be interested in the Department's consultation on a Proposed Regional Obesity Management Service (ROMS) for Northern Ireland which is running at the same time as this consultation. Details are available online at <https://www.health-ni.gov.uk/consultations/proposed-regional-obesity-management-service-roms-northern-ireland>.