

Healthy Futures

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



CONSULTATION ANALYSIS REPORT

May 2025

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Ministerial Foreword

I am pleased to publish this analysis report outlining the findings of the public consultation on the vision, principles, themes, and population-level outcomes for a new 'Healthy Futures' obesity strategic framework for Northern Ireland.

Supporting and enabling people to improve their health and wellbeing is a key objective of my Department. Not only will this help to make our population healthier, which will improve wellbeing and ensure better quality of life for our citizens; but it will also help to reduce demand on our health and social care services, which are coming under increasing and sustained pressure.



The health of the population is of central importance for the Department for Health and the Northern Ireland Executive. Our mission, as set out in the draft Programme for Government 'Our Plan: Doing What Matters Most', is to ensure that every individual can lead a long, healthy, and fulfilling life.

The World Health Organisation has identified obesity as a critical global health challenge, with its prevalence nearly tripling since 1975. The current strategic framework, A Fitter Future For All (AFFFA), aimed to empower the population to make healthier choices and create an environment conducive to active lifestyles. Despite some progress, the framework has not fully achieved its targets, largely due to the systemic challenges posed by the wider environment and the determinants of health.

In response to these challenges, my Department initiated a co-production process to refresh the strategic direction for obesity prevention. This involved collaboration with various stakeholders, including people with lived experience of overweight and obesity, health professionals, academics, and community representatives, to develop a new strategy that addresses the complexities of obesity and its social determinants. The consultation process has engaged a wide range of participants, ensuring that diverse perspectives inform the development of effective health policies.

The consultation findings indicate overwhelming support for the proposed vision, principles, thematic approach, and overarching population-level priorities of the new strategic

framework, emphasising the need to redouble efforts to prevent overweight and obesity, while also calling for a holistic, patient-centred approach to obesity management. Respondents have highlighted the importance of addressing health inequalities, promoting community engagement, and ensuring equitable access to resources and support for marginalised populations. The focus is shifting from individual responsibility to systemic changes that foster healthier environments.

As we move forward, it is crucial to develop and implement a comprehensive strategy that integrates health policies, community initiatives, and collaborative efforts across sectors. This approach will not only address the immediate challenges of obesity but also lay the groundwork for a healthier future for all residents of Northern Ireland. By prioritising prevention, education, and support, we can create a sustainable framework that promotes well-being and resilience in our communities.

I wish to put on record my thanks to all those who have contributed to this work over the last number of years, and hope that I will soon be in a position to bring forward and invest in a new strategic framework.

MIKE NESBITT MLA
MINISTER FOR HEALTH

Chapter 1: Background and Introduction

The harms related to living with obesity, having poor diets or not being physically active, are recognised by the World Health Organisation (WHO) as one of the most serious global health challenges we face. The WHO European Regional Obesity Report 2022 states the “Recent estimates suggest that overweight and obesity is the fourth most common risk factor for non-communicable diseases, after high blood pressure, wider dietary risks and tobacco”. It is also important to note that this issue is not specific to Northern Ireland, the worldwide prevalence of obesity nearly tripled between 1975 and 2016, and it is estimated that by 2030 over 1 billion people globally will be living with obesity.

A Fitter Future For All 2012-2022 (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”.

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

<https://www.health-ni.gov.uk/articles/obesity-prevention>. There has been good progress in implementing AFFFA, but it has not met its overarching targets at the population level.

While individual interventions have proved successful, they have either not been delivered within a wider systematic approach needed to create a supportive environment, have been impacted in terms of delivery and behavioural change by the COVID-19 pandemic, or they haven’t been delivered at the scale required to have an impact.

In addition, the current strategy has been taken forward within the constraints of the wider ‘obesogenic environment’ that exists in our society. The term ‘obesogenic environment’ refers to the role environmental factors may play in determining both energy intake and expenditure. It has been defined as the ‘sum of the influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals and populations.’ The term embraces the entire range of social, cultural and infrastructural conditions that influence an individual’s ability to adopt a healthy lifestyle. For example, specific

environmental factors may shape the availability and consumption of different foods, or the levels of physical activity undertaken by populations, thus limiting choices.

In this context, and because of the wider impacts of this issue along with the case for change, co-production began on a refreshed strategic direction. To take this work forward, the Department of Health established an expert project board to advise on this work and to lead the co-production of a new strategy. The project board includes input from health professionals, academics, the community and voluntary sector, those living with obesity, and a range of other Government Departments.

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

The Healthy Futures consultation was the culmination of this work and was also supported and informed by two commissioned research projects and a 2-day Strategic Insight Lab on childhood obesity which examined the challenge question ‘how can we create a society in which children grow up a healthy weight?’.

This report provides a detailed analysis and summary of the comments made in response to the Healthy Futures consultation questions. It also covers comments and views shared during consultation events, and those in formal consultation response submissions to the Department. All the views, comments and suggestions made during the consultation period have been considered by the Department.

Chapter 2: Public Consultation Process

The consultation was launched on 24 November 2023 and ran for 14 weeks until 1 March 2024. The Department was specifically consulting on the proposed vision, principles, population level outcomes, and thematic approach for the new strategic framework, as well as on a draft Equality Screening and a draft Rural Needs Impact Assessment. An Easy Read version of the draft strategic framework consultation document was also made available at <https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-hf-cons-easy-read.pdf>.

All documentation was published on the Department's website (<https://www.health-ni.gov.uk/consultations/strategic-framework-prevent-harm-caused-by-obesity-and-improve-diets-and-levels-physical-activity>). The consultation document was available in alternative formats on request, through no such requests were made during the consultation period.

Views were sought on 18 questions covering the vision, principles, outcomes, and thematic approach for the new strategic framework. The questions are set out alongside an analysis of the responses in the next chapter and a composite list of the questions is also provided in Annex A.

Respondents could respond to the consultation via a number of routes:

- By completing the online questionnaire provided on the Northern Ireland Government Citizen Space website;
- By completing the MS Word response questionnaire and either posting or emailing to the Department;
- By submitting views and comments in an alternative format, e.g. an email, letter or free submission.

A number of consultation events were also held to support wider engagement and consultation with stakeholders. These events covered both the Healthy Futures consultation and a consultation on proposals for a Regional Obesity Management Service (ROMS) <https://www.health-ni.gov.uk/consultations/proposed-regional-obesity-management-service-roms-northern-ireland>, given the interlinkages between both consultations. All events were advertised on the Department's website and were open to all on a first come, first served basis. As places were limited (55 for virtual, 45 for in person), participants were asked to

register in advance to confirm their place. Events were scheduled for different times of the day, and the choice of attending virtual events or an in-person event gave stakeholders greater choice and flexibility.

Details of each consultation event is provided below:

Event	Date:	Time	Location	Attendees registered
1	22 January 2024	2:00pm – 4:00pm	Online	52
2	30 January 2024	10:00am – 12:00pm	Online	55
3	31 January 2024	7:30pm – 9:30pm	Online	55
4	6 February 2024	10:00am – 12:00pm	Seamus Heaney Homeplace, Bellaghy	34
Total:				196

Table 1: List of consultation engagement events

Each event included presentations on both Healthy Futures and ROMS. Attendees then had the opportunity to submit questions and comments to a panel of Departmental representatives for wider discussion.

Participants at the events represented a wide spectrum of interests including individuals with lived experience of obesity, health and social care professionals, policymakers, community and voluntary sector stakeholders and representatives from other organisations and groupings inclusive of professional bodies, political and private sector food industry representatives.

Departmental representatives also met with individual stakeholders and groups on request to present on or discuss the Healthy Futures consultation.

All views shared during public events and meetings were noted by the Department but not attributed to any individuals or organisations, to ensure stakeholders felt comfortable sharing their views in a public setting. These views have been invaluable and are reflected in the analysis in this report.

Chapter 3: Analysis

Overview

In addition to the views shared during the public consultation events and meetings with stakeholders during the consultation process, formal written responses to the consultation were provided in a variety of formats, including free submissions, email/hard copy response questionnaires, and via Citizenspace. In total, 111 written responses were received. Of those, 42 responses were submitted via email and a further 69 using the online Citizenspace questionnaire. A further breakdown is provided below:

	Email		Citizenspace	
Organisations	41	98%	37	54%
Individuals	1	2%	32	46%
Total:	42	100%	69	100%

Table 2: Breakdown of consultation responses received

All responses were analysed quantitatively where respondents provided answers to the multiple-choice questions asked, and qualitatively using a discourse analysis methodology. The total number of questions asked was 40, split between 12 quantitative questions and 28 qualitative, narrative questions and sub questions. The quantitative analysis indicated overwhelming support for the proposed vision, principles, outcomes, and thematic approach for Health Futures.

Many of the respondents did not provide an answer to all 40 questions asked. The analysis that follows therefore provides an overview of the responses received, with the number of actual answers given for each question.

A selection of comments from respondents are also reproduced to illustrate points made; these are not intended to cover all responses, but rather to give a flavour of comments received.

Screening

Consultation Question 1 – Screening: Have you any comments on the Equality/Good Relations or Rural screening documents?

Of 111 consultation responses received, 27 had comments regarding the Equality/Good Relations or Rural screening documents published with the consultation document and questionnaire. Responses here highlight various challenges and inequalities faced by rural populations, particularly in accessing health services and addressing obesity. They call for a more nuanced understanding of these issues to ensure that policies are effective and equitable for all communities.

Responses discuss the disparities in health outcomes between rural and urban areas, emphasising the differences in transport accessibility, service availability, and health literacy. They highlight that many rural areas lack access to the same services as urban regions, particularly in relation to interpretation services and mental health support. Additionally, they stress the necessity of ensuring accessibility for adults with learning disabilities, addressing barriers related to technology, transportation, and service delivery methods.

Responses express support for the equality and good relations screening documents, noting the importance of considering specific groups, such as individuals with learning disabilities and rural residents, but also encourage policymakers to utilise current inequality screening tools to evaluate policies for their impact on existing inequalities. The positive impact of the strategic framework on Section 75 groups was endorsed, however the need for monitoring and evaluation of the policy's effectiveness was also emphasised.

Responses point out that while urban areas may have more access to fast food, rural areas face higher costs for essential food items, which can hinder healthy eating. They highlight the need for policies to consider these differences to avoid exacerbating existing inequalities.

There is a strong emphasis on the need to align language with weight stigma guidelines, advocating for the replacement of terms like "diet" with "eating habits" to promote a more positive narrative around health and obesity. They also note mental health issues and the

importance of addressing them in rural screenings, suggesting a comprehensive approach to health that includes mental well-being

*“Depending upon what policies are impacted, I do think there may be a rural/urban difference in outcomes. For example, the built environment and opportunities to exercise and use active transport are different in rural and urban areas which may lead to differential impacts of policy.” **Individual***

*“Many rural areas cannot access the same services as urban areas. Transport accessibility in rural areas. Interpretation services may not be compatible with group-based programmes in relation to weight management / physical activity programmes.” **NHSCT - Health and Wellbeing Team***

*“The Royal College of Nursing [RCN] endorses in general terms the assertion on page 4 of the equality screening, disability duties and human rights assessment that the strategic framework will have a positive impact on Section 75 groups. We note that each associated legislative action will be screened appropriately before being completed” **Royal College of Nursing (RCN)***

Other respondents noted that they were “broadly supportive of the conclusions of the equality and good relations screening, and rural screening documents with regards to this policy as a population-level measure”.

Consultation Question 2 – Screening: Are there any areas or issues you feel we should be considering in future Equality/Good Relations or Rural screenings?

15 respondents felt that there were other areas or issues that should be considered in future Equality/Good Relations or Rural screenings. Issues such as the different conditions which exist between urban and rural areas, such as access to supermarkets, take away food, opportunities for physical activity and active travel should form part of any future screening. Again, health literacy, language/translation barriers and the general access to

services for people living with disabilities or poor mental health were highlighted as issue to consider in future screenings.

Responders again discuss the disparities in access to health services and healthy food options between rural and urban areas, highlighting the challenges faced by vulnerable populations, particularly children and families in poverty. They emphasise the importance of health literacy and the need for population health approaches that consider social determinants of health and advocate for a human rights approach in policy development, particularly regarding children's rights to adequate nutrition and healthy environments, urging policymakers to prioritise these issues in their strategies.

Additionally, the responses address the complexities of obesity and its interaction with various socio-economic factors, including disability, race, and access to transportation. It points out that financial constraints often lead families to opt for less nutritious food options, and the time limitations faced by working parents which further complicate the preparation of healthy meals.

Responders discuss several key issues related to health and well-being, again particularly focusing on the disparities between rural and urban areas. They highlight the impact of pre-existing conditions, such as the availability of supermarkets and opportunities for physical activity, on health outcomes. Health literacy is again identified as a barrier to accessing services, and mental health treatment access is noted as a significant concern in rural regions.

They advocate for a human rights approach in policy development, especially for vulnerable populations like children, referencing the Convention on the Rights of Children, emphasising the importance of creating healthy food environments and encourages policymakers to consider children's rights in consultations and strategy development.

Additionally, the concept of Child Friendly Cities was mentioned, which prioritises children's rights and community needs in local governance. Responders call for the inclusion of children's voices in policy discussions and highlights the role of resources such as the Belfast Healthy Cities program in promoting public health and community engagement.

Finally, they stress the need for future screenings to consider the differential impacts of obesity-related measures across various demographics, including urban versus rural

settings and other inequalities related to disability, race, and socioeconomic status, highlighting the need for equitable access to health services, particularly for those with language barriers, and stressing the importance of addressing these inequalities to ensure that all populations receive adequate support.

“Policymakers should consider a human rights approach to strategy development, especially regarding vulnerable populations such as children. The Convention on the Rights of Children recognises that children have the right to adequate nutrition, non-discrimination, healthy foods and right to consider children’s best interest in any matter that influences them (Canamare-Sanchez, 2019).” **Belfast Healthy Cities**

“Given the complex range of factors influencing obesity, many of which can interact with section 75 characteristics, we believe that future screenings should closely consider whether the prioritisation of measures within this strategy could give rise to differential impacts” **Developing Healthy Communities NI**

It was also recommended that there should be monitoring of the differences in impact between urban and rural areas, as some aspects may be more easily accessed in one of these settings compared with the other.

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*”.

Consultation Question 3 – Vision: Do you agree with this vision?

A majority (99%) of 102 respondents agreed with the vision proposed for the Healthy Futures strategic framework. The graphs below show the breakdown of responses:

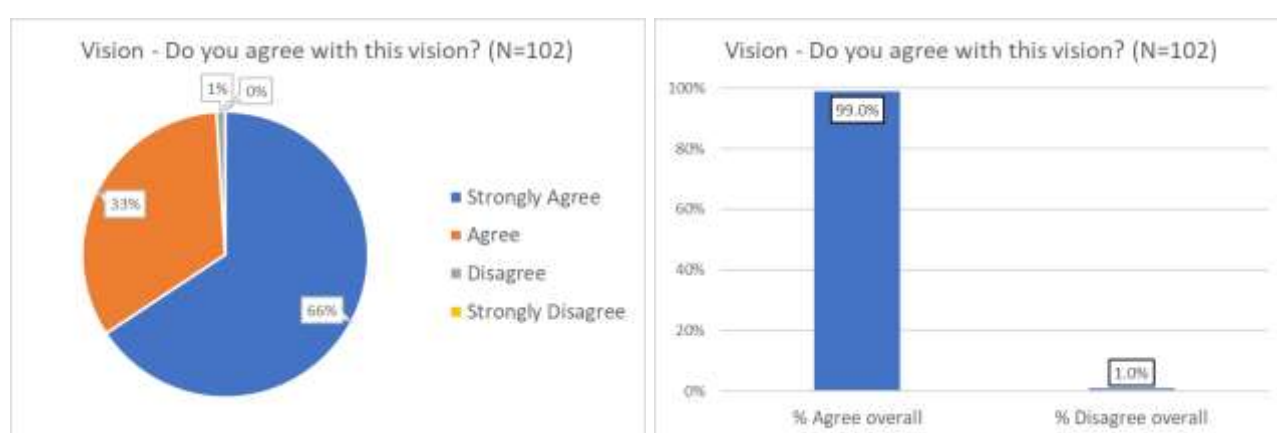


Figure 1: Breakdown of responses to the overall vision for the new strategic framework

Strongly Agree	Agree	Disagree	Strongly Disagree	Total answered	N/A or Not Answered	Total Agree	Total Disagree	% Agree	% Disagree
67	34	1	0	102	9	101	1	99.0%	1.0%

Table 3: Q3: Vision. Breakdown of responses

In their narrative responses (67 respondents) to Question 3, answerers presented a comprehensive critique of the current approach to obesity prevention in Northern Ireland, emphasising the need for a multi-disciplinary and holistic strategy and highlighting that a review of health strategies is needed due to the current health crisis in Northern Ireland.

Key arguments put forward by respondees include:

- **Individual Focus vs. Systemic Change:** Many respondents argue against placing excessive responsibility on individuals to improve their diets, highlighting the importance of addressing broader environmental and systemic factors that contribute to obesity.

- **Chronic Disease Perspective:** Responses advocate for treating obesity as a chronic disease that requires ongoing support and intervention from healthcare providers, particularly GPs.
- **Holistic Approach:** The need for a more integrated approach that considers mental health alongside physical health is emphasised, particularly in relation to eating disorders.
- **Community and Environmental Factors:** Responders stress the significance of social determinants such as deprivation and access to healthy food, suggesting that effective policies should focus on creating supportive environments rather than solely relying on individual behaviour change.
- **Language and Messaging:** There is a call for more positive and inclusive language in health messaging, moving away from stigmatising terms and focusing on supportive phrases that encourage healthy behaviours.
- **Need for Collaboration:** Responses underscore the importance of collaboration among various stakeholders, including healthcare professionals, community organisations, and the food industry, to effectively tackle obesity.
- **Equity and Access:** Answers stress the necessity of ensuring equitable access to resources and support for marginalised groups facing health inequalities.

Overall, the arguments advocate for a comprehensive, supportive, and community-oriented approach to obesity prevention that recognises the complexity of the issue and the need for systemic change. The focus should shift from individual behaviour to systemic changes that foster healthier lifestyles for everyone.

"A multi-disciplinary approach must be taken that includes GPs as the primary patient contact, treating obesity as a chronic disease that requires positive intervention and support from the NHS in Northern Ireland."

Individual

"The vision is clear, but it does focus heavily on physical activity and diet rather than also considering the wider obesogenic system that is discussed within the narrative of the consultation document." **Ards and North Down**

Borough Council

*"It is imperative that intervention is made to support people having a healthy diet and exercise early on so that severe disease can be prevented, ultimately saving costs at a later stage." **Individual***

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.

Consultation Question 4 – Principles: Do you agree with these principles?

Again, a majority (99%) of 96 respondents agreed with the principles proposed for the Healthy Futures strategic framework. The graphs below show the breakdown of responses:

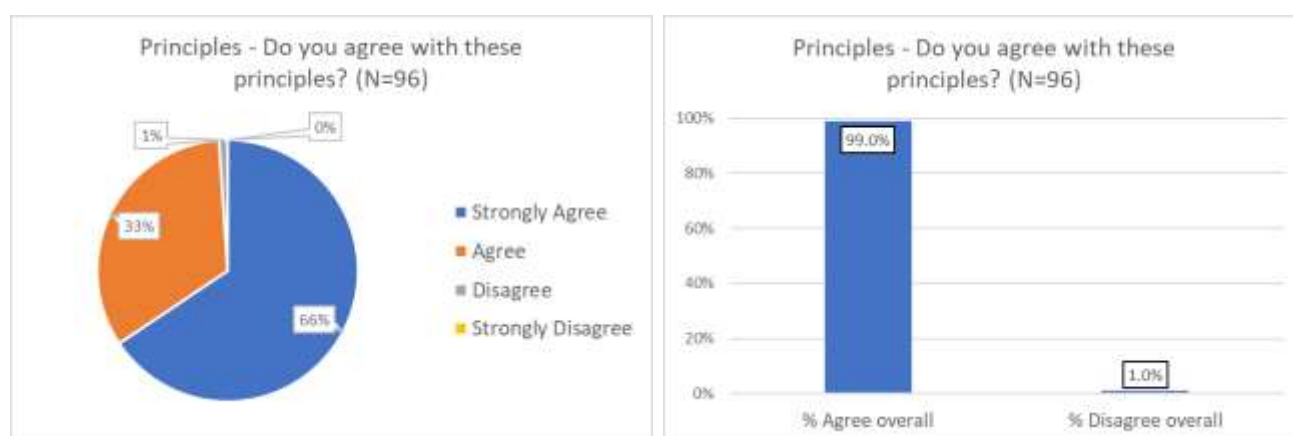


Figure 2: Breakdown of responses to the development and implementation principles

Strongly Agree	Agree	Disagree	Strongly Disagree	Total answered	N/A or Not Answered	Total Agree	Total Disagree	% Agree	% Disagree
63	32	1	0	96	15	95	1	99.0%	1.0%

Table 4: Q4 - Principles. Breakdown of responses

In their narrative responses (65 respondents) to Question 4, answerers emphasise the importance of a comprehensive, patient-centred approach to addressing obesity as a chronic condition. Key arguments put forward by respondees include:

- **Patient-Centred Care:** The need for obesity management to focus on improving health outcomes, social participation, and addressing the root causes of obesity rather than solely on weight loss.

- **Access to Treatment:** Highlighting the necessity for equitable access to obesity management medications and services, particularly for marginalised groups.
- **Education and Training:** The importance of educating healthcare professionals to eliminate weight bias and stigma, and to enhance their skills in evidence-based obesity management.
- **Community-Based Programs:** Advocating for the continuation and expansion of successful community-based weight management programs, such as "Choose to Lose," and the need for new initiatives to address gaps in knowledge about healthy eating.
- **Whole Systems Approach:** The strategy should integrate various sectors, including education, health, and community services, to create supportive environments for healthy living.
- **Focus on Inequalities:** Addressing health inequalities, particularly among disadvantaged populations, and ensuring that interventions are accessible to all, including those with disabilities.
- **Evidence-Based Policies:** The necessity for policies to be grounded in robust evidence and to monitor outcomes effectively to ensure accountability and effectiveness.
- **Collaboration Across Sectors:** Encouraging collaboration between different agencies and sectors to create a cohesive strategy that addresses the multifaceted nature of obesity.
- **Cultural Sensitivity:** The need for culturally tailored interventions and awareness campaigns to effectively reach diverse communities.
- **Long-Term Commitment:** Emphasising the importance of sustained investment and commitment to prevention and treatment strategies to combat obesity effectively.

Overall, responders advocate for a holistic, inclusive, and evidence-based approach to tackling obesity, recognising it as a complex public health issue that requires coordinated efforts across multiple sectors.

"The chronic condition of obesity is characterised by excess or dysfunctional adiposity that can have negative impacts on health. It's a complex condition that requires a patient-centred approach to improve

health outcomes and increase social and economic participation."

Freelance Dietitians Group Northern Ireland

"We strongly agree with the principles outlined and hope to see attention given to reducing inequalities, focusing on not only high-risk groups but also those often left behind." ***Belfast Healthy Cities***

"Education and training are needed for all healthcare professionals to address the gap in skills, increase knowledge of evidence-based practice and eliminate weight bias and stigma." ***Southern Health and Social Care Trust***

Population Level 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).

Consultation Question 5 – Outcomes: Do you agree with these 4 population level outcomes?

Again, a large majority (91%) of 99 respondents agreed with the four population level outcomes proposed for the Healthy Futures strategic framework. The graphs below show the breakdown of responses:

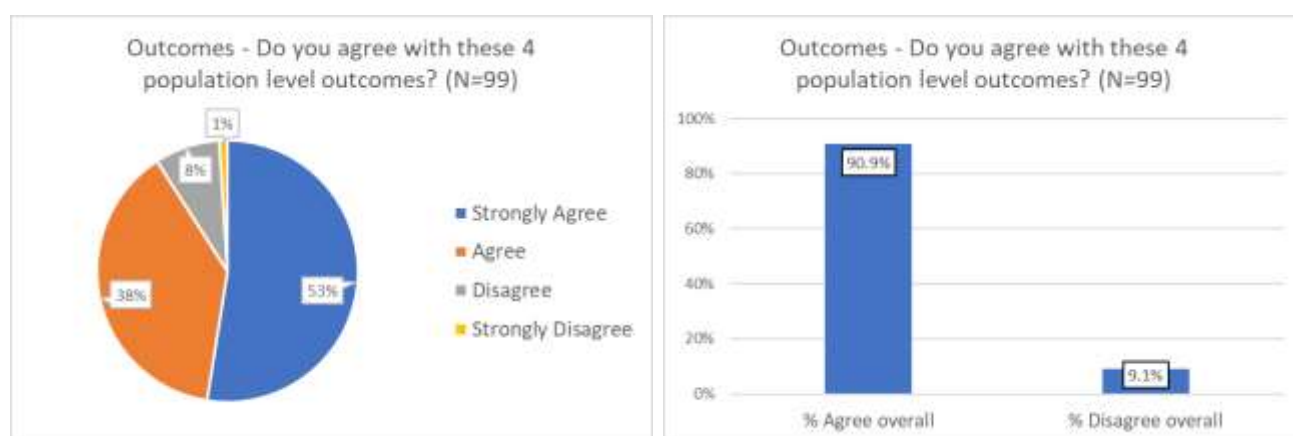


Figure 3: Breakdown of responses - long-term population level outcomes across the life course

Strongly Agree	Agree	Disagree	Strongly Disagree	Total answered	N/A or Not Answered	Total Agree	Total Disagree	% Agree	% Disagree
52	38	8	1	99	12	90	9	90.9%	9.1%

Table 5: Q5 - Outcomes. Breakdown of responses

In their narrative responses (69 respondents) to Question 5, answerers discuss the need for a comprehensive approach to improving health outcomes in Northern Ireland, particularly regarding obesity and related non-communicable diseases (NCDs). Key arguments put forward by respondees include:

- **Holistic Health Approach:** Emphasises the importance of improving diet quality, physical activity, and addressing mental health as interconnected factors influencing obesity.
- **Data Collection and Measurement:** Highlights the necessity for robust data collection to track progress, including paediatric obesity data and socio-economic health inequalities.
- **Community and Environmental Factors:** Stresses the role of community engagement, access to healthy food, and the built environment in promoting healthier lifestyles.
- **Education and Empowerment:** Advocates for educational initiatives to empower individuals to make healthier choices and understand the impact of their behaviours on health.
- **Policy and Infrastructure:** Calls for policy changes and infrastructure investments to support active travel and reduce reliance on unhealthy food options, while also addressing the marketing of unhealthy foods.
- **Focus on Inequalities:** The need for a targeted approach to address health disparities, particularly in deprived areas, and to ensure that interventions are equitable.
- **Collaboration Across Sectors:** Encourages collaboration between government, community organisations, and the food industry to create supportive environments for health improvement.
- **Outcome Measurement:** Suggests that outcomes should be specific, measurable, and include indicators beyond weight, such as mental well-being and quality of life.

Overall, the text advocates for a multi-faceted strategy that integrates various health determinants to effectively combat obesity and improve public health in Northern Ireland.

*"A more comprehensive approach is needed to fully recognise the positive impacts of reduced sedentary behaviour, decreased screen time, and the development of new skills, such as confidence in reading food labels and changing shopping and cooking habits." **Individual***

"It is important to shift away from a restricted 'dieting' mentality and calorie counting, which can ultimately lead to reduced nutrition quality and other health issues." **Freelance Dietitians Group Northern Ireland**

"The outcomes should also include a governance framework across each of the departments and outline what they will be responsible for delivering." **Cancer Focus Northern Ireland "**

Themes

The strategic framework takes a thematic approach to the issues focusing on four key themes: Healthy Policies, Healthy Places, Healthy People, and Collaboration and A Whole System Approach.

Consultation Question 6 – Thematic Approach: Are all the key areas covered within this thematic approach?

Here, a large majority (90%) of 94 respondents agreed with the thematic approach proposed for the Healthy Futures strategic framework. The graphs below show the breakdown of responses:

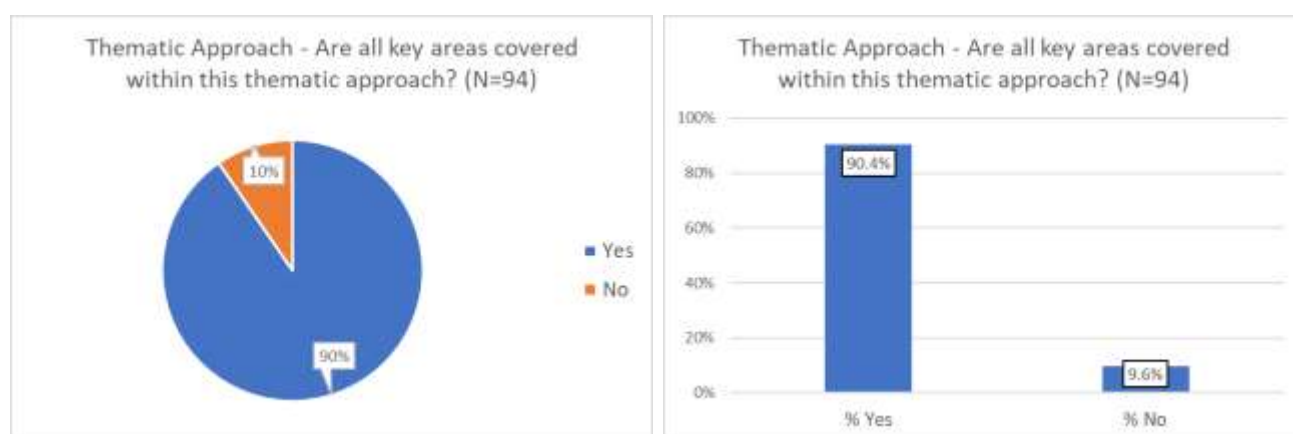


Figure 4: Breakdown of responses to the key areas covered within the thematic approach

Strongly Agree	Agree	Disagree	Strongly Disagree	Total answered	N/A or Not Answered	Total Agree	Total Disagree	% Agree	% Disagree
0	85	9	0	94	17	85	9	90.4%	9.6%

Table 6: Q6 - Thematic Approach. Breakdown of responses

In their narrative responses (58 respondents) to Question 6, answerers presented a comprehensive analysis of the themes and the proposed Whole Systems Approach (WSA) to tackle obesity and improve health outcomes in Northern Ireland. Key arguments put forward by respondees include:

- Objective Addition: Emphasising the need to add an objective focused on increasing life span, which could also enhance work span and address the challenges posed by an aging population.

- **Inclusivity Across Ages:** Highlighting the importance of considering health strategies for all age groups, particularly those under 19, who are often excluded from current strategies, as well as including an objective focused on increasing health span, which could also enhance work span and address the challenges posed by an aging population.
- **Role of Registered Dietitians:** Stressing the necessity of involving HCPC Registered Dietitians at all tiers of the thematic approach, not just at Tier 3, to provide evidence-based nutrition information and personalised dietary advice.
- **Whole Systems Approach:** Supporting the idea that a comprehensive approach, backed by adequate resources, can effectively address obesity, moving beyond simplistic messages of eating less and exercising more.
- **Funding for Healthy Places:** Advocating for funding to ensure access to nutritious food in schools, preschools, and community settings, while also addressing cultural needs in food access.
- **Governance and Accountability:** Calling for clear lines of responsibility, specific actions, and measurable outcomes within the thematic approach to ensure effective implementation.
- **Health Inequalities:** Emphasising the need to address health inequalities, particularly for vulnerable populations, and suggesting that each theme should include measurable commitments to support those most at risk.
- **Food Poverty:** Highlighting food poverty as a public health emergency and advocating for a rights-based approach to food security, including the need for adequate funding for community initiatives.
- **Collaboration and Community Involvement:** Stressing the importance of collaboration across sectors and involving community pharmacies and local councils in delivering health initiatives.

Overall, the arguments advocate for a multi-faceted, inclusive, and well-resourced approach to health and obesity prevention, with a strong emphasis on collaboration, clarity, and addressing inequalities.

*"A WSA is a valuable tool, but it faces challenges in overcoming the abundance of conflicting and often inaccurate nutrition information from unregistered sources." **Individual***

"The thematic approach does not include clear lines of responsibility or specific actions or outcomes, particularly in relation to how different activities will be measured or to what extent they should be implemented."

Beat

*"We strongly welcome the whole system approach to addressing obesity and supporting people to achieve a healthy weight." **Versus Arthritis***

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.

Consultation Question 7 – Healthy Policies: Do you agree with this theme and what it is seeking to achieve?

Here, 100% of 93 respondents agreed with the Healthy Policies theme, and what it is seeking to achieve, proposed for the Healthy Futures strategic framework, broken down by 62 responders strongly agreeing and 38 agreeing. The graphs below show the breakdown of responses:

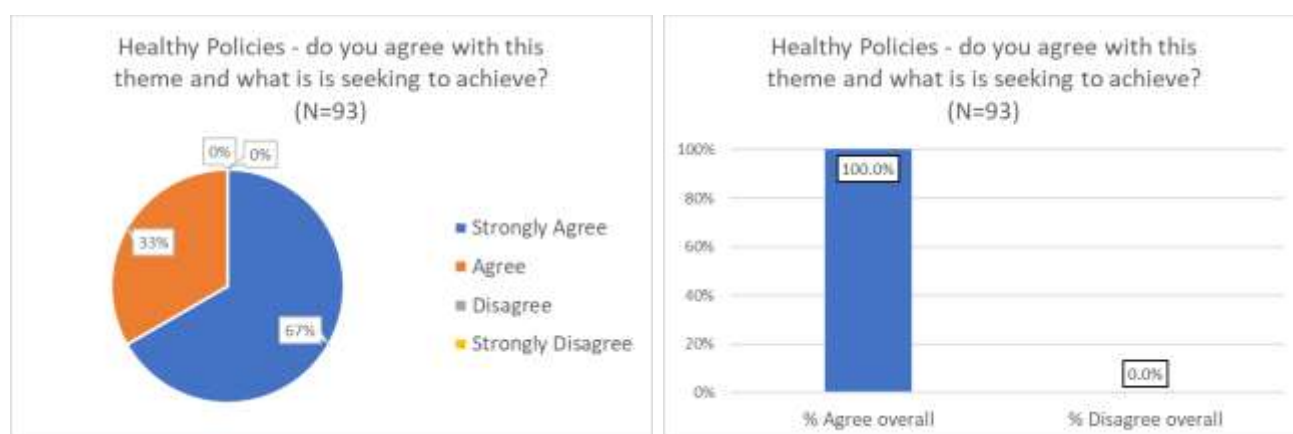


Figure 5: Breakdown of responses to the Healthy Policies theme

Strongly Agree	Agree	Disagree	Strongly Disagree	Total answered	N/A or Not Answered	Total Agree	Total Disagree	% Agree	% Disagree
62	31	0	0	93	18	93	0	100.0%	0.0%

Table 7: Q7 - Healthy Policies. Breakdown of responses

In their narrative responses (72 respondents) to Question 7, answerers emphasise the need for a comprehensive approach to address health inequalities and improve the overall well-being of the Northern Ireland population. Key arguments put forward by respondents include:

- **Environmental and Familial Influences:** The wider environment, familial habits, and beliefs must be challenged to dispel myths about healthy eating and promote behaviour changes.
- **Housing and Accessibility:** Ensuring rental homes are equipped with essential appliances like ovens and fridges is crucial for supporting healthy eating. Accessibility to food and physical activity is also highlighted, with a focus on affordability and public transport.
- **Education and Support:** Investment in community nutrition education programs is essential. Programs like Food & Health Essentials have shown effectiveness in addressing health inequalities.
- **Collaboration Across Sectors:** There is a call for integration with other government departments to tackle obesity, emphasising the need for a coordinated approach across various sectors.
- **Policy Recommendations:** Responses advocate for mandatory nutrition standards in healthcare settings, guidelines for healthier food options in outlets, and the importance of environmental health officers in promoting health messages.
- **Addressing Obesogenic Environments:** The need for policies that promote nutritious food in schools and community venues is stressed, along with the importance of addressing the marketing of unhealthy foods.
- **Long-term Funding:** The challenge of short-term funding for long-term issues was raised, advocating for sustainable financial support for nutrition initiatives.
- **Behavioural Change:** It highlights the importance of addressing the psychological and social factors influencing dietary choices, advocating for a broader range of strategies beyond education alone.
- **Inclusivity in Health Strategies:** The need for inclusive health policies that consider the diverse needs of the population, including those with disabilities, is emphasised.
- **Public Health Messaging:** Responses call for clear public health messages that promote healthy eating and physical activity, alongside addressing the commercial determinants of health.

Overall, the arguments advocate for a multi-faceted approach to improve health outcomes through education, policy changes, and community involvement.

*"Affordability is key - accessible times and accessible locations are essential to support healthy eating habits." **Northern Health & Social Care Trust***

*"It is important to implement policies promoting nutritious food in schools, youth clubs, sports events, and other community venues." **Freelance Dietitians Group Northern Ireland***

*"The design of the physical environment is increasingly important, and we need to encourage more active travel to improve people's health." **Ards and North Down Borough Council***

Consultation Question 8 – Healthy Policies: Do you agree with these priorities?

A majority (99%) of 91 respondents agreed with the priorities suggested for the Healthy Policies theme. The graphs below show the breakdown of responses:

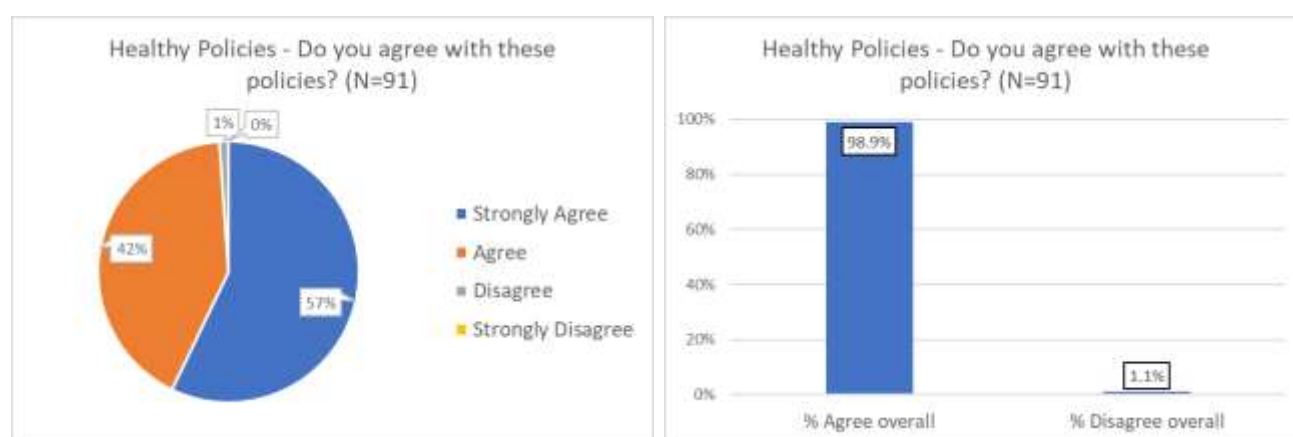


Figure 6: Breakdown of responses to the priorities for the Healthy Policies theme

Strongly Agree	Agree	Disagree	Strongly Disagree	Total answered	N/A or Not Answered	Total Agree	Total Disagree	% Agree	% Disagree
52	38	1	0	91	20	90	1	98.9%	1.1%

Table 8: Q8 - Healthy Policies: Priorities. Breakdown of responses

The consultation sought narrative responses to the following groups of suggested Healthy Policies priorities:

- Food environment priorities
- Food labelling and information priorities
- Healthier food options priorities
- Physical activity and active travel priorities

Respondents were free to provide free-text responses for each of these priorities and the responses are summarised in the following paragraphs.

Food environment priorities

In their narrative responses (66 respondents) to Question 8: Food environment priorities, answerers emphasise the importance of promoting whole foods, particularly fruits and vegetables, while addressing the negative influence of the processed food. It highlights the need for legislation to regulate marketing and advertising of unhealthy foods, particularly around schools, and advocates for the implementation of nutritional standards across food outlets. Responses also call for better food labelling to help consumers make informed choices and suggests that education on healthy eating should be prioritised.

Key arguments put forward by respondees include:

- **Food Environment:** The current food environment is heavily influenced by unhealthy options, calling for restrictions on fast-food outlets and better planning policies.
- **Legislation and Regulation:** There is a need for stricter regulations on marketing unhealthy foods, especially to children, and for clearer food labelling to aid consumer understanding.
- **Healthier Options:** Responses advocate for making healthier food options more affordable and accessible, particularly for low-income families, and suggest that supermarkets should promote healthier choices.
- **Public Health Initiatives:** Responses stress the importance of public health campaigns to educate consumers about nutrition and the impact of food choices on health.
- **Collaboration:** Responses encourage collaboration with local and national stakeholders to enhance the affordability and accessibility of healthier food options, while also considering the needs of vulnerable populations.

Overall, the text argues for a comprehensive approach to improving the food environment, focusing on legislation, education, and collaboration to promote healthier eating habits and reduce rates of obesity.

*"The marketing of poor food choices to children is a direct threat to public health as it influences children's food choices, adults purchasing, and overall dietary intake." **Belfast Healthy Cities***

*"The prevalence of fast-food takeaways across Northern Ireland is a cause for concern, especially within the radius of schools." **British Dental Association***

*"The provision of a supportive and enabling food environment needs many strands to be addressed and structured in favour of health – planning and land use; food taxes, subsidies, and fiscal measures; marketing; reformulation; nutritional standards." **safefood***

Food labelling and information priorities

In their narrative responses (65 respondents) to Question 8: Food labelling and information priorities, answerers discuss the need for improved food labelling practices to enhance consumer understanding and promote healthier choices. Key arguments put forward by respondees include:

- **Ineffectiveness of Current Systems:** some felt the traffic light labelling system can be being misleading, as foods labelled as healthy (green) can be unhealthy, and vice versa. There is a call for a more standardised and simplified labelling approach.
- **Education and Training:** There is a strong emphasis on the need for public education regarding food labels, including how to interpret them and make informed choices. This education should be integrated into school curriculums.
- **Regulation and Consistency:** Responses advocate for stricter regulations on food labelling across the UK to ensure consistency and clarity, particularly for small

businesses. They highlight the importance of aligning labelling standards with those in Ireland and the EU.

- **Impact on Health:** Concerns are raised about how calorie labelling may affect individuals with eating disorders, suggesting that any changes should be made cautiously and with input from relevant stakeholders.
- **Consumer Behaviour:** Responses note that many consumers struggle to understand food labels, which can lead to poor dietary choices. A health promotion campaign is recommended to address this issue.
- **Focus on Whole Foods:** There is a call for labelling that distinguishes between ultra-processed foods and whole foods, with the latter receiving a healthier designation.
- **Visual Clarity:** Suggestions include using larger text and clearer graphics on labels to improve readability, especially for individuals with learning disabilities or low literacy.
- **Legislative Support:** The need for legislative backing to enforce better labelling practices and ensure compliance among food manufacturers is highlighted.

Overall, responses advocate for a comprehensive approach to food labelling that prioritises consumer education, regulatory consistency, and clarity to support healthier eating habits.

*"Food labelling needs to be streamlined and simpler, ensuring that it is clear and easy to understand for all consumers." **NHSCT - Health and Wellbeing Team***

*"Many people struggle to understand food labelling and how to use it to make informed food choices. A health promotion campaign should be developed to address this issue." **Freelance Dietitians Group Northern Ireland***

*"We strongly suggest any nutrition labelling and packaging schemes should be strictly consistent across all four nations of the UK to ensure clarity and fairness in the market." **Nestlé UK Ltd***

Healthier food options priorities

In their narrative responses (67 respondents) to Question 8 Healthier food options priorities, answerers discuss several key arguments regarding the promotion of healthier food options and the challenges associated with food affordability and accessibility.

- **Increasing Access to Healthy Foods:** There is a strong emphasis on enhancing opportunities for communities, schools, and workplaces to grow their own vegetables and fruits, which can help reduce reliance on expensive store-bought options.
- **Affordability of Healthy Foods:** Responses highlight the rising costs of healthy food and suggests that staple items like milk and bread should be capped in price, with subsidies provided to offset increases. It argues that healthy food should not be a luxury and proposes taxing unhealthy foods to fund subsidies for healthier options.
- **Education and Awareness:** There is a call for increased education around healthy eating, particularly in schools, to equip children and parents with the knowledge to make healthier choices. Practical cooking lessons and initiatives like the Causeway Coast and Glens Healthy Kids project are mentioned as beneficial.
- **Nutritional Standards:** Responses advocate for the full implementation of nutritional standards across all Health and Social Care (HSC) trusts and catering facilities, suggesting that these standards should be mandatory and monitored.
- **Food Environment:** Responses discuss the need for better food environments, particularly near schools, to limit the availability of unhealthy food options. It suggests that local councils should influence food options through planning decisions.
- **Support for Local Food Businesses:** There is a recognition of the importance of supporting local food businesses to develop healthier options and utilise local produce, which can contribute to a more sustainable food system.
- **Reformulation and Innovation:** Responses stress the need for food manufacturers to reformulate products to reduce unhealthy ingredients while increasing the availability of healthier options. They also call for collaboration between the government and the food industry to achieve these goals.
- **Addressing Inequalities:** Responses highlight the disparities in access to healthy food, particularly in deprived areas, and stresses the importance of addressing these inequalities to ensure that everyone can access affordable, nutritious food.

Overall, the arguments made advocate for a comprehensive approach to improving food environments, enhancing education, and ensuring that healthy food options are accessible and affordable for all communities.

"Food affordability is key, but how can you increase affordability when the cost of all food is continually increasing?" **Northern Health & Social Care Trust**

"The Nutrition Standards in HSC should be fully implemented by all HSC Trusts and applied to all catering facilities in NI, especially in leisure facilities." **Southern Health and Social Care Trust**

"The key to this priority is two-fold: reducing the availability and promotion for unhealthy food products and increasing the price of unhealthy food products." **safefood**

Physical activity and active travel priorities

In their narrative responses (69 respondents) to Question 8 Physical activity and active travel priorities, answerers discuss the challenges and opportunities related to physical activity and active travel in Northern Ireland. Key arguments put forward by respondents include:

- **Barriers to Participation:** Caring duties, financial constraints, and limited access to safe routes hinder participation in physical activities, especially in rural areas. There is a need for affordable and inclusive options tailored to various demographics, including those with disabilities and older adults.
- **Education and Awareness:** Responses stress the importance of food choices and education around healthy lifestyles as crucial for weight management and overall health. Programs should promote understanding of how to integrate physical activity into daily life without the need for gym memberships.

- **Access to Facilities:** There is a call for increased investment in community facilities, such as leisure centres and safe play spaces, particularly in deprived areas. The need for more affordable options and community-based activity programs is highlighted.
- **Active Travel Initiatives:** Responses advocate for improved infrastructure to support active travel, such as dedicated cycle lanes and safe walking paths. They stress the importance of integrating active travel into urban planning to promote healthier lifestyles.
- **Health Equity:** A call for attention to be given to health inequalities, ensuring that vulnerable groups have access to physical activity opportunities. Policies should consider the unique barriers faced by different populations, including rural communities and those with disabilities.
- **Community Engagement:** The need for engagement with community members and stakeholders is essential for developing effective strategies that meet local needs. Policymakers are encouraged to collaborate with various sectors to enhance access to green spaces and promote active travel.
- **Long-term Investment:** A view that sustained investment in active travel and physical activity infrastructure is necessary to create lasting change. Responses call for a holistic approach that includes collaboration across government departments and local councils.
- **Childhood Activity:** The importance of play and physical activity in childhood was highlighted, with a recommendation for schools to incorporate more physical activity into the curriculum to combat childhood obesity.

Overall, the content advocates for a comprehensive strategy that addresses barriers to physical activity, promotes health equity, and encourages community involvement in creating supportive environments for active living.

*"The ability to do this may be compromised by caring duties, highlighting the need for more accessible options for physical activity that accommodate both caregivers and those they support." **NHSCT***

"Health promotion has limited media coverage; therefore, finding innovative ways to increase visibility through social media, television, and radio is essential." Individual

"Improving access to green space, especially in the most deprived areas, has been shown to enhance heart rate, cholesterol, and blood pressure, underscoring the importance of equitable access to these resources."

Belfast Healthy Cities

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?

In their narrative responses (57 respondents) to Consultation Question 9 – Healthy Policies, answerers highlight the significant role of the leisure sector in promoting physical activity and the necessity for comprehensive planning and delivery of health services. They stress the importance of public education on healthy eating and exercise, particularly for people living with obesity who require accessible support programs. They advocate for a focus on prevention and early intervention, addressing affordability and accessibility, and empowering individuals while combating the stigma associated with obesity.

They underscore the need for a constructive approach to health policies, prioritising well-being and investment in personal health. They call for the inclusion of mental health considerations in obesity strategies, the importance of engaging children in policy development, and the necessity for clear communication regarding health impacts.

Furthermore, they discuss the commercial determinants of health, advocating for regulations on unhealthy food marketing and the promotion of healthy food options. Responses also reference the WHO's Global Action Plan for Physical Activity, urging policymakers to align local strategies with its objectives.

The need for improved access to green spaces, community engagement in health initiatives, and the importance of addressing social inequalities in health outcomes are also highlighted. A holistic approach to health policies is called for, emphasising the integration

of various sectors and the importance of community involvement in shaping health strategies.

"It is imperative to consider a constructive approach rather than a dictatorial one. By investing in simple steps, we can achieve lifelong benefits."

Freelance Dietitians Group Northern Ireland

"Engagement is at the heart of shaping places that help to improve children's health and wellbeing." ***Belfast Healthy Cities***

"It is widely accepted that the best form of healthcare is preventative and intervention at the earliest point of a condition." ***Sinn Féin***

Grouping responses by sector suggests that the academic sector supports healthy policies aimed at reducing childhood obesity and promoting public health through measures like banning unhealthy food advertising and introducing calorie labelling. Research indicates strong public backing for these initiatives, suggesting they could be well-received.

Proponents of healthy policies in the food industry argue that advertising restrictions on high-fat, sugar, and salt foods are necessary to combat obesity and promote healthier choices. The sector emphasises the need for clear guidance from the government to help businesses comply with any new regulations. Conversely, critics question the effectiveness of these measures, citing limited evidence of their impact on rates of obesity and expressing concerns about the economic burden on small businesses, particularly during a cost-of-living crisis.

The dietetics and nutrition sector advocate for actionable initiatives to improve public health, including reformulating food products and enhancing food labelling. While these policies aim to empower consumers and promote healthier choices, there are concerns about their accessibility for marginalised groups, such as individuals with disabilities and those from lower-income backgrounds. The effectiveness of these policies hinges on their implementation and the ability to adapt to diverse community needs, highlighting the importance of addressing health disparities.

The discussion from the health sector on Healthy Policies reveals a strong advocacy for meaningful engagement with the food industry to establish healthier portion sizes and improve food labelling, particularly for baby/infant foods. Advocates emphasise the need for affordable and accessible healthy food options, alongside public awareness campaigns to restrict unhealthy food advertising. They argue that increased investment in physical activity opportunities is essential for promoting health. However, critical responses raise concerns about the actual powers of the Department of Health to implement these changes, the potential negative impact of calorie labelling on individuals with eating disorders, and the risk that promoting physical activity alone may not effectively address food accessibility and affordability issues. This creates a complex landscape where the need for reform is clear, but the challenges of implementation and potential unintended consequences remain significant.

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.

Consultation Question 10 – Healthy Places: Do you agree with this theme and what it is seeking to achieve?

Here, 100% of 93 respondents agreed with the Healthy Places theme, and what it is seeking to achieve, proposed for the Healthy Futures strategic framework, broken down by 62 responders strongly agreeing and 38 agreeing. The graphs below show the breakdown of responses:

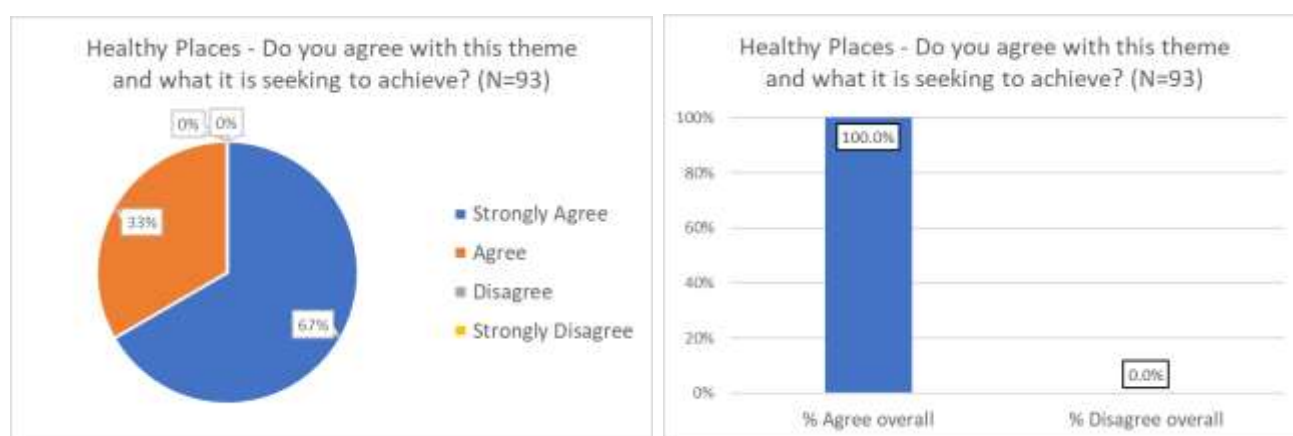


Figure 7: Breakdown of responses to the Healthy Places theme

Strongly Agree	Agree	Disagree	Strongly Disagree	Total answered	N/A or Not Answered	Total Agree	Total Disagree	% Agree	% Disagree
62	31	0	0	93	18	93	0	100.0%	0.0%

Table 9: Q10 - Healthy Places. Breakdown of responses

In their narrative responses (56 respondents) to Question 10, answerers discuss the significant influence of settings on health choices, highlighting the need for healthy environments in schools, workplaces, and communities. They underscore the importance of reviewing school menus, providing healthier food options, and ensuring access to physical activity programs. Response advocate for built environments that promote health, such as

safe streets and green spaces, and stress the impact of socio-economic status on health outcomes.

Responses call for inclusive approaches that consider mental health and disabilities, and they emphasise the role of community resources in promoting healthy lifestyles. They also point out the necessity of strong governance and funding structures to support health initiatives, particularly for vulnerable populations. They suggest that all settings, including homes and informal education, should be recognised as vital for fostering healthy behaviours. Overall, responses advocate for a comprehensive, multi-faceted approach to creating healthier places that support well-being across the life course.

*"Creating healthy places through supportive places and settings will be essential to achieving the desired outcomes." **Ards and North Down Borough Council***

*"A healthy city creates an accessible social, physical, and cultural environment that facilitates the pursuit of health and wellbeing." **Developing Healthy Communities NI***

*"Employers can and should do more to create a healthy working environment that allows people to be active, is ergonomic, encourages people to take regular breaks and move around." **Versus Arthritis***

Consultation Question 11 – Healthy Places: Do you agree with these priorities?

An overwhelming majority (99%) of 83 respondents agreed with the priorities suggested for the Healthy Places theme. The graphs below show the breakdown of responses:

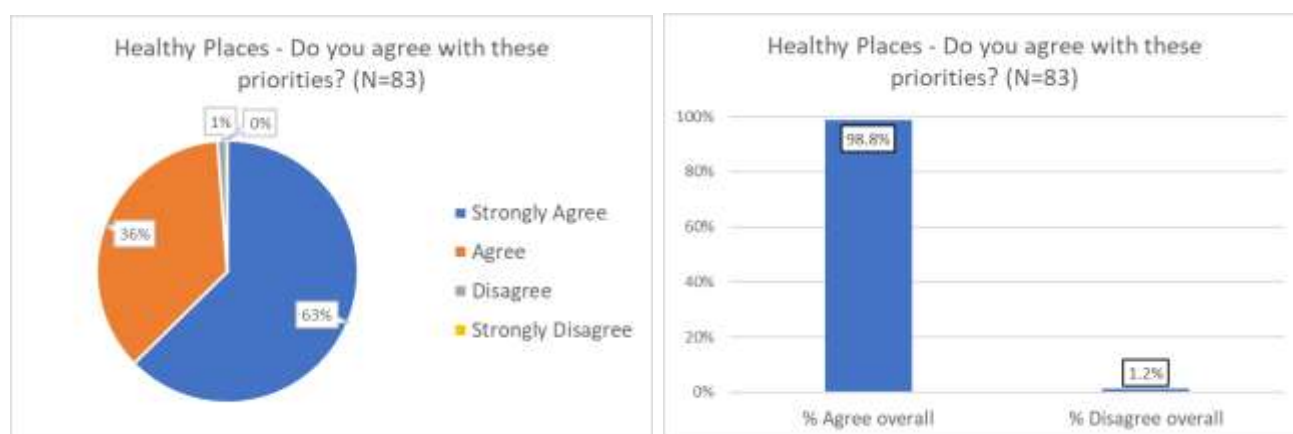


Figure 8: Breakdown of responses to the priorities for the Healthy Places theme

Strongly Agree	Agree	Disagree	Strongly Disagree	Total answered	N/A or Not Answered	Total Agree	Total Disagree	% Agree	% Disagree
52	30	1	0	83	28	82	1	98.8%	1.2%

Table 10: Q11 - Healthy Places: Priorities. Breakdown of responses

The consultation sought narrative responses to the following groups of suggested Healthy Places priorities:

- Early years settings priorities
- School settings priorities
- College, university, and workplace settings priorities
- Healthcare settings priorities
- Local government and community settings priorities

Respondents were free to provide free-text responses for each of these priorities and the responses are summarised in the following paragraphs.

Early years settings priorities

In their narrative responses (58 respondents) to Question 11 Early years settings priorities, answerers highlight the importance of promoting breastfeeding and healthy eating in early years settings to combat childhood obesity and ensure long-term health benefits. Key points put forward by respondees include:

- Early Intervention: The need to focus on nutrition and physical activity in early childhood is crucial for establishing lifelong healthy habits.

- **Role of Early Years Settings:** Views that these settings should have mandatory health eating policies, be monitored for compliance, and provide education on healthy food choices.
- **Collaboration Across Sectors:** Consensus on the need for cross-departmental cooperation to address childhood obesity effectively, including integrating nutrition education into various settings like schools, colleges, and community programs.
- **Training and Resources:** Responses suggest that early years practitioners require training on nutrition and eating disorders, and resources must be allocated to support healthy eating initiatives.
- **Community Engagement:** The benefit of involving families and communities in nutrition education and promoting physical activity through play is essential for fostering a healthy environment for children.
- **Addressing Health Inequalities:** Strategies must consider diverse needs and aim to reduce health disparities, particularly in underprivileged areas.
- **Long-term Commitment:** Highlighting that sustainable changes require ongoing support, funding, and the establishment of standards rather than just guidelines for nutrition in early years settings.

Overall, responses here advocate for a comprehensive approach to early childhood nutrition and physical activity, highlighting the need for structured policies, community involvement, and professional training to create a healthier future for children.

*"Promoting breastfeeding and reducing consumption of processed children's food is crucial for the future health of children." **Individual***

*"The earlier nutrition and physical activity are embedded in a person's development, the more likely these become second nature." **Ards and North Down Borough Council***

*"Opportunities to be active in childhood and youth, through either play or sports, enhance the potential for individuals to remain active throughout their lives." **PlayBoard NI***

School settings priorities

In their narrative responses (67 respondents) to Question 11 School settings priorities, answerers highlight the importance of improving school meals and integrating education about cooking and nutrition into the curriculum. They argue that schools should prioritise the health and well-being of children by creating supportive environments that promote healthy eating and physical activity. Key points put forward by respondees include:

- **Educational Focus:** A view that schools face challenges in balancing educational priorities with health initiatives, necessitating support from external sources to enhance children's health and learning environments.
- **Healthy Meal Policies:** The need to review of school dinner and packed lunches policies is essential, with a focus on providing nutritious options and ensuring that physical education is a core component of the curriculum.
- **Community Involvement:** The benefits of schools acting as community hubs, engaging families and utilising existing nutrition programs to promote healthy eating habits.
- **Physical Activity:** How initiatives like the Daily Mile and other physical activities could be embedded within the school day to encourage active lifestyles among students.
- **Nutrition Education:** There is a call for comprehensive food education that includes understanding food labelling, cooking skills, and the nutritional value of meals, which can help combat obesity and promote healthier choices.
- **Support for Vulnerable Groups:** Highlighting that special attention should be given to children with additional needs to ensure their participation in physical activities and access to healthy meals.
- **Long-term Commitment:** A belief that sustainable changes require permanent roles, such as Food in Schools coordinators, and adequate funding to ensure schools can provide varied and nutritious meals.
- **Whole-School Approach:** The requirement for a holistic strategy that integrates health education, physical activity, and nutrition across all school activities is crucial for fostering a culture of health and well-being among students.

Overall, responses argue for a systemic approach to enhance children's health through improved school meals, education, physical activity, and community engagement.

*"Improving school meals and education about cooking and preparing food is key to ensuring the health and wellbeing of children." **Individual***

*"Health promotion should be included more in the curriculum, where looking after our health includes weight management." **NHSCT***

*"Healthy eating and physical activity should be embedded as part of the essential curriculum [...] as they are as important for learning as maths and English." **Ards and North Down Borough Council***

College, university, and workplace settings priorities

In their narrative responses (55 respondents) to Question 11 College, university, and workplace settings priorities, answerers discuss the challenges and opportunities related to promoting healthy eating and active lifestyles among young adults in college and university settings. Key arguments put forward by respondees include:

- **Lack of Healthy Options:** A view that many canteens in educational institutions offer limited healthy food choices, making it difficult for students to maintain a nutritious diet.
- **Education and Awareness:** Putting forward a need for ongoing education about nutrition, alcohol consumption, and the importance of physical activity, particularly in relation to weight management and overall health.
- **Systematic Approach:** A comprehensive approach is necessary to ensure consistent messaging about nutrition and physical activity throughout a person's life, involving parents and community influences.
- **Access to Healthy Foods:** Affordable and accessible healthy food options are crucial, especially for students with limited financial resources.

- **Active Travel Promotion:** Encouraging active travel methods, such as walking and cycling, is essential for fostering healthier lifestyles among students.
- **Support for Vulnerable Groups:** Special attention should be given to groups at higher risk of obesity, such as women, girls, and individuals with disabilities, to ensure they have access to physical activity and healthy food.
- **Collaboration with Local Authorities:** Engaging local authorities can enhance workplace settings and promote physical activity initiatives.
- **Addressing Broader Influences:** Factors such as job insecurity and socio-economic status significantly impact health outcomes, necessitating a broader approach to health promotion.
- **Training for Professionals:** Training for professionals in educational settings on eating disorders and obesity is essential to support students effectively.
- **Integration of Standards:** Implementing nutrition standards across all catering facilities in educational settings is vital for promoting healthy eating.

Overall, responses underscore the importance of creating supportive environments that prioritise health and well-being for young adults in educational institutions.

*"The healthy choice must be the easy and affordable choice." **The Association for the Study of Obesity and British Dietetic Association Obesity Specialist Group***

*"This age group should now be able to understand the risks and effects of obesogenic environment and maintaining a healthier lifestyle. Reiterating emphasis on healthier lifestyle crucial at this stage as will likely laydown future lifestyles for students into adult life and their families." **Consultant Paediatrician - NHSC***

*"Reducing weight stigma and access to relevant services at the time an individual is ready to make changes and that suit the needs and lifestyle of younger adults should be of a high priority." **Counterweight***

Healthcare settings priorities

In their narrative responses (52 respondents) to Question 11 Healthcare settings priorities, answerers highlight the critical need for improving food quality and nutritional standards in healthcare settings, particularly hospitals. Key arguments put forward by respondees include:

- **Nutritional Standards:** There is a strong call for the full implementation of nutrition standards across all Health and Social Care (HSC) Trust catering facilities to ensure that meals are healthy, appetising, and meet dietary needs.
- **Training for Healthcare Professionals:** Medical students and healthcare professionals require more training on eating disorders to provide effective care and referral pathways.
- **Support for Staff and Patients:** The importance of providing healthy food options for both staff and patients is highlighted, along with the need for facilities that accommodate shift workers, such as secure cycle parks and showers.
- **Healthy Food Culture:** Responses advocate for creating a healthier food culture in hospitals and care settings, suggesting that varied and appetising healthy options should be available, supported by appropriate funding.
- **Addressing Obesity:** There is a concern about rising levels of obesity among healthcare staff, and the need for active participation in health and well-being initiatives is stressed.
- **Environmental Considerations:** Responses suggest that healthcare settings should promote active travel and create environments conducive to health, such as green spaces and exercise facilities.
- **Monitoring and Feedback:** Continuous monitoring of food quality and gathering patient feedback on hospital meals are essential for ensuring that nutritional needs are met.
- **Legislation and Policy:** The need for robust enforcement of nutritional standards and consideration of existing legislation when developing new policies is stressed.

Overall, responses here encourage for a comprehensive approach to improving food and nutrition in healthcare settings, recognising its impact on the health of both patients and staff.

*"The implementation of nutritional standards for catering in health and social care should be robustly enforced to ensure needs and dietary requirement are met and that healthy food is available." **Diabetes UK Northern Ireland***

*"Hospitals are caring for the most sick and vulnerable in society - current standards and provision of food and nutrition is significantly below what could be considered beneficial for health. This is critical to address and enforce through monitoring and surveillance." **Queen's University Belfast***

Local government and community settings priorities

In their narrative responses (51 respondents) to Question 11 Local government and community settings priorities, answerers discuss the importance of creating environments that promote healthy eating and physical activity, particularly in community settings and around schools. They highlight the need for community weight management programs that focus on long-term health rather than just weight loss. They underscore the challenges posed by unhealthy food options in the vicinity of schools and advocates for improving the nutritional quality of available food rather than banning unhealthy options outright.

Responses stress the significance of including hard-to-reach populations in consultations and decision-making processes to ensure that policies meet the unique needs of various communities. The role of local government and community settings is underscored, particularly in providing physical activity programs and maintaining sports facilities. Responses call for a consistent approach to health promotion across local councils and the need for healthy food options in various settings, including workplaces, leisure facilities, and educational institutions.

Additionally, responses point out the necessity of training for staff on eating disorders and appropriate signposting for support. They also advocate for a long-term commitment to reviewing and implementing health policies, with an emphasis on evidence-based practices to promote healthier lifestyles. Overall, responses call for a collaborative approach involving

local authorities, community groups, and stakeholders to effectively address obesity and improve public health in local government and community settings.

*"We believe it is important to tackle hard-to-reach, often sedentary people through bespoke behaviour change programmes." **Sustrans NI***

*"Meals should healthy and nutritious. These settings provide the opportunity to showcase healthy choices in action " **Women's Forum Northern Ireland***

*"We strongly support these proposals and look forward to continuing to support the development of nutrition standards for catering and vending in local government settings." **UK Potato Processors' Association (PPA)***

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?

In their narrative responses (55 respondents) to Question 12 - Healthy Places, answerers stress the critical role of the retail environment in promoting healthy choices, particularly for children and young people, amidst the prevalence of unhealthy food options. They advocate for collaboration across Departments, particularly Education and Health, to implement effective programs that prioritise healthy eating and physical activity. Registered Dietitians are highlighted as essential for providing accurate nutrition information, and the importance of addressing social and commercial determinants of health is stressed.

Responses also call for the creation of inclusive, accessible spaces that encourage physical activity and healthy eating, while recognising the need for community involvement in decision-making. They stress the significance of addressing health inequalities, particularly in urban settings, and suggests that the home environment should be considered in health strategies.

Furthermore, they point out the necessity of integrating healthy living components in various settings, including workplaces, and emphasise the importance of funding and support for

initiatives that promote active travel and community engagement. The need for clear labelling of unhealthy foods and the potential benefits of personalised nutrition are also discussed, alongside the importance of understanding human behaviour in promoting healthier choices. Overall, responses here advocate for a comprehensive, collaborative approach to creating healthier environments and addressing the barriers to healthy living across all settings.

*"Healthy options and restricted access to high fat high sugar foods MUST be a priority in all settings in our environment." **Individual***

*" The importance of working across departments to deliver better programs within these educational settings is necessary. Education and health need to be working collaboratively." **Individual***

*"Inequality plays a clear role in overweight and obesity and, while inequality is not a solely urban phenomenon, cities are (or should be) a key setting for creating a society where healthy eating and physical activity are supported and enabled." **Developing Healthy Communities NI***

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 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.

Consultation Question 13 – Healthy People: Do you agree with this theme and what it is seeking to achieve?

Here, 100% of 91 respondents agreed with the Healthy People theme, and what it is seeking to achieve, proposed for the Healthy Futures strategic framework, broken down by 53 responders strongly agreeing and 38 agreeing. The graphs below show the breakdown of responses:

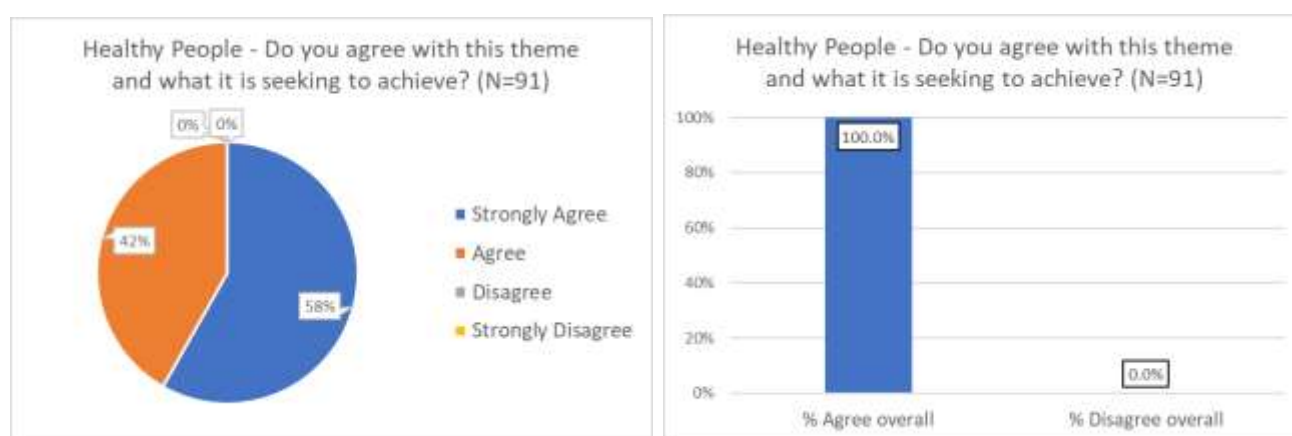


Figure 9: Breakdown of responses to the Healthy People theme

Strongly Agree	Agree	Disagree	Strongly Disagree	Total answered	N/A or Not Answered	Total Agree	Total Disagree	% Agree	% Disagree
53	38	0	0	91	20	91	0	100.0%	0.0%

Table 11: Q13 - Healthy People. Breakdown of responses

In their narrative responses (56 respondents) to Question 13, answerers stress the need for a coordinated approach to support individuals seeking help with weight management and obesity. They highlight the importance of evaluating necessary support and resources, particularly in community settings and specialised health services. Responses advocate for a long-term, people-centred investment strategy that fosters a non-judgmental environment,

enabling individuals to make healthier choices through supportive health coaching. Key arguments put forward by respondents include:

- **Holistic Support:** A multi-disciplinary approach is essential, involving various healthcare professionals to address the complex factors contributing to obesity, rather than focusing solely on weight loss.
- **Comprehensive Metrics:** Current metrics are criticised for being weight-centric; responses suggest incorporating broader health outcomes, such as improved nutrition knowledge, physical activity levels, and quality of life indicators.
- **Psychological and Medical Interventions:** The importance of psychological support and medical management is emphasised, particularly for individuals living with obesity, alongside appropriate nutritional counselling.
- **Community Engagement:** Responses call for community-based interventions and the need for accessible resources, particularly for vulnerable populations, to promote healthy lifestyles.
- **Prevention and Education:** There is a strong focus on prevention, early intervention, and education, particularly in schools and community settings, to foster healthier behaviours from a young age.
- **Addressing Stigma:** The text stresses the need to combat weight stigma and ensure that health services are inclusive and sensitive to the needs of all individuals, including those living with eating disorders and those living with overweight and obesity.
- **Long-term Commitment:** Responses advocate for sustained funding and support for programs that can embed healthy practices within communities, rather than relying on short-term initiatives.

Overall, responses suggest a comprehensive framework for addressing obesity through a supportive, inclusive, and multi-faceted approaches that prioritises long-term health outcomes over immediate weight loss.

*"Future investment should be focused on a people-based approach. People who have issues with their weight or obesity need to feel supported and that they are not being judged." **NHSCT - Health and Wellbeing Team***

*"The development of a chronic condition like obesity involves multiple factors, so it is important to invest in a team of qualified healthcare professionals and take a multi-disciplinary approach to prevention and treatment." **Freelance Dietitians Group Northern Ireland***

*"The Whole System Approach underpinning this Strategy rightly pinpoints that unhealthy people is the result of the current social, cultural, and infrastructural conditions present in our society. **Outscape**"*

Consultation Question 14 – Healthy People: Do you agree with these priorities?

An overwhelming majority (98%) of 82 respondents agreed with the priorities suggested for the Healthy People theme. The graphs below show the breakdown of responses:

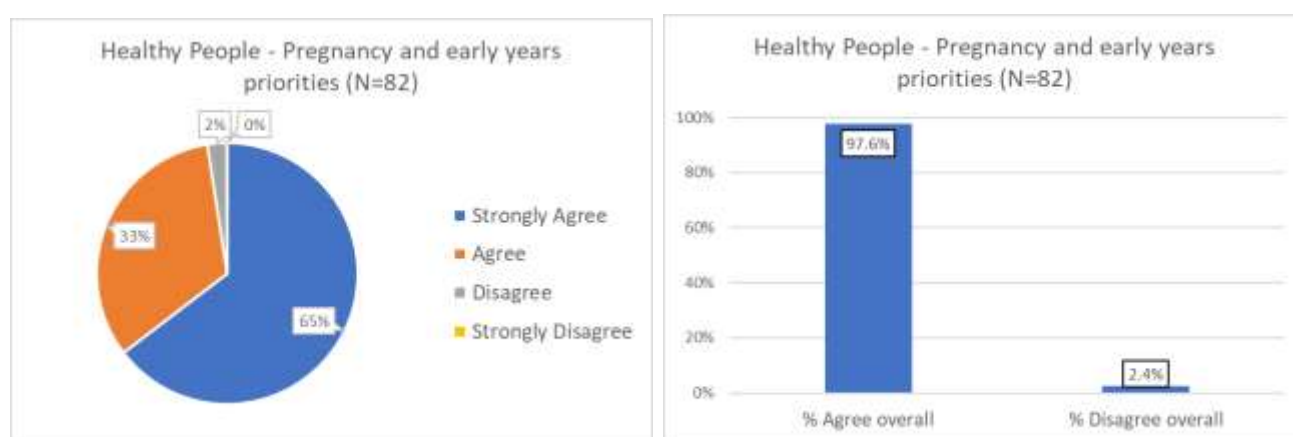


Figure 10: Breakdown of responses to the pregnancy and early years priorities

Strongly Agree	Agree	Disagree	Strongly Disagree	Total answered	N/A or Not Answered	Total Agree	Total Disagree	% Agree	% Disagree
53	27	2	0	82	29	80	2	97.6%	2.4%

Table 12: Q14 - Healthy People: Priorities. Breakdown of responses

The consultation sought narrative responses to the following groups of suggested Healthy People priorities:

- Pregnancy and early years priorities
- Prevention and awareness programmes priorities

- Weight management services priorities

Respondents were free to provide free-text responses for each of these priorities and the responses are summarised in the following paragraphs.

Pregnancy and early years priorities

In their narrative responses (52 respondents) to Question 14 Pregnancy and early years priorities, answerers stress the critical importance of promoting physical activity and good nutrition during pregnancy and early childhood to mitigate long-term health issues, such as gestational diabetes and obesity. They highlight the role of healthcare professionals, including midwives and health visitors, in supporting parents, and the need for structured post-pregnancy programs, particularly for women with high BMI.

Key recommendations include launching media campaigns to educate both men and women on nutrition's impact on fertility and child health, reinstating the folate acid campaign to reduce neural-tube defects, and addressing mental health issues related to eating disorders. Responses advocate for a shift in focus from weight management to overall health benefits during pregnancy and stress the importance of early intervention and community support.

Additionally, responses call for improved access to resources for families in disadvantaged areas, highlighting the need for comprehensive preconception care to address risk factors like obesity and unhealthy habits. They also stress the necessity of including oral health education and addressing the high sugar content in baby foods, which can lead to dental issues in young children.

Overall, responses underscore the need for a holistic approach to health during pregnancy and early years, integrating nutrition, physical activity, and mental health support to foster lifelong healthy habits.

"The focus on pregnancy is too narrow - to really make an impact and support women, the focus needs to be on BEFORE, during and AFTER pregnancy." Queen's University Belfast

*"Tooth decay is the number one reason for hospital admissions among young children, and the Scientific Advisory Committee on Nutrition (SACN) has warned infant feeding practices and delayed, or poor dental hygiene may be associated with decay prevalence." **British Dental Association***

*"Exclusive breastfeeding of infants is correlated with reduced rates of obesity in older years, however some children with additional needs may require significant additional support in order to maintain breastfeeding if initiated." **Physical Health in Learning Disability Task Force – Belfast Health and Social Care Trust***

Prevention and awareness programmes priorities

In their narrative responses (58 respondents) to Question 14 Prevention and awareness programmes priorities, answerers highlight the need for a coordinated approach to support individuals seeking assistance with health and obesity issues, highlighting the importance of community-based programs such as the Diabetes Prevention Programme. They stress the necessity of evidence-based nutrition education and consistent messaging across agencies to address health inequalities. Prevention is identified as a key focus, with recommendations for integrating health considerations into various government policies. Responses advocate for practical support over mere awareness, suggesting that programs should be engaging, accessible, and tailored to diverse populations, including those with disabilities. They also call for increased funding for existing programs, the importance of addressing food insecurity, and the need for training healthcare professionals to sensitively discuss weight management with patients. Overall, response centre on the critical role of prevention, community involvement, and the need for comprehensive support systems to combat obesity and promote healthy living.

*"Prevention is key to try and address this issue. Prevention, and health impact across all policies, is something that needs to be considered across all levels of decision making in NI." **Ards and North Down Borough Council***

*"It is important that there is some initial exploration around self-management programmes and digital technology and apps to ensure that these are evidenced based and also fit for purpose." **The Association for the Study of Obesity and British Dietetic Association Obesity Specialist Group***

*"Raising awareness programmes need to be secondary to the provision of supportive food and physical environments." **safefood***

Weight management services priorities

In their narrative responses (56 respondents) to Question 14 Weight management services priorities, answerers argue for the establishment of a coordinated and inclusive weight management program in Northern Ireland, stressing the need for early access to support before obesity reaches crisis levels. They highlight the importance of long-term investment in weight management services, as short-term funding has proven unsustainable. A multi-tiered approach involving registered dietitians is recommended to educate individuals on nutrition and provide preventative and treatment options. Responses stress the necessity of a person-centred, non-judgmental approach that incorporates behavioural science and emotional well-being support.

Responses also call for improved access to weight management drugs and safe interventions and highlight the need for screening for eating disorders within any weight management services. They advocate for community-based programs and the integration of physical activity with weight management efforts. Responses point to the importance of addressing food insecurity and the need for tailored services that consider individual circumstances, particularly for those with living with diabetes.

Furthermore, they highlight the critical role of community pharmacies in supporting weight management services and the necessity for accessible information and training for professionals to cater to diverse communication needs. Responses stress the importance of properly resourcing the proposed Regional Obesity Management Service (ROMS) to ensure equitable access to care and prevent reliance on unregulated treatments.

"A person centred, non-judgemental approach, is essential within weight management services to help those who are already living with obesity."

Ards and North Down Borough Council

*"Long-term investment is necessary to tackle a long-term issue." **Freelance Dietitians Group Northern Ireland***

*"Weight management services should be person centred, stigma-free, and provide consistent wraparound support." **Diabetes UK Northern Ireland***

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?

In their narrative responses (47 respondents) to Question 15 – Healthy People, answerers discuss the need for a comprehensive approach to tackle health inequalities, particularly in relation to social prescribing and weight management services. They emphasise the importance of scoping existing services to identify successful strategies and gaps, while also highlighting the current exclusion of adolescents and children from certain programs. Key recommendations include the necessity of educating the workforce, ensuring adequate funding, and focusing on prevention rather than treatment to save costs in the long run.

Responses advocate for consistent health and nutrition messaging, the inclusion of Registered Dietitians, and the integration of behavioural psychology in weight management services. They stress the importance of clear assessment and referral pathways for eating disorders and the need for dedicated funding for oral health services.

Additionally, responses point out the importance of addressing weight stigma and the complexities surrounding obesity, including the need for support for individuals with learning disabilities. They call for a biopsychosocial model, for the formation of self-help groups, and for the identification of food addiction as a serious issue. Overall, they underscore the importance of a population health approach, robust evaluation processes, and the inclusion of diverse voices in shaping health strategies.

*"It is hugely important to have a consistent health and nutrition message across the whole strategy." **Individual***

*"To succeed, it is critical that this strategy receives sufficient levels of investment, that this investment is ring-fenced, and that return on investment is regularly monitored." **Mencap NI***

*"Eating healthily often costs more than eating convenience foods, especially when feeding a family." **Women's Forum Northern Ireland***

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.

Consultation Question 16 – Collaboration and a Whole System Approach: Do you agree with this theme and what it is seeking to achieve?

Here, 100% of 96 respondents agreed with the Collaboration and a Whole System Approach theme, and what it is seeking to achieve, proposed for the Healthy Futures strategic framework, broken down by 66 responders strongly agreeing and 30 agreeing. The graphs below show the breakdown of responses:

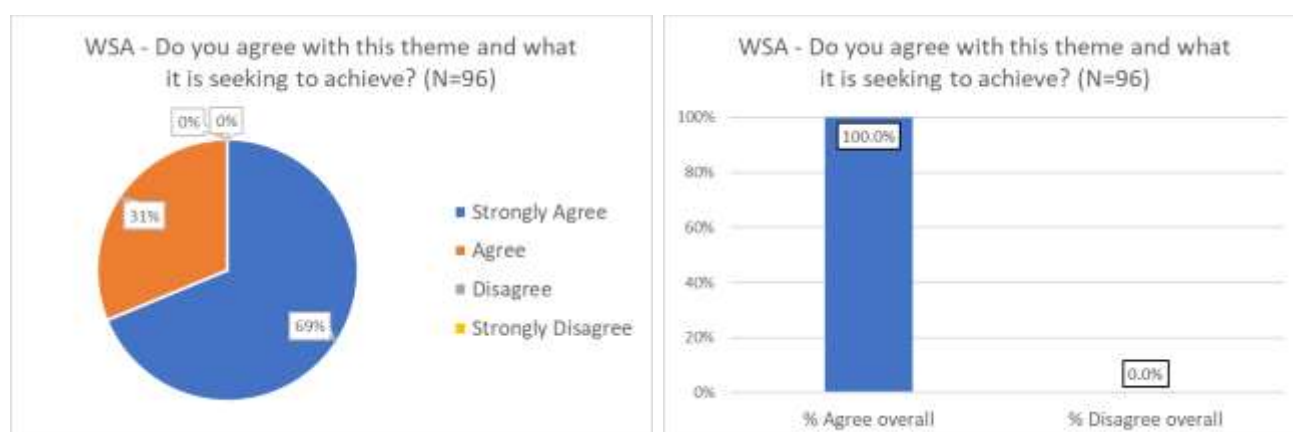


Figure 11: Breakdown of responses to the Collaboration and a Whole System Approach theme

Strongly Agree	Agree	Disagree	Strongly Disagree	Total answered	N/A or Not Answered	Total Agree	Total Disagree	% Agree	% Disagree
66	30	0	0	96	15	96	0	100.0%	0.0%

Table 13: Q16 - Collaboration and a Whole System Approach. Breakdown of responses

In their narrative responses (54 respondents) to Question 16, answerers highlight the importance of adopting a whole system approach to tackle obesity, stressing the need for collaboration among various stakeholders, including government departments, community organisations, and food manufacturers. They advocate for evidence-based practices and the replication of successful models from other countries. Responses here stress the necessity of governance and accountability structures to ensure effective implementation

and monitoring of outcomes. They also call for clear funding requirements and for a strategic framework that aligns with other health initiatives. Responses recognise the complexity of obesity as a public health issue intertwined with socio-economic factors and advocate for interventions that promote healthy diets and active lifestyles from an early age. Additionally, they suggest integrating sustainable food practices into the obesity strategic framework to address food affordability and promote healthier choices. Overall, responses advocate for a comprehensive, collaborative, and adaptable strategy to effectively combat obesity and improve public health outcomes.

*"A whole-systems approach to obesity prevention in theory shifts focus away from individuals, putting emphasis on improving systems where people live." **Diabetes UK Northern Ireland***

*"We welcome the whole systems approach underpinning the strategy and for collaboration across the whole system, including food and drink manufacturers." **Nestlé UK Ltd.***

*"Obesity is a complex issue and whilst the DoH can lead the strategy; it can only be delivered / achieved through partnership with other key stakeholders." **Public Health Agency***

*"The Whole System Approach underpinning this Strategy rightly pinpoints that unhealthy people is the result of the current social, cultural, and infrastructural conditions present in our society." **Outscape***

Consultation Question 17 – Collaboration and a Whole System Approach: Do you agree with these priorities?

Here, 100% of 85 respondents agreed with the priorities suggested for the Collaboration and a Whole System Approach theme suggested for the Healthy Futures strategic framework, broken down by 59 responders strongly agreeing and 26 agreeing. The graphs below show the breakdown of responses:

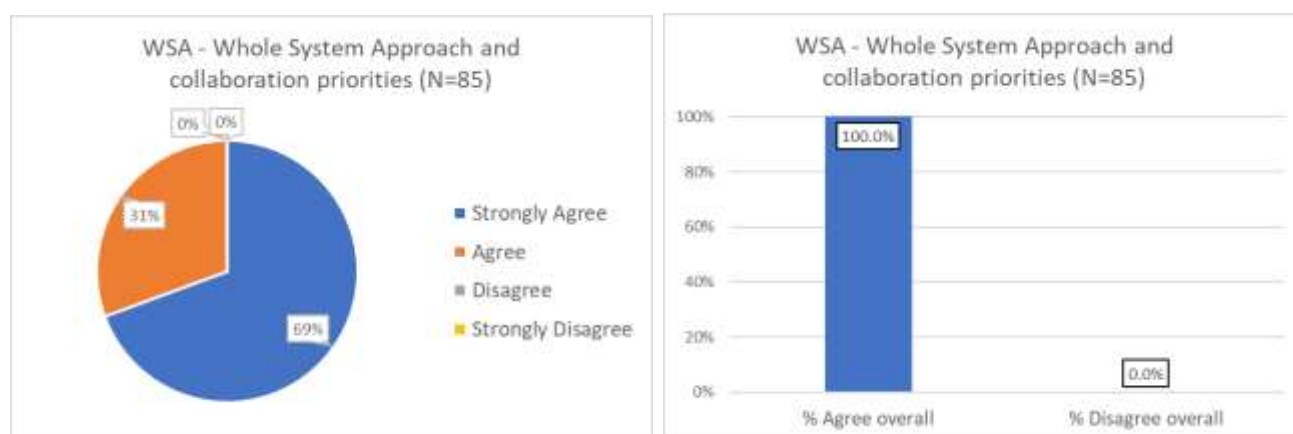


Figure 12: Breakdown of responses to the Collaboration and a Whole System Approach priorities

Strongly Agree	Agree	Disagree	Strongly Disagree	Total answered	N/A or Not Answered	Total Agree	Total Disagree	% Agree	% Disagree
59	26	0	0	85	26	85	0	100.0%	0.0%

Table 14: Q17 - Collaboration and a Whole System Approach: Priorities. Breakdown of responses

In their narrative responses (47 respondents) to Question 17, answerers stress the necessity of a comprehensive, whole system approach to obesity management, highlighting the importance of collaboration across various sectors, including the private sector. They argue that easy access to unhealthy food undermines efforts to combat obesity and stress the need for shared goals, legislation, and adequate resources.

Key points include the importance of implementing an evaluation process within existing databases to track outcomes and identify service gaps, as well as addressing barriers such as social deprivation and mental health issues. Responses here again advocate for removing stigma around obesity, for treating it as a disease, and for ensuring effective collaboration among treatment teams and stakeholders.

They also call for community engagement, training for staff on learning disabilities, and the collection of data across departments to measure outcomes effectively. The need for accountability, ongoing training, and a commitment to a collective approach is stressed, along with the recognition that tackling obesity requires addressing related issues such as poverty. Overall, responses underscore the complexity of obesity management and the necessity for coordinated, multifaceted strategies to achieve equitable health outcomes.

"Implementing an evaluation process within existing central database systems, such as Encompass or NIECR, could yield significant benefits."

Freelance Dietitians Group Northern Ireland

"A whole systems approach is essential to support our people with prevention, attainment and maintenance of a healthier weight and lifestyle."

Northern Ireland Board of the British Dietetic Association

"We agree with the priorities outlined in relation to taking a whole system approach and fostering collaboration." ***MediCare Pharmacy Group***

"The collection and use of data across all departments who have a role to play will allow for outcomes to be more measured and to determine if they have been achieved." ***The Northern Ireland NCD Alliance (Non-Communicable Diseases)***

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?

In their narrative responses (43 respondents) to Question 18, answerers stress the importance of robust evaluation and collaboration in addressing obesity and health inequalities. They advocate for analysing successful existing services to minimise costs and to create sustainable programs, while also improving referral processes to avoid duplication. They report that a whole system approach is necessary, involving diverse stakeholder groups to pool knowledge and resources. Responses highlight the need for clear governance structures, funding, and accountability in implementing health strategies. They stress the significance of addressing environmental and commercial determinants of health, as well as the necessity for effective community involvement, particularly from organisations like Mencap and Special Olympics, to support individuals with learning disabilities in leading healthier lives. Additionally, they call for interventions such as clear labelling of ultra-processed foods and personalised nutrition to promote healthier dietary choices.

*"To save costs and create sustainable programs, analyse successful existing services and build on them." **Freelance Dietitians Group Northern Ireland***

*"It is important to give recognition to the role and responsibility of the entire supply chain and the need to incorporate them in a whole systems approach to appropriately address challenges." **Nestlé UK Ltd.***

*"A whole systems approach to obesity prevention should, ideally, address and target environmental and commercial determinants of unhealthy food consumption and physical inactivity." **Diabetes UK Northern Ireland***

*"It's important to invite community and advocacy groups such as Mencap, Special Olympics and others to have active involvement in these topics so that we can more positively affect the lives of people with a learning disability to live more healthily." **Physical Health in Learning Disability Task Force – Belfast Health and Social Care Trust***

Closing comments: Any other points, issues or comments raised for consideration.

The Healthy Futures consultation responses present a comprehensive analysis of obesity in Northern Ireland, stressing the need for a new strategic framework to address the issue.

Key arguments include:

- **Lifestyle Medicine Focus:** Responses advocate for prioritising lifestyle medicine over quick-fix solutions such as bariatric surgery and weight loss medications, which can be costly and complicated. They suggest that well-funded lifestyle medicine approaches should be the first line of any intervention.
- **Integrated Approach:** A joined-up approach is necessary, with better coordination among community resources to avoid double funding and ensure effective use of financial resources.
- **Public Health Themes:** Responses highlight broader public health themes, such as social connections and the impact of lifestyle choices, including smoking and alcohol consumption, on health.
- **Access for Children and Vulnerable Groups:** Responses stress the importance of ensuring that children and young people have access to specialist services and that the needs of individuals with physical disabilities are considered in health initiatives.
- **Food Industry Collaboration:** There is a call for a collaborative relationship with the food industry to promote healthy, sustainable food options while addressing the profitability of healthy foods.
- **Prevention and Funding:** Emphasising prevention, responses argue for appropriate funding allocation to support long-term health outcomes and the importance of addressing food poverty.
- **Weight Stigma and Language:** Responses critique the use of stigmatising language around weight and suggests focusing on achieving a best weight for health rather than an ideal weight.
- **Role of Registered Dietitians:** Responses highlight the need for Registered Dietitians to be involved in all tiers of care, advocating for investment in dietetic services focused on prevention.
- **Behavioural Change and Community Engagement:** Responses underscore the importance of understanding human behaviour in addressing obesity and the need for community-based interventions.

- **Mental Health Considerations:** Responses point out the intersection of mental health and obesity, advocating for tailored interventions for individuals living with mental health issues.
- **Legislative and Policy Recommendations:** Responses call for clear policies and legislative measures to support healthier food environments and reduce the marketing of unhealthy foods.

Overall, responses received put emphasis on taking a holistic, multi-faceted approach to tackling obesity, focusing on prevention, community engagement, and the importance of addressing social determinants of health.

*"Ideally the emphasis would be on well-evidenced, sufficiently funded lifestyle medicine approaches in the first instance." **Individual***

*"We have to stop treating the complications of obesity and treat the disease of obesity to prevent complications." **Freelance Dietitians Group***
Northern Ireland

*"Exercise and nutrition come hand in hand. You can't do one without the other." **Individual***

*"The concept of embedding healthy habits throughout the school years sounds great, and the adoption of a 'health led' rather than a 'health owned' approach is hugely beneficial to support this concept." **BHSCT,***
Community Child Health

Chapter 4: Conclusion

The Department is pleased at the overall highly positive response to this consultation on the proposed 'Healthy Futures' strategic framework.

The Department wishes to thank all those who took the time to attend the public consultation events and respond to this public consultation process via any means. The views shared have been thoroughly analysed in the production of this report, and the points made will be an important source of evidence and information moving forward.

The Department will seek to keep interested parties informed about future developments for this strategic framework. We continue working with stakeholders and other Departments to align with existing and developing policies and strategies, seeking to add value, create synergies and avoid duplication. We will also continue to work with partners and stakeholders to develop a final strategy framework and associated action plan, for publication and implementation in 2025.

Annex A: List of Consultation Questions

Please note that all questions asked in this consultation allowed respondents to add a narrative response, in addition to making a selection showing agreement/disagreement in those questions, where this was an option. Questions with subtopics, denoted by bullet points, also allowed responders to add a narrative response for each subtopic.

Consultation Question 1 – Screening: Have you any comments on either the Equality/Good Relations or Rural screening documents?

Consultation Question 2 – Screening: Are there any areas or issues you feel we should be considering in future Equality/Good Relations or Rural screenings?

Consultation Question 3 – Vision: 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: ☐

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: ☐

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: ☐

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: ☐

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: ☐

Consultation Question 8 – Healthy Policies: Do you agree with these priorities?

Strongly agree: ☐ Agree: ☐ Disagree: ☐ Strongly disagree: ☐

- Food environment priorities
 - Food labelling and information priorities
 - Healthier food options priorities
 - 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?

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: ☐

Consultation Question 11 – Healthy Places: Do you agree with these priorities?

Strongly agree: ☐ Agree: ☐ Disagree: ☐ Strongly disagree: ☐

- Early years settings priorities
 - School settings priorities
 - College, university, and workplace settings priorities
 - Healthcare settings priorities
 - Local government and community settings priorities
-

Consultation Question 12 – Healthy Places: Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?

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: ☐

Consultation Question 14 – Healthy People: Do you agree with these priorities?

Strongly agree: ☐ Agree: ☐ Disagree: ☐ Strongly disagree: ☐

- Pregnancy and early years priorities
 - Prevention and awareness programmes priorities
 - Weight management services priorities
-

Consultation Question 15 – Healthy People: Is there anything missing that is likely to have a positive impact on this theme and what it is trying to achieve?

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: ☐

Consultation Question 17 – Collaboration and a Whole System Approach: Do you agree with these priorities?

Strongly agree: ☐ Agree: ☐ Disagree: ☐ Strongly disagree: ☐

- Whole System Approach and collaboration priorities
-

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?

Annex B: Evidence Submitted by Responders

We are grateful to all responders who provided details and/or references to other sources of evidence and information to support their consultation responses. Below is a list of all the additional sources of information submitted to this consultation:

- [1]. Academy of Medical Royal Colleges (2023) *Securing our healthy future: Prevention is better than cure*. Available at: https://www.aomrc.org.uk/wp-content/uploads/2023/09/Securing_our_healthy_future_0923.pdf. (Accessed on: 20 January 2025).
- [2]. Adams, T. *et al.* (2023) *Long-term cancer outcomes after bariatric surgery*. Obesity. Available at: <https://pubmed.ncbi.nlm.nih.gov/37605634/>. (Accessed on: 20 January 2025).
- [3]. Advertising Standards Authority (2019) *ASA Monitoring Report on Online HFSS Ads*. Available at: <https://www.asa.org.uk/static/uploaded/14be798d-bd30-49d6-bcfbc9ed7e66e565.pdf>. (Accessed on: 20 January 2025).
- [4]. Advertising Standards Authority (2022) *ASA report: Ongoing decline in children's exposure to age-restricted TV ads*. Available at: <https://www.asa.org.uk/resource/childrens-exposure-to-age-restricted-tv-ads-2021.html>. (Accessed on: 20 January 2025).
- [5]. Alexandra Rose Charity (n.d.) *Fruit & Veg on Prescription*. Available at: <https://www.alexandrarose.org.uk/fruit-and-veg-on-prescription/>. (Accessed on: 20 January 2025).
- [6]. Ames, E. (2023) *LGA calls for Healthy Start uplift*. LocalGov. Available at: <https://www.localgov.co.uk/LGA-calls-for-Healthy-Start-uplift/58319>. (Accessed on: 20 January 2025).
- [7]. Arzu Yoldaş, M. *et al.* (2023) *The relationship between blood biochemical parameters and oral health in children with obesity/overweight*. British Dental Journal. Available at: <https://www.nature.com/articles/s41415-023-6593-z>. (Accessed on: 20 January 2025).
- [8]. Asher, S. *et al.* (2022) *Periodontal health, cognitive decline, and dementia: A systematic review and meta-analysis of longitudinal studies*. Journal of the American Geriatrics Society. Available at: <https://pubmed.ncbi.nlm.nih.gov/36073186/>. (Accessed on: 20 January 2025).
- [9]. Ashton, M. (2023) *The importance of spatial planning for health disparities*. Available at: <https://pubmed.ncbi.nlm.nih.gov/37002671/>. (Accessed on: 20 January 2025).
- [10]. BBC NI (2024) *'Unforgivable' for Sport NI to hand bank £1m in funding*. Available at: <https://www.bbc.co.uk/news/uk-northern-ireland-68100112>. (Accessed on: 20 January 2025).
- [11]. Beacom, E. *et al.* (2021) *Investigating the healthiness of food products on promotion: market brands and own brands*. British Food Journal. Available at: <https://www.emerald.com/insight/content/doi/10.1108/bfj-04-2021-0371/full/html>. (Accessed on: 20 January 2025).
- [12]. Beacom, E. *et al.* (2022) *Food Insecurity Measurement: Stakeholder Comparisons of the EU-SILC and HFSSM Indicators and Considerations Towards the Usefulness of a Headline Indicator*. Social Indicators Research. Available at: <https://link.springer.com/article/10.1007/s11205-021-02865-7>. (Accessed on: 20 January 2025).

- [13]. Beat (n.d.) *Why the Government must drop its plan to make calorie labels mandatory*. Available at: <https://committees.parliament.uk/publications/6182/documents/68918/default/>. (Accessed on: 20 January 2025).
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